



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

June 22-23, 2021

Virtual via Zoom

8:30 a.m. Annual General Council meeting

Welcome: Introduction of New President

1 Approval of the Agenda

Motion For Decision

2 College Response to Terrorist Action in London, Ontario

Motion For Decision

3 Approval of the Council Meeting Minutes of March 23, 2021 and May 19, 2021

Motion For Decision

9:00 a.m. 4 Board Governance Education

Closed session

1:00 p.m. Council meeting resume

1:00 p.m. 5 Allison Henry-Ministry of Health

Presentation

6 President's Report

- Office of Fairness Commissioner Letter
- CAPR Board rep update

7 Registrar's Report

For Information

8 Registration and examination Overview

Presentation by Melissa Collimore, Manager of Registration

9 Entry to Practice (ETP) Working Group

Motion Council is asked to approve further investigation of an alternative examination if the Canadian Alliance Physiotherapists Regulators (CAPR) fails to provide an exam in the fall. Council is also asked to provide direction to the ETP working group.

4:00 p.m. Adjournment

9:00 a.m. Wednesday, June 23, 2021



10 Review of Previous Strategic Plan

Presentation

11 Annual Committee Report /Program Area report 2020-2021

For Information

Presentation by Program Managers

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

12 Bylaw & Governance Review-Final approval

Motion For Decision

Council is asked to approve the Executive Committee's proposed changes to the College by-laws and governance policies following stakeholder consultation.

13 Proposed Council 2021-2022 Committee Slate

Motion For Decision

Council is asked to consider the proposed Council committee slate recommended by the Executive Committee. This slate includes committee chairs and the designated representative for the Canadian Alliance of Physiotherapy Regulators for 2021-22.

14 Standards Review Process-Revised 2021 Proposal

Motion For Decision

Council is asked to approve the revised Standards Review process.

15 Audited Annual Financial Statements ending March 31, 2021

2:00 p.m. Motion For Decision

Presentation by Blair MacKenzie Auditor Hilborn LLP

Presentation by Zoe Robinson CPA, CMA, Director, Corporate Services

Council is asked to review and approve the 2020-2021 Audited Financial Statements ending March 31, 2021.

16 Consideration of College Auditor

Motion For Decision

Council is asked to consider the recommendation of the Finance Committee to appoint Hilborn LLP as the College auditor for the year ending March 31, 2022.

17 Councillor Conference attendance -Katie Schulz

For Information

18 Member's motion/s

Adjournment



COLLEGE OF
PHYSIOTHERAPISTS
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ORDRE DES
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de l'ONTARIO

Motion No.: 1.0

**Council Meeting
June 22-23, 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
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Motion No.: 2.0

**Council Meeting
June 22-23, 2021**

Agenda #2: College Response to Terrorist Action in London, Ontario

It is moved by

and seconded by

that:

Council approves the Executive Committee's recommendation to donate \$1000.00 to the Afzaal family.

Agenda # 2

College Response to the Terrorist action in London, Ontario

On Sunday, June 6, 2021, Salman Afzaal, a physiotherapist working in London, Ontario was out for a walk with his wife Madiha Salman, his 15 year old daughter Yumna, his 9 year old son Fayez and his mother Talat Afzaal. In what authorities have described as an unimaginable act of terrorism, Salman and his family were intentionally struck by a motor vehicle, killing all but Fayez who remains in hospital. The College's thoughts are with everyone affected by this senseless attack and we stand with our friends and colleagues.



COLLEGE OF
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of ONTARIO

ORDRE DES
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de l'ONTARIO

Motion No.: 3.0

**Council Meeting
June 22-23, 2021**

Agenda #3: Approval of the Council Meeting Minutes of March 23, 2021 and May 19, 2021.

It is moved by

and seconded by

that:

the Council meeting minutes of March 23, 2021 and May 19, 2021 be approved.



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

MINUTES

March 23, 2021

Virtually via 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
Myles MacLeod, Public

Regrets:

Tom McAfee, Public

Guests:

Gary Rehan, CAPR Board Rep
Katya Masynek, CEO of CAPR
Alan Bromstein, WeirFoulds LLP
Rebecca Durcan, SML-Law

Staff

Rod Hamilton, Registrar
Justin Rafton
Zoe Robinson
Tess Currie
Barbara Hou

Recorder: Barbara Hou

Welcome

- 9:00 am.**
- 1.0 Motion Approval of the Agenda**
It was moved by J. Law and seconded by S. Mandel that:
the agenda be accepted as presented with the possibility for changes to the order of items to address time constraints. **CARRIED.**
- 2.0 Motion Approval of the Council Meeting Minutes of February 16, 2021**
It was moved by T. Skanes and seconded by S. Switzer McIntyre that:
the Council meeting minutes of February 16, 2021 be approved. **CARRIED.**
- 3.0 President, Vice President and Executive Committee Election**
R. Hamilton, Registrar provided an overview of the elections process which would be supported by the electronic online voting system.
- Election of the President:**
The following nomination was received:
President:
- T. Stevens, PT



Rod Hamilton called for additional nominations from the floor; none were received.

T. Stevens was acclaimed President.

Election of the Vice President:

The following nominations were received:

Vice President:

- J. Clifford, PT
- J. Law, PT

Rod Hamilton called for additional nominations from the floor; none were received.

J. Clifford was elected Vice-President.

Election of the Executive Committee: members-at-large

The following nominations were received for the remaining three positions:

- J. Law, PT
- N. Madhvani, public representative
- T. Skanes, public representative
- K. Schulz, PT

Rod Hamilton called for additional nominations from the floor; none was received.

The following individuals were elected to the Executive Committee as members-at-large for the 2021-2022 year.

- K. Schulz
- T. Skanes
- N. Madhvani

The following councillors will make up the Executive Committee for the 2021-2022 year:

- T. Stevens (President)
- Jennifer Clifford (Vice President)
- K. Schulz
- T. Skanes
- N. Madhvani

D. Mandel congratulated the new Executive Committee members. He also noted that it was S. Mandel and M. Bilodeau last meeting and thanked them for all their work on Council.



4.0 Education Session

Rebecca Durcan facilitated an education session on the topic of Unconscious Bias.

5.0 Canadian Alliance Physiotherapy Regulators (CAPR)

D. Mandel and H. Cavanagh declared a conflict of interest with the agenda item, their video was turned off and did not participate in any discussions. T. Stevens was Chair for this portion of the meeting.

Gary Rehan, CAPR board representative, provided Council with a CAPR update.

In 2020, the College Council agreed to support the development of a virtual Physiotherapy Competency Exam (PCE) due to restrictions in holding in person examination as a result of COVID. The first virtual clinical component of the PCE was scheduled for March 20 and 21, 2021.

Unfortunately, shortly after the scheduled exam began due to technical challenges experienced on the virtual platform, the clinical component had to be cancelled.

Katya Masnyk, CAPR CEO informed Council that there is an ongoing investigation with the vendor to resolve the issue while determining next steps ahead of the next scheduled examination.

Alan Bromstein, counsel for the College's Registration Committee had been consulted and provided advice on the legislative parameters to assess the entry to practice requirements available.

Following the discussion, Council directed staff to explore other options and solutions available to address the Entry to Practice and clinical examination matter. A subsequent special meeting of Council may be needed once further information had been gathered.

6.0 Entry to Practice Scoping Review Motion

The Executive Committee recommended the establishment of an Entry to Practice working group, in order to allow the College to consider the scoping review report and bring forward issues for Council to consider. The membership of this group would be decided at a forthcoming meeting.



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

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

CARRIED.

7.0 President's Report

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

- Highlighted YouTube viewership of the Council meeting;
- Started meetings series with all Canadian physiotherapy College presidents.

8.0 Budget Approval

Motion The Finance Committee, with support of the Executive Committee recommended that Council approve the proposed FY 2022 budget. Z. Robinson, Director, Corporate Services presented an overview and addressed any queries.

It was moved by J. Law and seconded by M. MacLeod that:

Council approves the operating and capital budgets for FY2022.

CARRIED.

9.0 2020/2021 Q3 Financial Report

Council was provided with the Q3 Financial Report for information.

10.0 College Performance Management Framework (CPMF) - CPO Submission

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

J. Rafton, Policy & Governance Manager presented an overview of the College's submission and next steps in the process and addressed any queries.

It was moved by K. Schulz and M. Bilodeau that:

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

CARRIED.



11.0 Registrar's Report

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

- Voting for College Council elections opens March 16th and closes April 21st for District 3 Central East, 6 Toronto West and 7 Toronto East;
- Renewal 5946 PT's and PISA 7800 PT's completed to date;
- Ontario Vaccination rollout assistance provided by the College;
- College Performance Management Framework submission and posting on website by March 31, 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";
- Alberta Physiotherapy College and Association will be split and there will be makeup of 50% public members on the board.

12.0 Members' Motion/s

None

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

It was moved by J. Clifford and seconded by J. Finn that:
Council moved *in-camera* pursuant to section 7(2)(d) of the Health Professions Procedural Code to discuss the registrar's performance review.

CARRIED.

Adjournment

It was moved by T. Skanes that the Council meeting be adjourned. The meeting was adjourned at 3:45 PM.

CARRIED.

Darryn Mandel, President



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

MINUTES

May 19, 2021

Virtually via Zoom

Attendees:

Darryn Mandel, President
Theresa Stevens, PT
Janet Law, PT
Sharee Mandel, PT
Martin Bilodeau, PT
Hervé Cavanagh, PT
Karen St. Jacques, PT

Jennifer Clifford, PT
Katie Schulz, PT
Nitin Madhvani, Public
Myles MacLeod, Public
Jesse Finn, Public
Tyrone Skanes, Public
Carole Baxter, Public

Staff

Recorder: Barbara Hou

Welcome

7:00 pm.

The President welcomed all members and introduced new appointed public member C. Baxter.

1.0 Motion Approval of the Agenda

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

- Addressed Code of Conduct Violations against public member T. Skanes;
- Physiotherapy Alberta College + Association have temporarily accepted an alternate clinical exam;
- Ontario Physiotherapy Association correspondence; and
- Transparency initiatives of the College and self-regulation.

3.0 Amended Motion Entry to Practice Working Group: Terms of Reference

At their March 2021 meeting, Council approved in principle the establishment of an Entry to Practice Working Group. The Working Group would be tasked to consider the short term and long-term plan for the Entry



to Practice (ETP) scoping review project and make recommendations on to Council. The terms of reference or membership composition was not approved at that time. Executive Committee had been instructed by Council to make such a recommendation at a later meeting.

The President outlined the Executive Committee's proposal for the Working Group, including the terms of reference and membership composition. Council discussed the working group, its mandate and potential membership additions. The Working group will provide recommendations for Council on the entry-to-practice process, including examinations.

Given consensus to include an additional member, the President gauged interest among Councillors to join the Working Group. It was recommended that the incoming Vice President J. Clifford be added. At the agreement of Council, the motion was amended to reflect this change.

It was moved by S. Mandel and T. Skanes that:

Council approves the composition of the Entry to Practice Working Group to include the following as well as the Terms of Reference:

- D. Mandel
- T. Stevens
- G. Rehan
- T. Skanes
- M. Bilodeau
- J. Clifford

CARRIED.

Adjournment

The meeting was adjourned by the President at 8:47 PM.

Darryn Mandel, President

Agenda # 4

Board Governance Education

Closed session

Agenda # 5

Allison Henry - Ministry of Health



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COUNCIL

Agenda # 6

President's Report



June 14, 2020

Mr. Darryn Mandel, President
Ms. Theresa Stevens, President-elect
Mr. Rod Hamilton, Registrar

College of Physiotherapists of Ontario
375 University Avenue, Suite 800
Toronto, ON M5G 2J5

Dear Sirs and Madam:

Re: Situation of Physiotherapy Students and Entry to Practice Review

As you know, the Covid-19 pandemic has caused substantial disruption to the career aspirations of applicants who wish to join the College of Physiotherapists of Ontario (CPO). Over the course of the last few months, our office has received many e-mails from these students and the organizations that represent them.

These communications have attested to the hardships that these applicants have endured arising out of the cancellation of examinations, coupled with a regulatory framework that is viewed as inflexible. I will elaborate on these topics later in this correspondence.

On March 23, 2021, the CPO made the decision to establish an Entry to Practice (ETP) Working Group to, among other things, modernize entry to practice processes. The working group's mandate is to:

- a. Make recommendations to council regarding the challenges created by the pandemic preventing applicants from being able to fulfill the qualifications of independent practice.
- b. Review the current entry to practice process from application to registration, for both Canadian trained and Internationally educated physiotherapists (IEPTs).
- c. Review other models of entry to practice in other professions and other jurisdictions.



- d. Make recommendations to council regarding the process of registration.

I am pleased that the CPO has decided to undertake this work. I hope that it will help to ensure that an emergency situation, such as a pandemic, will never again create such severe consequences for applicants to the profession.

Before I offer some thoughts on the working group's mandate, it would be important to provide some contextual comments. At the outset, it is clear that the Covid-19 pandemic severely impacted the assessment and registration processes of many professional regulators and health colleges. The CPO, like numerous other organizations, was able to pivot quickly to continue to efficiently run its operations. It is also the case that the pandemic spun off some incredibly difficult issues that required regulators to balance traditional approaches to registration with practices that were flexible, creative and empathetic.

In the context of the present situation, I also believe that the Canadian Alliance of Physiotherapy Regulators (CAPR) acted responsibly in deciding to develop, and later make available, a virtual clinical examination for physiotherapy candidates as a substitute for in-person sessions.

In an environment where pandemics are likely to constitute the new normal, the migration to virtual clinical examinations constitutes an effective risk mitigation strategy to help ensure that the registration journeys of applicants are not subject to serious delays. This work has also served to position the physiotherapy profession as a leader in developing agile registration solutions.

It is unfortunate that CAPR's attempt to launch the examination was not successful. I believe that CAPR acted reasonably in engaging a third party consultant to explore why the examination platform was not able to support the examination.

Before proceeding to the advice section of my letter, I wanted to briefly set out the circumstances that have led to the current situation.

Chronology of Events:

In November 2019, CAPR last administered the clinical component of the Physiotherapy Competency Exam (PCE). In June and November 2020, the next two iterations of this examination were cancelled because of Covid-19 related restrictions.

In March 2021, CAPR cancelled its virtual clinical examination due to technological challenges, marking the third occasion when applicants could not stand this test.



On March 23, 2021, CPO Council struck its ETP Working Group. On May 19, 2021, CPO Council convened a special meeting to discuss issues related to the provision of examinations in the context of the ETP Working Group.

The Applicant Experience

In general terms, the applicants who have written to my office have expressed concerns about the decision to cancel these examinations, overall delays in completing the registration process and what they characterize as inflexibility in the CPO's registration system. In some cases, these comments have been directed to CPO alone and, in others, to both the college and CAPR. The most common themes that they raised were the following:

- There is a lack of transparent, clear and effective communication with applicants.
- The CPO has not exhibited a sense of urgency in seeking to ameliorate the situation of the many candidates who are still waiting to challenge the PCE nor sought to meaningfully engage with stakeholders on this issue.
- The CPO has not permitted a cohort of applicants who failed to pass the PCE exam in November 2019 to retain their provisional licensure status in circumstances where they are unable to write this examination again.
- Internationally trained candidates have been particularly disadvantaged by the current situation based on personal and financial pressures.

To be fair to the CPO, there are elements of the current regulatory framework that constrain the college's ability to address these issues in the way that the applicants would prefer.

If one includes the upcoming graduating class, our office understands that close to 1,000 applicants have been impacted by the cancellation of the exams, with about 650 not able to proceed beyond provisional licensure status. In some cases, applicants advised our office that they have needed to wait up to 12 months to write the clinical practice component of the examination.

OFC Comments on the Entry to Practice Review

As indicated previously, the OFC supports the CPO's decision to launch an entry-to-practice review which will help to identify challenges and barriers to the fair and timely registration of physiotherapists. To the college's credit, the scope of the review has been broadly defined so that different areas of interest can be explored.



In structuring its review of the issues, the OFC believes that the working group should consider the following issues:

How the CPO Should Interpret and Apply the Public Interest

Section 2.1 of Schedule 2 of the *Regulated Health Professions Act, 2011* identifies how all health colleges should work towards implementing the public interest. This provision states that:

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

In addition to protecting public health and safety, this section of the legislation recognizes that the health colleges must also fulfill certain labour-market imperatives as part of their public interest mandate.

The OFC believes that, to effectively act upon this important objective, regulators need to implement fair and efficient registration processes. It is imperative that registration pathways proceed expeditiously both in normal times, but particularly during emergency situations. It is not acceptable, for example, that registration processes stop applicants “in their tracks” during a pandemic.

In the past, our office has observed that some regulators can exploit the theme of public health and safety as a way of avoiding uncomfortable discussions about how to more fairly and efficiently move qualified applicants through the registration system. While the task of balancing the various aspects of the public interest will continue to place enormous challenges on regulators, these issues must be addressed head on and courageously.

Assessment of Risk and the Application of Regulatory Discretion

Under section 23 of Ontario Regulation 532/98 made under the *Physiotherapy Act, 1991*, a candidate who successfully completes the written examination may receive a provisional certificate provided that the candidate (1) is supervised by a member of the college and (2) has applied to write the PCE clinical examination the next time that it is offered. In the Covid-19 context, this has meant that some individuals have retained this provisional status for up to 12 months.

If, however, the same candidate subsequently fails his or her first attempt at the PCE examination, this individual’s provisional certificate is immediately revoked. This will be the case irrespective of the individual’s previous experience in the profession and/or whether the individual may have scored just below the minimum standardized passing grade. This result seems particularly harsh since most candidates eventually pass the PCE examination during the second or third try.



While the ability to offer provisional certificates is laudable, the current system appears overly rigid and lacks fairness. The working group should consider whether the profession should gravitate to a more modern regulatory approach. Such a scheme should permit CPO officials to intelligently apply discretion in individual cases to allow candidates to continue with their provisional status designation until their abilities can be confirmed. In other words, applicants should be given the benefit of the doubt.

It would also be important for the working group to obtain confirmation that the CPO's assessment of public health and safety risks has been empirically established. This could be gleaned, for example, from reviewing the number of public complaints received and the results of the college's quality assurance program.

Rigidity of Regulatory Framework

In our office's previous discussions with CPO officials, we have been told that the college cannot act on some of the concerns expressed by applicants because the current rules are set out in regulation and the CPO cannot unilaterally change them. We were further advised that it would take considerable time for the Ministry of Health (the ministry) to consider whether it would be willing to make any changes recommended by the college. Hence, we understand that the CPO has not approached the ministry with such a request.

I would agree with the observation that, during emergency situations such as pandemics, embedding a health college's rules in a regulation is not ideal. To contrast this situation, the analogous set of rules for the College of Chiropractors of Ontario are established by policy. It would be important for the working group to consider whether the CPO should gravitate to a similar, more flexible arrangement.

On a related point, the working group should consider whether the CPO should set up a fast-track process where the college is able to identify barriers to registration that cannot be overcome because they constitute non-exemptible regulatory requirements.

In these scenarios, it would be important for there to be a mechanism through which these issues, along with recommended solutions, could be taken to the ministry at the earliest opportunity. This was the approach that the College of Pharmacists of Ontario successfully pursued during the earlier phases of the pandemic.

Approaches such as these would serve to complement a responsive risk mitigation strategy and help to avoid situations where registration processes are delayed for extended and unreasonable periods of time.



Communications with Applicants

The OFC recognizes that, in emergency situations, such as pandemics, the landscape can shift often and sometimes abruptly. In cases where a college's registration processes have been delayed, or examinations cancelled, it is extremely important to establish strong channels of communication with applicants.

Where a regulator and third party service provider are both involved with such an issue, there can sometimes be confusion about which entity should be accountable for communicating with applicants. When these scenarios arise, it is critical for the regulator and third party to work together to develop a joint communications strategy to ensure that applicants have access to the most up-to-date information.

Composition of Working Group

In undertaking this important assignment, it would be important to ensure that the composition of the Entry to Practice Working Group encourages the discussion of novel approaches and engages in courageous conversations. CPO Council should ensure that the membership of the group facilitates this objective. Council should specifically consider whether to appoint an applicant to the profession to the working group.

While the working group is considering these longer-term issues, I would also encourage CPO to proactively take whatever steps it can to relieve the burden on current applicants to the system.

I hope that you have found these comments to be useful. My staff and I would be pleased to elaborate on these perspectives if you would find this to be useful. I look forward to hearing about the progress of your deliberations

Kindest regards,

"Original signed by"

Irwin Glasberg
Fairness Commissioner

Copy: Christopher Rosati, OFC
Alison Henry, Ministry of Health
Katya Masnyk, CAPR



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Council

Agenda # 7

Registrar's Report

Agenda # 8

Registration and Examination Overview

Presentation by Melissa Collimore, Manager of Registration



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Motion No.: 9.0

**Council Meeting
June 22-23, 2021**

Agenda 9: Entry to Practice Working Group: Alternate Examination & Review Scope

It is moved by

and seconded by

that:

the Council direct staff to investigate in detail the feasibility of using the Alberta or BC examinations as alternative(s) to the PCE in the event of a further CAPR exam failure. This work would include the dedication of appropriate resources to assess the examination from a legal/psychometric perspective as required to ensure confidence in its appropriateness.

Meeting Date:	June 22-23, 2021
Agenda Item #:	9
Issue:	Entry to Practice Working Group: Alternate Examination & Review Scope
Submitted by:	Rod Hamilton, Registrar

Issue:

In 2019, the scoping review to support Council's consideration of a full review of the Entry to Practice Program was completed. Council reviewed the report and supporting materials at their December 2020 and February 2021 meetings. Given the breadth of the report, concerns over the process and ongoing issues with the practical examination, Council passed a motion at their March meeting to appoint a working group to further study and make recommendations for any changes to the process of entry to practice. The Working Group has met and is bringing forward the following for further discussion and direction by Council.

Firstly, in light of multiple cancellations and delays to the clinical portion of the Physiotherapy Competency Exam (PCE) administered by the Canadian Alliance of Physiotherapy Regulators (CAPR), Council directed the Working Group as an initial task to review and consider alternate examinations in the case of further delay. Specifically, Council requested further information on the models being used in Alberta and British Columbia. The Working Group has brought forward a recommendation, supported by the Executive Committee, that staff be directed to investigate the feasibility of using the Alberta and/or British Columbia examination as alternate(s) to the PCE in the event of further CAPR exam failure.

Part 1 – Consideration of an Alternative to the CAPR practical examination if CAPR is unable to hold its planned virtual examination in August/September

Background:

Timeline - Recent History of CAPR Practical Exam.

November 2019

- CAPR held a practical examination in November 2019.
- Those candidates who passed became eligible to receive independent practice certificates.
- Those candidates who were unsuccessful, in keeping with the College's [Registration Regulation](#), had their provisional practice certificates expired and are not eligible to apply for a second certificated of provisional practice.

March 2020

- Pandemic declared – physical distancing and lockdown requirements came into effect.
- CAPR decided to delay the examination that typically would be held in March 2020 until June 2020 with the hope that the restrictions on in-person activities would be lifted by then.
- Those candidates who had provisional practice certificates had their certificates extended and thus retained their ability to work.
- Those candidates who had been previously unsuccessful in the examination, in keeping with the College registration regulation, remained ineligible to apply for a second certificate of provisional practice.
- The planned College Council meeting for March was cancelled and no discussion of examination issues was held.

June 2020

- CAPR cancelled the examination scheduled for June 2020 due to the unavailability of facilities and standardized patients as a result of pandemic restrictions.
- Those candidates who had provisional practice certificates had their certificates extended and thus retained their ability to work.
- Those candidates who had been previously unsuccessful in the examination, in keeping with the College's Registration Regulation, remained ineligible to apply for a second certificate of provisional practice.
- The planned College Council meeting for June 2020 was cancelled and no discussion of examination issues was held.

September 2020

- The College held a Council meeting in September.
- During the CAPR report, Council was informed by their board representative that CAPR was at that point still planning to hold its next planned examination in November.
- No further discussion of examination issues was held.

October 2020

- The College held a Council meeting in October.
- During the CAPR report, the Council was informed that due to the ongoing inability of CAPR to obtain access to facilities and standardized patients due to pandemic restrictions, the November examination would be cancelled.
- Council was also informed that CAPR was planning to replace its in person examinations during the pandemic with virtual examinations starting in March 2021.
- Council was also presented with information by the CAPR psychometrician on the planned virtual examination and was provided with data on its ability to appropriately assess the competency of candidates.

- After discussing the examination situation, Council ultimately decided to support CAPR's plan to hold a virtual examination in March and to delay further discussion/action on the examination pending the outcome of planned virtual exam in March.

March 2021

- CAPR's virtual examination was scheduled and actually commenced for applicants. However the virtual examination had to be terminated soon after it started due to unspecified problems with the virtual platform.
- Those candidates who had provisional practice certificates had their certificates extended and thus retained their ability to work.
- Those candidates who had been previously unsuccessful in the examination, in keeping with the College registration regulation, remained ineligible to apply for a second certificate of provisional practice.
- The issue with the examination cancellation was discussed at the Council meeting in March.
- Council directed staff to explore other options and solutions available to address situation relating to Entry to Practice and the cancellation of the clinical examination.
 - This was to be done in keeping with the requirements under the current regulations that the examination had to have both written and practical components, test entry level competency and be sufficiently valid and reliable to withstand reasonable challenge.
- At this same meeting, Council also decided to strike an Entry to Practice working group to follow up the Council's decision to undertake a review of the College's entry to practice program, given that it has not been reviewed since its inception.
 - Neither the terms of reference nor the membership of the task force were approved at this meeting

April 2021

- In April, the College's Registration Committee considered whether to exempt candidates from the requirement to successfully complete the practical examination in order to obtain an independent practice certificate exams.
- Although it had the authority to do so, the Committee ultimately decided that it would not exempt candidates from the current practical examination. The Committee did recognize that any alternative examination must be approved by Council.
- The CAPR Board also made a decision to move to a new virtual platform with the administration of the examination beginning late August/early September.

May 2021

- In May, the College held a special Council meeting to establish the terms of reference and membership of the entry to practice working group.

- The working group will provide recommendations for Council on the entry-to-practice process, including examinations.

June 2021

- On June 11th the Entry to Practice working group met and discussed two issues.
- The first issue was to consider the information collected by staff on the availability of alternatives to the CAPR Examination that the College could pursue if CAPR was unable to successfully virtual examination in late August/September. A review chart of the availability of entry to practice examinations from other jurisdictions is provided as Appendix 1.
- The second issue was to consider the broader issue of how the working group should undertakes its work on considering advice for Council on recommendations to update the College's existing entry to practice program. This issue is outlined further as **Part Two: Considering the Process for Undertaking the College Entry to Practice Program Review.**

Other Relevant Information

Also attached for your consideration are two additional documents. The first of these is from British Columbia and it is a set of Frequently Asked Questions (FAQs) that the British Columbia College has provided to its registrants and examination candidates.

The second of there is a set of FAQs that the Alberta College has provided to its registrants and examination candidates.

While not all these responses are totally relevant to the Ontario situation, these FAQs do provide some useful background on these matters for those who may not have been monitoring the situation closely.

The following points that are touched on briefly below provide some additional background on the alternative examination issue, some of which is based on past Council discussions and some which is made in the FAQs:

- In order to practice people must first pass CAPR's written component of the examination, at which point they can get a provisional practice certificate. This written component has been offered on an ongoing basis and has not been affected by the pandemic.
- Once an individual has obtained a provisional practice certificate, they can practice under supervision. As such, provisional practice holders have been able to work throughout the pandemic. It is their final success on the clinical examination that allows them entry to the independent class of registration.
- The Alberta and BC examination are not intended as an ongoing replacement to the CAPR clinical examination, which both provinces anticipate will continue to be used in future. Rather these examinations are one-time examinations to deal with examination candidates holding provisional practice certificates for more than 18 months without any problems arising in their

practices. In fact they are only open to individuals who held provisional practice certificates on March 11, 2020, when the pandemic was declared. Those who were added to the register after that point in time are not eligible for these examinations.

- It is very difficult for colleges to just exempt provisional practice holders from examination requirements. The rules requiring the use of examination are typically established in regulation and must be approved by government to be changed and the rules were put in place to protect the public so any change must be justified on the same basis.
- While the College does have the ability to exempt a candidate from the requirement for the examination, this authority can only be exercised by the Registration Committee and the Registration Committee cannot be directed by the Council. To date the Registration Committee's concern for public safety has not permitted it to exempt candidates from the examination although it has been supportive of having the College look for alternatives to the current examination that are appropriate in the circumstances.
- The College does have the ability to decide what examination(s) it will use to assess the competency of candidates however the College's legal advice has been clear that any examination suggested as an alternative to the CAPR Examination must display certain characteristics that are contained in the College's Registration Regulation. It must contain both written and practical (i.e. clinical) components, it must be based on Canadian competencies, and it must be sufficiently consistent in its testing (reliability), and accurate in what it tests for (validity) so that it can withstand legal challenges when individuals are unsuccessful on it.
- Graduation from a university PT program has to date not been considered sufficient to permit colleges to register PTs for practice. This is related to the fact that in Canada, a significant portion of candidates come from other countries where the PT programs and the work they do is much different than it is in Canada. In order to ensure public safety, PT regulators have a duty to ensure that all candidates are able to meet the minimum competency requirements for safety and care before being registered. It is also important to understand that regulators also have duties to treat all candidates consistently and fairly.

Entry to Practice Working Group

As previously recommended by Council, the Registrar conducted preliminary background research on the availability and suitability of physiotherapy entry examinations from other jurisdictions. This included both in Canada and abroad. The Entry to Practice working group considered the summary information found in Appendix 1. Any examination would need to be considered in light of specified criteria to ensure legal defensibility and public protection. Council had been provided with the recommendation from legal counsel that the following criteria be used:

1. The examination must assess practical skills (i.e. clinical)
2. The examination must assess the entry to practice competency skills required in Canada
3. Must be valid (i.e. measures what it is intended to measure). Different exams have different degrees of validity.



4. Must be reliable (i.e. provides stable and consistent results). Different exams have different degrees of reliability.

In consideration of these criteria, the working group suggested that proposed examinations in Alberta and British Columbia were best fit for further study as potential alternatives.

Recommendation:

The Entry to Practice Working Group, with support from the Executive Committee recommend that Council direct staff to investigate in detail the feasibility of using the Alberta or BC examinations as alternative(s) to the PCE in the event of a further CAPR exam failure. This work would include the dedication of appropriate resources to assess the examination from a legal/psychometric perspective as required to ensure confidence in its appropriateness.

Attachments:

- Appendix 1: Review of the Availability of Physiotherapy Entry Examinations
- Appendix 2: Physiotherapy Alberta
- Appendix 3: British Columbia Exam FAQ

Appendix 1

Review of the Availability of Physiotherapy Entry Examinations

Jurisdiction	Exam	Is it a practical examination? (Assesses clinical skills?)	Based on NPAG Competency Profile for Physiotherapists in Canada?	Suitable for use as an alternative to the PCE?
<i>INTERNATIONAL</i>				
United States	Federation of State Boards of Physiotherapy National Physical Therapy Examination	No – written multiple choice examination	No – based on US competency profile	Probably not –
Australia	Australia Physiotherapy Council Examination - assessment, written and practical	Yes, but the practical only applies for some international candidates. Practical includes 3 components	No	Probably not
New Zealand	New Zealand Physiotherapy Council examination	Yes, but only applies candidates that are not able to demonstrate competency in alternative ways	No	Probably not
United Kingdom (England, Scotland, Wales, Northern Ireland)	Physiotherapy Competence Examination of the Health and Care Professions Council	Yes	No	Probably not
Ireland	None			
<i>CANADA – Alternatives</i>				

Jurisdiction	Exam	Is it a practical examination? (Assesses clinical skills?)	Based on NPAG Competency Profile for Physiotherapists in Canada?	Suitable for use as an alternative to the PCE?
British Columbia	University of British Columbia alternate clinical evaluation process It is virtual. Cost is \$500.	Yes	Yes	Maybe This is a one time examination to deal with the cohort of candidates who were unable to write the examination in March 2020
Alberta	University of Alberta alternate clinical evaluation process It is an in-person examination in Edmonton Cost is \$750	Yes	Yes	Maybe This is a one time examination to deal with the cohort of candidates who were unable to write the examination in March 2020
Saskatchewan	None May use either B.C. or Alberta examinations when alternative examination regulation is approved			
Manitoba	None			

Jurisdiction	Exam	Is it a practical examination? (Assesses clinical skills?)	Based on NPAG Competency Profile for Physiotherapists in Canada?	Suitable for use as an alternative to the PCE?
Ontario	None currently. May be possible to use a tool based on the University of Toronto Physiotherapy Bridging Program evaluation and administered by the 5 PT programs in Ontario	Could be	Yes	Maybe
Quebec	Universite de Sherbrooke Physiotherapy Examination In person In French Small scale – 12 people	Yes	Yes	Maybe
New Brunswick	None			
Nova Scotia	None			
Prince Edward Island	None			
Newfoundland	None			
Commercial Exam Setting Agencies: Note: The Registrar has spoken with a commercial exam-setting agency which has provided assurance that they could set up and administer an examination if contracted by the College. There are likely multiple companies that could be contracted following an RFP process with an examination set up based on the College's parameters. However no current examination exists with a third party that could be immediately implemented.				
Canada	None with examinations currently available			
US	None with examinations currently available			

Appendix 2: Physiotherapy Alberta

PCE Exam Cancellation

https://www.physiotherapyalberta.ca/pce_exam_cancellation

Physiotherapy Alberta was notified on Saturday, March 20, 2021, that due to significant technical challenges, the Canadian Alliance of Physiotherapy Regulators (CAPR) was forced to cancel the clinical component of the Physiotherapy Competency Exam, scheduled on March 20th and 21st, 2021.

We acknowledge the burden that the cancellation puts upon candidates who have invested their time, energy, and effort to prepare for this day. We also recognize that examination candidates want answers and our focus in the coming days will be working towards a solution with CAPR to resolve this issue.

PCE Cancellation: Update March 31

https://www.physiotherapyalberta.ca/physiotherapists/news/pce_cancellation_update_march_31

On Thursday, March 25, 2021 the governing Council of Physiotherapy Alberta held an emergency meeting to discuss the ongoing unavailability of the Clinical Component of the Physiotherapy Competency Examination (PCE) and potential strategies to address the registration delays registrants on Physiotherapy Alberta's Provisional Register have experienced as a result.

Section 3 of the [Physical Therapists Profession Regulation \(PTPR\)](#) establishes the registration requirements for individuals applying to the General Register of Physiotherapy Alberta. Section 3(c) of the *PTPR* reads:

An applicant for registration as a regulated member on the general register must:

(c) have successfully completed a clinical competency examination approved by the Council.

The *Physical Therapists Profession Regulations* are established by Council and come into force once they have been approved by the Lieutenant Governor in Council (LGIC). Any changes to regulations require LGIC approval and very careful consideration as they are not temporary. Council of Physiotherapy Alberta needs to be confident registration requirements established in the regulations uphold and protect the public interest. At this time, Council will not be requesting the registration requirement of requiring a clinical competency examination approved by council be removed from the *Physical Therapists Profession Regulation*; however, have committed to reviewing these requirements in the future.

The only clinical examination currently approved by the Council of Physiotherapy Alberta is the PCE administered by the Canadian Alliance of Physiotherapy Regulators (CAPR). However, in response to the ongoing delays in the delivery of the Clinical Component of the PCE, Council

has decided that it will explore options available for an alternative clinical competency examination to potentially approve.

Physiotherapy Alberta's priority is to identify an objective, valid, and reliable assessment tool for use in an alternative examination process so that Physiotherapy Alberta may be confident that successful completion demonstrates that the candidate possesses a minimum entry-to-practice level of competence in the provision of physiotherapy services, thereby fulfilling Physiotherapy Alberta's mandate.

Should an alternative clinical competency examination be identified, this will **only** be available to those candidates who were:

- Registered on the Provisional Register of Physiotherapy Alberta on the date that the COVID-19 pandemic was declared by the World Health Organization, March 11, 2020, and
- Registered on the Provisional Register for the entire period beginning March 11, 2020 and continuing until their attempt at the alternative clinical examination, and
- Registered to complete one of the cancelled clinical components of the PCE in June 2020, November 2020, and March 2021.

Council has determined that even if an acceptable alternative is identified, the following individuals will **not be eligible** to participate in the alternative clinical competency examination at this time:

- Those who have attempted the Clinical Component of the PCE prior to the pandemic and who were unsuccessful in their attempt(s) to pass the examination.
- Those physiotherapist interns who are involved in a current conduct investigation of their physiotherapy practice or who have a history of a conduct investigation (in relation to a complaint filed with Physiotherapy Alberta regarding their physiotherapy practice) which resulted in an investigation and recommendations, facilitated resolution, or conduct findings.
- Former PCE candidates and applicants to Physiotherapy Alberta's Provisional Register who have exceeded the permitted time-period of two years or number of examination attempts permitted for the completion of the clinical component of the PCE.

If Physiotherapy Alberta can successfully identify an alternative clinical competency examination, eligible physiotherapist interns will have the option to complete the alternative examination, or to await the availability of the Clinical Component of the PCE administered by CAPR.

Finally, eligible physiotherapist interns are advised that every province in Canada is bound by its own provincial legislation. A solution for Alberta may not be available or acceptable to other Canadian jurisdictions. In the past, Canadian physiotherapy regulators have worked to achieve a harmonized registration approach for regulated physiotherapists to facilitate labor mobility under the Agreement of Internal Trade.

Should a temporary alternative clinical competency examination be deemed feasible in Alberta and should a candidate choose to complete this examination in order to fulfill their registration requirements in Alberta, the candidate accepts the risks that this course of action may pose should they wish to move to another jurisdiction in the future.

The current singular focus of the Council of Physiotherapy Alberta is finding solutions for those examination candidates who have been affected by the unavailability of the Clinical Component of the PCE due to the COVID-19 pandemic and subsequent March 2021 examination cancellation. Although Council has heard requests that the Physiotherapy Competency Examinations, both written and clinical be abolished, this is not an action that would be taken lightly. Council has committed to reviewing Physiotherapy Alberta's registration requirements in the future, once current, pressing issues have been addressed.

Physiotherapy Alberta remains committed to sharing information with PCE candidates as it becomes available. The best place to find updated information is through our website or through direct email messages from the College. We encourage you to check the [website for updates](#) on a regular basis.

Why did Physiotherapy Alberta choose to offer the examination in June?

Access to the HSERC building and the standardized patients required to administer OSCE-style examinations is in high demand. The CPE Unit was able to secure the facilities and resources needed to administer the Post-Graduate 2021 Clinical Evaluation in June.

This was the option available to us.

Physiotherapy Alberta has heard from many PCE candidates who are frustrated by the long delays to completion of the Clinical Component of the PCE and calls for Physiotherapy Alberta to act urgently to address the issue. Identifying an alternate examination is a complex process that requires coordination, collaboration, and time. We accepted the first examination dates available to us subsequent to the identification of an alternate examination plan, in order to address these calls for urgent action.

How can the CPE Unit develop a reliable and valid examination in only a month?

While we understand where this question stems from, the fact of the matter is that the CPE Unit is not developing an examination in a month. For over a decade, the CPE Unit has offered an OSCE-style examination that closely follows the examination blueprint and format of the PCE in terms of question design and length. The OSCE developed by the CPE Unit was specifically developed to approximate the PCE for internationally educated physiotherapists enrolled in the University of Alberta's Bridging to Canadian Physical Therapy Practice Graduate Certificate, to aid their preparation for the PCE.

Universities are in the business of educating and assessing learning. The assessments within the Faculty of Rehabilitation Medicine educational programming are evaluated consistently through a number of processes such as exam analysis and cohort performance over time to ensure assessments are valid and reliable. This differs from the CAPR analysis as CAPR runs a large volume exam on limited dates which requires a different type of process, specific to that exam format.

As Physiotherapy Alberta has previously stated, we do not believe that the alternate examination is a replacement for the PCE under normal circumstances, due to the psychometric properties, reliability, and validity of the PCE. However, under the current circumstances, and with regards to the candidates who are eligible to take the alternate examination, we believe that the **Post-Graduate 2021 Clinical Evaluation** can serve as a suitable, objective, valid and reliable alternate to the PCE.

With all the challenges and cancellations that the PCE has faced over the past year, how can candidates be assured that this examination will go forward?

If the past year has taught us anything, it is to expect the unexpected. We know that candidates have faced considerable uncertainty and disruption when it comes to the examination process and understand that their faith in an examination coming to fruition has been shaken. Nothing in life is guaranteed, but we are confident in our ability to proceed with the examination at this time due to the following:

- The University of Alberta Faculty of Rehabilitation Medicine has been able to offer in-person labs and practical skills examinations without incident since August 2020, through special permission from the Provost's Office.
- This has included the ability to offer programming through the Continuing Professional Education Unit, and the ability to complete several OSCE format exams with Covid requirements.
- The Faculty of Rehabilitation Medicine has robust policies and procedures in place to enable in-person instruction and examination. These policies and procedures are based upon Physiotherapy Alberta's Guidance for Resuming Physiotherapy Practice During a Pandemic, CMOH Orders and Alberta Health's COVID-19 Guidance for Post-Secondary Institutions.
- As Jason Kenney stated on May 17, 2021, although Alberta is still in a third wave of the pandemic, Alberta's "case numbers have stabilized, and our transmission rate is slowing down." Premier Kenney also highlighted that vaccination rates are rising, and it is anticipated that 50% of the population will be vaccinated by May 18, 2021. All of which will be key enablers to the ability to offer the examination.

However, there are, admittedly, risks to proceeding with the Post-Graduate 2021 Clinical Evaluation. Despite these enablers and positive signs, there is still the risk that the COVID-19

situation in Alberta could change for the worse and that the examination would need to be cancelled. We do not view this as likely, but it is possible.

There is no risk-free option. Individuals will need to weigh these risks for themselves to determine the best examination option for their unique circumstances.

Why did Physiotherapy Alberta choose the eligibility criteria identified?

Since they began considering options for an alternative clinical competency examination, Council's priority has been to identify an objective, valid and reliable assessment tool for an alternative examination process for those candidates who are currently registered and have been waiting for the clinical examination the longest. Those eligible for the alternate examination have not had the opportunity to attempt the Clinical Component PCE administered by CAPR and have now practiced continuously under supervision in Alberta for 18 months, without incident. Physiotherapy Alberta views this as an important and valid piece of evidence to consider.

The inclusion criteria allow Physiotherapy Alberta to be reasonably assured that a balance is struck between the public interest and the need to allow competent, duly qualified individuals who have practiced without incident to enter the General Register during an unprecedented time of disruption to our usual registration processes.

When establishing the exclusion criteria, Council's perspective was that it is appropriate that individuals who have been unsuccessful on a prior attempt at the Clinical Component of the PCE be assessed with the same, psychometrically sound, and rigorous examination tool on subsequent attempts.

Finally, Council considered the implications of allowing a candidate with a current conduct investigation or history of a conduct investigation which resulted in an investigation and recommendations, facilitated resolution, or conduct findings to complete the alternate examination, and the impact such a decision would have on public confidence that the College had fulfilled its duty to protect the public.

What measures will be in place to keep candidates participating in the alternate examination safe from COVID-19?

As part of their discussions, the Council of Physiotherapy Alberta carefully considered the wisdom, safety, and practicality of offering an in-person examination during a pandemic. As part of their deliberations, they considered Physiotherapy Alberta's capacity to offer a virtual examination when other larger organizations had not been successful in their attempts.

Council also considered the fact that all regulated physiotherapists providing direct patient care became eligible for vaccination on April 12, 2021, and that all Albertans aged 12 and over have been eligible for vaccination since May 10, 2021. As such, candidates, examiners and most, if

not all, standardized patients will have been eligible to receive their first dose of a COVID-19 vaccination for several weeks prior to the examination date.

Candidates, and many examiners and standardized patients are also physiotherapists who have been providing direct patient care safely with enhanced IPC and PPE measures in place since May of 2020. Physiotherapy Alberta is confident that candidates and others involved in the examination process understand how crucial these measures are and are willing and able to adhere to these measures in the alternate examination environment.

As administrator of the Post-Graduate 2021 Clinical Evaluation, the Faculty of Rehabilitation Medicine Continuing Professional Education Unit of the University of Alberta (the CPE Unit) has the authority to determine the public health measures required to mitigate against the risk of COVID-19 exposure in the examination environment. Such measures will include:

- Use of PPE
- Routine and vigorous hand hygiene
- Screening of candidates, examiners, and standardized patients for symptoms of or risks for COVID-19 prior to their admittance to the examination site
- Cleaning and disinfecting examination stations between candidates
- Limiting exam station duration to 5 or 10 minutes
- Using the larger examination rooms available within HSERC to allow for greater physical distancing between candidates, examiners and standardized patients
- Any other measures deemed necessary to address the risk of COVID-19 and public health orders in effect at the time of the examination

Physiotherapy Alberta and the CPE Unit also advise candidates that although the examination will be an in-person, hands-on examination, candidates will be instructed to limit their direct patient contact to that which is necessary for the task being assessed by an examination station, and to maintain physical distancing at times when skill assessment permits.

How are candidates supposed to study given current restrictions related to in-person gatherings?

We acknowledge that this is potentially a barrier, particularly for those who live alone and do not have family or roommates to practice their skills on. However, we note that most eligible candidates are actively working under supervision, meaning that they have access to patients on a daily basis on whom they have the opportunity to practice and refine their non-technical skills and technical skills related to their area of practice. We also note that within the practice setting, individuals are able to meet and study with colleagues, practicing their entry-to-practice technical skills in areas unrelated to their current practice area, provided that PPE and rigorous hand hygiene are in use.

Assisting with exam preparation is one way that supervisors and employers are encouraged to assist candidates opting to take the exam.

Physiotherapy Alberta has also heard from candidates who have raised concerns about the change from preparing for the virtual examination offered by CAPR in March to the in-person examination offered by the CPE Unit. Given that candidates have spent their academic training practicing their skills in-person on their peers, and that most, if not all candidates, are currently providing in-person care to patients, we do not anticipate that candidates will have significant difficulty preparing for an in-person examination.

However, candidates who find these barriers insurmountable may wish to wait to complete the PCE at a later date, as is their choice.

How will pass/fail be determined?

Stations will be scored on a pass/fail basis, with safety and professionalism concerns factored into the global rating of each station. A candidate must pass 8 of 12 stations in order to pass the examination. If a candidate fails more than 4 stations, they will have been deemed to have failed the examination.

What happens if I fail the Post-Graduate 2021 Clinical Evaluation?

A candidate who passes the examination is deemed eligible to be admitted to the General Register. When Physiotherapy Alberta receives the examination results from the CPE Unit, we will follow our usual registration processes to add successful candidates to the General Register.

If a candidate fails the examination, there are two considerations:

Future clinical competency examination

The candidate returns to the PCE clinical component process. A failure on the alternate examination does not have any impact on CAPR's processes and rules, including the number of PCE examination attempts a candidate is allowed. The candidate will still have 3 PCE examination attempts.

Registration on the Provisional Register

If a candidate fails the alternate examination, they will remain on the Provisional Register and continue with the PCE clinical component.

The failed attempt at the Post-Graduate 2021 Clinical Evaluation will be counted as one examination attempt for the purpose of administering Section 7(3) of the *Physical Therapists Profession Regulation*, which states "*If an applicant fails the examination referred to in section 3(c) a second time, the applicant's registration is cancelled.*"

If a candidate fails one attempt of the **Post-Graduate 2021 Clinical Evaluation and one attempt of the** PCE Clinical Component, the candidate will then have two unsuccessful attempts and will not be eligible to remain on the Provisional Register while completing their next attempt(s) at the PCE.

Post Graduate 2021 Clinical Evaluation FAQs

https://www.physiotherapyalberta.ca/pce_exam_cancellation#post_graduate_2021_clinical_evaluation_faqs_updated_may_18

How does participating in the Post-Graduate 2021 Clinical Evaluation influence a candidate's standing with CAPR and their future ability to take the PCE?

From Physiotherapy Alberta's perspective, a candidate's decision to pursue the Post-Graduate 2021 Clinical Evaluation should not have any affect upon their standing with CAPR and their "place in line" to complete the PCE. Indeed, a candidate's examination registration status and the information collected at the time of their registration for the examination is categorized as private information and is subject to the provisions of the *Personal Information Protection Act*.

In accordance with *PIPA*, Physiotherapy Alberta will not be releasing the private information collected at the time of registration for the Post-Graduate 2021 Clinical Evaluation to any party other than those contracted to administer the Post-Graduate 2021 Clinical Evaluation, specifically the University of Alberta Faculty of Rehabilitation Medicine Continuing Professional Education Unit.

CAPR would not be aware of the candidate's decision to pursue the Post-Graduate 2021 Clinical Evaluation unless the candidate disclosed this information to CAPR.

When can I expect to know my results from the Post-Graduate 2021 Clinical Evaluation?

The University of Alberta has advised that they anticipate having results to candidates and to Physiotherapy Alberta within 2 weeks of the examination.

How did Physiotherapy Alberta set the fee for the examination?

The fee for the examination has been set at \$750.

Physiotherapy Alberta is committed to offering the examination on a cost-recovery basis. We are not seeking to generate a profit from the administration of the alternate examination. Unlike established examinations, we do not have historical data regarding costs to draw from. As such, we are taking a conservative approach to fee setting, to attempt to mitigate the risk to the organization and to our broader base of regulated members while also seeking to be fair to candidates.

What is labour mobility and why does it matter?

The *Canadian Free Trade Agreement* (CFTA) is an intergovernmental trade agreement signed by all federal, provincial, and territorial governments. Its objective is “to reduce and eliminate, to the extent possible, barriers to the free movement of persons, goods, services and investments within Canada and to establish an open, efficient, and stable domestic market”. Chapter 7 of the CFTA addresses labour mobility and aims to enable any worker regulated in one province or territory to become regulated in another province or territory.

Historically, the PCE administered by CAPR has served as an important enabler of labour mobility as all Canadian jurisdictions other than the province of Quebec have adopted the PCE as one of their registration requirements. With the use of the Post-Graduate 2021 Clinical Evaluation, Physiotherapy Alberta’s registration requirements will differ from our historical registration requirements and from those employed in other jurisdictions. As such, other jurisdictions may seek to impose barriers to labour mobility for those individuals who wish to gain admittance to the General Register in another jurisdiction through this process. For example, a physiotherapy regulator in another jurisdiction may attempt to argue that there is a material deficiency in skill, area of knowledge or ability of affected individuals.

We do not believe that there are legitimate labour mobility issues; however, this is a risk that candidates must be willing to accept if they choose to apply to complete the Alternate Clinical Examination administered by the CPE Unit.

Physiotherapy Alberta is required to ensure our registration practices are consistent with the CFTA and accept "permit on permit" recognition where there are no material deficiencies in scope, competencies, and level of independent practice between registration categories between provinces.

Beyond labour mobility, how else might my choice to complete the alternate examination affect my career?

Physiotherapy Alberta’s government mandated role is to determine if a candidate meets the requirements for admission to the General Register and to register qualified, competent physiotherapists. Information is collected through the application process to determine a candidate’s eligibility for admission to the General Register. Section 119 of the *Health Professions Act* specifies the information that may be disclosed to the public, and this does not include the examination completed.

Our experience is that at the time of hire, employers will confirm that an individual is registered with Physiotherapy Alberta, and which register they are admitted to. Successful completion of the Post-Graduate 2021 Clinical Evaluation will mean that a candidate is eligible to be admitted to the General Register. This may affect their employability in certain sectors and practice settings, and their ability to pursue some continuing education opportunities.

The relevant regulatory consideration is whether you are registered. Physiotherapy Alberta manages that process as this is our government mandated role.

Why doesn't Physiotherapy Alberta permanently adopt this alternate examination for Alberta Provisional Registrants?

The College has developed this alternate examination specifically to address the needs of qualifying PCE candidates who have been on the Provisional Register for the last 18 months. This is an option available to those who do not wish to wait for their first opportunity to register for and complete the Clinical Component of the PCE.

However, the College continues to support the PCE process administered by CAPR to evaluate entry-to-practice competence. The PCE is the gold standard for entry to practice assessment for physiotherapist interns due to its reliability and validity. As already noted, the PCE is a key enabler of labour mobility for physiotherapists in Canada.

No single Canadian jurisdiction has the resources and capacity to develop and administer an examination comparable to the PCE on its own.

Although Council has heard requests that the PCE, both written and clinical be abolished, and that Physiotherapy Alberta develop a permanent alternative to the PCE, this is not an action that would be taken lightly. Council has committed to reviewing Physiotherapy Alberta's registration requirements in the future, once current, pressing issues have been addressed.

We will continue to work with our partners across the country to ensure the CAPR clinical component examination can be administered safely and consistently in the future.

Update May 5

https://www.physiotherapyalberta.ca/pce_exam_cancellation#update_may_5

Although Council has heard requests that the PCE, both written and clinical be abolished, and that Physiotherapy Alberta develop a permanent alternative to the PCE, this is not an action that would be taken lightly. Council has committed to reviewing Physiotherapy Alberta's registration requirements in the future, once current, pressing issues have been addressed.

We will continue to work with our partners across the country to ensure the CAPR clinical component examination can be administered safely and consistently in the future.

Subsequent to the cancellation of the Clinical Component of the Physiotherapy Competency Examination on March 20, 2021, Physiotherapy Alberta has been exploring options for an alternative clinical competency examination. Consistent with the Physical Therapists Profession Regulation, any option identified must be approved by the Council of Physiotherapy Alberta.

Council's priority is to identify an objective, valid and reliable assessment tool for an alternative examination process. Council is engaged in thoughtful consideration of what any decision might mean to the public and to candidates, which means we are unable to rush to a final decision. Council held a meeting on April 11, 2021 to discuss options at which time it was determined that further information was required before making a decision. Council will be scheduling a meeting in the coming days to continue their discussion.

Physiotherapy Alberta has met with the Government of Alberta many times over the past month. We have been asked to consider the labor mobility implications of any alternative examination process explored. We have also been encouraged to seek alignment with other jurisdictions that may also be exploring alternatives. Such alignment minimizes labor mobility barriers in the future and allows other provinces to have confidence that registration requirements in Alberta are developed with the public interest first.

We acknowledge the affect exam cancellations continue to have on candidates who have invested time, energy, and effort to prepare for the exams, and the frustration caused by ongoing uncertainty around future options. We acknowledge candidates want answers.

Unfortunately, identifying an alternative examination is a complex process that requires communication, coordination and collaboration with government, physiotherapy regulators from other provinces, the Canadian Alliance of Physiotherapy Regulators (CAPR) and other stakeholders, all of which requires time. Identifying and adopting an objective, valid and reliable examination is a major undertaking under any circumstance.

We have heard from many candidates with questions about the eligibility requirements for an alternative examination. When Council met in April, they were reasonably confident that an alternate examination could be identified for those individuals who have been on the provisional register since March of 2020 and have not failed the Clinical Component of the Physiotherapy Competency Examination. Therefore, this is Physiotherapy Alberta's current focus. Physiotherapy Alberta remains committed to sharing information with PCE candidates as it becomes available.

In response to COVID-19 and disruptions to the clinical exam, Physiotherapy Alberta has extended all Provisional Register practice permits to the end of the current registration year. Physiotherapy Alberta will continue to extend provisional register practice permits until the Clinical Component of the Physiotherapy Competency Examination is available, should candidates not be eligible or choose not to complete the alternate clinical exam.

We encourage you to check the website for updates as this is the most efficient means for us to update interested parties.

PCE Update May 14

https://www.physiotherapyalberta.ca/pce_exam_cancellation#pce_update_may_14

In response to the ongoing disruption in the delivery of the Clinical Component of the Physiotherapy Competency Examination (PCE) administered by the Canadian Alliance of Physiotherapy Regulators (CAPR), Physiotherapy Alberta's Council has explored options for an alternate clinical competency examination.

At their May 10th meeting, the Council of Physiotherapy Alberta approved the [Post-Graduate 2021 Clinical Evaluation](#) as the temporary alternate clinical competency examination to fulfill the registration requirements established by Section 3(C) of the *Physical Therapists Profession Regulation*, for individuals who meet the eligibility criteria established by Council.

Physiotherapy Alberta will be contracting the Faculty of Rehabilitation Medicine Continuing Professional Education Unit of the University of Alberta (the CPE Unit) to administer this alternate examination.

The CPE Unit will administer an Objective Structured Clinical Examination to candidates who meet the eligibility criteria. The examination will:

- Be an in-person, **hands-on** clinical examination.
- Include content domains based on the [CAPR PCE examination blueprint](#).
- Consist of 12 stations that will be assessed by a global rating of pass/fail and incorporate safety and professionalism flags, similar to the PCE.
 - Six, 10-minute stations.
 - Six, 5-minute stations.
- Be held on June 11th and 12th, 2021.

Successful completion of the examination will allow candidates to move from the Provisional Register to the General Register of Physiotherapy Alberta.

Eligibility Criteria

To be eligible to participate in this alternate examination, candidates must have:

1. Been on the Provisional Register on the date of March 11, 2020 when the COVID-19 pandemic was declared by the World Health Organization.
2. Been registered on the Provisional Register for the entire period beginning March 11, 2020 and continuing until their attempt at the alternate exam.

AND

3. Not previously attempted and failed the Clinical Component of the PCE administered by CAPR.

Exclusion Criteria

The following candidates will **not** be eligible to participate in this alternate examination:

- Those who have attempted the Clinical Component of the PCE prior to the pandemic and who were unsuccessful in their attempt.
- Those involved in a current conduct investigation of their physiotherapy practice or who have a history of a conduct investigation which resulted in an investigation and recommendations, facilitated resolution, or conduct findings.
- Those individuals who have exceeded the permitted two-year time-period or number of examination attempts permitted for the completion of the Clinical Component of the PCE.

Physiotherapist interns meeting the eligibility criteria will be individually contacted by Physiotherapy Alberta via direct email by May 17, 2021 with further information regarding the alternate examination, including the examination fee and how to register if they are interested in pursuing this option.

Questions regarding individual eligibility to complete the alternate examination should be directed to Physiotherapy Alberta's Deputy Registrar, Joyce Vogelgesang (jvogelgesang@physiotherapyalberta.ca).

Important Additional Information

- **Participation in the alternate examination is voluntary.**
 - Eligible candidates have the option to participate in the alternate examination process or to remain on the Provisional Register pending the future availability of the Clinical Component of the PCE offered by CAPR. Questions regarding timelines for future PCE availability should be directed to CAPR.
 - Physiotherapy Alberta will extend current Provisional Register practice permits should a candidate choose to wait for their first opportunity to register for and complete the clinical component of the PCE.
- The examination will be offered on the dates of **June 11th and 12th** with candidates attending the examination on one of the two dates.
 - Candidates are advised that they will be assigned an examination day by the CPE Unit, after registration closes.

- If a candidate chooses to pursue this option, they must be available on both June 11th and 12th, 2021. It is recommended that candidates make the necessary arrangements with their employers now, in preparation for the examination.
- The examination will be offered in-person, at the University of Alberta HSERC facility.
- Candidates are responsible for all travel and accommodation arrangements and costs.
- There is currently no plan for a second administration of the alternate examination.
- The alternate examination is being offered on a cost-recovery basis.
 - The fee for completion is currently being finalized. This information will be included in the email to eligible candidates.
 - A candidate will secure their spot in the examination upon registering and submitting payment of the examination fee in full.
 - Refunds will only be considered for individuals who provide medical documentation or evidence of extenuating circumstances that prevent them from attending the examination at their scheduled date and time.

COVID-19 Indemnity

Participation in the alternate examination is not without risk. Candidates registering for the alternate examination agree to the following:

- **This is not a virtual examination.** The examination will involve contact with standardized patients, examiners, and examination administrators.
- As administrator of the **Post-Graduate 2021 Clinical Evaluation**, the CPE Unit has the authority to determine the public health measures required to mitigate against the risk of COVID-19 exposure in the examination environment. Candidates must agree to follow all COVID-19 public health measures deemed necessary by the University of Alberta.
- Failure to comply with COVID-19 measures will result in the cancellation of the candidate's examination and their immediate removal from the examination center. No refund will be issued.
- If a candidate should become exposed to or ill with COVID-19 as a consequence to their participation in the alternate examination, and despite the implementation of public health measures by the CPE Unit, neither the University of Alberta, nor Physiotherapy Alberta shall be responsible for any subsequent losses, illness, or loss of life.

Labour Mobility

In the absence of a national examination administered by CAPR, each Canadian jurisdiction has been left to determine the registration requirements for affected candidates in their jurisdiction. Every province is bound by its own provincial legislation and Physiotherapy Alberta cannot control registration decisions elsewhere.

Candidates must understand that should they choose to complete the Alberta alternate examination this may impact their ability to move to another Canadian jurisdiction in the future. It remains to be seen if other jurisdictions will accept this alternate examination should successful candidates seek registration in a different Canadian jurisdiction at some future date. It is possible that other jurisdictions may attempt to impose barriers to labour mobility should an individual seek registration in that jurisdiction subsequent to their successful completion of the alternate examination in Alberta.

Physiotherapy Alberta does not believe that there are legitimate labour mobility issues created by the implementation of the **Post-Graduate 2021 Clinical Evaluation**; however, other provinces may take a different position. This is a risk that candidates must be willing to accept if they choose to register for the alternate examination.

Physiotherapy Alberta is offering this alternate examination on a voluntary basis to address ongoing delays to the Clinical Component of the PCE; however, candidates will need to decide if this is the best option available to them. Physiotherapy Alberta is not responsible for future labour mobility barriers that may result from a candidate's participation in the Post-Graduate 2021 Clinical Evaluation.

What can the broader physiotherapy community do to help?

The ongoing PCE delays have been a burden not only for candidates, but also for their employers and supervisors. As Physiotherapy Alberta pivots to enable an alternate examination process, administered by the CPE Unit, the broader physiotherapy community can help.

Employers and supervisors can provide practical assistance to candidates opting to take this examination, by providing support to study as they are able.

Physiotherapists who have helped the University of Alberta Physiotherapy Department or CPE Unit in the past with program related OSCEs, either as examiners or standardized patients, should anticipate that the CPE Unit will need their assistance now. We encourage all physiotherapists on the General Register to consider how they can aid in this process.

The College continues to support the Physiotherapy Competency Examination process administered by CAPR to evaluate entry-to-practice competence. We will continue to work with our partners across the country to ensure the CAPR clinical component examination can be administered safely and consistently in the future.

FAQs Regarding the Cancellation of the PCE

The College of Physical Therapists of BC (the College) has received many emails, letters, and phone calls about the cancellation of the examination. We are unable to respond individually due to the volume and the fact that we are focused on exploring solutions and considering possible next steps. It will take some time to sort out what is next, so in the meantime here are answers to some of the questions we have heard most often over the past few days.

1. What happened on March 20 that caused the cancellation of the clinical component of the Physiotherapy Competency Examination (PCE)?

The College was informed of the cancellation of the examination on the morning of Saturday March 20th. Details regarding what exactly occurred remain limited; however, the information we have received to date is that the cancellation was necessary due to technical challenges. The Canadian Alliance of Physiotherapy Regulators (CAPR) and examination vendor are investigating the root cause and the provincial regulators are expecting more information as soon as it is available.

2. What is the College doing about the cancellation of the examination?

The College is working with CAPR, other provincial regulators, the Registration Committee and Board of Directors on possible solutions. Most importantly we are considering what options we have to support our current interim registrants who were impacted on March 20 and 21. The current interims are our priority so we can provide information to assist them in planning for the months ahead.

Broader discussions about the future of the examination may need to happen in the longer term but for now we are focused on immediate solutions.

3. Why is the College not acting as per the Canadian Physiotherapy Association (CPA) statement?

The CPA called for the CAPR to immediately return all fees collected from candidates. CAPR had already started the refund process before this request was made. Refunds to candidates are underway.

The CPA also called for provincial regulators to “immediately suspend the requirement for a completion of the clinical component of the PCE to be eligible for licensure in every province.” This is not as easy as it sounds. Registration requirements are embedded in legislation; legislation is difficult to change, and such change does not happen quickly. Regulators cannot just ignore the rules approved by the Ministry of Health. However, we can look at any, and all, alternatives and work with our partners and government on potential solutions during extraordinary times.

It is important to note that there is a difference between the role of the professional association (CPA), the regulator (College) and CAPR.

- The College has a mandate is to protect the public interest. That is why we set entry requirements, we establish standards of practice and we manage complaints from the public.

- CAPR provides services to the provincial regulators under their direction. The regulators often say “We are CAPR” because provincial regulators direct CAPR work, approve policies and are elected to the Board of Directors. If CAPR did not exist, provincial regulators themselves would need to do all the CAPR work done on their behalf. Regulation would be much more expensive.
- The professional associations (Canadian Physiotherapy Association (CPA) and the Physiotherapy Association of BC) are charged with representing the interests of the profession, advocating for things like scope of practice, funding, workforce issues and more.

4. Why not eliminate the examination altogether?

Entry to practice examinations in health care professions have existed for many years. It is important to have an independent source of evaluation that applies to health care professionals, whether they were educated in Canada or internationally. The evaluation needs to be fair, relevant to the profession, administratively feasible and psychometrically sound. It provides the public with confidence in a profession. The Physiotherapy Competency Examination has long been regarded as the gold standard, which includes an Objective Structured Clinical Examination as part of the evaluation process.

Eliminating the examination may not be the best solution for the public or for the profession, and the unfortunate situation we all face today should not be viewed as opportunistic. We can look at this as a time to make the physiotherapy entry to practice examination the best and most relevant it can be given the state of education, accreditation, and contemporary practice.

5. What about the physiotherapist interns who have been unable to practice, and all those COVID patients who need physiotherapy care?

BC issued more interim registrant licenses in 2020 than ever before; interim registrant physical therapists have been available and providing care during the pandemic under the required supervision agreements. There is a maldistribution of physical therapists in many parts of BC and Canada, however patients are still receiving physical therapy care especially with the increased use of telerehabilitation.

In response to COVID-19 and disruptions to the clinical exam in June and November 2020, the College extended interim registration for those who had permits and were waiting for the clinical exam. In late fall, 2020 after careful consideration of the risks, and after adding additional conditions on interim licenses and discussions with the Ministry of Health, the College reinstated interim registration for individuals who had failed the November 2019 clinical component and had their permits cancelled earlier in the year.

6. This is the third incident involving the examination process. What is being done to overcome the ongoing challenge?

Clinical examinations scheduled for June and November 2020 could not proceed as the examination sites were closed, standardized patients were not available nor were examiners in many places. So, while the clinical examinations were cancelled, the cancellations were in response to public health restrictions related to the pandemic. The March 2021 examination was cancelled for a very different reason.

Early in the pandemic, CAPR began to investigate the idea of a virtual clinical examination, and with the 2020 cancellations, plans were made to transition to a virtual clinical examination by March 2021. Detailed planning for the March virtual examination began in the fall of 2020 when the future of testing sites and standardized patient availability were in question. This was the first attempt in Canada to launch a virtual clinical entry examination. While it was not successful, planning needs to continue for future examinations whether they be virtual or in person.

7. We have received many comments such as: “CAPR has demonstrated that they are not competent so why are you still working with them?” Here is why.

People have been making this statement on social media and in letters and emails to the College but it is not based in fact. CAPR has long been a global leader in the provision of evaluation services including examinations. Their inability to deliver an in-person examination in the context of COVID-19 and the challenges faced in 2020 is not a reflection of CAPR’s competence; it is the result of a confluence of circumstances beyond anyone's control. While it is true that CAPR failed to provide a virtual clinical examination on March 20 and 21, the circumstances contributing to the failure are not yet clear.

8. Is graduation from an accredited entry-to-practice physiotherapy education program in Canada not good enough?

No is the short answer.

Accreditation of entry-to-practice physiotherapy education programs in Canada is rigorous and very well regarded. The purpose of accreditation is to recognize education programs that meet or exceed a pre-defined, agreed-upon standard of quality, and to support and encourage programs in their own quality improvement activities. The accreditation process seeks to evaluate a program’s effectiveness toward the fulfillment of its mission, the achievement of its goals, and its continuing efforts to enhance the quality of its program and of student learning and experience. Canadian students must graduate from an accredited program because accreditation status assures a quality educational experience.

9. When can we expect more information?

The College recognizes the impact the cancellation of the examination has had on candidates and their families. We are working as quickly as we can to come up with options and make decisions. This will be done carefully and that means we will not rush to final decisions without thought and consideration of what any decision might mean to the public and to candidates.

We also recognize that many current interim registrants are concerned about their permits expiring at the end of May and they need answers sooner than later to plan with employers and their families. Please be assured that we will not cancel permits because of examination events that are out of your control.

The College is committed to sharing information as soon as it is available including what we learn from CAPR.

Part Two: Considering the Process for the Undertaking of the College Entry to Practice Program Review.

Timeline- Recent History of the College Activities Pertaining to the Entry to Practice Review

March 2019

- Council decided to conduct a review of the Entry to Practice program and determined a scoping review would be beneficial.
- Council approved a budget to complete a preliminary review of the Entry to Practice Program.

November 2019

- The Entry to Practice scoping review was completed by the consultant in November 2019.
- Executive Committee received a copy of the final report.
- The Executive Committee deferred the discussion of this item as the report was provided at the meeting and the committee requested more time to review the materials.

March 2020

- The Executive Committee discussed the scoping review and developed a recommendation that Council appoint a Working Group to carry out the full review.
- The Council meeting was subsequently cancelled due to pandemic.

June 2020

- The Council meeting was again cancelled due to pandemic.

December 2020

- At their December meeting, the Entry to Practice scoping review was shared with Council for the first time. Council considered the report and requested that it be provided alongside the full background materials. The discussion was deferred to a later meeting.

February 2021

- The Executive Committee proposed that Council appoint a working group to address, help frame the work and implement the recommendations.
- At the Council meeting, the Council approved five priorities for the coming year, one of which was to “Develop a plan and process for any required improvements to the Entry to Practice program”.

March, 2021

- Council considered the Executive Committee recommendation for a working group and agreed to it in principle with mandate and membership to be identified later.

April 2021

- The Executive Committee reviewed draft membership and terms of reference for an Entry to Practice working group.

May 19, 2021

- Council approved the Entry to Practice working group Terms of Reference and membership as recommended by the Executive Committee.

June 2021

- On June 11th, the Entry to Practice working group met and discussed two issues.
- The first issue was to consider the information collected by staff on the availability of alternatives to the CAPR Examination that the College could pursue if CAPR was unable to successfully virtual examination in late August/September.
- The second issue was to consider the broader issue of how the working group should undertake its work on considering advice for Council on recommendations to update the College's existing entry to practice program.

Entry to Practice Working Group Recommendation

Both the Entry to Practice Working Group and Executive Committee have considered the scope of the working group's review and deliverables. It was recognized that due to the restrictions on Council meeting times as a result of the pandemic, that Council has had little opportunity to discuss the entry to practice review. With this in mind, the entry to practice working group is suggesting that Council approve preliminary funding and human resources to allow the ETP Work Group to develop a clear and detailed work plan to bring back to Council review and approval at the next meeting.

Agenda # 10

Review of Previous Strategic Plan

Presentation -no materials

Agenda # 11

Annual Committee Report 2020-2021

Program Area Report

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



ANNUAL COMMITTEE REPORT EXECUTIVE COMMITTEE

April 1, 2020 to March 31, 2021

Committee Membership and Number of Meetings in 2020/2021 Fiscal Year:

Darryn Mandel, Professional Representative (Chair)

Sharee Mandel-Benyacar, Professional Representative

Theresa Stevens, Professional Representative

Tyrone Skanes, Public Representative

Ron Bourret, Public Representative (September 2020 to February 2021)

Total Number of Meetings in 2020/2021 Fiscal Year: **25**

Hybrid (In-person and Virtual): **2**

Virtual meeting: **23**

Issues of Note

The Executive Committee was designated by Council to serve as the College's Governance Review Committee. In keeping with this direction, five of the virtual meetings were for the purpose of reviewing the College by-laws and governance policies

As a result of the Covid-19 Pandemic declaration in early March 2020, the Executive Committee determined that it needed to act on behalf of Council to consider College advice to registrants during the initial phase of the Covid-19 Pandemic. The committee also decided to extend the Annual Renewal deadline.

The Executive Committee of the College reviews all matters that are to be considered by Council.

In keeping with this role, the Executive Committee considered matters including the following prior to their deliberation at Council:

- Proposed College Performance Management Framework 2021 Submission
- Proposed Governance & Bylaw review and revisions
- Proposed Governance review: Investment Policy
- Proposed Honorary Recognition Award
- Proposed College Policies Framework
- Dissolution of Quality Assurance Working Group
- Proposed Privacy Policies Update
- Virtual Practice in Physiotherapy Guidance

Council

- Entry to Practice Scoping Review
- Council Education and Conference Attendance
- Proposed Budget 2021-2022
- Committee Slate 2021-2022
- Canadian Alliance Regulatory Framework PCE cancellation
- Priority Setting for the College 2021-22
- Land Acknowledgement
- Quality Assurance Committee Deferral and Extension Policy



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ANNUAL COMMITTEE REPORT REGISTRATION COMMITTEE

April 1, 2020 to March 31, 2021

Committee Membership and Number of Meetings in 2020/21 Fiscal Year:

Tyrone Skanes, Public representative – Chair
Martin Bilodeau, Professional representative
Anastasia Newman, Professional representative
Katie Schulz, Professional representative
Jesse Finn, Public representative

Number of Meetings in 2020/2021 Fiscal Year: **8**

In-person meeting: **0**

Via teleconference: **8**

Trends and/or Issues of Note

- Low practice hours
- Requests for an exemption to the PCE requirement
- Requests for second provisional practice certificates of registration
- Professional conduct history in another jurisdiction

Statistics

The Committee considered ten cases. Zero applicants were granted certificates of registration. Two applicants were granted certificates of registration with terms, conditions and limitations, and eight were denied certificates. There were two appeals to the Health Professions Review and Appeal Board which was subsequently withdrawn. There is 1 decision from the previous fiscal year which is being appealed in court.



ANNUAL COMMITTEE REPORT
QUALITY ASSURANCE COMMITTEE

April 1, 2020 to March 31, 2021

Committee Membership and Number of Meetings in 2020/2021 Fiscal Year:

Theresa Stevens, professional member
Ron Bourret, public representative (started May 2020 to September 2020)
Janet Law, professional member (until September 2020)
Beth Bergmann
Antoinette Megens
Kathleen Norman (until September 2020)
Tom McAfee, public representative (started September 2020)
Nitin Madhvani, public representative (started November 2020)
Karim Kanji, public representative (from September 2020 to December 2020)
Herve Cavanagh, professional member (started in September 2020)
Tyrone Skanes, public representative (until September 2020)
Myles Macleod, public representative (started in February 2021)

Number of Meetings in 2020/2021 Fiscal Year:

In-person meeting: **0**

Video Conference: **8**

- June 8, 2020
- July 29/30, 2020
- September 9, 2020
- October 19, 2020
- November 30, 2020
- December 10, 2020
- February 2, 2021
- February 23, 2021

Trends and/or Issues of Note

Due to the start of the uncertainty around the start of the pandemic, the Committee did not meet until June 2020. During the meetings of 2020, the Committee mainly considered case files that were part of our pilot project to develop new quality assurance tools. Two meetings addressed cases from the earlier QA program where the PT was completing the requirements of a SCERP

Issues identified in the on-site assessments reviewed:

- Clinical reasoning
- Use of evidence in practice
- Adverse outcomes associated with use of controlled acts
- Working with physiotherapist assistants
- Setting patient goals
- Patient safety
- Treatment planning
- Assessments
- Conflict resolution
- Equipment maintenance
- Record keeping
- Professional boundaries
- Consent
- Privacy

Statistics

Number of matters considered + breakdown of outcomes

Number of screening interviews reviewed by QA Staff: 13

Number of quality assurance files closed following the screening interview: 13

Number of physiotherapists referred to participate in an on-site assessment based on results of the screening interviews: 0

Number of on-site assessments completed between April 1, 2020 – March 31, 2021: 4

Number of matters considered by the QA Committee: 27

Number of decisions issued by QA Committee: 26



ANNUAL COMMITTEE REPORT PATIENT RELATIONS COMMITTEE

April 1, 2020 to March 31, 2021

Committee Membership and Number of Meetings in 2020/21 Fiscal Year:

Sharee Mandel, Chair, professional representative (from September 2020)
Antoinette Megans, professional representative
Karen St. Jacques, professional representative (from September 2020)
Myles MacLeod, public representative (from January 2021)

Nicole Graham, Chair, professional representative (until September 2020)
Martin Bilodeau, Professional representative (until September 2020)
Jesse Finn, public representative (April 2020 to September 2020)
Ron Bourret, public representative (September 2020 to January 2021)
Jane Darville, public representative (until May 2020)

Meeting dates:

February 2, 2021

Statistics

During the period of April 1, 2020 to March 31, 2021 the Patient Relations Committee met on one occasion and considered two applications for funding for therapy and counseling. The committee approved both applications.

Case Overviews

The College received two separate applications for funding for therapy and counselling in late January 2021. In each matter, the former patient of the physiotherapist filed a formal complaint with the College. Both complaints related to interactions the patients had with their physiotherapist and included allegations of sexual abuse. Both matters are currently being investigated.

Legislative Reference:

Section 85.7 of the [Health Professions Procedural Code](#) which is Schedule 2 to the RHPA

Budgetary Considerations:

The maximum funding available to each applicant is established by the RHPA and is equivalent to the amount that the Ontario Health Insurance Plan (OHIP) would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist.

Council

This funding now amounts to \$17,370 per person and is accessible over a five-year period. This amount was updated in April 2020. Previously applicants had \$16,060.00 available to them over a five-year period.

The College is currently supporting six patients who are seeking funding for therapy and counseling. The oldest being a matter from 2013 where the Committee approved an extension to the time limit and additional funding for the patient.

On average the Committee considers 1-2 matter applications a year.



ANNUAL COMMITTEE REPORT INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

April 1, 2020 to March 31, 2021

Committee Membership and Number of Meetings in 2020/21 Fiscal Year:

Gary Rehan, Chair, Professional representative
Monica Clark, Professional representative
Jennifer Clifford, Professional representative
Tom McAfee, Public representative (As of September 24, 2020)
Nitin Madhvani, Public representative (as of April 9, 2020 until September 24, 2020)
Mark Ruggiero, Professional representative (until September 24, 2020)
Tyrone Skanes, Public representative
Theresa Stevens, Professional representative

Number of Meetings in 2020/2021 Fiscal Year: **15**

In Person: **0**

Hybrid Meeting (In-person and Virtual): **5**

Virtual Meeting: **10**

Trends and/or Issues of Note

- Allegations of sexual abuse, boundary violations and inadequate communication are common
- Fraudulent billing, falsification of records and incomplete records

Statistics

Number of matters considered + breakdown of outcomes

Number of decisions issued: **62 (ICRC)**

Breakdown- number of specific outcomes:

- 0 Withdrawal
- 23 No Action
- 5 Acknowledgement and Undertaking
- 7 Advice and Recommendation

- 1 Caution
- 1 Specified Continuing Education and Remediation Program
- 2 Specified Continuing Education and Remediation Program and a Caution
- 0 Specified Continuing Education and Remediation Program and Caution and Acknowledgement and Undertaking
- 0 Refer to Incapacity Proceedings
- 6 Refer to Discipline Committee
- 18 Frivolous and Vexatious

Number of times an investigator was appointed: **23**

Number of appeals + outcomes

Number of appeals: 10 complaint matters (HPARB) + 0 Registrar's Initiated Investigations (Divisional Court)

Health Professions Appeal and Review Board (HPARB)

14 appealed to HPARB

Outcomes: the College received 16 decisions from HPARB:

14 ICRC decisions upheld by HPARB

1 ICRC decision overturned

1 matter withdrawn by member



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ANNUAL COMMITTEE REPORT DISCIPLINE & FITNESS TO PRACTISE COMMITTEE

April 1, 2020 to March 31, 2021

Committee Membership 2020/2021 Fiscal Year:

Professional Members:

Sharee Mandel, Professional Member (Chair)
Janet Law, Professional Member
Katie Schulz, Professional Member
Nicole Graham, Professional Member
Martin Bilodeau, Professional Member
Daniel Negro, Professional member
James Wernham, Professional member
Sue Grebe, Professional Member
Angelo Karalekas, Professional Member
Richa Rehan, Professional Member
Herve Cavanaugh, Professional Member (as of September 2020)
Jennifer Clifford, Professional Member (as of September 2020)
Karen St. Jacques, Professional member (as of September 2020)
Theresa Stevens, Professional member (as of September 2020)

Public Representatives:

Ron Bourret, Public Member (until January 2021)
Nitin Madhvani, Public Member (as of April 2020)
Jesse Finn, Public Member (as of April 2020)
Myles MacLeod, Public Member (as of January 2020)
Tom McAfee, Public member (as of September 2020)

Trends and/or Issues of Note:

	Number of Referrals from the ICRC
2013/2014	1
2014/2015	6
2015/2016	6
2016/2017	4
2017/2018	9

2018/2019	11
2019/2020	6
2020/2021	6

Completed

7 Cases Completed:

	Contested / Uncontested
CPO and Selvaraj	uncontested
CPO and Bird	uncontested
CPO and Luo	uncontested
CPO and Pillai	contested
CPO and Nogourani	uncontested
CPO and Ragheb	uncontested
CPO and Luff	uncontested

Decisions of the Discipline Committee can be found on Canlii:

www.canlii.org

Cases Pending/ In Progress on April 1, 2021

	Date Referred
CPO and J Taddeo	December 9, 2018
CPO and P Afkari	November 2, 2020
CPO and M Krollari	August 5, 2020
CPO and S Yee	September 18, 2020
CPO and B Bararian	December 9, 2020
CPO and D Mathews	January 19, 2021
CPO and J Wang	January 19, 2021

The allegations are related to: business practices, excessive and undocumented treatment, use of physiotherapy assistants, record keeping, failure to meet professional obligations as it relates to the College, conflict of interest and sexual abuse / boundary violations.

Divisional Court Appearances (April 1, 2020 - March 31, 2021)

1 matter was considered in Divisional Court in 2020-2021

[CPO and Samir Shah](#)

Fitness to Practise Hearings Pending, In Progress or Completed: 0



ANNUAL COMMITTEE REPORT FINANCE COMMITTEE

April 1, 2020 to March 31, 2021

Committee Membership and Number of Meetings in 2020/2021 Fiscal Year:

Gary Rehan, Professional Representative (Chair until September 2020)

Janet Law, Professional Representative (member Sept 2020-Dec 2020; Chair Dec 2020-March 2021)

Nicole Graham, Professional Representative (until September 2020)

Darryn Mandel, Professional Representative

Theresa Stevens, Professional Representative

Nitin Madhvani, Public Representative

Jennifer Clifford, Professional Representative (from September 2020)

Number of Meetings in 2020/2021 Fiscal Year: **7**

Via teleconference: **7**

Issues of Note

The Finance Committee of the College serves as the review committee for all budget and financial matters that are considered by Council. In keeping with this role, The Finance Committee considered matters including the following prior to their deliberation at Council:

- Quarterly Review of the College Financial Results
- Annual Budget Review and Recommendation for Approval
- Recommended the Audited financial statements of 2020/2021
- Auditor for FY 2022

Work Completed:

The Finance Committee prepared for the audit of the College's financial statements for the year ending March 31, 2020, during the meeting on April 19, 2020, meeting and during the May 27, 2020, meeting recommended to Council the audited financial statements for fiscal year 2020, ending March 31, 2020, be accepted.

Covid-19 required the College to redraft its annual operating budget for FY 2021 from the one prepared in February 2020. During the meeting on August 19, 2020, the Finance Committee reviewed revised annual operating budget and recommend to Council the budget for FY 2021, ending March 31, 2021, be accepted.

The Finance Committee was tasked by the Council to search for a new auditor. The approved an RFP for the auditor on November 10, 2020. The search for a new auditor was ongoing as of March 31, 2021.

The Finance Committee reviewed the draft annual operating budget for FY 2022, ending March 31, 2022, on February 1, 2021, during which the Committee recommended changes to the presented budget. The updated budget for FY 2022 was reviewed during the meeting on February 25, 2021, at which the Committee recommended to Council the budget be approved.

The annual financial audit is complete as of the date of this report and will be presented to the Council for its review and acceptance at the June 22-23, 2021, meeting. The College received a clean audit opinion for the year ending March 31, 2021. Despite covid-19 and an uncertain year, the College reported revenues in excess of expenses (e.g. a surplus) of \$179,098.



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Motion No.: 12.0

**Council Meeting
June 22-23, 2021**

Agenda #12: By-law and Governance Review- Final Approval

It is moved by

and seconded by

that:

the Council approve the proposed changes to the College's by-laws and governance policies.

Meeting Date:	June 22-23, 2021
Agenda Item #:	12
Issue:	By-law & Governance Policies Review – Consultation & Final Approval
Submitted by:	Rod Hamilton, Registrar Justin Rafton, Manager, Policy and Governance

Issue:

In December 2018, Council approved a proposal to conduct an in-depth review of the College's by-laws and governance policies. The Executive Committee became the working group for this review. The Executive Committee brought forward proposed by-laws and governance policy changes in late 2020 and early 2021, following a legal review. The changes were approved in principle, pending a by-law consultation with stakeholders.

The by-law changes have been distributed for stakeholder feedback. The Executive Committee considered the feedback, and now bring forward a final proposal for approval. Council is asked to consider the feedback and approve the changes to the College by-laws and corresponding governance policies.

Governance:

Section 94. (1) of the *Health Professions Procedural Code* provides the College Council the authority to make by-laws. The by-laws are the governing rules and procedures that the College follows relating to administrative and internal affairs. By-laws provide the structure necessary for board-level decision making. The governance policies further set out the processes in which the Council and committee operate, building on the rules set forth in the by-laws. The governance policies provide direction on the roles, responsibilities and undertakings of different parts of the organisation.

Background:

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

Council has not traditionally considered its governance model at the strategic level. In late 2018, the Executive Committee made a recommendation that the Governance policies should be reviewed. Council supported this initiative. At the time a number of regulators were reviewing their own governance models. Many requested or were required to [undergo a review by Harry Cayton](#), a regulatory expert out of the United Kingdom.

As a result, at their December 2018 meeting, Council approved a proposal for a different kind of review of the College's by-laws and governance policies and designated the Executive Committee to act as the working group for this review. The members of the Executive Committee that were involved in this work included:

Darryn Mandel, PT
Gary Rehan, PT
Theresa Stevens, PT
Sharee Mandel-Benyacar, PT
Tyrone Skanes, Public Member of Council
Ronald Bourret, Public Member of Council

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

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

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

Legal Review:

The College engaged Julia Martin of Julia Martin Law to conduct the legal review of the proposed amendments to the College by-laws and governance policies. Julia Martin is a lawyer in this field with over 25 years working in the area of professional regulation and advising Colleges on governance matters. The review was broken down into 2 parts: legal review and governance recommendations.

The Executive Committee reviewed and discussed the legal opinion at their February 2021 meeting. After deliberation on the key areas relating to governance practices and the College Performance Measurement Framework (CPMF), the Executive Committee revised its original by-law proposal to incorporate the following changes to the by-laws and governance policies:

- 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. The Committee service term limit would apply to public members of Council and non-Council Committee appointees.
 - This change would however provide Council with flexibility to make a committee appointment beyond the consecutive term limit in exceptional circumstances. The term 'exceptional circumstances' has not been defined.
- B. Orientation Prior to Council Election/Committee Appointment

- By-law addition – Candidates to complete a mandatory orientation on the College's mandate and members' roles and responsibilities prior to being eligible for Council election or committee appointment.
- C. Executive Committee Minutes Disclosure
 - By-law addition – College to post and make available the following information about Executive Committee meetings on the website post meeting:
 - 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
 - And indication if decisions will require ratification 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 of the hearing (*already done in practice – now codified in by-laws*).

For the remaining governance recommendations, the Executive Committee noted that they did not wish to proceed with them at this time.

- A. Lifetime Term Limits for Councillors, Officers and Committee Members
 - Executive Committee does not recommend that the College institute life-time term limits for councillors, officer (President/Vice President) and committee members at this time.
- B. Competency/Suitability Criteria for Councillors and Committee Members
 - Executive Committee does not recommend that the College develop a further competency/suitability framework for councillors and committee members than is already provided for in the by-laws at this time despite the recommendation in the College Performance Measurement Framework (CPMF) that this work be undertaken.
- C. Third Party Review of Council/Council Meetings
 - Staff to review current governance policy on Council evaluation and consider logistics for incorporating a third-party review framework in the future.
- D. Conflict of Interest Questionnaire
 - The College has a thorough conflict of interest process built into the existing by-laws under Part 5.1, and an additional annual questionnaire is not recommended at this time. Each new Council member must also sign a "Declaration of Office for Councillors" (By-laws Appendix 1), which includes an agreement to comply with the conflict-of-interest provisions. This declaration is completed at the time that a Council member first assumes office and is not repeated.

Council was presented with the updated proposal in February 2021, which they again approved in principle pending a consultation. The proposed by-laws and governance policies with tracked changes are attached as Appendix 2 and 3, respectively.

Public Consultation:

When the College is proposing to make changes to its By-laws that have a direct effect on its registrants, the *Regulated Health Professions Act* (RHPA) requires the College to ask its registrants for their input. The College circulated the entire by-law proposal, including the governance changes, for feedback. The [consultation](#) was open via the College's website for a 60-day window as required, from March 18, 2021 to May 17, 2021.

At the end of this period, 24 individuals /stakeholder groups responded to the consultation.

Please note that the number of people who responded to the request for feedback on the by-laws is somewhat lower than is typical for standards or other consultation initiatives (24 responses). We believe that this is to be expected for a number of reasons including the following:

- The complete by-law is a long and complex document to read and provide feedback upon and there was no time to draft the material in a way to facilitate feedback;
- Most of the specific changes upon which the College was seeking feedback do not necessarily affect every registrant and were focused on Council and committee governance;
- The draft by-laws did not include changes related to fees, which usually results in higher response rate by registrants.

A summary of the consultation feedback is attached as Appendix 1. The feedback is either noted as general or relating to a specific by-law section number (if relevant). The Executive Committee reviewed the consultation feedback at their June meeting. Based on the feedback, the Committee recommended that two subsequent changes be made under Part 2.10 The Registrar. The specific feedback and suggested resolutions have been noted in the consultation summary. The change has also been reflected in the proposed by-law changes under Appendix 2 and any corresponding changes to the governance policies under Appendix 3.

Following this final review, the Executive Committee recommends that Council approve the changes to the College by-laws and governance policies.

Decision Sought:

That Council approve the proposed changes to the College's by-laws and governance policies.

Attachments

- Appendix 1: 2021 By-law Consultation Summary
- Appendix 2: College By-laws with Proposed Amendments (Updated June 2021)
- Appendix 3: Governance Policies with Proposed Amendments (Updated June 2021)

Appendix 1
By-law Consultation Summary
Feedback on Proposed Changes

Part/Paragraph	Title/Proposed Change (if applicable)	Feedback Provided	Response/Suggested Resolution
2.5 (5)(iii)	Contract and Expenditures: <i>The Registrar/Deputy Registrar may authorize expenses not exceeding \$10,000 if the expenditure has not previously been approved as an item in the College budget if the Registrar/Deputy Registrar believes that the expenditure is necessary for the operations of the College.</i>	Comment: Seeking clarity as to what expense approaching \$10,000 would not have been considered in the budget and would allow for such a single signer approval.	The amount was set based on a jurisdictional scan of similar sized Colleges and those College operational expenditures where final amounts cannot be precisely forecasted (i.e. legal fees/costs). Executive has recommended to Council to continue with current proposal.
2.7	Audit	Comment: Recommendation to establish an internal audit committee that is responsible to the membership, not Council. This is standard practice for both profit and not-for-profit organizations.	At this time, the Finance Committee leads the audit process before presenting on to Council. Executive has recommended to Council to continue with current proposal without this addition. This could be considered in a later review, once a formal review and scan has been conducted.
2.9	Membership in Associations <i>Removal of Section*</i>	3 respondents provided feedback Comments: Enquiry as to why requirement to be a CAPR member is being removed. College should remain a CAPR member.	It is not general practice for by-laws to prescribe membership an organisation must maintain. This is being removed to align with best practices in by-law management and is not a direct indication that the College will no longer be a member of another organisation(s).

Part/Paragraph	Title/Proposed Change (if applicable)	Feedback Provided	Response/Suggested Resolution
			Executive has recommended to Council to continue with current proposal to remove section.
2.10 (2)	The Registrar <i>The Registrar is subject to the direction of Council and between meetings, the direction of the President.</i>	Comment: Recommendation to keep the current text regarding guidance from Executive Committee and President. Concern raised that the proposed change may run counter to RHPA and affect transparency regarding powers of the President.	Executive has recommended, based upon the feedback, that Council alter the proposal's language to note that direction between meetings comes from the Executive Committee and not specifically the President. The proposal now reflects this change for consideration.
2.10 (3)	The Registrar <i>If the office of the Registrar becomes vacant, Council or the Executive Committee shall immediately appoint a person to act as interim Registrar, and that person cannot be a sitting Councillor.</i>	Comment: Recommendation to keep the current text regarding appointment of a Registrar. Concern raised that the proposed change may be inconsistent with section 9(2) of the Health Professions Procedural Code ("Code") and could erode public trust and reputation.	Executive has recommended, based upon the feedback, that Council keep the current wording of the by-law regarding Registrar appointment to be an employee of the College. The proposal now reflects this change back to the original text for consideration.
3	Election or Appointment of Councillors	Comment: The by-laws do not provide a limit on minimum/maximum number of Public Council members or their maximum term limits.	The number of public members for the College Council is already established under the Physiotherapists Act. In addition, Part 4.1 of the College by-laws outlines the composition of Council, referring back to the legislation. In relation to public member term limits, this is set by the government and College by-laws could not further restrict or set a term limit at a Council level.

Part/Paragraph	Title/Proposed Change (if applicable)	Feedback Provided	Response/Suggested Resolution
			formal review and scan has been conducted.
4.4 (6)	Notice of Meeting Remove of subsection: <i>Council meetings shall be open to the public except as provided in section 7(2) of the Code.</i>	Comment: Recommendation to keep current text regarding Council meetings. Though already in the Health Professions Procedural Code (Code), the commitment to transparency and trust is critical in a College accessible document.	In general, by-laws do not need to repeat statutory obligations. The requirement for Council meetings to be public, apart from exceptions, is stated under s7(1) of the Code. Executive has recommended to Council to continue with current proposal to remove section.
5.1(5)	Conflict of Interest – Council and Committee Members <i>Without limiting the generality of subsection (1), a Councillor or Committee member shall be perceived to have a conflict of interest in a matter and should refrain from participating in any discussion or voting on that matter if they are a director, officer, committee member, employee or holder of any position of decision-making influence of an organization where their duties may be seen by a reasonable person as influencing their judgment in the matter under consideration by Council or the Committee.</i>	Comment: Noted that this section may be too vague, and may not take into account bias or the perception of bias. There is also no mention of a formal appeal process to a COI accusation.	Executive noted the conflict-of-interest rules to be sufficient in their current iteration. The section was also reviewed by legal counsel that did not highlight the need for any additional changes or to make the by-laws further prescriptive. Executive has recommended to Council to continue with current proposal without a further change.
5.3	Councillor Orientation and Training <i>All Councillors and Non-Council Committee Members shall participate in the required orientation and training, including sexual abuse prevention training, as set out in</i>	Comment: Recommendation to add a mandatory module on unconscious bias.	Council has an orientation and education process in place, and recently undertook an unconscious bias training session. None of the specific training or modules, apart

Part/Paragraph	Title/Proposed Change (if applicable)	Feedback Provided	Response/Suggested Resolution
	<i>the College's governance policies approved by Council.</i>		<p>from sexual abuse prevention, are listed in the by-laws.</p> <p>Executive has recommended to Council to continue with current proposal without a further change.</p>
7.1	Executive Committee	Comment: Recommendation that no Executive Committee member be allowed to benefit financially from a CAPR relationship.	<p>The eligibility requirements are the same for all Council members, and include information on eligibility, disqualification, conflict of interest and Code of Conduct.</p> <p>Executive has recommended to Council to continue with current proposal without this specific addition.</p>
7.1(3) and (6)	<p>Composition of Inquiries Complaints and Reports Committee & Quality Assurance Committee</p> <p><i>The Inquiries, Complaints and Reports Committee/Quality Assurance Committee shall be composed of at least five persons</i></p>	Comment: Enquiry as to why the minimum composition of both committees is being lowered from 6 to 5 members.	<p>The committee composition has been changed to be similar across statutory committees and provide flexibility for appointment and maintaining quorum.</p> <p>Executive has recommended to Council to continue with current proposal.</p>
7.5(3)	Appointment of Non-Council Committee Members	Comment: Recommendation to add an additional eligibility requirement that the member has never received payment from CAPR/other accreditation bodies	The eligibility requirements are the same for all non-Council committee members, and include information on eligibility, disqualification, conflict of interest and Code of Conduct. To note, the section already outlines a cooling

Part/Paragraph	Title/Proposed Change (if applicable)	Feedback Provided	Response/Suggested Resolution
			<p>off period of 12 months before appointment if they held a position on a conflicting organisation.</p> <p>Executive has recommended to Council to continue with current proposal without this specific addition.</p>
8.1(2)(g)	<p>The Register <i>Information to be kept in the Register (g) The name, business address, and business telephone number of each current and previous Place of Practice of the Member on or after April 1, 2018</i></p>	<p>Comment: Enquiry as to why the date is set at April 1, 2018 in this section.</p> <p>Comment: Recommendation that PTs providing homecare do not have their home address/PO Box posted on the Register and simply lists their city.</p>	<p>The date has been set based on the College's database and historical recordkeeping.</p> <p>Section 23(2) of the Code requires each registrant's business address to be posted on the Register. Regarding homecare, the College currently strongly recommends that PTs obtain a PO box to use for posting on the register.</p> <p>Executive has recommended to Council to continue with current proposal without a further change.</p>
9.2	Fees- Professional Corporation	<p>Comment: Enquiry as to why professional corporation fees are increasing by 25%.</p>	<p>No increase of professional corporation fees are being proposed. The only addition is a fee of \$25 for an optional official certification of authorization with embossed gold logo.</p>
General	Registration Requirement	<p>13 respondents provided feedback</p> <p>Comments: All respondents recommended that the College</p>	<p>The by-laws do not set the registration requirements for the College. This is laid out in the Registration Regulation under the Physiotherapy Act. The</p>

Part/Paragraph	Title/Proposed Change (if applicable)	Feedback Provided	Response/Suggested Resolution
		change its by-laws to remove/exempt the clinical exam component for registration of an Independent certificate.	College by-laws would not be able to address this recommendation.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

2017

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

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

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

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

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Official By-Laws of the College of Physiotherapists of Ontario

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

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

Part 1—Definitions

DEFINITIONS

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

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

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

Part 2—College Administration

SEAL



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

BANKING

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

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

BORROWING

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

INVESTMENT

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

CONTRACTS AND EXPENDITURES

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

- i. the Registrar/Deputy Registrar may authorize expenses not exceeding \$50,000 if the expenditure has previously been approved as an item in the College budget;
 - ii. the Registrar/Deputy Registrar and one Council signing officer (President or Vice President) may authorize expenses in excess of \$50,000 if the expenditure has previously been approved as an item in the College budget;
 - iii. the Registrar/Deputy Registrar may authorize expenses not exceeding \$10,000 if the expenditure has not previously been approved as an item in the College budget if the Registrar/Deputy Registrar believes that the expenditure is necessary for the operations of the College; and
 - iv. the Executive Committee shall review any proposed expense exceeding \$10,000 if the item is not an expenditure in the College budget and make recommendations to Council for approval. If immediate action is required, the Executive Committee may approve the expenditure.
- ~~(5)~~(6) A Signing Officer of the College must conduct ~~his or her~~their duties as set out in the College's financial policies as approved by Council.

OTHER DOCUMENTS

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

AUDIT

- 2.7. (1) Council shall appoint annually one or more Auditors who are licensed under the *Public Accounting Act, 2004* to audit the College's financial statements.
- (2) Financial statements for the College shall be prepared at the close of each Fiscal Year and audited financial statements, together with the Auditor's report, shall be presented annually to Council.
- (3) The Auditor shall serve for a term of one year, but if an appointment is not made the Auditor shall continue to serve until a successor is appointed.
- (4) The Auditor may be re-appointed provided that the Auditor does not serve for more than five consecutive one-year terms.
- (5) If the Auditor is unable to continue ~~his or her~~their duties or in the event Council is dissatisfied with the Auditor, Council may appoint a new Auditor. At a minimum, the College will issue

tenders for audit services every five years, which does not preclude the current audit firm from submitting a proposal.

- (6) Council shall cause the performance of the Auditor to be evaluated on an annual basis and shall take such evaluation into account when considering the re-appointment of the Auditor.
- (7) Council shall ~~set the remuneration of the Auditor and~~ confirm the appointment and remuneration of the Auditor in writing.
- (8) The Auditor has a right of access at all reasonable times to all records, documents, books, accounts and vouchers of the College and is entitled to require from the Councillors, officers and employees and relevant payees of the College such information as in ~~his or her~~their opinion is necessary to enable ~~him or her~~them to report as required by law or under this section.
- (9) The Auditor is entitled to attend any meeting of Council and to be heard at any such meeting that ~~he or she~~they attends on any part of the business of the meeting that concerns ~~him or her~~them as Auditor. The Registrar shall provide reasonable notice of every Council meeting to the Auditor for this purpose.

BY-LAWS

- 2.8.** (1) The making, amending or revoking of a by-law shall be determined by a majority vote of the Councillors present and voting. Advance notice is required for all motions or resolutions applying to the making, amending or revoking of a by-law.
- (2) Proposed ~~By~~by-laws made under the authority of clauses (l.2), (l.3), (s), (t), (v), (w) or (y) of subsection 94 (1) of the Code shall be circulated to every Member at least 60 days before they are approved by Council.
 - (3) Every by-law shall be signed by the President ~~or Vice-President~~ and by the Registrar.
 - (4) Every by-law, including every amendment and revocation, shall be maintained in the College's records.
 - (5) The College shall ~~provide copies of~~make the By-laws available to the Minister and each Member and make them available to the public during normal business hours as set out in section 94 of the Code.

MEMBERSHIP IN ASSOCIATIONS WITH EXTERNAL ORGANIZATIONS

- 2.9.** ~~(1) The College shall maintain membership in the Canadian Alliance of Physiotherapy Regulators (CAPR) to ensure opportunity for networking and issue development related to national physiotherapy regulatory matters. This shall include,~~
- ~~(a) payment of the annual or other fees,~~
 - ~~(a) regular representation at business meetings by a person designated in accordance with the governance policies of the College, and~~
 - ~~(b) representation on working groups and at meetings by College members, College staff and Councillors as permitted by the by-laws of the Alliance CAPR and in keeping with conflict of interest provisions.~~

~~(2) The membership referred to in subsection (1) shall not include representation on the Evaluation Services Committee or any related subcommittees.~~

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

THE REGISTRAR

- ~~2.910.~~ (1) The Registrar is the chief executive officer of the College.
- (2) The Registrar is subject to the direction of Council and between meetings, the direction ~~related guidance~~ of the Executive Committee ~~and the President~~.
- (3) If the office of the Registrar becomes vacant, Council or the Executive Committee shall immediately appoint an employee of the College to act as interim Registrar.
- (4) In circumstances where Council or the Executive Committee is not able to meet promptly to make the appointment referred to in subsection (3) the President may appoint an employee of the College to act as interim Registrar. This appointment is subject to the ratification of Council or the Executive Committee.
- ~~(5) During absences, the Registrar may appoint, in writing, a senior employee of the College to act as the interim Registrar.~~
- ~~(6)~~(5) The Registrar has the ~~powers and responsibilities and shall~~ authority and responsibility to perform the duties set out in the RHPA, the Act, the Regulations and the By-laws and the policies approved by Council.
- ~~(7)~~(6) An interim Registrar has all of the ~~powers~~ authority and responsibilities and shall perform all of the duties of the Registrar.

MANAGEMENT OF COLLEGE PROPERTY

- ~~2.110.~~ The Registrar shall maintain responsibility for the management and maintenance of all College property.

~~RELATIONSHIPS WITH EXTERNAL ORGANIZATIONS~~

- ~~2.12.~~ (1) ~~Any proposal for a relationship with an external organization, grant proposal or funding request made by the College shall be consistent with the RHPA, the Act, the Regulations and the By-laws and the policies approved by Council.~~
- ~~(2) The Registrar shall assume responsibility for monitoring relationships with external organizations and for the use of any grant or other money received.~~

Part 3—Election or Appointment of Councillors

ELECTIONS

Electoral Districts

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

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

Entitlement to Vote

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

Number of Members Elected

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

Term of Office

- (6) The term of office of an Elected Councillor is approximately three years, commencing with the first regular Council meeting after the election and expiring when ~~his or her~~their successor takes office at the first regular Council meeting after the next election in ~~his or her~~their electoral district, unless the Councillor resigns, dies, is disqualified as set out in subsection (25) or is removed from office in accordance with the Code of Conduct in Appendix C.
- (7) An Elected Councillor shall not serve more than nine consecutive years on Council. And, following the completion of nine consecutive years on Council, they shall not commence another term on Council until they have completed a one-year waiting period.

Election Date

- ~~(7)~~(8) (a) There shall be an election,
 - ~~(i) for south western and central western electoral districts, in 2019 and every third year thereafter,~~
 - ~~(ii)(i)~~ (i) for central, eastern and northern electoral districts, in 2017-2020 and every third year thereafter, and
 - ~~(ii)~~ (ii) for central eastern and Toronto east and west electoral districts, in 2018-2021 and every third year thereafter.
 - (iii) for south western and central western electoral districts, in 2022 and every third year thereafter
- (b) An election shall be held on the third Wednesday in April.
- (c) If there is an interruption ~~in Mail service or~~ in access to the electronic voting system during a nomination or election, the Registrar shall extend the holding of nominations and the election for such minimum period of time as the Registrar considers necessary to compensate for the interruption.

Eligibility for Election

- ~~(8)~~(9) A Member is eligible for election to Council for an electoral district if:
- (a) the Member is entitled to vote in an election in accordance with subsection (4);
 - (b) at all times between the 90th day before the election and the date of the election:
 - (i) the Member continues to be registered with the College
 - ~~(i)(ii) the Member continues to for~~practise or reside in Ontario;
 - ~~(ii)(iii)~~(iii) the Member's home address registered with the College continues to be in the electoral district for which the election is being held or, if the Member resides outside Ontario, the Member's primary business address is in the electoral district for which an election is being held;
 - ~~(iii)(iv)~~(iv) the Member is not in default of any obligation to the College under the Regulations or the By-laws; and
 - ~~(iv)(v)~~(v) the Member is not the subject of Discipline or Fitness to Practise proceedings;
 - (c) the Member has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated in the six years before the election;
 - (d) ~~the Member's certificate of registration has not been revoked or suspended for professional misconduct, incompetence or incapacity at any time in the six years immediately before the election;~~
(d) the Member has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act*;
 - (e) the Member's certificate of registration has not been subject to a term, condition or limitation other than a term, condition or limitation prescribed by the Regulations in the six years before the election;
 - (f) the Member has not been found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Member's suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
 - (g) the Member has not been disqualified or removed from Council in the three years before the election;
 - (h) the Member is not and has not been in the 12 months before the election, a director, officer, committee member, employee, or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - (i) the Member does not hold and has not held in the 12 months before the election, a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - (j) the Member is not a participant (other than on behalf of the College) in a legal action or application against the College;

- (k) the Member does not have a current notation on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
 - (l) the Member is not and has not been in the 12 months before the election an employee of the College; ~~and~~
 - (m) the Member discloses all potential conflicts of interest in writing to the Registrar within five business days of being nominated and either does not have a conflict of interest to serve as a Councillor or has agreed to remove any such conflict of interest before taking office; and-
 - ~~(m)~~(n) the Member has completed an orientation about the College’s mandate, and the role and responsibilities of Councillors.
- (9) Any disputes about a person’s eligibility for election shall be determined by the Executive Committee. If the Executive Committee determines that a Member is ineligible for election, the Member may appeal that decision to Council and Council’s determination shall be final, without appeal.

Notice of Election and Nominations

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

Nomination Procedure

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

Acclamation

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

Administration

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

Voting

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

Counting Votes

- (18) (a) The electronic voting organization appointed by the Registrar shall accept electronic ballots until two o'clock in the afternoon Eastern ~~Standard~~Time on the election day and, promptly after that time, shall:

- (i) count and record the total number of votes cast and the number of votes cast for each candidate in each election;
 - (ii) subject to paragraph (b), determine the candidates who received the highest number of votes in each election; and
 - (iii) provide a report of the voting results to the Registrar.
- (b) If two or more candidates receive the same number of votes in an election, the Registrar shall have the votes recounted.
 - (c) The counting of the electronic votes shall be secret and conducted so that no person knows for whom any Member voted.

By-election Where a Tie Occurs

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

Documentation and Notification of Results

- (20) (a) Promptly after receiving the report of the voting results from the electronic voting organization, the Registrar shall:
 - (i) sign a copy of the report and retain the report in the College’s records;
 - (ii) declare the name of the candidate elected in each election; and
 - (iii) inform:
 - (A) The President of the results of the election;
 - ~~(A)(B)~~ The elected candidate and other ~~each~~ candidates of the results of the election and the right to seek a review of the validity of the voting and counting process report from the electronic voting organization in accordance with subsection (21);
 - ~~(B)(C)~~ Council and the Members of the results of the election; and
 - ~~(C)(D)~~ each-Each elected candidate of the time and place of the first regular Council meeting following the election.
- ~~(b) For each election, the Registrar shall require the electronic voting organization to retain an electronic record of all electronic ballots.~~
- ~~(c) Unless the results of an election are challenged, the Registrar shall require the electronic voting organization to retain an electronic record of all electronic ballots.~~

~~direct the electronic voting organization to destroy all ballots and other material from the election until 31 days after the election.~~

(b) The Registrar shall direct the electronic voting organization to destroy the electronic record of all electronic ballots and other material from the election as follows:

(i) where there is no challenge of the results of the election, 31 days after the election; and

(ii) where there is a challenge of the results of the election once the process in subsections (21) and (22) has been completed.-

Validity of Election and Inquiries

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

Vacancies

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

Filling Vacancies

- (24) (a) If the office of an Elected Councillor is declared to be vacant and the remainder of that Councillor's term is less than one year, Council shall:
- (i) leave the office vacant; or
- (ii) appoint a successor from among the Members who would be eligible for election if an election were held.

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

Disqualifications

- (25) (a) ~~The following are grounds for disqualification for an Elected Councillor sitting on Council~~An Elected Councillor is disqualified from sitting on Council if the Councillor:
- (i) ceases to be a Member;
 - (ii) no longer practises physiotherapy in Ontario ~~or and~~ is no longer a resident of Ontario;
 - (iii) is in default of any obligation to the College under the Regulations or the By-laws for over 60 days;
 - ~~(iv) becomes the subject of Discipline or Fitness to Practise proceedings;~~
 - ~~(iv)~~(iv) is found guilty of professional misconduct, to be incompetent, or to be incapacitated;
 - ~~(vi)~~(v) is found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Elected Councillor’s suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
 - ~~(vii)~~(vi) ~~remains or~~ becomes a director, officer, committee member, employee, or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - ~~(viii)~~(vii) is found to be mentally incompetent under the *Substitute Decisions Act, 1992* or *Mental Health Act*;
 - ~~(ix)~~(viii) ~~continues to hold or~~ assumes a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - ~~(x)~~(ix) becomes a participant (other than on behalf of the College) in a legal action or application against the College;
 - ~~(xi)~~(x) has a notation posted on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;

~~(xii)~~(xi) fails to attend two consecutive regular meetings of Council without good reason in the opinion of Council; or

~~(xiii)~~(xii) fails, in the opinion of Council, to discharge properly or honestly any office to which ~~he or she has~~they have been elected or appointed.

- (b) An Elected Councillor does not become disqualified from sitting on Council merely because ~~his or her~~their home address registered with the College ceases to be in the electoral district for which ~~he or she was~~they were elected.
- (c) Subsections (25) (a) (i), (iv), (v), (vi), (vi), (vii) and ~~(viii), and (ix)~~ shall result in automatic disqualification.
- (d) Subsections (25) (a) (ii), (iii), ~~(vii), (ix), (x), (x)~~, (xi), and (xii) ~~and (xiii)~~ shall result in a vote by Council regarding disqualification of the Councillor.

Suspension

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

ACADEMIC COUNCILLORS

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

(m) the Member discloses all potential conflicts of interest in writing to the Registrar within five business days of being nominated and either does not have a conflict of interest to serve as a Councillor or has agreed to remove any such conflict of interest before taking office; and-

(n) the Member has completed an orientation about the College’s mandate, and their role and responsibilities prior to attending their first Council or committee meeting.

- (3) One Member shall be selected from a university mentioned in Column 1 of the following Table in the corresponding years indicated in Column 2:

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

- (4) An Academic Councillor shall be selected by Council in accordance with the above schedule at the first regular Council meeting following an election of Council and the Academic Councillor shall serve for a three-year term of office.
- (5) In a selection year for a university, the physical therapy or physiotherapy faculty at that university shall submit for Council approval the name of a Member who is willing and eligible to serve as a Councillor. The candidate may be any member of the physical therapy or physiotherapy faculty. If the university does not submit a name of an eligible candidate for Council’s approval in accordance with this section, Council may nevertheless select a Member that meets the above eligibility requirements from any faculty of physiotherapy or physical therapy of a university in Ontario. The College encourages universities to consider applicants who are tenured faculty, and who are a member of one of the employment equity groups (women, aboriginal peoples, persons with disabilities, and members of visible minorities).
- (6) If an Academic Councillor dies, resigns, is disqualified or otherwise removed from Council, an eligible replacement shall be selected to serve the remainder of the term of office from among the members of the faculty of physiotherapy or physical therapy from which the former Academic Councillor was selected.
- (7) ~~An Academic Councillor selected under this section is disqualified from sitting on Council if the Academic Councillor~~The following are grounds for disqualification for an Academic Councillor sitting on Council:
- (a) ceases to be a Member with a certificate of registration authorizing independent practice;

- (b) no longer is a member of the faculty of physiotherapy or physical therapy from which ~~he or she was~~they were selected;
 - (c) is in default of any obligation to the College under the Regulations or the By-laws for over 60 days;
 - ~~(d) — becomes the subject of a Discipline or Fitness to Practise proceeding;~~
 - ~~(e)~~(d) is found guilty of professional misconduct, to be incompetent, or to be incapacitated;
 - ~~(f)~~(e) is found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Academic Member’s suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
 - ~~(g)~~(f) ~~remains or~~ becomes a director, officer, committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - ~~(h)~~(g) is found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act*;
 - ~~(i)~~(h) ~~continues to hold or~~ assumes a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - ~~(j)~~(i) becomes a participant (other than on behalf of the College) in a legal action or application against the College;
 - ~~(k)~~(j) has a notation posted on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
 - ~~(l)~~(k) fails to attend two consecutive regular meetings of Council without good reason in the opinion of Council; or
 - ~~(m)~~(l) fails, in the opinion of Council, to discharge properly or honestly any office to which ~~he or she has~~they have been selected or appointed.
- (8) Subsections (7)(a), (b), (d), (e), (f), (g), and (h), and (i) shall result in automatic disqualification.
- (9) Subsections (7)(c), (g), (i), (j), (j), (k), and (l) and (m) shall result in a vote by Council regarding the disqualification of the Councillor.

Suspension

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

DECLARATION OF OFFICE

- 3.3 (1) A person elected, appointed or selected to be a Councillor or non-Council Committee member must sign for the records of the College a declaration of office in the form attached as Appendix A.

- (2) A person cannot act as a Councillor or non-Council Committee member unless and until ~~he or she~~they signs the declaration of office.
- (3) Any suspected or actual breach by a Councillor or non-Council Committee member of the declaration of office shall be addressed in the same manner as the College addresses a breach or suspected breach of the Code of Conduct.

REMUNERATION OF COUNCILLORS AND COMMITTEE MEMBERS

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

INDEMNIFICATION

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

Part 4—Meetings of Council and Committees

COMPOSITION AND DUTIES OF COUNCIL

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

REGULAR MEETINGS

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

SPECIAL MEETINGS

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

NOTICE OF MEETINGS

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

- ~~(4) The College shall post the date of every Council meeting on its website at least 7 days before the meeting as well as the meeting materials~~
- ~~(5) The College shall post the date of every Discipline hearing on its website at least 7 days before the hearing as well as the allegations made against the member.~~
- ~~(3) A College employee involved in the activity of a Committee shall make reasonable efforts to notify all the Committee members of every Committee meeting and to arrange the meeting date and time based on the availability of the Committee members.~~
- ~~(4) The date of notice shall be the date on which the notice was sent if it was sent by email or five days after the notice was sent if it was sent by regular mail.~~
- ~~(5) Reasonable notice of every meeting of Council shall be given to the Members, the Minister and the public as set out in section 7 of the Code.~~
- ~~(6) Council meetings shall be open to the public except as provided in section 7 (2) of the Code.~~
- (7)(6) No Council or Committee meeting shall be made void because of an inadvertent or accidental error or omission in giving notice. In addition, any Councillor may waive notice of a meeting and ratify, approve and confirm any proceedings taken at the meeting.

MEETINGS HELD BY TECHNOLOGICAL MEANS

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

WRITTEN RESOLUTIONS

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

MINUTES

- 4.7. (1) The President shall cause the proceedings of Council meetings to be recorded. The Chair shall cause the proceedings of Committee meetings to be recorded.
- (2) The written record of the proceedings of Council or Committee meetings when approved at a subsequent Council or Committee meeting, subject to any corrections made at a subsequent meeting, is conclusive proof of the accuracy of the contents of every such record.

- (3) After its approval, the written record of every Council or Committee meeting shall be retained in keeping with College policies.

RULES OF ORDER

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

Part 5 — Conduct of Councillors and Committee Members

CONFLICT OF INTEREST - COUNCIL AND COMMITTEE MEMBERS

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

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

CODE OF CONDUCT FOR COUNCILLORS AND NON-COUNCIL COMMITTEE MEMBERS

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

~~SEXUAL ABUSE PREVENTION~~ COUNCILLOR ORIENTATION AND TRAINING

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

Part 6—Election of Executive Committee

ELECTION OF PRESIDENT AND VICE-PRESIDENT

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

ELECTION OF REMAINING EXECUTIVE COMMITTEE MEMBERS

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

DUTIES AND POWERS OF PRESIDENT AND VICE-PRESIDENT

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

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

(3) The President is the most senior official and representative of the College and the Vice-President shall assist the President in the discharge of the President’s duties.

Part 7—Statutory and Non-statutory Committees

STATUTORY COMMITTEES

The Executive Committee

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

The Registration Committee

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

The Inquiries, Complaints and Reports Committee

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

The Discipline Committee

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

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

The Fitness to Practise Committee

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

The Quality Assurance Committee

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

The Patient Relations Committee

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

EXECUTIVE DELEGATION

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

7.3 (1) The College shall post the following information on its website regarding meetings of the Executive Committee:

- (a) the date of the meeting;
- (b) the rationale for the meeting;
- (c) where the Executive Committee acts as Council or discusses issues that will be brought forward to or affect Council, a report of the discussion or decisions made; and
- (d) a statement as to whether its decision or decisions will be ratified by Council.

NON-STATUTORY COMMITTEES

The Finance Committee

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

APPOINTMENT OF NON-COUNCIL COMMITTEE MEMBERS

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

- ~~(h)(g)~~ the person is not and has not been in the 12 months before the appointment, a director, officer, committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
- ~~(i)(h)~~ the person does not hold and has not held in the 12 months before the appointment, a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
- ~~(j)(i)~~ the person is not an employee of the College;
- ~~(k)(i)~~ the person is not a participant (other than on behalf of the College) in a legal action or application against the College; ~~and~~
- ~~(k)~~ the person meets any other criteria set out in the governance policies as approved by Council; ~~;~~
- (l) the person has completed an orientation about the College’s mandate, and their role and responsibilities prior to attending their first committee meeting.
- (4) A Non-Council Committee Member who is a member is disqualified from serving on a Committee based on the grounds for disqualification as set out in subsection 3.1 (25).
- (5) A Non-Council Committee Member who is not a Member is disqualified from serving on a Committee if the person:
- ~~(a)~~ ceases to meet the requirements in ~~subsection paragraphs (2) or (3) (c), (d), (e), (g), (h), or (i),~~ above, which shall result in automatic disqualification ~~or if the person;~~
- ~~(a)(b)~~ ceases to meet the requirements in ~~paragraphs~~ ~~subsection (3) (a), (i), or (k) above,~~ which shall result in a vote by Council regarding disqualification of the Non-Council Committee Member;
- ~~(b)(c)~~ fails to attend two consecutive meetings of the Committee without good reason in the opinion of Council; or
- ~~(e)(d)~~ fails, in the opinion of Council, to discharge properly or honestly any office to which ~~he or she has they have~~ been appointed.
- (56) If a Non-Council Committee Member who is not a Member becomes the subject of a discipline or fitness to practise proceeding before any regulator, they shall be suspended from serving on a Committee until the matter is resolved.
- (7) The determination of Council as to whether a person is eligible for appointment or becomes disqualified under this section is final and without appeal.
- (8) A Non-Council Committee Member shall not serve more than nine consecutive years on one or more committees of the College. And, following the completion of nine consecutive years of service on one or more committees, they shall not be appointed again to a committee until they have completed a one-year waiting period.
- (9) In exceptional circumstances, the Council may exempt a person from compliance with the requirements set out in subsection (8), above.

SELECTION OF STATUTORY AND NON-STATUTORY COMMITTEES AND COMMITTEE CHAIRS

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

STATUTORY AND NON-STATUTORY COMMITTEE PROCEDURES

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

Part 8 — Members' Obligations

THE REGISTER

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

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

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

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

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

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

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

INFORMATION TO BE PROVIDED BY MEMBERS

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

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

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

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

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

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

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

PROFESSIONAL LIABILITY INSURANCE

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

FEES – REGISTRATION

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

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

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

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

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

FEES – REINSTATEMENT

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

FEES – GENERAL

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

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

Part 9 – Professional Corporations

THE REGISTER

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

FEES – PROFESSIONAL CORPORATION

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

Part 10 — Council Approval

COUNCIL APPROVAL

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

President

Vice-President

Appendix A

DECLARATION OF OFFICE FOR COUNCILLORS

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

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

[Councillor Signature]

Witness Signature

Date

Name of Witness

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

The College has the following objects:

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

Appendix B

REGISTRATION FEES DISCRETION

Pro-Rated Fees

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

Fee Credits - Effective April 1, 2014

- Physiotherapists who resign more than three months before the end of the registration year (that is a resignation that occurs prior to December 31st in any registration year) will be eligible to receive a fee credit if they are resigning for any of the following reasons:
 - Education leave;
 - Health-related leave;
 - Compassionate/Bereavement/Family-related leave;
 - Maternity/Parental leave
 - Individuals who retire and then re-apply within one year
 - Moving out of province.
- The fee credit is based on the number of days not used in the registration year.
- The fee credit can be applied to the following fees, up to one year from the date of resignation or 18 months in the case of a maternity or parental leave:
 - Fees for online requests (letters of professional standing and wall certificates)
 - Renewal fee
 - application fee
 - initial registration fee
 - late renewal fee.
- Physiotherapists resigning in the final three months of the registration year are not eligible for a fee credit.
- The minimum period of leave to be eligible to receive a fee credit is three months.
- Fee credits will expire one year after the date of resignation if the resignation was for any of the following reasons:
 - Education leave;
 - Health-related leave;
 - Compassionate/Bereavement/Family-related leave;
 - Individuals who retire and then re-apply within one year;
 - Moving out of province; and
 - 18 months in the case of Maternity/Parental leave.

- Fee credits are transferable into the next registration year.
- There are no fee refunds.

Appendix C

CODE OF CONDUCT

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

Purpose

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

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

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

Performance Expectations

In performing his/her/their role, each Councillor and Committee member will:

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

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

Sanctions

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

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

Procedural and Other Safeguards

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



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

Governance Manual



Governance Manual

March 2018

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STATUS¹

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

~~Section 2.0~~

~~2.1~~

~~Rescinded, September 2017~~

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Revised, September 2013

Revised, September 2013

Revised, March 2015

Revised, September 2013

Rescinded, February 2013

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~~Rescinded, February 2013~~

Approved, September 2010

~~Rescinded, February 2013~~

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Revised, December 2017

~~Rescinded, February, 2013~~

Revised, March 2014

Confirmed, September 2011

Confirmed, December 2011

~~Rescinded, February 2013~~

Confirmed, September 2011

~~Revised, February 2013~~

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



Section 65.0 Policy

6.1		Rescinded, February, 2012
6.25.1	<u>College Policy Review Schedule</u>	Revised, March 2014
6.35.2	<u>Approval of Official Documents Positions</u>	Revised, September 2010
6.4	<u>Partnerships in Advancing Public Policy</u>	Approved, March 2012
6.4.15.3	<u>Elected Officers</u>	Approved, February 2013

Section 76.0 Stakeholders

7.1		Rescinded, February, 2013
7.26.1	<u>Intellectual Property and Related Uses</u>	Revised, March 2011

Section 87.0 General

7.1	<u>Strategic Planning Cycle</u>	Revised, February 2013
8.1	<u>Orientation Program</u>	Revised, February 2013
8.1.17.2	<u>Succession Planning</u>	Revised, March 2014
8.27.3	<u>Public Member Representation on College</u>	Confirmed, September 2010
8.37.4	<u>Public Member Attendance at Committee Meetings</u>	Revised, September 2010
8.47.5	<u>Selection of Individuals to Committees, Task Forces and Advisory Groups</u>	Revised, March 2014
8.57.6	<u>Performance Review Process for Registrar</u>	Revised, March 2015
8.67.7	<u>Emergency Management Plan</u>	Approved, March 2011
8.77.8	<u>Election Campaign</u>	Revised, February 2013
8.8		Rescinded, March 2015
8.9	<u>External Award Program</u>	Revised, March 2014
8.107.9	<u>Council Education</u>	Revised, March 2013
8.117.10	<u>Council – Staff Relations</u>	Revised, March 2014
8.127.11	<u>Appointment of a Task Force and/or an Advisory Group</u>	Approved, March 2010
8.13		Rescinded, February 2013
8.14		Rescinded, February 2013
8.157.12	<u>Specialty Designation</u>	Approved, March 2012
7.13	<u>Council In Camera Minutes – Storage and Access</u>	<u>Proposed</u>

Section 98.0 Evaluation

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

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

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

Legislative References

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

Definition

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

Primary Function

~~The Council is accountable for providing strategic leadership to the College within its statutory mandate and with a view to regulating within the Ontario health system. The Council aims for governance excellence in the monitoring and directing of the affairs of the College in an effort to instill public confidence and trust.~~

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

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

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

Specific Responsibilities

In carrying out its role, the College Council will:



1. Fulfill the legislated responsibilities in the *Regulated Health Professions Act*, the *Code* and the *Physiotherapy Act* and ensure that all other statutory responsibilities of the College, its committees and its employees are upheld.
2. Understand the objects of the College and ~~the Council's definition of their direction~~ ensure that it achieves them.
3. Establish rules of order for use during Council and committee meetings.
4. Review and approve College governance policies, regulations, by-laws, standards, ~~guidelines and position statements,~~ Council policies and Committee policies.
5. Establish and promote the College's mission, vision and values.
6. Develop and approve the strategic direction of the College and monitor the work of Council and its committees to ensure ~~goal~~ achievement of goals.
7. Use the College's strategic plan to direct its activities and allocate its resources by setting ~~broad~~ budget priorities, and approve budgets based on these priorities.
8. Receive reports from all statutory committees, non-statutory committees, task forces, the President and the Registrar.
9. Consider and recommend the legislative changes necessary for the College to meet its mandate.
10. Appoint the College Registrar and receive ~~an annual~~ regular reports on the Registrar's performance.
11. Appoint the College auditor.
12. Annually elect the ~~College directors and officers~~ President, Vice President, and members of the Executive Committee, and appoint ~~its~~ the Chair and members of each College committees.
13. Establish non-statutory committees and task forces.
14. Develop, monitor and evaluate the governance, financial management and reporting frameworks of the College.
15. ~~Measure-Monitor~~ and evaluate on an ongoing basis whether the College is meeting its statutory mandate ~~the College's performance related to its mandate and assess the College's achievement of stated goals and directions.~~
16. Make decisions respecting the appropriate sanctions for violation of the College's Code of Conduct.

Summary of changes:



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

Section:

Roles & Responsibilities

Policy #1.2

Title:

Role of a Council Member

Date approved:

June 2002

Date revised:

June 2006, June 2007, September 2009, February 2013

By-law references:

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

Definition

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

Primary Function

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

Specific Responsibilities

1. Serve on Council and at least one statutory committee to which they are appointed.
2. Serve on additional committees or task forces as required.
- ~~2.~~3. Attend required orientation(s).
- ~~3.~~4. Review all materials sent in advance for Council and Committee meetings and demonstrate a reasonably comprehensive knowledge of it.
- ~~4.~~5. Acquire and apply a working knowledge of the statutory requirements and policies related to their specific Statutory Committee(s).
- ~~5.~~6. Develop and maintain knowledge of the regulatory framework of the College and current issues facing Council.



- 7. Be available for meetings and attend them.
- ~~6-8. Be available to mentor and assist new Council members.~~
- ~~7-9. Contribute to Council and Committee discussions.~~
- ~~8-10. _____ Raise issues in a respectful manner that encourages open discussion.~~
- ~~9-11. _____ Demonstrate independent judgment through ~~his or her~~their willingness to voice concerns, take an independent stand or espouse an unpopular or controversial idea.~~
- ~~10-12. _____ Understand, respect and adhere to the rules of order and the Code of Conduct as prescribed by Council.~~
- ~~11-13. _____ Acquire a working knowledge of health system issues and financial issues relevant to the role of a Council member.~~
- ~~12-14. _____ Raise matters arising in the broader environment for Council consideration for action.~~
- ~~13-15. _____ Publicly support the decisions of Council providing rationale as requested.~~
- ~~14-16. _____ Redirect matters to ~~college staff~~the President as appropriate.~~
- ~~15. If subject to a complaint that is relevant to their Council or Committee activity, declare a conflict of interest and, subject to the receipt of advice from legal counsel, the President, or the Registrar, withdraw from Council or committee participation until the matter has been disposed of.~~

Terms of Office

1. Elected Council members are eligible to serve a maximum of ~~three years in one term, three consecutive three year terms~~ to a maximum of nine consecutive years.
2. The appointment of Academic Council members is determined by By-law 3.2(4).
3. Public appointees serve terms as approved by the Lieutenant Governor.
4. Appointment to a statutory committee is one year ~~- and~~ renewable annually ~~in June to a maximum of nine times on any one Committee, except for the Executive Committee, which has a maximum of five, one year terms during any period of consecutive service on Council.~~



Summary of changes:

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

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

By-law references:

1. By-law sections 7.6, 7.7

Primary Function

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

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

Specific Responsibilities

Committee or Task Force Chairpersons are expected to:

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



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

Terms of Office

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



Summary of changes:

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

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

By-law references:

1. By-law section 7.5

Definition

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

Primary Function

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

Specific Responsibilities

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



~~9.10.~~ 9.10. Maintain confidentiality of ~~all~~ matters discussed and ~~all~~ decisions made at Committee that are confidential in nature.

~~10.~~ If subject to a complaint that is relevant to their Committee activity, declare a conflict of interest and, subject to the receipt of advice from legal counsel, the President, or the Registrar, withdraw from Council or committee participation until the matter has been disposed of.

Term of Appointment

1. Non-Council committee members, members of Task Forces or Advisory Groups are appointed for one year and renewable annually to a maximum of nine consecutive times.



Summary of changes:

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

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

By-law references:

1. 6.3(1) and (3)

Primary Function

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

Term

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

Specific Responsibilities

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

1. Promote, in conjunction with Registrar, the establishment and evaluation of the College's strategic plan.



2. ~~Collaborate~~ In coordination with the Registrar, to identify issues, develop objectives and establish priorities to be deliberated by the Council and oversee the planning, chairing and evaluation of all Council meetings including the annual meeting.
3. Act as a signing authority for by-laws, regulations, contracts and cheques on behalf of the College as required.
4. Serve as the Chair of the Executive Committee and participate on other ~~C~~committees and ~~T~~ask Forces as directed by Council.
5. Serve as a member of the Finance Committee.
6. ~~In conjunction~~ in coordination with the Registrar, represent the College at public functions and official liaison opportunities to promote the development of beneficial relationships with other organizations.
- ~~6-7.~~ Act as the key spokesperson of the College.
- ~~7-8.~~ Represent the College on external committees or representational opportunities or appoint a member of the Council to represent the Council in keeping with the ~~b~~By-laws or as directed by Council.
- ~~8-9.~~ Receive all matters directed to the attention of Executive Committee and Council and review and determine, with the Executive Committee as appropriate, a best course of action on such matters related to the performance of committees or Councillors.
- ~~9-10.~~ _____ To develop the Council agenda and identify matters that should be discussed *in camera*.
- ~~10-11.~~ _____ Maintain awareness of activities and of issues facing the Council, external and internal to the College; and ~~in conjunction with the Registrar, including acting~~ as a key spokesperson on Council matters ~~as required~~ and the College.
- ~~11-12.~~ _____ On behalf of Council and in accordance with policy, negotiate the Registrar's contract and coordinate the Registrar's annual performance review.
- ~~12-13.~~ _____ Advise Councillors or committee members on issues relating to conflicts of interest in consultation with the ~~r~~Registrar and legal counsel as required.
14. Establish an ongoing Councillor and non-council committee performance management system which includes providing individual Council members with performance feedback on an annual basis and managing any performance issues or concerns in accordance with the College's ~~e~~Code of Conduct.
15. Each year where the College is a member of CAPR, Each year the College President, in consultation with the members of the Executive Committee, will nominate a person to serve as a director of the CAPR board.
16. Monitor and manage all risk-related matters and periodically reports this information to Council.



17. The President's duties also include any other duties as defined in the College By-laws and these Governance Policies.

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

Summary of changes:

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

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

By-law References:

1. 6.1(2)

Primary Function

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

Term

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

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

Responsibilities

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

1. In the absence of the President, perform the President's duties including:
 - a. chairing Council and Executive Committee meetings;
 - b. acting as a signing officer of the College;



- ~~c.~~ receiving and reviewing all matters directed to the attention of the Council
 - ~~d.~~ act as the key spokesperson of the College;
 - ~~e.~~ monitor and manage all risk-related matters and periodically report this information to Council; and
 - ~~d.f.~~ representing the College at public functions and official liaison opportunities.
2. Serve as a member of the Executive Committee and participate on other ~~C~~ommittees and ~~T~~ask ~~F~~orces as directed by Council.
 3. Serve as a member of the Finance Committee.
 4. As advised by the President ~~and the Registrar~~, develop ~~his or her~~their personal knowledge of the role and duties of the President in order to prepare to undertake this role.
 5. Chair an appeal process where the Registrar has concerns or disagrees with the performance review process or the outcome. (Policy # 8.5– Registrar’s Performance Review).
 6. Assist and advise the President ~~as requested~~in performing their duties.



Summary of changes:

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

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

Definition

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

Primary Function

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

Specific Responsibilities

The Registrar is accountable for the following subsets of responsibilities:

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



2. Financial, Risk and Facilities Management

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

3. Governance and Strategy

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

4. Human Resource Management



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



Summary of changes:

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

<u>Section:</u>	Roles & Responsibilities	Policy #1.8
Title:	Role of Canadian Alliance of Physiotherapy Regulators (CAPR) Board Nominee/Director	
Date approved:	March 20, 2018	
Date revised:		

~~By-law Reference~~

~~2.9—Membership in Associations~~

~~Primary Function~~

~~The CAPR director works with other members of the CAPR board by providing information and input on operational and regulatory matters in order to make decisions on CAPR’s services and operations.~~

~~Specific Responsibilities~~

~~The CAPR director will, in conjunction with other members of the CAPR board:~~

- ~~1.—Develop industry standards and undertake projects on national and international issues related to physiotherapy.~~
- ~~2.—Support CAPR’s role as a contract provider of evaluation services by providing guidance on operational issues relating to evaluation services.~~
- ~~3.—Support CAPR’s coordinating role in regulatory standard and research services by providing regulatory advice and input into the process.~~
- ~~4.—Assist in decision making about how CAPR runs its own business.~~
- ~~5.—Provide guidance and strategic advice to assist CAPR fulfill its role.~~
- ~~6.—Provide information on operational and regulatory matters that are of importance to the College.~~

~~The CAPR director will understand their fiduciary duties and the potential for conflict of interest in their role and have the ability to set aside their personal and professional interests and manage any real, potential or perceived conflict of interest.~~



~~The CAPR director will have the relevant practical, operational and regulatory knowledge required to fulfil the role.~~

~~The CAPR director will accept that each regulator belonging to CAPR may make different contributions to its business.~~

~~The CAPR director will ensure that Council receives a regular report on non-confidential aspects of CAPR's activities.~~

Term of Office

~~Each year the College President, in consultation with the members of the Executive Committee, will nominate a person to serve as a director of the CAPR board.~~

~~The person nominated to serve as the director of the CAPR board will be chosen on the basis of:~~

- ~~• the skills and competencies required for the role by CAPR, and~~
- ~~• the person's ability to fulfil the responsibilities associated with the role.~~

~~The CAPR Board nominee must be approved by the CAPR board to serve as a member of the CAPR Board~~

~~Once approved, the CAPR director serves for a period of one year with the term being renewable.~~

~~The CAPR director will be reimbursed for honoraria and expenses as per relevant College policies.~~



Summary of changes:

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

Section:	Terms of Reference	Policy #32.1
Title:	Inquiries, Complaints and Reports Committee	
Date approved:	March 2009	
Date revised:	June 2010, February 2013, September 2013	

Type

Statutory

Legislative / By-law References:

1. Health Professions Procedural Code: 10, 11, 25, 25.1, 25.2, 26, 27, 28, 28.1, 29, 36, ~~37~~, 38, 54, 57, 58, 59, 60, 61, 62, 63, 64, 79
2. By-laws: 7.1(3)

Role

The role of the Inquiries, Complaints and Reports Committee (ICRC) is to investigate complaints and consider reports as per section 79 of the Code related to the conduct or action, competencies or capacity of registrants as it relates to their practicing the profession.

Accountability

Council

Duties

1. To investigate complaints, reports and inquiries filed with the Registrar regarding the conduct or actions of a registrant in accordance with the requirements of the legislation.
- ~~2.—To consider available prior decisions involving the registrant unless its decision was that the matter was frivolous and vexatious.~~
- ~~3.~~2. To consider investigation reports provided by the Registrar as per section 79 of the Code. Reports of this nature are generated by Registrar's inquiries, mandatory reports or referrals from the Quality Management Committee.
- ~~4.~~3. To make inquiries as to whether a registrant may be incapacitated as per sections 58 and 59 of the Code.



- ~~5.—To refer concerns about incapacity to the Fitness to Practise Committee.~~
- ~~6.4.~~ To dispose of complaints in accordance ~~within te~~with the timelines prescribed in the Code.
- ~~7.—To dispose of investigation reports in keeping with the guidelines established by the Council.~~
- ~~8.5.~~ To consider the need for interim orders and emergency appointments of an investigator where required.
- ~~9.6.~~ To dispose of complaints and investigation reports (mandatory reports, Registrar's Inquiries) in accordance with the Committee's powers as specified in the Code.
- ~~10. To issue to the parties a written decision with reasons.~~
- ~~11. To issue to the parties a notice of the right to request a review of the decision through the Health Professions Appeal and Review Board.~~
- ~~12.7. _____~~ To consider the feedback provided, where available, ~~To deliberate on matters returned from the Health Professions Appeal and Review Board as related to decisions of the ICRC or its predecessor.~~
- ~~13. To prepare regular reports to Council.~~
8. To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.
- 14.9. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and Council for consideration and approval.

Composition

1. Committee

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

2. Panel

- ~~a.—Composition: The Chair may select a panel to review and decide complaint matters or reports received from the Registrar as per section 79 of the Code. The Chair may select a member of the Committee to act as lead of a panel.~~

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



Term of Office

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



Summary of changes:

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

Section:

Terms of Reference

Policy #32.2

Title:

Discipline Committee

Date approved:

May 1995

Date revised:

December 2003, December 2008, June 2010, September 2013

Type

Statutory

Legislative / By-law References

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

Role

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

Accountability

Courts and Council

Duties

1. To hold hearings, by way of panels, on specified allegations of a registrant's conduct and/or competence referred by the Investigations, Complaints and Reports Committee, in accordance with the requirements of the legislation.
- ~~2. To issue to the parties a written decision with reasons at the conclusion of the proceedings.~~
- ~~3. To consider applications from persons who are not parties to the hearing to participate in the hearing according to the circumstances defined in section 41.1 of the Code and to determine the extent of the participation.~~



- ~~4. To make orders excluding the public from a hearing or a part of a hearing in accordance with the circumstances defined in section 45 of the Code.~~
- ~~5. To make orders preventing public disclosure of matters discussed at the hearing in accordance with section 45 of the Code.~~
- ~~6. To, upon request of a witness in a sexual abuse case, make an order, upon request of a witness in a sexual abuse case, that no person shall publish the identity of the witness in accordance with section 47 of the Code.~~
- ~~— To make an order(s) for penalty and/or costs, when a registrant has been found to have committed an act of professional misconduct or to be incompetent, make an order(s) for penalty or costs in accordance with section 51, 54, 53, and 53.1 of the Code.~~
- ~~7.2. To consider the need for interim orders where required as provided in the Health Professions Procedural Code.~~
- ~~8.3. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and Council for consideration and approval.~~
- ~~9. To have decisions and reasons, or a summary of decisions and reasons published in the College's annual report.~~
- ~~10. To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.~~
- ~~11. To prepare regular reports to Council.~~

Composition

1. Committee

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

2. Panel

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

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



Term of Office

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



Summary of changes:

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

Section:	Terms of Reference	Policy #32.3
Title:	Executive Committee	
Date approved:	February 2002	
Date revised:	June 2003, June 2006, September 2007, March 4, 2009 in effect June 2009, June 2010, September 2010, September 2011, October 2012, February 2013, September 2013, March 2014, March 2015	

Type

Statutory

Legislative / By-law References

1. Health Professions Procedural Code: 10, 11, 12
2. By-laws: 7.1(1) and 7.2(1)

Role

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

Accountability

Council

Duties

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



- ~~b. To determine which Councillors should be encouraged to participate in educational opportunities.~~
 - ~~c. To determine which Councillors should be funded to attend the educational conferences that the College targets for Councillor's attendance each year by assessing applications for funding.~~
2. Administrative Matters
- a. Without unduly exercising Council's authority, to exercise all the powers of Council between Council meetings with respect to matters that, in the Committee's opinion, require immediate attention. Exceptions include the power to make, amend or revoke regulations or by-laws, or where policy dictates limitations.
 - ~~b.~~ To provide, for publication on the College's website, the date of every meeting, the rationale for the meeting, and whether any decision made will be ratified by Council.
 - ~~c.~~ To report to Council as soon as possible following all decisions in which the Committee exercised the Council's authority.
 - ~~d.~~ To provide, for publication on the College's website, where the Committee -acts as Council or discusses issues that will be brought forward to or affect Council, a report of the discussion or decisions made.
 - ~~b.e.~~ To regularly review by-laws, governance policies, and the College's official documents to ensure currency and the need for Council review.
 - ~~e.f.~~ To recommend the Cccommittee, task force or advisory group slate for presentation and approval by Council.
 - ~~g.~~ To provide direction and support to committees and Council as requested.
 - ~~d.h.~~ To act as the advisory panel to the President.
 - ~~e.~~ To seek candidates for the annual College awards program and consider all applications/nominations for recommendation to Council.
3. Policy Development
- a. To maintain current awareness of issues that affect the College's mandate and strategic direction and to provide recommendations and advice to Council on such matters.
 - ~~b.~~ To direct the College's strategic planning process and monitor related College and committee activities to ensure consistency with the stated direction.
 - ~~e.b.~~ To provide guidance and support, as requested, to policy development or operational projects at staff, task force or committee level and to make recommendations to Council with respect to policy direction, as required.
4. Working with the Registrar



- a. To provide guidance and support to the Registrar.
 - ~~a-b.~~ To provide direction to the Registrar on matters that require immediate attention in between meetings of Council.
 - ~~b-c.~~ To receive and adjudicate grievances of staff reporting to the Registrar.
 - ~~c-d.~~ To ensure that the Registrar is involved in their annual performance review, ~~of the Registrar is completed.~~
 - ~~d-e.~~ To ensure the employment contract of the Registrar and any related amendments are confirmed by Council.
5. College Privacy Committee
- a. To ~~act reconstitute itself~~ as the College Privacy Committee to deal with appeals regarding the manner in which personal information is managed by the College, including concerns regarding an individual's request for access to ~~his or her~~their personal information.
6. Registrar's Performance Review Panel
- a. To ~~reconstitute itself~~act as the Registrar's Performance Review Panel in order to gather and assemble feedback about the Registrar's performance and to provide a recommendation to Council as to the outcome of the Registrar's annual performance ~~assessment~~review.

Composition

Composition of the Committee is determined by ~~sub~~Section 7.1(1) of the College ~~b~~By-laws.

Term of Office

Appointment to the Executive Committee is one year and renewable annually to a maximum of nine consecutive times. ~~in June to a maximum of five times in any period of consecutive service on Council.~~



Summary of changes:

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

Section:	Terms of Reference	Policy #32.4
Title:	Fitness to Practise Committee	
Date approved:	September 1995	
Date revised:	December 2003, December 4, 2008, March 4, 2009, in effect June 2009, June 2010, September 2013	

Type

Statutory

Legislative / By-law References

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

Role

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

Accountability

Courts and Council

Duties

1. To hold hearings, by way of panels, on specified allegations concerning a registrant's capacity to practice the profession as referred by the Investigations, Complaints and Reports Committee in accordance with the requirements of the legislation.-
- ~~1.2.~~ To consider the need for interim orders where required as provided in the Health Professions Procedural Code.
- ~~2.~~ To, if When a panel finds a registrant to be an incapacitated registrant, make orders in accordance with section 69 of the Code.
- ~~3.~~ To issue to the parties a written decision with reasons at the conclusion of the proceedings.



~~4.3. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and Council for consideration and approval.~~

~~5. To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.~~

~~6. To prepare regular reports to Council.~~

Composition

1. Committee

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

2. Panel

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

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

Term of Office

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



Summary of changes:

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

Section:	Terms of Reference	Policy #32.5
Title:	Patient Relations Committee	
Date approved:	August 1994	
Date revised:	September 2002, December 2008, December 2010, September 2013	

Type

Statutory

Legislative / By-law References

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

Role

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

Accountability

Council

Duties

1. To develop, implement, and evaluate measures for preventing and dealing with the sexual abuse of patients as defined in the RHPA, Section subsection 84(3) of the Health Professions Procedural Code. These measures include:
 - a. educational requirements for registrants; and
 - b. guidelines for the conduct of registrants with their patients;
 - ~~c. training for the College's staff, Council and non-Council members; and~~
 - ~~d. provision of information to the public.~~
- ~~2. To develop, implement and evaluate College policy and resources related to the prevention of other forms of abuse including physical, verbal, emotional and financial and maintenance of professional boundaries, as directed by Council.~~



~~3.2.~~ To review applications for funding for therapy and counseling from sexual abuse victims and determine eligibility.

~~4.3.~~ To administer the Therapy and Counseling Fund.

~~5.4.~~ To ~~monitor and~~ advise Council with respect to the College's Patient Relations Program.

~~6.5.~~ When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and Council for consideration and approval.

~~7.~~ To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.

~~8.~~ To prepare regular reports to Council.

Composition

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

Term of Office

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



Summary of changes:

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

Section:	Terms of Reference	Policy # 32 .6
Title:	Quality Management Assurance Committee	
Date approved:	October 1994	
Date revised:	January 2003, June 2006, July 2008, March 2009, September 2013	
Date confirmed:	June 2011	

Type

Statutory

Legislative / By-law References

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

Role

The role of the Quality ~~Management Assurance~~ Committee is to administer the College's Quality ~~Management Assurance~~ program as defined in section 80.1 of the ~~Health Professions Procedural Code that is intended to assure the quality and safety of professional practice and promote continuing competence among the registrants.~~

Accountability

Council

Duties

1. To administer the Quality ~~Management Assurance~~ Program as defined in ~~Section-section~~ 80.1 of the ~~Health Professions Procedural Code that is intended to assure the quality and safety of professional practice and promote continuing competence among the registrants.~~
2. To evaluate and recommend improvements to the Quality ~~Management Assurance~~ Program for Council consideration.



3. To appoint assessors ~~and Practice Enhancement coaches~~ to assess a member's practice and prepare a report for submission to the Committee.
4. To make decisions regarding registrants who participate in the Quality Management Assurance Program in accordance with section 80.2 of the Health Professions Procedural Code.
- ~~5. To direct the Registrar to impose terms, conditions or limitations for a period to be determined by the Committee on the certificate of registration of a member in accordance with the legislation and the program's framework.~~
- ~~6. To direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member's knowledge, skill and judgment are satisfactory.~~
- ~~7.5.~~ To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.
- ~~8.6.~~ To prepare regular reports to Council.
- ~~9.7.~~ When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and Council for consideration and approval.

Composition

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

Term of Office

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



Summary of changes:

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

Section:	Terms of Reference	Policy #<u>32.7</u>
Title:	Registration Committee	
Date approved:	April 1996	
Date revised:	June 2003, June 2006, June 2008, June 2010, September 2013	

Type

Statutory

Legislative / By-law Reference

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

Role

The role of the Registration Committee is to make decisions on registration applications that do not meet the criteria for issuance of a certificate of registration by the Registrar and to ensure that processes related to entry are fair, transparent and objective.

Accountability

Council

Duties

1. To consider applications referred to it by the Registrar, ~~when the Registrar:~~
 - ~~a. has doubts on reasonable grounds, about whether the applicant fulfills the registration requirements;~~
 - ~~b. is of the opinion that terms, conditions or limitations should be imposed on a certificate of registration of the applicant and the applicant does not consent to the imposition; or~~
 - ~~c. proposes to refuse the application.~~
2. To review applications from registrants who apply for removal or modification of any term, condition or limitation imposed on their certificate.
3. To make decision regarding applications in accordance with the Committee's powers as specified in the Health Professions Procedural Code.



- ~~3. To issue written orders/reasons for decision regarding all applications referred to it and ensure that applicants are apprised of their right to a review or hearing by the Health Professions Appeal and Review Board.~~
4. To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.
5. To monitor and advise Council with respect to the College's registration program.
6. To prepare regular reports to Council.
7. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and Council for consideration and approval.

Composition

1. Committee:

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

2. Panel:

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

Term of Office

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



Summary of changes:

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

Section:	Terms of Reference	Policy #<u>32.8</u>
Title:	Finance Committee	
Date approved:	December 2010	
Date revised:	September 2011, October 2012, February 2013, September 2013	

Type

Non-Statutory

Legislative/By-law References

By-laws 7.3(1)

Role

The role of the Finance Committee is to monitor ~~significant~~ financial planning, management and reporting matters of the College, to make recommendations and deliver reports to Council, and to serve as the College's audit committee.

Accountability

Council

Duties

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



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

Composition

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



Term of Office

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



Summary of changes:

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

Section:	Confidentiality	Policy #43.1
Title:	Confidentiality – General	
Applicable to:	Councillors, members of statutory committees, non-statutory committees, task forces, advisory groups, staff, and any agents of the College acting in any capacity	
Date approved:	June 2006 (Replaced previous 4.6, Confidentiality of Council Information, Rescinded, June 2006)	
Date revised:	March 2010, February 2013	

Policy

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

Procedure

- ~~1. On an annual basis, E~~very person to whom this policy applies will review the confidentiality provision set out in the RHPA and sign a confidentiality undertaking, provided by the College, indicating that they have read, understood and are willing to comply with the confidentiality requirements that apply to their activities on behalf of the College.
- ~~1.2. On an annual basis, every person to whom this policy applies will review the confidentiality provision set out in the RHPA.~~



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

The updated version is provided below.

Section:	Confidentiality	Policy #4.33.2
Title:	<u>Privacy Procedures – Requests for Access or Corrections to Personal Information and Privacy Concerns</u>College Privacy Code – Requests for Access or Corrections and Compliance Concerns	
Date approved:	September, 2010	
Date revised:		

Policy

This policy addresses:

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

The Director, Corporate Services is the Privacy Officer.

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

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

A. Procedures – Access to Personal Information

General – Access to Personal Information

- a. Individuals may ask for access to records of their personal information.



- b. Requests for access to personal information are made in writing. Requesters are asked to fill out a “Request for Access to Personal Information” form. [Pending Development] The Privacy Officer will assist those who require help to prepare an access request.
- c. The Privacy Officer will review requests for access to personal information and decide whether full or partial access will be granted.
- d. The College will make reasonable efforts to respond to requests for access with a written decision within 30 days, unless an extension of time is required. Where an extension is necessary, the requester will be informed of the estimated timeline for response.

Privacy Officer Review of Access to Personal Information Requests

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



- iv. if granting access could reasonably be expected to interfere with the administration or enforcement of the by-laws or the College's objects or obligations in law, for example because:
 - 1. it would violate section 36 of the RHPA;
 - 2. the information was collected or created in the course of an inspection, investigation, inquiry, assessment or similar procedure; or
 - 3. providing access may defeat the purposes for which the information was collected;
- v. the information cannot be disclosed for legal, security or commercial proprietary reasons;
- vi. the information is subject to a legal privilege;
- vii. the information was generated in the course of a resolution process or proceeding (and that proceeding and any appeals have not been concluded); or
- viii. the request is frivolous, vexatious, made in bad faith or otherwise an abuse of process.
- i. In cases where the personal information forms part of a record created by another organization (or person), the Privacy Officer may refer the individual to the organization (or person) that created the record (unless it is inappropriate to do so) so that the individual may obtain access to the personal information from the original source rather than the College.
- j. Upon completion of the review, the Privacy Officer will provide a written decision to the requester. The written decision will include:
 - i. a description of what information was requested;
 - ii. a statement of whether the College has responsive records and if so, the decision to:
 - 1. permit access;
 - 2. permit partial access (i.e. provide personal information but with redactions, for example where records also contain the personal information of another individual or there is a significant risk of harm);
 - 3. deny access; or
 - 4. refer the individual to the person or organization that created the record(s);



- iii. the reasons for the decision²;
- iv. if applicable, the fee imposed for a copy; and
- v. if applicable, a copy of the records available for access.

2-3. Copies and Originals

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

Fees

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

B. Procedures – Correction of Personal Information

3-4. General – Requests for Correction of Personal Information

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

4-5. Privacy Officer Review of Correction to Personal Information Requests

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



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



- i. Striking out the incorrect information in a manner that does not obliterate the record or
- ii. If striking out is not possible:
 1. Labelling the information as incorrect, severing it from the record, and storing it separately with a link to the record that enables us to trace the incorrect information, or
 2. Ensuring that there is a practical system to inform anyone who sees the record or receives a copy that the information is incorrect and directing that person to the correct information.
- f. Upon completion of the review, the Privacy Officer will provide a written decision to the requester. The written decision will include:
 - i. a description of what information was requested to be corrected;
 - ii. a statement of whether the College has responsive records and if so, the decision to:
 1. make the correction;
 2. make partial corrections;
 3. refuse the correction; or
 4. refer the individual to the person or organization that created the record(s);
 - iii. the reasons for the decision³; and
 - iv. if applicable, a copy of the corrected record(s).

C. Procedures – Privacy Breach and Privacy Complaints

5-6. General – Privacy Breach and Privacy Complaints

- a. All privacy complaints, incidents, and actual or potential breaches must be reported immediately to the Privacy Officer.
- b. A privacy breach happens whenever personal information in the custody or control of the College is lost or stolen or is used, modified or destroyed by or disclosed to an unauthorized person. For example:

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



- i. Our electronic systems are hacked and held ransom after an email with a virus is opened
 - ii. An unencrypted laptop with personal information saved on the hard drive is stolen
 - iii. Personal information is shared in contravention of section 36 of the RHPA
 - iv. A courier package of records of personal information is not delivered to the correct address
 - v. An unencrypted USB key with an Excel spreadsheet with personal information or Word files is lost
 - vi. A College employee or Council member talks about a registrant or a complainant with a personal friend or posts information on a personal social media account with enough detail that an individual would be identifiable
 - vii. Records with personal information to be disposed of are recycled and not shredded
 - viii. A fax with personal information is misdirected to a business where the fax number was entered incorrectly
- c. Any person may ask questions or challenge the College's compliance with our Privacy Code or our privacy procedures by contacting the Privacy Officer.
 - d. The Privacy Officer will review and answer all privacy-related questions and complaints on behalf of the College.
 - e. Complaints about the handling of personal information by College staff, appointees and members of Council, committees or working groups and others who collect, use or disclose personal information on our behalf should be made to the College in writing. The Privacy Officer will assist those who require help to write their complaint.
 - f. Upon receipt of a privacy complaint, the Privacy Officer will:
 - i. Provide written notice of the complaint to the College Registrar, and
 - ii. Acknowledge receipt of the complaint to the complainant.
 - g. The College will use reasonable efforts to respond to questions and complaints within 30 days, unless an extension of time is required. Where an extension is necessary, the individual will be informed of the estimated timeline for receiving a response.

6.7. Privacy Breach Protocol

Step 1: Respond immediately by implementing the privacy breach protocol



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

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

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

Step 3: Clarify the facts

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



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

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

Step 5: Investigation and Remediation

- Conduct an internal investigation into the matter. The objectives of the investigation will be to:
 - Ensure the immediate requirements of containment and notification have been addressed.



- Review the circumstances surrounding the breach.
 - Review the adequacy of existing policies and procedures in protecting personal information.
 - Address the situation on a systemic basis.
 - Identify opportunities to prevent a similar breach from happening in the future.
- Change practices as necessary.
 - Ensure all College employees, appointees and members of Council, committees and working groups are appropriately re-educated and re-trained with respect to compliance with reasonable privacy protection standards and the recommendations of how to avoid privacy breaches in the future.
 - Continue notification obligations to affected individuals as appropriate.
 - Consider notifying legal counsel as appropriate. Consider whether it is necessary to call police.
 - Consider any disciplinary consequences with employees, appointees and members of Council, committees or working groups or contract issues with independent contractors or vendors that follow from the privacy breach.

Step 6: Recordkeeping

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



Summary of changes:

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

Section:	Finance	Policy #54.1
Title:	Honoraria and Expenses	
Applicable to:	Councillors who are members of the profession⁴, committee members, members of task forces and working groups, where applicable, staff	
Date approved:	March, 2015	
Date revised:	December 2017, April 2018	

Legislative References

None

Policy

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

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

~~In order to maintain currency the Policy on~~ Honoraria rates are updated annually geared to the Cost of Living Allowance (COLA) and rates for expenses is to will be reviewed biennially by the College's Executive Committee.

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

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



Procedure

1. Claims for honoraria or expenses ~~are to~~must be submitted to the College within 30 calendar days of the activity that resulted in the claims.
- ~~1.2.~~ Claims not submitted within 30 days will be referred to the President for appropriate follow-up.
- ~~2.3.~~ Claims should be submitted to the College through Corporate Services.
- ~~3.4.~~ Corporate Services will seek approval of the claim from the director or manager with oversight for the activity that resulted in the claims.
- ~~4.5.~~ Once approved, all claims are to be submitted to the ~~Director, Corporate services~~Accounting Coordinator.
- ~~5.6.~~ The College will endeavor to pay claims within one month of receiving them.
- ~~6.7.~~ Any discrepancies between what this policy permits and claims will be addressed with the claimant by the ~~Director, Corporate Services~~Registrar.

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

Definitions

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

Rules for Honoraria

1. General
 - a. A daily claim for honoraria may include any or all of per diems, travel time and/or preparation time in keeping with the rules and rates in this policy.



- b. Teleconferences are meetings and are therefore considered to be time that may be claimed.
- c. Honoraria will be paid to people who are requested by the College to attend a function for representation or education purposes.
- d. ~~.....~~ Honoraria rates are to be updated annually at the beginning of each fiscal year to adjust for a Cost of Living Allowance (COLA) and this update will be communicated via email once new rates are established

2. Per Diem - General

- a. For meetings that are three hours or less in duration, the actual number of full or partial hours up to a maximum of three hours may be claimed.
- b. For meetings that are more than three hours in duration, the full day per diem may be claimed. This is the maximum per diem time that may be billed in any one day although other types of honoraria (travel or preparation time) may be claimed for the same day or meeting.
- c. If a meeting or function is cancelled without at least 48 hours notice, those who were scheduled to attend may claim up to three hours per diem.

~~e.d. Per diems will not be paid for College activities that have been compensated by one's employer.~~

~~3. Per Diems - Councillor/Committee/Task Force Member~~

- ~~a. Meetings involving deliberation of a panel will be considered to be scheduled meetings and are eligible for per diems.~~
- ~~b. Time spent writing decisions will be paid the hourly per diem rate. The amount of time people can bill for decision writing will be determined by the chair of the panel.~~
- ~~c. Per diems for Councillor/committee/task force members are paid in accordance with the rate section of this policy.~~

~~4.3. Per Diem - Chairs~~

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

~~5.4. Per Diem - President~~



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

6.5. Preparation Time

- a. The time billed for preparation should be less than or equal to the time billed for the meeting. (e.g.:
 - i. For meetings of up to three hours duration, the maximum preparation time is three hours.
 - ii. For meetings of more than three hours duration that have been billed for seven hours, the maximum preparation time is seven hours).
- b. When a committee member requires more time for preparation than is permitted under a., the committee member may ask the committee chair to authorize additional preparation time.
- c. When a committee chair requires more time for preparation than is permitted under a., a request for additional preparation time may be approved by the ~~program manager~~President.
- d. There are no restrictions on the number of requests for additional preparation that a committee member or chair may make.
- e. Preparation time is paid in accordance with the rate section of this policy.

7.6. Travel Time

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

Rules for Expenses

8.7. Expenses General



- a. Detailed itemized invoices or receipts are required for all expense claims⁶.
- b. Invoices and or receipts must include a description of the goods purchased or services rendered, the cost, taxes and if applicable, HST Registration Number⁷.

9-8. Travel Expense

- a. Travel includes:
 - i. Economy airfare for flights ~~of six hours duration or less;~~
 - ii. ~~Business class airfare for flights of six hours duration or more;~~
 - iii. ~~ii.~~ Economy class train fare for trips of ~~three two~~ hours or less;
 - iv. ~~iii.~~ First class train fare for trips of greater than ~~three two~~ hours;
 - v. ~~iv.~~ Local public transportation;
 - vi. ~~v.~~ Taxi; or
 - vii. ~~vi.~~ Use of a personal automobile.
- b. The cost of the most economical or practical mode of travel may be claimed unless other means are more practical and this is evident from the explanation on the claim form⁸.
- c. Local taxis may be used when warranted by expedience and practicality.
- d. Travel expenses incurred in traveling to/from home or place of employment, or to/from the point of business and public transportation terminal may be claimed when they are part of a larger journey.
- e. An allowance per kilometer will be paid for the use of a personal automobile in accordance with the rate section of this policy.

10-9. Accommodation

- a. Where overnight stays are required, the cost of the standard room rate at a conveniently located hotel will be reimbursed. Additional costs for upgrades to premium or larger rooms are not covered.
- b. For ~~single day~~ meetings in Toronto, hotel accommodation will be provided to individuals who reside beyond a ~~40-25~~ kilometer radius of the meeting site.

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

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

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



~~c.~~ For multi-day meetings, hotel accommodation will be provided to individuals who reside beyond a 25 kilometer radius of the meeting site.

~~d.c.~~ Where overnight stays are required for meetings held at the College, people may choose to stay at the hotel at which the College has negotiated a corporate rate, or another hotel, in which case the maximum reimbursement will be the lesser of the actual price paid at the other hotel or the corporate rate at the College hotel.

~~e.d.~~ Hotel accommodation at conventions, congresses etc. should take advantage of any special group or convention rates at the conference hotel or be taken at another hotel where the rate does not exceed the conference hotel rate.

~~f.e.~~ When private accommodations (e.g. friends or family) are used in lieu of hotel accommodation, claims for reimbursement may be submitted in accordance with the rate section of this policy.

~~11.10.~~ Meals

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

b. Meal expenses incurred when attending external meetings or business may be claimed when the external meetings or business exceeds four hours.

c. For ~~single day~~ meetings at the College in Toronto, meal expenses may be claimed when the individual resides beyond a ~~40-25~~ kilometer radius of the meeting site.

~~d.~~ For multi-day meetings at the College, meal expenses may be claimed when the individual resides beyond a 25 kilometer radius of the meeting site.

~~e.d.~~ Meal expenses claimed when the College provides a meal during its meetings are not eligible for reimbursement (except in circumstances where the supplied meal is unacceptable for religious or similar reasons).

~~f.e.~~ Actual meal expenses may be claimed in accordance with the rate section of this policy.

~~12.11.~~ Gratuities

a. Gratuities for meals may be claimed over and above the maximum allowable for the meal. (i.e. for a meal of \$35.00, the expense claim may include the \$35.00 meal and a gratuity for a total of \$35.00 + gratuity = claim).

b. Gratuities for accommodation and taxis should be included in the cost claimed along with the accompanying receipt.

c. A reasonable amount may be claimed for gratuities paid for other services (such as porters, delivery, etc.).



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

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

14.13. Expenses which are not Allowed

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

15.14. Additional Interpretation

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

Rates for Honoraria⁹ and Expenses

1. Allowance for use of personal automobile¹⁰
 - a. ~~\$.4052~~ per kilometer

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

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



2. Meal Expense (receipts required)
 - a. Breakfast - \$25.00
 - b. Lunch - \$35.00
 - c. Dinner - \$60.00
3. Private Accommodations
 - a. \$40 per night may be claimed for the use of private accommodation in lieu of hotel accommodation.
4. Per Diem Rate - Councillors/committee/task force members
 - a. Council/Committee/task force member – meeting time
 - i. Full day per diem (for meetings over 3 hours duration) - ~~\$326.00~~\$340.00
 - ii. Hourly rate - ~~\$46.00~~\$48.00
5. Chairs' (and President's) Per Diem Rate
 - a. Chair – meeting time (or President's duties)
 - i. Full day per diem (for meetings over 3 hours duration) - ~~\$444.00~~\$464.00
 - ii. Hourly rate - ~~\$63.00~~\$65.00
6. Preparation time rate
 - a. ~~\$46.00~~\$48.00 per hour
7. Travel time
 - a. ~~\$28.00~~\$30.00 per hour
8. ~~Corporate Hotel Rate for 2018~~Rate for hotel stay
 - a. ~~\$269.00 + taxes and service fees = \$312.06~~The best available rate at the College's corporate hotel up to a maximum of \$350/night + taxes and fees¹¹

¹¹ The rate for hotel stay will be reviewed annually.



Summary of changes:

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

Section:	Finance	Policy #5-34.2
Title:	Signing Officers	
Applicable to:	Council and staff	
Date approved:	December 2007	
Date confirmed:	March 2009	
Date revised:	December 2011, March 2014	

Policy

For the purposes of ~~Section 2.5~~, subsections 2.5(2), (3), (4), and (5) and ~~(6) and Section section 2.6~~ of the By-laws, the signing officers for the College will be the President, Vice-President, the Registrar, and the ~~Associate-Deputy~~ Registrar(s).

No one will approve their own expense claims.

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

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

Signing officers may approve purchases or leasing of goods and acquisition of services in accordance with the following:

- the Registrar/Deputy Registrar may authorize expenses not exceeding \$50,000 if the expenditure has previously been approved as an item in the College budget;
- the Registrar/Deputy Registrar and one Council signing officer (President or Vice President) may authorize expenses in excess of \$50,000 if the expenditure has previously been approved as an item in the College budget;
- the Registrar/Deputy Registrar may authorize expenses not exceeding \$10,000 if the expenditure has not previously been approved as an item in the College budget if the Registrar/Deputy Registrar believes that the expenditure is necessary for the operations of the College; and
- the Executive Committee shall review any proposed expense exceeding \$10,000 if the item is not an expenditure in the College budget and make recommendations to Council for approval. If immediate action is required, the Executive Committee may approve the expenditure.



Summary of changes outline:

- the primary and return objective of the College’s investment portfolio;
- the aim to maximize the use of instruments that are insured by the Canadian Deposit Insurance Corporation (CDIC) and align with CDIC coverage limits;
- the usage of percentages rather than dollar limits when referring to proportion held in certain funds; and
- that no single GIC issue will exceed \$100,000.

The changes have been reviewed by the College’s investment manager.

Section:	Finance	Policy # 5.44 .3
Title:	Investments and Investment Strategy	
Applicable to:	Council	
Date approved:	December 2007	
Date revised:	June 2009	
Date confirmed:	September 2011	

Policy

The primary objective of the College’s investment portfolio is ~~strategically focused on~~ the preservation of capital ~~and modest growth to at least the rate of inflation.~~ The return objective is to attain a growth rate that is consistent with the rate of inflation, however, because the primary objective is capital preservation, there are times when the return objective will not be achieved so that the objective of capital preservation can be satisfied.

Funds held by the College that are not immediately required for operating expenses will be invested according to a two part investment strategy; one part focused on the short-term investment of annual fees, and the second part focused on long term reserves.

The investment strategy will be developed in accordance with Council approved By-law 2.~~45~~ and relevant governance policies to ensure the long-term stability of the College

Procedure

1. The College’s investment portfolio will aim to maximize the use of instruments that are insured by the Canadian Deposit Insurance Corporation (CDIC), and to align the amounts invested in those instruments to the CDIC’s coverage limit.

2.

Short-term investments will be invested in easily cashable instruments which will yield the best results and will mature within a 12 month period or less.

- ~~2.~~ Long-term investments will be invested in federal, provincial and municipal governments, bank and trust companies, corporations, mortgage backed securities, coupons and residuals rate R1 or better for money market instruments and A or better for bonds, as determined by the Dominion Bond Rating Service. The proportion of the investment portfolio held in corporate



funds shall not exceed 20% and, the amount invested with any one issuer is limited to ~~\$300,000.00~~15%.

3. Excluded from the corporate funds portion of the College's portfolio, Guaranteed Income Certificates (GICs) is a separate class. No single GIC issue will exceed \$100,000.

~~3.4.~~ The College will adopt a laddered investment strategy for its long-term investments, ensuring maximum return, staggered fund release, and a minimum of a four-year platform.

~~4.5.~~ The Registrar will present the status of College investments ~~will be presented~~ as part of the finance statements at every Council meeting.

~~5.6.~~ The investment strategy and the specific investment instruments will be reviewed annually or more often if necessary.

~~6.7.~~ The Council will meet annually with a representative of the investment firm to discuss and review independently the status of the Colleges' investments and investment strategy.

~~7.8.~~ Funds for short term investments are cashed for the use of annual College operations. Long term investments are only cashed at the direction of Council.



Summary of changes:

- Specify that the general liability insurance should cover the College for losses resulting from cyber crime and attacks.
- Specify who will review the insurance coverage annually.

Section:	Finance
Title:	Insurance
Applicable to:	Council
Date approved:	December 2007
Date revised:	December 2009
Date confirmed:	December 2011

Policy #~~5.54.4~~

Policy

The College obtains and maintains four types of insurance coverage:

1. Commercial,
2. Errors & Omissions and Directors' and Officers' Liability,
3. General Liability (including computer and social engineering fraud), and
4. Accident/Business Travel to support its' risk management strategy.

Insurance coverage is reviewed annually by the Finance Committee and Council against environmental trends as part of the budget process, or as necessary.



Summary of changes:

- Update to reflect current practice.

Section:	Finance
Title:	Capital Assets
Applicable to:	Council
Date approved:	March 2008
Date revised:	March 2010
Date confirmed:	September 2011

Policy #5-74.5

Policy

The College currently holds capital assets which contribute to the organization's value and net worth. Capital assets are attained and maintained in accordance with a planning cycle which supports the on-going work of the College. Capital asset expenditures are considered annually as one component of budget planning.

Definition

Capital assets comprise "property, plant and equipment" that meet all of the following criteria:

1. are held for use in the production or supply of goods and services, for rental to others, for administrative purposes or for the development, construction, maintenance or repair of other capital assets;
2. have been acquired with the intention of being used on a continuing basis; and
3. are not intended for sale in the ordinary course of business.

For further clarification, capital assets include buildings, furniture, purchased computer software, computer hardware, equipment, leasehold improvements, and assets acquired by capital lease.

Procedure

1. Planning for capital asset need and expenditure is the responsibility of the Registrar in keeping with accountabilities related to operationalizing the approved business plan and budget.
2. A proposed capital assets budget is considered and approved annually by Council within broader budget discussions.
3. Capital assets are amortized in accordance with the auditor's recommendations and the published Generally Accepted Accounting Principles (GAAP).
4. The College will maintain a capital asset ledger.
5. Capital assets are reviewed within a regular maintenance schedule to ensure preservation and full utilization.



Section:	Policy	Policy #6-25.1
Title:	College Policy Review Schedule	
Applicable to:	Council members, members of statutory or non-statutory cCommittees and tTask fForces, staff	
Date approved:	June 2002	
Date revised:	October 2008, September 2010, March 2014	

Policy

In order to ensure that they remain relevant in a changing practice and legal environment, all of the College's existing policies, by-laws and official documents ([see definition below](#))* are reviewed periodically.

Procedure

1. While governance policies, by-laws and official documents are in effect, they will be monitored by staff and Council to assess whether any emerging issues suggest a requirement for an expedited review and/or require flagging at the time of the regularly scheduled review.
2. Unless a need to review them is identified sooner:
 - a. College governance policies and by-laws will be reviewed every year; and
 - b. official documents will be reviewed at least every three years.
3. If, as a result of the reviews of College governance policies, by-laws or official documents, changes are proposed, these will be considered by Council using the policy 6.3 - Approval of Official Documents.
4. When changes in current circumstances or the current practice, regulatory and legal environment suggest the need, existing governance policies, by-laws or official documents will undergo immediate review regardless of when a prior review took place.
5. *Official documents include:
 - a. Regulations;
 - b. Standards; and
 - c. Position statements.
6. Documents that are not official documents for these purposes include:
 - a. reports, proposals and presentations;
 - b. brochures and similar informational materials;
 - c. guides to official documents;
 - d. information bulletins;



- e. forms; and
- f. general web site content.



Summary of changes:

- The Working Group recommended changing this policy to capture the intent that any College communications that refer to an official position should be consistent with that position.

Section:	Policy	Policy #6.35.2
Title:	Approval of Official Documents Positions	
Applicable to:	Council members, members of statutory or non-statutory Ccommittees and Ttask-Forces, staff	
Date approved:	June 2002	
Date revised:	October 2008, September 2010, March 2014	

Policy

The Council will approve official positions of the College by a formal motion and vote. Any College communication that references an official position must be consistent with that position.

~~All governance policies, by-laws and official documents* of the College must be approved by Council prior to their use or distribution.~~

Procedure

- ~~1. Any proposed official documents, governance policies or by-laws developed according to the governance policy 6.2 – College Policy Review Schedule will be reviewed and approved by Council prior to being used or distributed.~~
- ~~2. Following Council approval, all official documents, governance policies and by-laws of the College will be labeled with information to help users assess whether the information they are using is the most current version. As a minimum this information will include:
 - ~~a. document name;~~
 - ~~b. approval date;~~
 - ~~c. an indication that the information may be time limited; and~~
 - ~~d. list of documents that are obsolete by virtue of the new document.~~~~
- ~~3. Other information such as the following should also be provided if it is available:
 - ~~a. reference number;~~
 - ~~b. active date;~~
 - ~~c. publication date; or~~
 - ~~d. scheduled date of next review (if there is one).~~~~
- ~~4. * Official documents include:~~



- ~~a.—Regulations;~~
- ~~b.—Standards; and~~
- ~~c.—Positions statements.~~
- ~~5.—Documents that are not official documents for these purposes include:~~
 - ~~a.—reports, proposals and presentations;~~
 - ~~b.—brochures and similar informational materials;~~
 - ~~c.—guides to official documents;~~
 - ~~d.—information bulletins;~~
 - ~~e.—forms; and~~
 - ~~f.—general web site content.~~



Summary of changes:

- The Working Group recommended rescinding this policy.

Section:	Policy	Policy #6.4
Title:	Partnerships in Advancing Public Policy	
Applicable to:	Council	
Date approved:	March 2012	
Date revised:		

Policy

In keeping with its mandate and, specifically, its vision — *Innovative Regulatory Leadership Promoting a Healthier Ontario*, the College of Physiotherapists of Ontario actively seeks opportunities to influence and advance public policy. Such opportunities are grounded in principled leadership focussed on:

1. — public protection;
1. — the government health system agenda, and
2. — population health.

All proposed policy partnerships must be consistent with the College's mission, vision and the current strategic objectives set by Council. Such opportunities may be formal or informal but all must facilitate outcomes that further the public interest.

Procedure

1. — When pursuing or assessing an opportunity to engage in public policy activity, the College will specifically consider whether or not the opportunity is consistent with this policy, and is based on the sharing of information and data that contributes to influencing a quality health care and safety agenda.
1. — Prior to engaging in any public policy partnership, the College will establish appropriate parameters for the opportunity that clearly define mutual obligations and objectives.
2. — The College's partnerships in advancing public policy will be based on:
 - a. — mutual trust and respect;
 - b. — mutual credibility and competence;
 - c. — regular, consistent and clear communication;
 - d. — development of a shared vision to be achieved by the relationship; and
 - e. — transparency.
3. — The College will not pursue or enter into public policy partnerships where:



- a. ~~The College determines that the relationship may result in an actual or perceived conflict of interest or bias; or~~
- b. ~~The College's activities have the potential to be interpreted by a reasonable observer as being in conflict with the College's mandate and/or its mission and vision.~~
- 4. ~~The College will not involve itself in public policy partnerships that require reciprocal actions. It is inappropriate for the College to agree to provide data or other resources in turn for particular attention or outcomes.~~
- 5. ~~In any public policy partnership, the College will retain the ability to dissolve it without a notice period.~~



Summary of changes:

- Specify that elected officers take office at the annual general meeting.
- The Working Group recommended adding the provision described in Procedure #2 to the relevant section of the bylaw regarding the election of the President, Vice President and members of the Executive Committee.

Section:	Policy	Policy #6.4.15.3
Title:	Elected Officers	
Applicable to:	Council	
Date approved:	February 2013	

Policy

In keeping with its duty defined in the ~~By-by~~ laws to elect officers, the Council shall annually elect a President, Vice-President and members of its Executive Committee at the last meeting of Council prior to an election of Council members. The officers elected at this meeting shall take office at the first meeting of Council following an election of Council members.

Procedure

1. The election shall be carried out in a manner consistent with the College's ~~By-by~~ laws.
2. If an officer who is elected fails to be re-elected or appointed to Council and is therefore unable to serve as an officer of the College, ~~his or her~~their position will be declared vacant and be filled at the first successive meeting of the Council in a manner consistent with the College ~~By-by~~ laws.



Summary of changes:

- Specify that Council will make decisions about the College's intellectual property and related uses.
- Remove references to the College's Policy on Relationships with External Organizations which has been rescinded.

Section:	Stakeholders	Policy #7.26.1
Title:	Intellectual Property and Related Uses	
Applicable to:	Council members, staff, contractors, College partners	
Date approved:	February 2004	
Date revised:	December 2008, March 2011	

Policy

The development of intellectual property is an inherent product of College work- related activity. Without limiting the generality of the preceding, intellectual property may be produced through policy analysis, research, or program evaluation. The College retains its rights to this intellectual property to ensure appropriate use, dissemination and attribution unless otherwise agreed to ~~by Council through a partnership agreement approved under the College's Policy on Relationships with External Organizations.~~

Procedure

1. Ownership
 - a. Any intellectual property arising from research or work activity funded, sponsored or commissioned by the College, in whole or in part, is owned by the College (unless ~~otherwise agreed to by Council~~ the provisions of an agreement approved under the ~~College's Policy on Relationships with External Organizations specify otherwise~~).
 - b. Where such intellectual property is of commercial value, the associated proceeds (including without limitation financial proceeds, the right to publish, or intangibles such as academic recognition) ~~may~~ ~~shall~~ be shared ~~as agreed to by Council with 3rd parties.~~ ~~where expressly provided for in an agreement based on the College's Policy on Relationships with External Organizations.~~ The sharing of proceeds associated with College intellectual property does not apply to College employees, agents or contractors.
 - c. The copyright for any materials resulting from any research or work activity that is funded, sponsored or commissioned by the College in whole or in part belongs to the College and is not attributable to any other individual or person, unless ~~otherwise agreed to by Council~~ the provisions of an agreement based on the ~~College's Policy on Relationships with External Organizations specify otherwise~~.



2. Publication/Dissemination

- a. Unless the prior written approval by the Registrar has been obtained, a researcher contracted by the College may not publish the results of College research or evaluation.
- b. Research or evaluation outcomes may only be published as approved by Council under the terms of an agreement based on the College's Policy on Relationships with External Organizations.
- c. When considering requests to publish, the Registrar will consider whether:
 - i. the proposed publication tool or vehicle is in keeping with the College's mandate, mission and vision and strategic initiatives;
 - ii. the publication would undermine the College's regulatory function;
 - iii. the publication would infringe on existing commercial, property or moral rights of which the College is aware;
 - iv. confidential data is included in the publication;
 - v. personal information is included in the publication; or
 - vi. there is a need to adhere to an agreement specifying a delayed publication date.

3. Authorship

- a. Any material published by the College that is intended to portray the College's position or advice on particular issues, or to inform registrants or other persons of the College's activities will be published without an attributed author (unless the Registrar determines otherwise).
- b. Any material published by the College intended to serve as a report of research that was conducted or supported in whole or part by the College may be published with one or more authors being designated. Designated author(s) will be determined by the Registrar Council or identified pursuant to the provisions of an agreement established under the College's Policy on Relationships with External Organizations.
- c. Any material published by the College, regardless of authorship decision, will acknowledge the specific College committee at which the primary content development occurred (as the Registrar Council determines appropriate); if the Registrar Council determines that it is inappropriate to acknowledge a specific College committee, then the College's Council will be acknowledged (unless the Registrar Council determines that such acknowledgement is inappropriate).



Summary of changes:

- The Working Group recommended adding a statement that clarifies the purpose of strategic planning.
- Staff suggest moving this policy from the “Finance” section to the “General” section as this policy is not about finance.

Section:

FinanceGeneral

Policy #5.87.1

Title:

Strategic Planning Cycle

Date approved:

December 2009

Date revised:

December 2011, February 2013

Policy

The purpose of strategic planning is to guide the College to achieve its statutory mandate now and in the future, grounded in the concept of quality assurance. The Council is deliberate in its use of strategic discussion and direction setting to enhance its mandated objectives. It utilizes a vision statement within a framework to set tactics which further its goals of safe, quality physiotherapy care in the public interest. Council regularly evaluates its progress within its most current plan and determines opportunity to revisit its framework not less than every three years.

Procedure

1. Council has established key elements for its strategic framework which may include, but are not limited to:
 - a. a vision statement;
 - b. a set of assumptions about its future;
 - c. a series of objectives and high level tactics; and
 - d. critical success factors and key indicators of success.
2. Progress against the Strategic Plan is measured and reported to Council at every Council meeting.
3. Planning for the development of a new framework is started by the President and the Registrar.



Summary of changes:

- The Working Group recommended rescinding this policy and incorporating the content into Policy 8.10: Council Education.

Section:	General	Policy #8.1
Title:	Orientation Program	
Applicable to:	Council and non-Council members of statutory Committees	
Date approved:	June 2002	
Date revised:	November 2006, June 2007, December 2009, December 2011, February 2013	

Policy

Timely orientation to the College mandate, governance framework, the prevention of sexual abuse and organization culture is critical to facilitate the effective involvement of all members. The provision of relevant information on individual roles and responsibilities, the current strategic plan and issues of focus is also a necessity. All members are required to participate in annual orientation programming prior to attending any meeting of a committee to which they have been appointed. Current Councillors and staff act as mentors in supporting new member integration and understanding.

Procedure

1. Orientation of Councillors and committee members will continue as needed and in keeping with the Governance Policy on Council Education, the requirements of Councillors and committee members and direction from the President and the Executive Committee.



Summary of changes:

- Remove the term limit for Executive Committee.
- A President can reach out to a past President for information and advice, the past President does not need to be a member of Council or Executive Committee for that to happen. The option to reach out to a past President should be articulated in the policy about the Role of the President.
- The Working Group felt that most relevant factor when considering a candidate for Vice President and President is their performance on Council, and that the other factors are not really needed.

Section:	General
Title:	Succession Planning
Applicable to:	Executive Committee members
Date approved:	February 2013, March 2014

Policy #~~8.1.17.2~~

Policy

The College will establish and maintain a transparent process of succession planning for key roles on the Council's Executive Committee to promote the Council's capacity to achieve and maintain optimal performance in its role.

Procedure

1. Term limits for the President and the Vice President shall be no more than two terms for each position ~~and not more than five terms on the Executive Committee overall~~, during any period of consecutive service on Council¹².
2. In order to ensure that successive Presidents of the College have an opportunity to learn the key skills required to perform effectively in this role, it is desirable that Vice Presidents, subject to the Council election process, succeed into the role of the President following the completion of the President's term.
- ~~3. In circumstances where the President has completed one term, and through personal choice or the election process, has not been elected to serve a second term, it is desirable that the most recent past President be elected to the Executive Committee to serve as an advisor to the current resident.~~
- ~~4.3.~~ When considering candidates for the positions of Vice President and President, it is desirable that the Council consider factors including their previous performance as members of Council.:
 - ~~a. Their previous performance as members of council and committees;~~

¹² The establishment of term limits is intended to enable Presidents and Vice Presidents to be able to rotate into and out of these roles while still being eligible to serve as members of Council and to enable them to transfer knowledge and skills to their successors.



- ~~b.—Whether they have a sufficient period of eligibility to serve on Council remaining in order to permit them to fulfill a maximum commitment of two years as a Vice-President and two years as a President; and~~
- ~~c.—Any eligibility criteria for the appointment as members of statutory/non statutory committees that Council has developed.~~



The Working Group did not recommend any changes to this policy.

Section:	General	Policy #<u>8.27.3</u>
Title:	Public Member Representation on College Committees	
Applicable to:	Statutory and Non-Statutory College Committees	
Date approved:	June 2002	
Date confirmed:	December 2008, September 2010	

Policy

It is a core value of the College of Physiotherapists of Ontario that the input of the public, as represented by the publicly-appointed members of Council, should be a part of all decision-making processes.

In order to ensure that this core value is upheld, aAll of the College's statutory and non-statutory committees must include at least one member of Council who has been appointed by the Lieutenant Governor (a publicly-appointed member of Council) in their composition.

This requirement must be met regardless of any other rules in the statute, regulation or by-laws prescribing the composition of committees.

Procedure

1. When the Executive Committee prepares its annual proposed membership of nominees for positions on the College's statutory and non-statutory committees, the Executive Committee must ensure that the proposed membership of each committee includes at least one publicly-appointed member of Council.
2. When Council approves the annual membership of the College's statutory and non-statutory committees, each approved committee membership must include at least one publicly-appointed member of Council.
3. If the publicly-appointed member of a College statutory or non-statutory committee must be replaced prior to the annual approval of College committee membership, the revised committee composition must still include at least one publicly-appointed member.
4. Regardless of other considerations, the membership of College statutory or non-statutory committees must still meet all other requirements for committee composition prescribed in the statute, regulation or by-laws.



Summary of changes:

- This policy should only apply to statutory committees.
- Retain the requirement to ensure availability of public members when scheduling meetings, while allowing flexibility for meetings to be held if public members are not available due to exceptional circumstances.
- It is already true that statutory requirements would supersede governance policies, so it does not need to be stated.
- Remove duplication between the Policy and Procedure sections.

Section:	General	Policy #8.37.4
Title:	Public Member Attendance at Committee Meetings	
Applicable to:	Statutory and Non-Statutory Committees	
Date approved:	June 2002	
Date confirmed:	December 2008, September, 2010	

Legislative references:

1. Health Professions Procedural Code: 17, 25, 38, 64

~~1-2.~~ By-laws: 7.1

Policy

It is a core value of the College of Physiotherapists of Ontario that the input of the public, as represented by the publicly appointed members of Council, should be a part of ~~all~~ decision-making processes.

In order to uphold this core value, meetings of statutory ~~or non-statutory~~ committees, or panels of such committees, must not be ~~held/scheduled, except in exceptional circumstances,~~ unless at least one of the committee member(s) appointed by the Lieutenant Governor (a publicly-appointed member(s) of Council) is/are available to attend the meeting. Meetings of statutory committees, or panels of such committees, should not be held, other than in exceptional circumstances, unless at least one of the committee member(s) appointed by the Lieutenant Governor (a publicly-appointed member(s) of Council) is/are available to attend the meeting.

~~This requirement must be met regardless of any other rules in statute, regulation or by-law prescribing the quorum for committees or panels of committees.~~

Procedure

~~1. When meetings of statutory or non-statutory committees are being arranged, the meeting must be set for a date and time that will permit at least one publicly appointed member of Council to attend the proposed meeting.~~



1. If at least one publicly-appointed member is not able to attend the meeting of a statutory ~~or non-statutory~~ committee, the meeting should be postponed until such time as the publicly-appointed member is able to attend. In exceptional circumstances, a meeting may proceed when the planned attendance of the publicly-appointed member is interrupted by unforeseen immediate personal circumstances. In that case, decisions on registrants that are statutory in nature cannot be discussed without the presence of a publicly-appointed member.
2. ~~Regardless of other considerations, any meeting of a statutory or non-statutory committee, or a panel of such a committee, must still meet all other requirements for committee composition and quorum prescribed in statute, regulation or by-law.~~



Summary of changes:

- Only Council should confirm appointments.
- The Executive Committee does typically recommend committee chairs.
- Physiotherapists, rather than non-physiotherapists, with specific expertise may be solicited to participate on a Committee, Task Force or Advisory Group.
- The reference to the by-law is redundant.

Section:

General

Policy #**8.47.5**

Title:

Selection of Individuals to Committees, Task Forces and Advisory Groups

Applicable to:

Council, Committees, Task Forces and Advisory Groups

Date approved:

June 2002

Date revised:

**June 2006, March 2007, March 2010, February 2013,
March 2014**

By-law reference

1. **By-law: 7.5**

Policy

The College will establish and maintain a transparent process for the appointment of individuals to serve on cCommittees, tTask fForces or aAdvisory gGroups of Council. Selection will be based on criteria developed to meet the terms of reference and needs of a specific initiative or purpose as established by Council including the ongoing development of Councillor competencies. Appointments will be confirmed by Council ~~or its delegate~~.

Procedure

1. The Executive Committee, after considering expressions of interest, will recommend individuals to serve on statutory and non-statutory committees at the College's Annual General Meeting, and from time to time as required.
2. The Executive Committee will include in its recommendations, the identification of suggested committee chairs, ~~if it so desires~~.
3. The Executive Committee will base its recommendations on selection criteria including:
 - a. Availability;
 - b. Eligibility;
 - c. Experience;
 - d. Interest;
 - e. Previous performance;



- f. Development of Councillor competencies;
 - g. Avoidance of foreseeable conflicts of interest; and
 - h. Recommendations from Committee Chairs
4. Individual ~~non~~-physiotherapists with specific expertise may be solicited to participate on a ~~c~~Committee, ~~t~~Task ~~f~~Force or ~~a~~Advisory ~~g~~Group dependent on the Council-determined terms of reference.
 5. All ~~c~~Committee, ~~t~~Task ~~f~~Force or ~~a~~Advisory ~~g~~Group appointments will be for one year or the set term of the Task Force or Advisory Group, unless specific circumstances require a different term length.
 - ~~6.—Committee appointments are renewable as per By-law 34, Appointment of Non-Council Members to Statutory Committees of the College.~~



Summary of changes:

The Working Group is proposing a complete revision to the performance review process for the Registrar.

The process will be coordinated by the President and involve the Executive Committee

Section:	General	Policy #8-57.6
Title:	Performance Review Process for Registrar	
Date approved:	December 2003	
Date revised:	June 2006, March 2007, June 2009, March 2012, February 2013, March 2015	

Policy

~~The evaluation of the Registrar's performance will be conducted~~ The evaluation of the Registrar's performance will be coordinated by the President and involve the Executive Committee. The final review of the Registrar's performance will be made by the Council, *in camera*.

~~The Registrar's performance will be evaluated during the probationary period, and thereafter annually. Performance will be measured against pre-identified role and leadership competencies and outcomes in relation to annual performance objectives. The evaluation will be conducted by the Executive Committee, which will make recommendations for an annual performance assessment to Council. The final assessment of the Registrar's performance will be made by Council *in camera*. The Registrar's performance assessment and the associated compensation decisions are conducted in alignment with the College's overall staff performance management and compensation system.~~

Procedure

1. The President will coordinate~~conduct~~ the Registrar's annual performance review, based on:
 - a. goals set annually by Council, including direction on priorities, and
 - b. operational performance indicators, including timelines.
2. The President will meet semi-annually with the Registrar to determine and help facilitate the requirements to help the Registrar accomplish such goals.
3. The annual review cycle is to be initiated no later than October.
4. The performance review will gather and assemble multi-source feedback about the Registrar's performance from:
 - a. all Councillors
 - b. senior staff



- c. relevant external contacts, identified by both the Registrar and the President.
 5. The Registrar will provide the President with contact information for staff and external contacts to facilitate the review. The President may identify additional external contacts from whom to obtain input.
 6. The President will write a draft report, tabulating all comments from the above sources, as well as the President's own experiences with the Registrar. The report is to provide feedback, to assist the Registrar toward optimal performance.
 7. The Registrar will then be given the draft to review and provide commentary.
 8. The President will then present the draft report with the Registrar's comments to the Executive Committee for consideration.
 9. The Executive Committee will make a recommendation regarding the draft report to Council.
 10. The President will present the final draft report to Council *in camera*. Council will make any changes it sees fit, and approve the final performance review.
 11. The President will report Council's performance review to the Registrar.
- ~~1. The Executive Committee will conduct the Registrar's annual performance review.~~
 - ~~2. The performance review will have two functions:
 - ~~a. to gather and assemble feedback about the Registrar's performance against set role and leadership competencies and annual performance objectives; and~~
 - ~~b. to provide a recommendation to Council as to the Registrar's annual performance assessment.~~~~
 - ~~3. The annual review cycle is to be initiated no later than the end of February.~~
 - ~~4. The Executive Committee, in consultation with the H.R. Generalist or an appropriate alternative expert will determine the appropriate mechanism by which to gather information to conduct the review.~~
 - ~~5. The Registrar will complete a written self-assessment in relation to the competencies and annual objectives.~~
 - ~~6. The Registrar will provide the President with contact information for staff and external stakeholders in order to facilitate the gathering of information. The President may identify additional stakeholders from who to obtain input.~~
 - ~~7. The President, on behalf of the Executive Committee, obtains performance feedback from Council members, external stakeholders and senior staff as appropriate. The President collates~~



this feedback together with objective information related to achievement of performance objectives (if available), and the Registrar's self-assessment.

8. The President will present the gathered information to the Executive Committee which will assess the Registrar's performance and develop a recommendation to Council.
9. The assessment of the Registrar's performance will lead to recommendations for salary adjustment based on the performance management and compensation system that applies to all College staff.¹³
10. The President will ensure a timely completion of the review and will meet with the Registrar and another member of the Executive Committee no later than three weeks prior to Council meeting to review performance over the past year and establish annual objectives for the coming year.
11. Council will consider Executive Committee's recommended performance assessment in camera. The President will report Council's decision to the Registrar.
12. Where the Registrar disagrees with the performance review process or the outcome, the Registrar may appeal in writing to Council for consideration. Council will set a new review panel to consider the collected performance feedback and other evidence related to the Registrar's performance and will determine whether any variation from Council's decision is warranted. The decision of the review panel will be provided to the Registrar in writing and will be considered final.
13. Copies of the Registrar's performance review and new annual compensation package if any will be provided to the Registrar by the President and to the HR Generalist, for payroll, retention and future reference.

¹³ The salary scale that the College has adopted is set by an annual market review. Market in this respect considers comparable work within a comparable work setting. Pay at market value involves comparing jobs of similar responsibility and authority in other comparable organizations, considering environmental trends in job retention and hire for certain skills, and changes in cost of living indexes. Our external target market at the College includes the regulatory community, the broader not for profit sector, the public sector and some for profit components. This review will include a formal review process not less than every 2 years.



Summary of changes:

- Remove references to risk management from this policy.
- The President should be included in the Emergency Response Team, which makes Procedure #6 redundant.
- The President should be the one reporting to Council on managing emergencies.

Section:	General	Policy #8.67.7
Title:	Emergency Management Plan	
Applicable to:	Council, Committees, Staff and Agents	
Date approved:	March 2011 (replaces previous 4.24 Pandemic Influenza, September 2009)	
Date revised:		

Policy

The College of Physiotherapists of Ontario maintains an overarching Emergency Management Plan to ensure a consistent approach to all emergencies, in particular ensuring the safety of all Councillors, committee members, staff and agents of the College. The Plan also consists of specific subsets related to ~~f~~Fire and ~~Pandemic p~~Public hHealth ~~c~~Crises ~~Influenza~~ given their unique features and urgent risks. All parties to whom the Emergency Management Plan applies will receive an annual orientation to its contents.

~~While the Emergency Management Plan does apply to particular risk areas of the College, it is not a substitute for nor does it apply to all areas of the College's approach to risk management as detailed in governance policy 5.6.~~

The Emergency Management Plan addresses events that can be classified as emergencies ~~(refer to policy 5.6—Risk Management)~~. These include but are not limited to:

1. Access to the building because of fire, flooding, etc.;
2. Technological incidents including electronic data processing and telecommunications disruptions;
3. Staffing disruption due to illness, weather; and
- ~~4.—Public health crisis that may be of a small or large magnitude (such as public health crises andemics).~~

~~5.4.~~ Procedure

1. The Emergency Management Plan is developed in keeping with best practices, incorporating a consistent cycle of mitigation and response (see Appendix A)

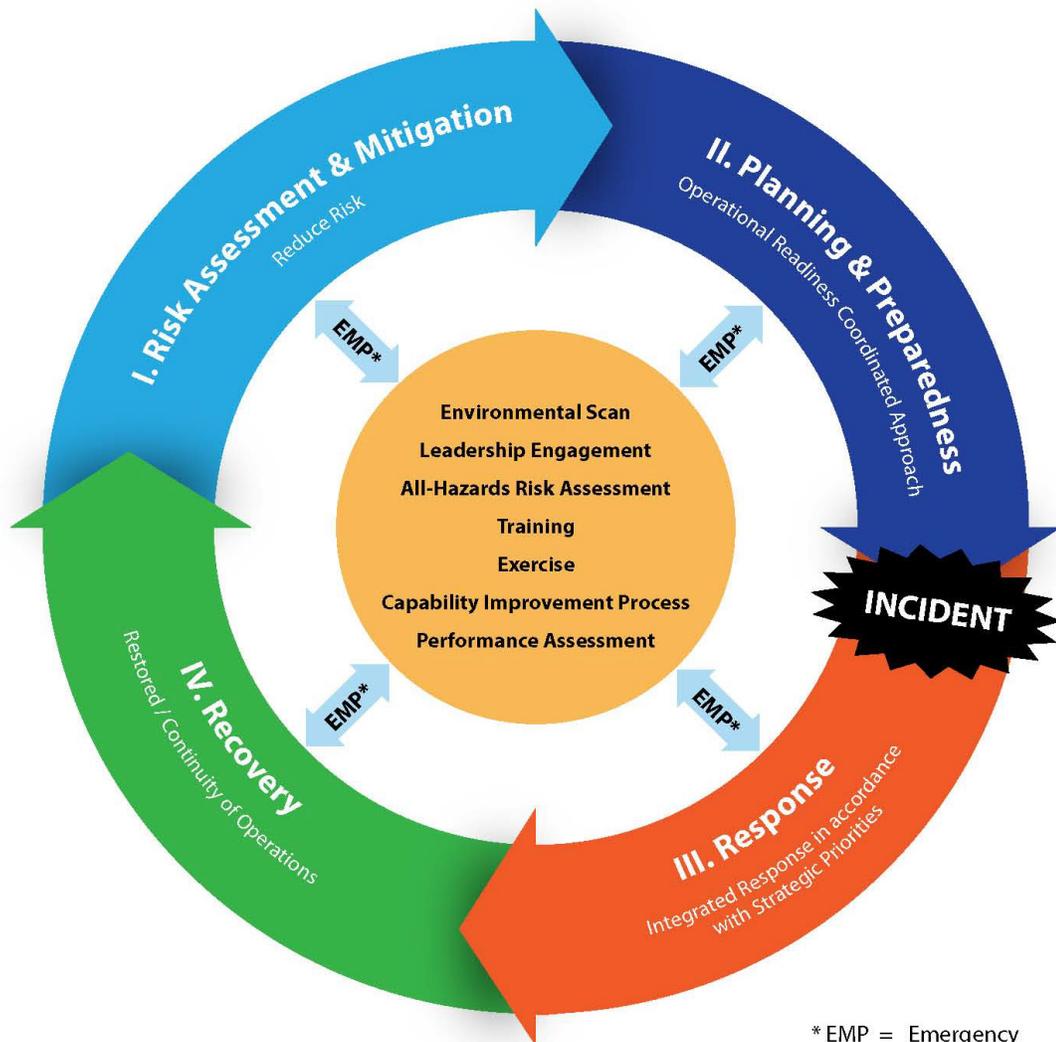


2. The Emergency Management Plan establishes an Emergency Response Team consisting of the President, the Registrar, ~~the Director – Corporate Services, and the Director of Communications~~ and the Registrar's designates.
3. The Emergency Management Plan has three components:
 - a. An overarching structure which applies in all circumstances;
 - b. A specific set of additional elements relevant to fire safety; and
 - c. A specific set of additional elements relevant to ~~influenza a pandemic~~ public health crisis.
4. The Emergency Management Plan is reviewed bi-annually by the Registrar and Director, Corporate Services, to ensure it is current and relevant.
5. All new staff, Councillors, Committee members and agents will receive an orientation to the Emergency Management Plan and its components on an annual basis, including training drills where relevant.
- ~~6. The President is informed by the Registrar in all circumstances when the Emergency Management Plan is enacted. The President is included in the response phase when appropriate.~~
- ~~7.6.~~ The ~~Registrar~~ President will report to Council any events resulting in the initiation of the Emergency Management Plan through periodic reports on risk assessment.



APPENDIX A

Emergency Management Continuum



* EMP = Emergency Management Plan



Summary of changes:

- Clarify what can and cannot be included in a candidate's statement.
- The Working Group asked the Registrar to consider whether the College can implement a mechanism to ask registrants for consent to disclose their email addresses for the purpose of election campaigning.
- Define a process for reviewing candidates' statements to ensure adherence to this policy.

Section:	General	Policy #8-77.8
Title:	Election Campaign	
Applicable to:	Council members and election nominees	
Date approved:	February 2004	
Date revised:	March 2009, March 2011, February 2013	

Policy

A fair and democratic election process for selecting physiotherapist Councillors to Council is important to the profession as one element in ensuring a strong governance structure. Elected individuals provide the profession's perspective to a self-regulatory, public interest model. Registrants eligible to vote require adequate, reliable and consistent information about each electoral candidate to assist them in exercising an informed vote. The College facilitates this process through the distribution of candidate materials in its voting package. In addition, to promote registrant engagement, the College provides a means for nominees to provide campaign materials to voters in the relevant district, separate and apart from the College processes.

Procedure

1. Individual physiotherapists, who are nominated and are eligible for election as per [section By-law 3.1 of the By-laws](#), will provide the College with their biographical information and a statement, using language provided by the College, confirming their understanding of their obligation to act in the public interest if elected to Council.
2. Candidates may also provide a candidate statement to be included with the other election materials.
3. A candidate's statement cannot exceed [300-500](#) words.
4. ~~A candidate's statement will speak to the candidate's skills and experience in relation to the College mandate, and may include their personal interests in running for Council.~~ Candidates [may must](#) frame [his/her/their](#) remarks in relation to self-regulation and the public interest. A candidate who is a current Committee member or agent of the College (e.g. assessor) must not comment on College business that is not in the public domain. [A candidate must not make disparaging remarks about the College. A candidate's statement must not include a photograph.](#)



5. The Registrar will review candidates' statements to ensure adherence to this policy. If a candidate's statement does not adhere this policy, the Registrar will request that the candidate revise their statement. If the candidate is unwilling to revise their statement to adhere to this policy, then the matter will be brought to the Executive Committee, who may make a recommendation to Council. Only Council can decide whether to disqualify a candidate from running in the election.

~~5-6.~~ The College will circulate the materials provided by candidates to all eligible voters in the respective candidates' districts.

~~6-7.~~ A candidate may choose to campaign within ~~his/hert~~their district. To facilitate this process, all candidates will be provided with a means to contact the eligible voters in their district that is in keeping with the College's statutory confidentiality obligations.

~~7-8.~~ Campaign materials are not reviewed or endorsed by the College.

~~8-9.~~ Candidates will make every effort to ensure that the views portrayed are verifiable, true and consistent with their stated understanding of their obligation to act in the public interest if elected to the Council of the College.

~~9-10.~~ _____ Information contained in this policy will be disclosed to all candidates at the time of nomination confirmation.



Summary of changes:

- The Working Group recommended rescinding this policy as the College has not had an awards program for some time.

Section:	General	Policy #8.9
Title:	External Awards Program	
Applicable to:	Registrants	
Date approved:	March 2007	
Date revised:	October 2008, December 2010, June 2012, March 2014	

Policy

The Council of the College of Physiotherapists of Ontario believes in the importance of recognizing the contribution of physiotherapists to quality practice in the public interest. As such, it supports an awards program focused on “Celebrating Quality Care”. Two awards have been established:

1. One promoting research by Physiotherapists working in clinical roles that contributes to safe quality physiotherapy care — ~~the Award for Clinical Research Advancing Quality Care;~~ and
1. One recognizing significant contribution to quality and standards within the profession and the broader community — ~~the Award of Distinction.~~

Awards recipients are determined annually¹⁴ by Council and recognized at the Council’s annual event. Individuals who are members of Council at the time of application are ineligible for these awards (previous Councillors may be eligible).

Procedure

1. Selection Process
 - a. The awards are announced annually in the fall through a variety of mediums.
 - b. Applications/submissions for each award are received until January 31.
 - c. All applications/submissions are provided to the Executive Committee for consideration and review.
 - d. Pre-set criteria for scoring are utilized to determine individual rankings for each award. These criteria are reviewed not less than every three years to ensure their relevance in relation to award goals.
 - e. Individual rankings are determined by consensus by the Executive Committee.

¹⁴ Please note that at the December 2013 Council Meeting, Council put the External Awards Program on hold till the completion of the 2013-2016 Strategic Planning Cycle, at which point the need for the program will be revisited.



- f.—Award submissions receiving the highest consensus score are recommended to Council for final decision as to the successful award recipients.
 - g.—When more than one application is considered eligible, the Executive Committee may recommend up to two recipients to Council.
 - h.—When no applications are considered eligible, no recommendation will be made.
 - i.—In making its determination, Council will review the recommendation(s) put before it by Executive Committee.
 - j.—The decision of Council will be final.
- 2.—Process for Notification of Award
- a.—Successful applicants/submissions will be notified both by phone and in writing by the President.
 - b.—Unsuccessful applicants/submission will be notified in writing once the successful individuals are informed. The President will be the signatory.
 - c.—Staff will invite recipients to attend the Council's annual event at which recipients are recognized.
- 3.—Recognition
- a.—The successful applicant of the Award for Clinical Research Advancing Quality Care will receive a \$5,000 monetary contribution. Promotion of the research outcome will be encouraged on the College website in collaboration with the award recipient.
 - b.—The successful nominee of the Award of Distinction will receive a distinct recognition statue.
 - c.—Recipients will be identified on the honors wall situated in the Council chamber.
 - d.—Recipients will be recognized publicly through College communications.
 - e.—Recipients will be invited to attend the Council's event and their expenses will be covered according to the relevant College policy.



Summary of changes:

- The Working Group recommended rescinding Policy 8.1: Council Orientation and incorporating the content into this policy.
- Governance is included in Councillor orientation, and therefore Procedure #3 is redundant.
- Procedure #4 should not be included in this policy as it refers to training that is specific to certain Committees.
- Changes to align with current practice.
- For public members, the College should cover registration fees, but per diems and expenses should be paid by the government.

Section:	General	Policy
Title:	Council Education/<u>Orientation</u>	#8.107.910
Applicable to:	All Councillors and Committee members	
Date approved:	March 2009	
Date revised:	March 2011, March 2013	

Policy

~~The Council of the College believes that to achieve governance excellence, informed and educated members are essential. All Councillors and Committee members are required to participate in annual orientation programming, including the College’s mandate, their role and responsibilities, and sexual abuse prevention training, prior to attending any meeting of a committee to which they have been appointed. In the case of Council members, they must complete the orientation programming prior to standing for election. The Current Councillors and staff act as mentors in supporting new member integration and understanding.~~

~~The College is committed to equipping Councillors and committee members with the requisite skills and knowledge, and it invests annually in specific education initiatives. Such investment focuses on developing cohesion on the principles of good governance. Additional sessions on differing topics including the awareness of the importance of sexual abuse prevention are provided internally as well as through programs external to the College. While the funding system for education is different for public appointees, every effort is made to ensure Councillor exposure to a broad base of information.~~

Procedures

- ~~1. Orientation of Councillors and committee members will continue as needed and in keeping with this pPolicy, the requirements of Councillors and committee membersthe By-laws and direction from the President and the Executive Committee.~~
- ~~1.2. The Executive Committee is charged annually with the task of identifying the education needs of Council and its committees.~~



- ~~2.3.~~ The Executive Committee sets an annual education strategy based on identified needs, in collaboration with the Registrar. Proposed Council education is budgeted and approved by Council annually in March.
- ~~3.~~ ~~Every year, the Executive Committee ensures a Council session on good governance is held with new and current Councillors.~~
- ~~4.~~ ~~The College may take advantage of education sessions offered by the Federation of Health Regulatory Colleges of Ontario and the Ontario Regulators for Access. The aim is to ensure that all Councillors receive exposure to these sessions within the first year on Council or committee.~~
- ~~5.4.~~ Education opportunities external to the College, ~~and not referenced in 4.0,~~ are considered on an individual basis by the Executive Committee. All requests must be directly relevant to the College mandate and the competency development needs of the requestor. ~~When reviewing requests, Executive Committee members will apply an objective rating scale and submit it to the President and Registrar for tallying.~~
5. Registration fees ~~expenses~~ for such events are covered by the College, for both professional and public members. Per diems and expenses for professional members are also covered by the College. Public members' per diems and expenses are paid by the Ministry and require pre-approval by the Ministry prior to attendance at any external education session. Pre-approval is coordinated by the Registrar and ~~Director of Corporate Services~~ Governance Analyst.
6. All Councillors and Non-Council Committee Members must participate in sexual abuse prevention training.



Summary of changes:

- Clarify the accountability relationship between the Registrar and Council.
- Define an additional process if a matter of concern cannot be resolved with the involvement of the President and the Registrar.

Section:	General	Policy
Title:	Council – Staff Relations	#8.117.101
Date approved:	December 2009	
Date revised:	February 2013, March 2014	

Policy

The College, its Council and its staff, fosters a culture of clear, open, honest, and transparent communication focused on mandate, the collective vision, and organizational values. Communication channels acknowledge and respect the difference between governance and operations. All communications, whether verbal or written (including electronic) aim to positively further the work of the College, effectively and efficiently.

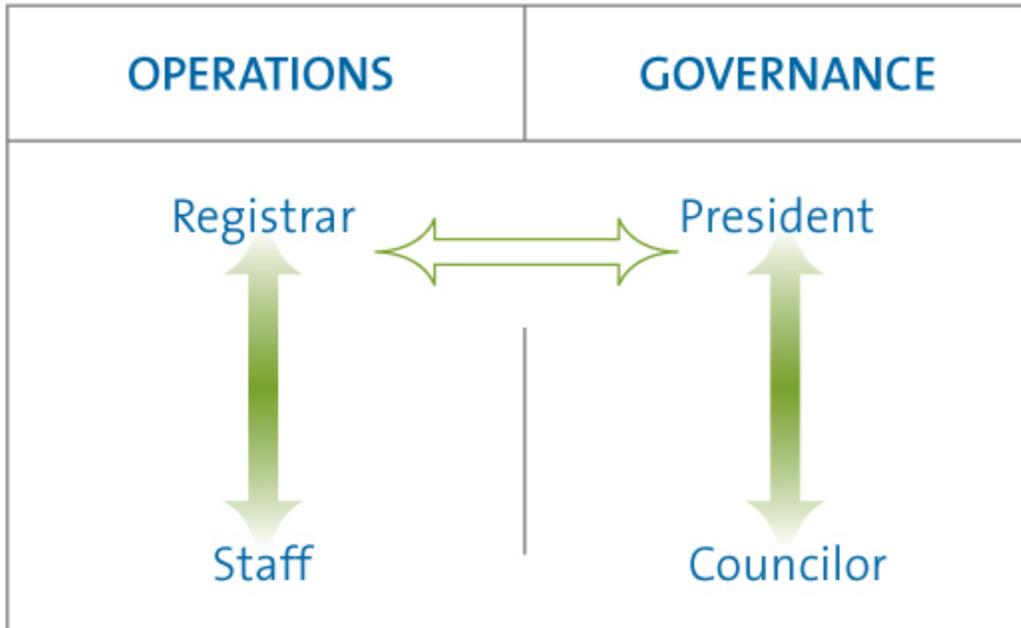
Procedure

1. ~~The Council has one staff person, the Registrar~~The Registrar is accountable to Council.
2. Council matters related to the staff and Council relationship are managed at the level of the President and the Registrar.
3. Committee matters related to the relationship between staff and committee members are first managed at the level of the senior staff and the Committee Chair. Should any matter not be resolved, either the Registrar via the staff person or the President via the Committee Chair can be consulted to assist with the resolution of the issue.
4. Where any matter either at a Council or a ~~Committee~~committee level remains an ongoing concern, the President and the Registrar will convene a meeting of relevant parties to seek a satisfactory resolution. If the matter cannot be resolved, it should be brought to the Executive Committee for consideration. The Executive Committee will make a decision, which will be final, except for matters related to the Code of Conduct, which will be brought to Council for consideration.

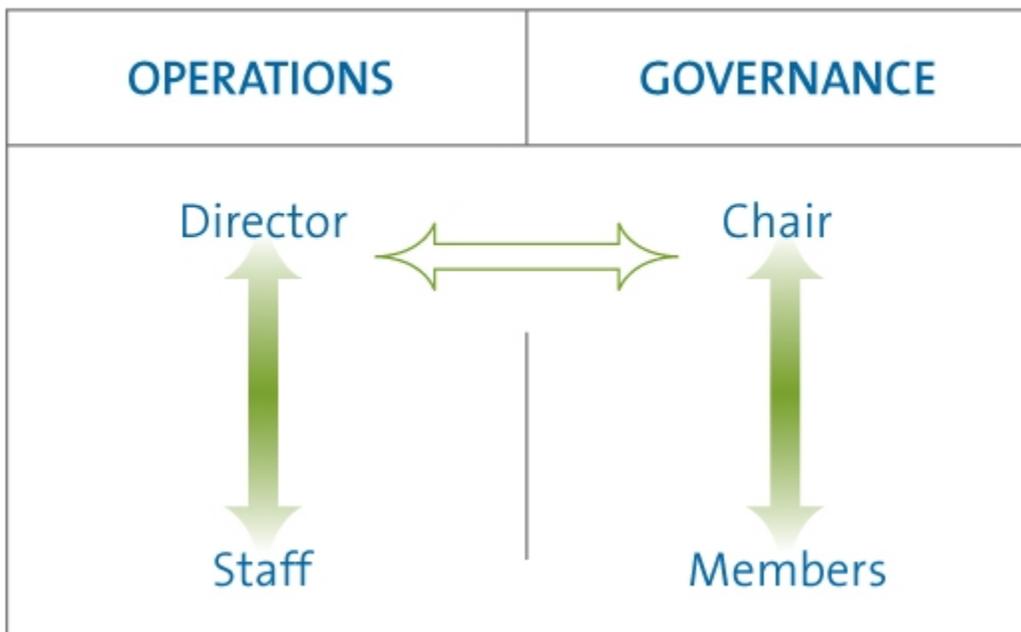


Communication Framework

Council



Committee





Summary of changes:

- Changes to the reporting mechanism and frequency for task forces and advisory groups.
- Changes to the process and requirement for establishing and approving terms of reference.
- Changes to how task force and advisory group members should be reimbursed.

<u>Section:</u>	General	Policy
Title:	Appointment of a Task Force and/or an Advisory Group	#8.127.112
Applicable to:	Council, Task Forces and Advisory Groups	
Date approved:	March 2010	
Date revised:		

By-law Reference

Policy

From time to time, to accomplish a specific initiative, Council may choose to establish a Task Force or an Advisory Group. Either entity is under the development and direction of Council and may be comprised of Councillors, registrants, and/or individuals with specific expertise external to the profession. All deliverables of a Task Force or an Advisory Group are provided to Council for final approval.

Procedure

1. A Task Force or an Advisory Group is appointed by Council for a specific purpose and duration.
2. Either entity, once appointed will report directly to ~~either Council, or through~~ the Executive Committee, ~~as determined by Council.~~
3. Council will ~~establish and~~ approve the terms of reference of a Task Force or an Advisory Group. Such terms will include, at a minimum, its membership including a chair, objectives, and deliverables.
4. ~~A Task Force or an Advisory Group~~ will report ~~regularly~~ on its progress toward set objectives, not less than quarterly at every meeting of Council.
5. Professional Members of a ~~Task Force~~ or an ~~Advisory Group~~ will be reimbursed for honoraria and expenses by the College as per relevant College policies. Publicly appointed members of a Task Force or an Advisory Group must seek approval from the government to pay for their per diems and expenses. Pre-approval is coordinated by the Registrar and Governance Analyst.
6. Every ~~Task Force~~ or ~~Advisory Group~~ will be supported by staff as designated by ~~Council~~ the Registrar.
7. The process and outcomes of every ~~Task Force~~ and ~~Advisory Group~~ will be evaluated for effectiveness and impact.



Summary of changes:

- The Working Group recommended rescinding this policy and making a corresponding change to the Restricted Titles, Credentials and Specialty Designations Standard such that the College will no longer recognize specialty designations going forward.
- The Working Group recommended that registrants who currently have College-approved specialty designations be allowed to continue using them.
- The Working Group directed the Registrar to seek legal advice on this proposed change and bring the issue forward to Council for consideration.
- The requested legal advice is in process and is planned to be available for Council as part of the next review of these policies.

Section:

General

Policy

Title:

Specialty Designation

~~#7.128-15~~

Date approved:

March 2012

Date revised:

Policy

Section 1, paragraph 20, of Ontario Regulation 388/08, Professional Misconduct, indicates that it is professional misconduct for a registrant to use the title “specialist” unless the registrant holds a specialty designation approved by the College. In keeping with this requirement, the College will consider the approval of specialty certifications recognized by the Canadian Alliance of Physiotherapy Regulators (The Alliance), as designations that College registrants are entitled to use in conjunction with the title “specialist”.

Procedure

1. The College, as a member of The Alliance Board of Directors, will approve the policy and processes used to recognize specialty certification programs relevant to the practice of physiotherapy in Canada and in Ontario.
2. The Alliance will approve specialty certification programs relevant to the practice of physiotherapy in Canada. The decisions of the Alliance respecting the approval of specialty certification programs in Canada are not subject to appeal through the College.
3. A specialty certification program approved by The Alliance Board of Directors as meeting the level of rigor required to satisfy use of a title of “specialist” in Canada will be presented to the Council for consideration of its approval prior to recognition in Ontario. The College will maintain a list of all specialty certification programs and their designations approved by Council.
4. A registrant may apply to the College to use the title “specialist”. In ~~his or her~~their application the registrant must identify the specialty certification program from which ~~his or her~~their



specialty was conferred. If the specialty designation is on the list approved by Council, the registrant will be entitled to use the title “specialist”.

5. Where a registrant applies to use the title “specialist” and ~~his or her~~their specialty certification program is not recognized (on the list), the registrant may provide the details of ~~his or her~~their program to The Alliance for national review and consideration. If the specialty certification program is then approved by The Alliance, procedures #3 and #4 above must occur before the registrant is entitled to use the title “specialist” in Ontario. If the specialty certification program is not approved, the registrant will not be permitted to use the title “specialist” in Ontario.
6. Any registrant entitled to use the title specialist will have the relevant information indicating the type of specialist certification(s) ~~he or she~~their holds listed on the College’s public register.
7. Any registrant entitled to use the title “specialist” in Ontario will use ~~his or her~~their registered title first (i.e. physiotherapist) and then acknowledge ~~his or her~~their specialty with a designation (i.e. Orthopaedic specialist or specialist, orthopaedics).



This is a new policy being proposed. There is currently no clear process defined for how to manage in camera minutes of Council. Council discussed this issue and provided some feedback in December 2019.

Section: General **Policy #7.1413**
Title: Council In Camera Minutes – Storage and Access
Applicable to: Council, Staff
Date approved:
Date revised:

Legislative reference:

1. Health Professions Procedural Code: 7

Policy

From time to time, Council holds *in camera* discussions. These discussions typically involve proprietary matters, human resources matters, the receipt of legal advice or other such matters that are appropriately not to be in the public domain and permitted by subsection 7(2) of the Health Professions Procedural Code.

Records of such meetings must be stored in a secure environment, and access to such records must be limited to Council. The conduit of access to such records are the President, Vice President, and eChair of the Finance Committee.

Access to these Minutes is to be strictly restricted to the officials named above. Anyone other than those permitted who ~~caught attempting to access these Minutes will~~ may be subjected to sanction up to and including termination of employment in the case of an employee and disqualification in the case of a Councillor or committee member. ~~severe sanctions.~~

Procedure

1. During *in camera* meetings, the President shall appoint an individual ~~recorder will be appointed by the President~~ to record the minutes.
2. Once the ~~Upon approval of such~~ *in camera* minutes are approved, ~~and~~ they shall be signed by the President and Vice President, then ~~the document will be scanned and saved into~~ in a secure file on ~~section of the College's computer network.~~ computer systems.



3. All *in camera* minutes ~~are accessible~~ will be made available to ~~by~~ all Council members upon request. Access to them ~~all *in camera* minutes~~ will be through ~~by~~ the President, Vice President and ~~€~~Chair of Finance Committee.
4. The Registrar may request access to specific *in camera* minutes. Such requests shall ~~will~~ be made to the President, and the President will seek approval from Council to release the *in camera* minutes.
5. The documents will be password protected. ~~The password will~~ and the password ~~be~~ passed from the outgoing President to the incoming President.
6. The incoming ~~Every~~ President shall ~~is required to~~ change the password upon taking office, and ~~to~~ share the new password with the Vice President and the Chair of the Finance Committee.
7. Staff, Councillors and committee members are to be made aware that it is a serious breach of ~~privacy~~ ~~offence~~ to attempt to access *in camera* minutes. Such actions are cause for termination of employment in the case of staff, disqualification in the case of Councillors and committee members as well as ~~and~~ any other action that Council decides.
8. The President and Executive Committee will investigate incidents of ~~attempted~~ unauthorized access to ~~of~~ *in camera* minutes and bring the matter to Council for a decision. If the ~~attempted~~ unauthorized access involves staff, then the President will investigate the matter in consultation with the Registrar, and Council will consider the matter *in camera*.



Summary of changes:

- The policy should not mandate the use of a balanced scorecard specifically, it is only one example of performance measurement tools that the College can use.
- Changing the process used to evaluate the performance of Councillors, Committee members and Committee Chairs.

Section:	Evaluation	Policy #98.1
Title:	Measurement and Reporting	
Applicable to:	Council and Committee Members	
Date approved:	June 2002	
Date revised:	September 2007, December 2009, February 2013, March 2015	

Policy

The Council of the College is committed to an organizational culture that measures and reports on organizational performance and continually evaluates and improves the performance of its Council and committees.

To demonstrate its commitment to these goals, the College will:

1. Incorporate mechanisms into its operational activities to assure that data are regularly gathered to measure effectiveness. This data forms a basis on which the College reports annually to the Minister on meeting expectations within its mandated public interest role.
2. Annually conduct performance evaluations of its Council and committee members and use the output of this evaluation to improve its orientation, education and committee appointment processes.

Procedure

1. Measurement
 - a. The College will use performance measurement tools, such as a balanced scorecard approach, to collect and assess organizational performance data and report on this data using the current version of the College's dashboard.
2. Evaluation
 - ~~a.—Council and its committees will annually assess individual member and collective performance related to role and function according to the current performance evaluation process approved by Council.~~
 - ~~b.—Committee chairs are responsible for managing the evaluation of each committee and reporting any identified issue or concern, whether about the Committee or one of its members, to the President.~~



- a. Committee chairs will evaluate the performance of every member of the Committee based on the performance expectations for Committee members as defined in by-laws and governance policies and provide that information to the President.
- b. The President will evaluate the performance of every member of Council based on the performance expectations for Council members as defined in the By-laws and Governance Policies.
- c. The President will evaluate Committee chairs based on the best information available to them.
- d. The President will collate the evaluation information for Council and Committee members and have a discussion with each of them.
- e. The President is responsible for managing any performance issues or concerns in accordance with the College's Code of Conduct.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 13.0

**Council Meeting
June 22-23, 2021**

Agenda #13: Approval of the 2021-2022 Committee Slate

It is moved by

and seconded by

that:

Council approve the proposed committee slate for 2021-2022 with Chairs for each committee and the designated representative for the Canadian Alliance of Physiotherapy Regulators.

Meeting Date:	June 22-23, 2021
Agenda Item #:	13
Issue:	Proposed 2021-2022 Committee Slate Appendix 1 (Slate) Appendix 2 (Meeting calendar)
Submitted by:	Executive Committee

Issue:

Council is asked to approve the enclosed committee slate for 2021-2022.

Background:

Each year, the development of the College committee slate occurs prior to Council's Annual General Meeting in June. The slate is then approved at the June Council meeting. Council will recall that in order to make the process for developing the slate as objective as possible, information such as the following is considered:

- The Committee composition requirements as set out in the Bylaws
- Eligibility criteria as set out in the Bylaws
- Consideration of practice sector diversity where this may be appropriate
- Consideration of gender balance
- The balance between experienced Committee members and newer members – succession planning where possible
- Consideration of diversity in committee membership where possible (Canadian educated physiotherapists and Internationally Educated Physiotherapists)
- Assessment of committee members' performance – Information on committee members' performance is collected from the committee Chairs by the President (preparedness, attendance, value of contributions). Note - there is no feedback obtained from the Committee members on the performance of the Chair
- Committee preference – Councilors and non-Council committee members are asked to rank their top three committees based on interest
- Interest in Chairing – Councilors and non-Council committee members are asked to indicate if they are interested in chairing a committee.

Staff followed the established approach to develop the proposed committee slate for the consideration of the Executive Committee with a focus on ensuring that each committee meets the composition requirements, has diversity in terms of new and experienced members, and accommodates

expressions of interest and performance feedback where possible. It also took into account several governance limitations and requirements.

1 - Public member representation on Council remains below the statutory threshold (two vacancies). This limits the College's ability to meet minimum committee composition requirements without asking that public members serve on additional committees.

2 - This year's Council membership has seen a significantly high turnover as there are four new Councilors (two newly elected, one new academic appointee and one pending replacement, and two new public appointees). These changes made factors like succession planning and committee experience particularly important when developing the slate.

3 - The process for the slate development needs to manage potential conflicts of interest arising from committee appointments.

4 - The slate needs to respect people's ability to commit time to committee work.

5 - With anticipated changes in the College by-laws, the slate also needs to consider the impact of term limits and cooling off periods for this and upcoming years.

In past years, the College has advertised for potential non Council Committee appointments. However, the Executive Committee decided not to pursue this process this year. As an alternative option, staff noted where additional non Council Committee appointees would be of assistance and have offered some thoughts as to how this could be achieved for the 2021-2022 Committee appointments.

Proposed Slate

The proposed committee slate was presented to the Executive Committee and considered at its meetings on June 9, 2021 and June 16, 2021. The Committee made a number of changes to the original proposal. Executive Committee's final recommendations to the slate can be found in chart format in **Appendix 1**.

Note: It is important to note that changes made to the proposed slate have the potential to prompt other required changes to the slate. The composition has been considered in light of gender balance and practice diversity representation where possible and individual preferences have been honored with most Council members having received their first and second choices.

Council members will have multiple Committee appointments while non Council Committee appointees have been appointed to one Committee with the exception of Antoinette Megans who is being recommended to be appointed to the Registration Committee and the Patient Relations Committee.

Overview:

Executive Committee

The Executive Committee was elected at the March 2021 Council meeting. All current appointees remain committed to and are able to serve in this capacity.

Inquiries Complaints and Report Committee

Executive Committee is recommending the following composition:

- Gary Rehan, Chair – non council Committee appointee, experienced
- Monica Clarke, non council committee appointee, experienced
- Dennis Ng – Council member, experienced
- Jennifer Clifford – Council member, experienced
- Carole Baxter – new – public appointee
- Tyrone Skanes – public member, experienced
- Darryn Mandel-non council committee appointee, experienced

Notes:

- Tyrone Skanes has exceeded the term limit in College rules however his circumstances are exceptional because due to an ongoing shortage of public members, he has been willing to serve beyond typical term limits
- Darryn Mandel has completed 9 years on Council however he has been proposed for an appointment as a non-council committee member

Discipline & Fitness to Practise Committee

The composition for this Committee remains large although panels of 5 are chosen by the Committee Chair for each hearing. Sometimes the Hearings Officer is unable to secure panels of 5 due to date conflicts, and last-minute cancellations. In this case hearings are proceeding with 4 individuals, and on occasion 3. The Committee relies heavily on our public members and all public members are typically appointed to the Discipline Committee. COI checks are conducted for each matter and any individual who has considered the matter at the ICRC is unable to participate in the hearing.

Proposed Composition for 2021:

James Wernham (Chair), Non Council Committee Appointee - experienced

Katie Schulz – experienced

Janet Law – experienced

Herve Cavanaugh – experienced

Karen St Jacques – experienced

Pulak (Paul) Parikh – new

Anna Grunin – new

Nitin Madhvani – experienced

Jesse Finn – experienced

Myles MacLeod – experienced

Carole Baxter – new

Non Council Members

Daniel Negro – experienced

Angelo Karalekas- experienced

Richa Rehan – experienced

Nicole Graham – experienced

Sue Grebe – experienced

New Non Council members:

Felix Umana – private practice sector and IEPT

Theresa Kay – hospital sector and Canadian trained

Notes:

- The current Committee Chair Sharee Mandel will not be returning to Council. James Wernham has extensive hearings experience and has developed recent experience in Chairing pre hearing conferences. It is recommended that James Wernham take on the Chair role
- Nitin Madhvani and Jesse Finn did not choose this Committee in their top three but given the current number of public members on Council we feel that these appointments are necessary.
- In the spirit of transparency, it should be noted that Richa Rehan is Gary Rehan's spouse
- This year we did not openly advertise for new non-Council Committee appointees. Those individuals who came in second place in the recent Council elections were approached to see if they would be interested in being appointed to the Discipline Committee, two of the three candidates expressed an interest
- Carole Baxter is able to consider matters at the Discipline Committee this year. Even though Carole is a member of the ICRC, they did not participate in the current matter that was referred to the Discipline Committee.
- New members include: Paul Parikh, Anna Grunin, Carole Baxter, Felix Umana and Theresa Kay

Quality Assurance Committee

The QA program officially launched in January 2021. The Committee will likely start to meet in the fall. The proposed Committee for 2021/2022 which was supported by the Executive Committee includes the following:

Antoinette Megens (Chair), experienced
Herve Cavanaugh, experienced
Dennis Ng, new
Beth Bergman, experienced
Jesse Finn – public member – new
Myles MacLeod – public member – new

Notes:

- Dennis Ng, Jesse Finn and Myles MacLeod would be new members on the Committee

Registration Committee

The Registration Committee is required to include an academic member of Council

Proposed composition for 2021/2022

Tyrone Skanes (Chair)- public member - experienced
Katie Schulz, - professional member – experienced
Jesse Finn – public member - experienced
Paul Parikh – academic member – new
Anastasia Newman – professional member – experienced
Carole Baxter – public member - new

Notes:

- Paul Parikh and Carole Baxter would be new members of the Committee
- Practice sector representation is not required on this Committee
- Committee includes one Internationally Educated Physiotherapist (IEPT)
- Tyrone Skanes expressed an interest in being appointed to the Registration Committee. Due to his pending involvement in the Entry to Practice working group this could be perceived as a conflict of interest. The Executive Committee determined that there was no conflict of interest and is recommending that Tyrone Skanes be appointed to the Committee and be appointed as Chair
- The Committee composition for this year would include 6 members as opposed to 5

Patient Relations Committee

The Committee is required to consider applications for funding for therapy and counseling. Based on previous experience the Committee may meet 1-2 times a year. The Executive Committee considered the following potential slate.

Karen St Jacques – (Chair) experienced
Anna Grunin – new
Nitin Madhvani – new
Antoinette Megans – experienced

Changes made by the Executive Committee:

The Executive Committee is recommending that Tyrone Skanes be removed from the Patient Relations Committee and replaced by Nitin Madhvani. It is also recommending that Karen St Jacques be appointed as Chair.

- New Committee members include Anna Grunin and Nitin Madhvani

Finance Committee – Non-Statutory

Theresa Stevens – Required due to her role as President
Jennifer Clifford – Required due to her role as Vice President
Nitin Madhvani, public representative
Janet Law, professional member
Myles MacLeod, public representative

The Executive Committee is recommending that Janet Law be appointed as Chair

Entry to Practice Working Group

As with all Committees the composition of this group must be re-appointed / confirmed each year. The group currently includes:

- Darryn Mandel
 - Non council committee member
 - No Registration Committee experience
 - Former Council President
- Theresa Stevens
 - Incoming President and Council member
 - No Registration Committee experience
- Gary Rehan
 - Non council committee member
 - No Registration Committee experience
 - Former Council President
 - Current Vice President of the CAPR Board of Directors
- Tyrone Skanes
 - Public member of Council

- Tentative returning Chair of the Registration Committee
- Martin Bilodeau
 - Non council committee member
 - Recent Registration Committee experience
 - Member of the Academic Community
- Jennifer Clifford
 - Professional member of Council
 - No Registration Committee experience

Both Darryn Mandel and Gary Rehan have been involved with the Canadian Alliance of Physiotherapy Regulators (CAPR) in different capacities over a number of years.

Canadian Alliance of Physiotherapy Regulators (CAPR) Board Representative

CAPR is the organization that conducts credentialing assessments of applicants and administers the national physiotherapy competency exam on behalf of the provincial regulators.

The College has one seat on the CAPR Board. Current policies allow for this individual to be chosen by the President. The current President and the incoming President wish to re-appoint Gary Rehan to this role.

It is somewhat difficult for individuals not connected to the College / Council in some way to have sufficient background to speak on behalf of and for the College at the CAPR board table. In addition, this individual is exercising a vote on behalf of the College which could be binding on the College without Council having any input into the discussion or the ability to provide direction to the Board Representative.

In most cases the Board Representative from other provinces is the Registrar.

Staff recommend that if Gary Rehan is re-appointed to this position that there is a formal process developed whereby, he is able to receive information from the College that could be relevant to pending discussions, and that a reporting relationship back to Council is formalized.

Decision Sought:

Council is asked to approve the 2021-2022 committee slate (with chairs) as presented.

The Annual meeting calendar is presented for information

Appendix:

- **Appendix 1:** 2021-2022 Proposed Committee Slate
- **Appendix 2:** 2021-2022 Meeting Calendar



COLLEGE COMMITTEE STRUCTURE & COMPOSITION – 2021-2022 DRAFT

*The numbers beside each name indicate their preference

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	CURRENT MEMBERSHIP RED – Denotes leaving Council	Proposal with Executive’s recommendations
EXECUTIVE	5 people: At least 3 Professional Members of Council At least 1 but not more than 2 Public Appointees Must include President and Vice President	Darryn Mandel (Chair) Theresa Stevens Sharee Mandel Tyrone Skanes Vacancy	CONFIRMED Theresa Stevens (Chair) Jennifer Clifford (VP) Katie Schulz, professional member Tyrone Skanes, public member Nitin Madhvani, public member
INQUIRIES, COMPLAINTS AND REPORTS (ICRC)	At least 5 people, at least: 2 Professional Members of Council 2 Public Appointees 1 Non Council Committee Appointee	Theresa Stevens Jennifer Clifford Monica Clarke Gary Rehan Tyrone Skanes Tom McAfee	PROPOSED Dennis Ng (1) – experienced Jennifer Clifford (1) – experienced Carole Baxter (1) – new – public Tyrone Skanes – public Gary Rehan (1) (Chair)– experienced Monica Clarke (1)- experienced Darryn Mandel-experienced

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	CURRENT MEMBERSHIP RED – Denotes leaving Council	Proposal with Executive’s recommendations
DISCIPLINE & FITNESS TO PRACTISE	<p>At least 10 people, at least: 2 Professional Members of Council</p> <p>3 Public Appointees</p> <p>1 Non-Council</p>	<p>Current Sharee Mandel (Chair) Katie Schulz Janet Law Herve Cavanaugh Jennifer Clifford Martin Bilodeau Karen St Jacques Theresa Stevens Sue Grebe</p> <p>Nitin Madhvani Jesse Finn Myles MacLeod Tom McAfee</p> <p>Jim Wernham Daniel Negro Sue Grebe Angelo Karalekas Richa Rehan Nicole Graham</p>	<p>Recommendation James Wernham (Chair)(1) Katie Schulz (2) Janet Law (2) Herve Cavanaugh (2) Karen St Jacques (1) Pulak Parikh (1) Anna Grunin (did not choose this committee)</p> <p>Nitin Madhvani (did not choose this committee) Jesse Finn (5) Myles MacLeod (1) Carole Baxter (flexible)</p> <p>Daniel Negro (1) Angelo Karalekas (1) Richa Rehan (1) Nicole Graham (2) Sue Grebe (1)</p> <p>Potential New Members: Gowtham Pidarathi – IEPT private practice Felix Umana – IEPT private practice Theresa Kay – Canadian Educated -hospital focus</p>

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	CURRENT MEMBERSHIP RED – Denotes leaving Council	Proposal with Executive’s recommendations
QUALITY ASSURANCE	At least 5 people, at least: 2 Professional Members of Council 2 Public Appointees 1 Non Council	Current Theresa Stevens (Chair) Herve Cavanaugh Antoinette Megans Beth Bergmann Myles MacLeod Nitin Madhvani	PROPOSED Antoinette Megans (Chair)(1) Hospital Herve Cavanaugh, (1) Hospital Dennis Ng, private (2) Beth Bergman, private (1) Jesse Finn (2) Myles MacLeod (2)
REGISTRATION	At least 5 people, at least: 1 Professional Member of Council 1 Academic member 2 public appointees 1 Non Council Member	Current Katie Schulz Martin Bilodeau Tyrone Skanes Jesse Finn Anastasia Newman	PROPOSED Tyrone Skanes (Chair) Katie Schulz Paul Parikh Academic (4) Jesse Finn (1) Carole Baxter (flexible) Anastasia Newman (1)
PATIENT RELATIONS	At least 3 people, at least: 1 Professional Members of Council 1 public appointee 1 Non Council Member	Current Sharee Mandel, Chair Karen St Jacques Myles MacLeod Antoinette Megans	PROPOSED Karen St Jacques (2) (Chair) Anna Grunin (2) Antoinette Megans (2) Nitin Madhvani

FINANCE (non- statutory)	At least 5 people, at least: President Vice President 3 Councilors, at least 1-2 public members	Darryn Mandel, Chair Theresa Stevens Nitin Madhvani Jennifer Clifford Janet Law	PROPOSED Theresa Stevens (req) Jennifer Clifford (req) <hr/> Nitin Madhvani (1) Janet Law (1) (Chair) Myles MacLeod (4)
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ENTRY TO PRACTICE WORKING GROUP

- Darryn Mandel, non council committee member
- Theresa Stevens, President and council member
- Gary Rehan, non council committee member
- Tyrone Skanes, public member
- Martin Bilodeau, non council committee member
- Jennifer Clifford, Professional member

Staff support: Barb

CAPR Board Rep

Gary Rehan, Non Council Committee Appointee

COUNCIL MEMBERS (current composition includes 14 members – 7M and &7F members)

Gaps – 1 academic member of council and 2 public members of Council

NOTE: Besides each name is a list of the individual’s committee preferences. The yellow highlights if their preference was accommodated.

Professional Members			Public Members	
Person	Sector	Preferences	Person	Preferences
Theresa Stevens	Administration- private	TS – QA, Fin , Exec , WG	Tyrone Skanes	ICRC , Reg , PRC, (discipline), Exec , WG
Janet Law	Administration – WSIB	JL – Fin , DC , PRC	Jesse Finn	Reg , QA , PRC, Fin , DC , ICRC
Katie Schulz	Hospital	KS – Reg , DC , ICRC, Exec	Myles MacLeod	DC , QA , PRC, Fin , ICRC, Reg
Herve Cavanaugh	Hospital	HC – QA , DC , PRC, ICRC, Reg, Fin	Nitin Madhvani	Finance , Reg , PRC, (discipline), Exec
Karen St Jacques	Hospital	KS – DC , PRC, Reg, ICRC, QA, Fin	Carole Baxter	(ICRC), PRC, (discipline) - + Registration
Jennifer Clifford	Hospital	JC – ICRC , Fin , Reg, Exec , WG		
Dennis Ng	Private practice	DN – ICRC , QA , Reg, PRC, DC, Fin		
Anna Grunin	Hospital	AG – Reg, PRC (discipline)		
Pulak (Pulak) Parikh	Academic	PP - DC , ICRC, PRC, Reg , QA, Fin		
Academic 2	Academic	Not assigned as of yet		

NON COUNCIL MEMBERS

Antoinette Megens - hospital **QA**, **PRC**, Reg, ICRC, DC, Fin
 Monica Clarke - private **ICRC**, Reg, QA
 Jim Wernham -administration **DC**, ICRC, QA
 Sue Grebe - hospital ICRC, **DC**, QA
 Nicole Graham - hospital ICRC, **DC**, PRC
 Anastasia Newman - hospital **Reg**, QA, PRC

Beth Bergmann – private – **QA**, Reg
 Gary Rehan – patient care - **ICRC**
 Daniel Negro – private – **DC**, ICRC, QA
 Angelo Karalekas – private – **DC**, ICRC, QA
 Richa Rehan – private - **DC**

2021-2022 Council & Committee Meeting Schedule

COUNCIL	FINANCE COMMITTEE	QUALITY ASSURANCE COMMITTEE	REGISTRATION COMMITTEE	INQUIRIES, COMPLAINTS & REPORTS COMMITTEE
2 FULL DAYS IN-PERSON	HALF DAY IN-PERSON	1 - 2 HOURS VIDEOCONFERENCE	1-2 HOURS VIDEOCONFERENCE	FULL DAY/HALF DAY IN-PERSON/VIDEOCONFERENCE
October 5 & 6	August 19	August 5	August 10	July 16
December 15 & 16	November 11	September 9	September 23	August 17 - ½ Day
March 23 & 24	February 1	October 21	November 2	September 28
June 28 & 29	February 22 - Full Day	December 2	December 7	November 9
EXECUTIVE COMMITTEE	April 19	January 14	January 20	December 9 - ½ Day
HALF DAY IN-PERSON	May 30	February 17	February 21	January 18
September 15		April 7	March 29	March 1
November 22		May 19	May 10	April 12
March 8		June 16	June 14	May 26
June 9				June 23 - ½ Day

In-person meetings will be held using videoconference if provincial guidelines do not allow for the College's office to open.

2021-2022 Council & Committee Meeting Schedule

JULY 2021							AUGUST 2021							SEPTEMBER 2021							OCTOBER 2021							NOVEMBER 2021							DECEMBER 2021						
M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
			1	2	3	4						1			1	2	3	4	5					1	2	3	1	2	3	4	5	6	7			1	2	3	4	5	
5	6	7	8	9	10	11	2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12
12	13	14	15	16	17	18	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19
19	20	21	22	23	24	25	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26
26	27	28	29	30	31		23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31	29	30						27	28	29	30	31		
							30	31																																	

JANUARY 2021							FEBRUARY 2022							MARCH 2022							APRIL 2022							MAY 2022							JUNE 2022						
M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
					1	2		1	2	3	4	5	6		1	2	3	4	5	6					1	2	3						1			1	2	3	4	5	
3	4	5	6	7	8	9	7	8	9	10	11	12	13	7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12
10	11	12	13	14	15	16	14	15	16	17	18	19	20	14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19
17	18	19	20	21	22	23	21	22	23	24	25	26	27	21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26
24	25	26	27	28	29	30	28							28	29	30	31				25	26	27	28	29	30	23	24	25	26	27	28	29	27	28	29	30				
31																												30	31												

COUNCIL
EXEC
FINANCE
QUALITY ASSURANCE
REGISTRATION
ICRC



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 14.0

**Council Meeting
June 22-23, 2021**

Agenda #14: Standards Review Process-2021 Revised Proposal - Final Approval

It is moved by

and seconded by

that:

the Council approve the revised proposal for the ongoing review of the College's Professional Standards.

Meeting Date:	June 22-23, 2021
Agenda Item #:	14
Issue:	Standards Review Process – 2021 Revised Proposal
Submitted by:	Justin Rafton, Policy & Governance Manager

Issue:

In late 2019, the College Council approved a Standards review process. Due to the COVID pandemic and other initiatives undertaken, the review process has not yet commenced. With Council set to embark on a strategic planning exercise in the fall of 2021, a review of the College's Standards is one such area identified for prioritization in the upcoming years. In light of this and completion of the College Performance Measurement Framework (CPMF), staff have reassessed the standard review process and a developed revised proposal in consultation with the Executive Committee. Council is being asked to approve the revised proposal for the ongoing review of the College's Professional Standards to ensure they remain current over time.

Background:

The College has a current set of [12 written professional Standards](#), in addition to a Code of Ethics. These written Standards are the rules that set forth the minimum expectations on the profession, laying out the basis for practice. However, written Standards are not all encompassing or meant to be "how-to" manuals; they cannot cover every situation, especially as practice evolves. This is where [unwritten standards](#) also come into play, when the physiotherapist must use their professional judgement to determine how best to act. Physiotherapists follow such unwritten standards each day that may include greeting the patient, asking permission before they touch, giving a patient privacy, being truthful and empathetic, responding to questions and being on time for appointments.

The College's governance policies require that College's written Standards are reviewed periodically in order to ensure that they remain relevant in a changing practice and legal environment. In addition to the periodic review, while Standards are in effect, they are also monitored to assess whether any emerging issues suggest a need for an expedited review.¹

In 2013, as one of its strategic tactics, the College initiated a comprehensive review of its Standards. First, the College conducted a comprehensive scan of the practice environment to identify trends and issues, then assessed the existing Standards to determine whether they were fit-for-purpose, to come

¹ Governance Policy 6.2: College Policy Review Schedule.

up with a plan to review and update all College Standards. Then, the Standards were reviewed and updated starting in 2015, with the work being completed four years later in 2018.

Based on that comprehensive Standards review, staff proposed a process in late 2019 for the ongoing monitoring and review of Standards to ensure they remain current and responsive to emerging issues over time. The Executive Committee considered the proposal at the time and supported the approach of reviewing the Standards in order of when they were last reviewed. The process was based on a three-year review cycle, during which all Standards would be reviewed in order based on which Standard has been in force the longest without having been reviewed. The Executive Committee recommended this process on to Council, which was then approved at their December 2019 meeting.

Revaluation:

Due to many factors, including the ongoing COVID pandemic, the College has not yet commenced this ongoing Standard review process. With Council set to embark on a strategic planning exercise in the fall of 2021, a review of the College's Standards is one such area identified for prioritization in the upcoming years. In anticipation of starting this ongoing project as early as summer 2021, staff reassessed the Standard review process to ensure it still met the needs of an evolving regulatory environment and was a practical operational plan moving forward.

Council will note that the College also recently completed and submitted its first Ministry of Health's [College Performance Measurement Framework \(CPMF\)](#) report. The CPMF highlighted the need to regularly evaluate Standards to ensure they are "based on the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges".² In addition to a review cycle, the CPMF also emphasized the need to provide support to registrants when implementing changes to Standards.³ Though the College confirmed that it met this requirement, it was recognized that our approach could still be improved on.

In light of all this, staff reevaluated the process and found many of the fundamental foundational pieces were still strong and necessary in any review. The review schedule would still be set on a rolling cycle, with staff identifying gaps based on data and/or other evidence before making a proposal back to Council. The process would also remain nimble and flexible enough to review any standards in further detail or develop a new standard as a separate strategic initiative.

However, staff are recommending a change to the overall structure of the review process to ensure it is focused, collaborative and regimented. Rather than simply reviewing Standards based upon last review date, standards would be reviewed based on identified priority and risk. This would be

² [College Performance Measurement Framework – Standard 9](#)

³ [College Performance Measurement Framework – Standard 11](#)

facilitated by grouping the Standards by theme and ensuring cohesive language and content across similar Standards. For each year, staff would review one priority group (as identified in collaboration with Council, committees, stakeholder groups and staff).

For Year 1 (2021-2022), staff are recommending the process begins with a review of the “Business Practice” Standards: Advertising, Conflict of Interest, and Fees, Billings and Accounts. This recommendation is based on risks identified following a discussion with the key program areas that factored in emerging trends, public and PT queries (Practice Advice), and complaint and discipline data (Professional Conduct). It is also imperative that the standards are fit for purpose. For example, conflicts of interest as they relate to business practices differs to conflicts of interest in personal/professional relationships and the standards may need to reflect this.

Following this first grouping, Council would debrief on the process and decide which grouping to prioritise next. Finally, the process would also explicitly include and build in a period for College outreach and education initiatives to follow on from any changes the next year. This secondary aspect mirrors the direction outlined in the CPMF.

Revised Standards Review Process:

The following revised Standards review process is being proposed⁴:

- *All Standards are to be grouped into sub-categories based on theme.*⁵
- *All Standards will be reviewed over a **four**-year review cycle, with one grouping reviewed annually.*⁶
- *The order for review of each grouping would be based on potential risk and strategic priority as identified by Council, stakeholders, committees and staff.*
- Staff will review each Standard by collecting internal College data to identify any emerging issues or gaps in the current Standard, and *consulting with relevant stakeholders (profession, public, etc).*
- If issues or gaps are identified, staff would propose changes to the Standard(s) for Council’s consideration and approval.
- If no issues or gaps are identified, Council would be asked to re-affirm the current Standard(s).

In addition to the cyclical review of the Standards as described above, there will also be ongoing monitoring and assessment of any emerging issues that may suggest a need for an expedited review or the creation of a new Standard.

⁴ Proposed revisions to the current process are outlined in italics.

⁵ The proposal is to group the 12 standards into 4 thematic groups, with 3 standards in each.

⁶ This would be contingent on staffing requirements, strategic priorities and other policy work.

The following diagrams provide a graphical depiction of the proposed Standards review process.

Standards Review Process



Monitor and assess any emerging issue that may suggest a need for an expedited review (ongoing)

Proposed Standard Grouping



Four Year Review Cycle



Intrinsic to any review process is next steps: the implementation of changes and education/outreach to registrants. This is highlighted in the CPMF, placing a requirement on Colleges to have processes in place to ensure registrants are informed, engaged and educated on both new and revised standards of practice, guidelines and policies. The process outlined above includes a regimented implementation approach to be conducted annually, subsequent to the review and update of a grouping of Standards.

It was also recognized that there may be a need to periodically conduct a scan of practice and the broader environment to identify any significant changes and emerging trends, and to collect feedback from stakeholders, to help assess the relevance and utility overall on the College's Standards. This may also include the development of new Standards. It is suggested that when the need for this type of broader review or development arises, that it would be undertaken as a strategic activity separate from the ongoing Standards review process.

The College may also have the opportunity to collaborate with other regulatory bodies to develop joint and/or national standards. This may replace or supplement some of the College's own work over time. Finally, the College will also be conducting a review of its Code of Ethics, which will be done as a separate review, independent of this process. A review schedule for the Code of Ethics will be set as part of that process.

Executive Committee Consideration:

The Executive Committee considered the revised framework and prioritization of the "Business Practices" Standard grouping for Year 1 review. The Executive Committee supported the proposal, noting though that it still needed to remain flexible depending on other College initiatives and workload of Council and staff. The Executive Committee recommended the revised proposal go forward to Council for approval.

Decision Sought:

That Council approve the revised proposal for the ongoing review of the College's Professional Standards to ensure they remain current over time.

Attachments:

- Appendix 1: List of Current Standards and Date Last Reviewed



Appendix 1: List of Current Standards and Date Last Reviewed

Title of Standard	Date Last Reviewed
Code of Ethics*	March 2013
Controlled Acts and Restricted Activities Standard	June 2016
Working with Physiotherapist Assistants Standard	June 2016
Fees, Billing and Accounts Standard	December 2016
Boundaries and Sexual Abuse Standard	June 2017
Conflict of Interest Standard	June 2017
Restricted Titles, Credentials and Specialty Designations Standard	June 2017
Supervision Standard	June 2017
Collaborative Care Standard	September 2017
Infection Control and Equipment Maintenance Standard	September 2017
Record Keeping Standard	September 2017
Providing or Refusing Care Standard	March 2018
Advertising Standard	December 2018

*Code of Ethics to be reviewed independent of the standard review process.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 15.0

**Council Meeting
June 22-23, 2021**

Agenda #15: Audited Annual Financial Statements

It is moved by

and seconded by

that:

the Council approve the 2020 – 2021 Audited Financial Statements ending March 31, 2021.

Meeting Date:	June 22-23, 2021
Agenda Item #:	15
Issue:	Audited Financial Statements for the year ending March 31, 2021
Submitted by:	Janet Law, Chair, Finance Committee

Issue:

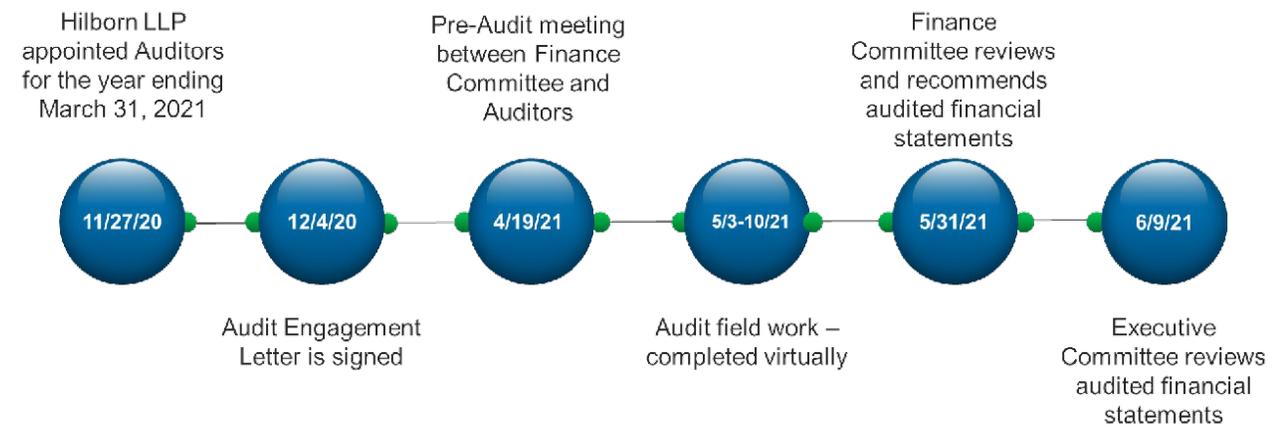
Council is asked to review the College's annual audit of the financial statements for the year ending March 31, 2021 and the Finance Committee's recommendation for Council to accept these statements.

Background

The College is required to complete a financial audit every year which is conducted by an external auditor approved by Council. The audit's purpose is to independently assess the quality of the College's financial statements and express an opinion related to risks of material misstatement of the financial statements, whether due to fraud or error.

Figure 1 provides an overview of the audit process.

Figure 1 - Audit Process



Discussion by Finance Committee

The Auditors presented a draft of the audited financial statements for the year ending March 31, 2021 to the Finance Committee on May 31, 2021.

Decision by the Finance Committee

The Finance Committee approved the following motion:

“To recommend the Council accept the audited financial statements for the year ending March 31, 2021.”

Decision Sought

Council is asked to consider the Finance Committee’s recommendation to Council that it accept the audited financial statements for the year ending March 31, 2021.

Appendices:

Appendix A: Financial Statements for the year ending March 31, 2021

APPENDIX A

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

FINANCIAL STATEMENTS

MARCH 31, 2021

Draft Statements Subject to
Revision

Independent Auditor's Report

To the Council of the College of Physiotherapists of Ontario

Opinion

We have audited the financial statements of the College of Physiotherapists of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2021, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2021, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

Management is responsible for the other information. The other information comprises the information, other than the financial statements and our auditor's report thereon, in the annual report.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

We obtained the annual report prior to the date of our auditor's report. If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact in our auditor's report. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario
Date to be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Statement of Financial Position

March 31	2021 \$	2020 \$
ASSETS		
Current assets		
Cash	6,960,600	4,497,763
Investments (note 3)	1,105,217	951,365
Amounts receivable	41,509	9,914
Prepaid expenses	281,075	337,129
	8,388,401	5,796,171
Investments (note 3)	4,039,924	4,082,425
Capital assets (note 4)	627,275	698,619
Intangible assets (note 5)	73,827	-
	4,741,026	4,781,044
	13,129,427	10,577,215
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (note 6)	1,109,696	922,789
Deferred registration fees	5,544,922	3,331,608
	6,654,618	4,254,397
Deferred lease incentives (note 7)	164,903	192,010
	6,819,521	4,446,407
NET ASSETS		
Invested in capital and intangible assets	536,199	506,609
Internally restricted for complaints and discipline (note 9)	1,000,000	1,000,000
Internally restricted for sexual abuse therapy (note 10)	100,000	100,000
Unrestricted	4,673,707	4,524,199
	6,309,906	6,130,808
	13,129,427	10,577,215

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Statement of Operations

Year ended March 31	2021 \$	2020 \$
Revenues		
Registration fees	5,904,910	6,029,601
Investment income	125,559	188,264
	<u>6,030,469</u>	<u>6,217,865</u>
Expenses		
Salaries and benefits	3,579,710	3,443,196
Administration and office (note 7)	982,680	936,685
Programs	77,432	229,590
Communications	95,226	119,596
Professional fees (note 8)	396,890	366,662
Organizational effectiveness	53,232	111,402
Committee fees and expenses	139,469	273,969
Information technology	323,866	290,782
Networking, representation and travel	194	47,546
Amortization	202,672	150,821
	<u>5,851,371</u>	<u>5,970,249</u>
Excess of revenues over expenses for year	<u>179,098</u>	<u>247,616</u>

The accompanying notes are an integral part of these financial statements

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended March 31	Invested in capital and intangible assets \$	Internally restricted for complaints and discipline \$	Internally restricted for sexual abuse therapy \$	Unrestricted \$	2021 Total \$
Balance, beginning of year	506,609	1,000,000	100,000	4,524,199	6,130,808
Excess of revenues over expenses for year	-	-	-	179,098	179,098
Amortization of capital and intangible assets	(202,672)	-	-	202,672	-
Amortization of deferred lease incentives	27,107	-	-	(27,107)	-
Purchase of capital assets	94,415	-	-	(94,415)	-
Purchase of intangible assets	110,740	-	-	(110,740)	-
Balance, end of year	536,199	1,000,000	100,000	4,673,707	6,309,906

Year ended March 31	Invested in capital assets \$	Internally restricted for complaints and discipline \$	Internally restricted for sexual abuse therapy \$	Internally restricted for strategic initiatives \$	Internally restricted for IT improvements \$	Unrestricted \$	2020 Total \$
Balance, beginning of year	619,361	1,000,000	100,000	500,000	250,000	3,413,831	5,883,192
Excess of revenues over expenses for year	-	-	-	-	-	247,616	247,616
Amortization of capital assets	(150,821)	-	-	-	-	150,821	-
Amortization of deferred lease incentives	27,108	-	-	-	-	(27,108)	-
Purchase of capital assets	10,961	-	-	-	-	(10,961)	-
Internally imposed restrictions (note 11)	-	-	-	(500,000)	(250,000)	750,000	-
Balance, end of year	506,609	1,000,000	100,000	-	-	4,524,199	6,130,808

The accompanying notes are an integral part of these financial statements

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Statement of Cash Flows

Year ended March 31	2021 \$	2020 \$
Cash flows from operating activities		
Excess of revenues over expenses for year	179,098	247,616
Adjustments to determine net cash provided by (used in) operating activities		
Amortization of capital assets	165,759	150,821
Amortization of intangible assets	36,913	-
Interest capitalized on investments	(95,891)	(92,152)
Interest received on investments capitalized in prior years	32,872	58,013
Amortization of deferred lease incentives	(27,107)	(27,108)
	291,644	337,190
Change in non-cash working capital items		
Increase in amounts receivable	(31,595)	(6,049)
Decrease (increase) in prepaid expenses	56,054	(63,006)
Increase (decrease) in accounts payable and accrued liabilities	186,907	(415,629)
Increase (decrease) in deferred registration fees	2,213,314	(2,306,666)
	2,716,324	(2,454,160)
Cash flows from investing activities		
Purchase of investments	(982,675)	(745,621)
Proceeds from disposal of investments	934,343	673,182
Purchase of capital assets	(94,415)	(10,961)
Purchase of intangible assets	(110,740)	-
	(253,487)	(83,400)
Net change in cash	2,462,837	(2,537,560)
Cash, beginning of year	4,497,763	7,035,323
Cash, end of year	6,960,600	4,497,763

The accompanying notes are an integral part of these financial statements

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements

March 31, 2021

Nature and description of the organization

The College of Physiotherapists of Ontario (the "College") was incorporated as a non-share capital corporation under the Regulated Health Professions Act, 1991 ("RHPA"). As the regulator and governing body of the physiotherapy profession in Ontario, the major function of the College is to administer the Physiotherapy Act, 1991 in the public interest.

The College is a not-for-profit organization, as described in Section 149(1)(l) of the Income Tax Act, and therefore is not subject to income taxes.

1. Significant accounting policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

(a) Revenue recognition

Registration fees

Registration fees are recognized as revenue in the fiscal year to which they relate. The registration year of the College coincides with that of the fiscal year of the College, being April 1 to March 31. Registration fees received in advance of the fiscal year to which they relate are recorded as deferred registration fees.

Investment income

Investment income comprises interest from cash and investments and realized gains and losses from the disposal of investments.

Revenue is recognized on an accrual basis. Interest on investments is recognized over the terms of the investments using the effective interest method.

(b) Investments

Investments consist of guaranteed investment certificates and fixed income investments whose term to maturity is greater than three months from date of acquisition. Investments that mature within twelve months from the year-end date are classified as current.

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2021

1. Significant accounting policies (continued)

(c) Capital assets

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, otherwise, costs are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, upon commencement of the utilization of the assets, on a straight-line basis at rates designed to amortize the cost of the capital assets over their estimated useful lives. The annual amortization rates are as follows:

Furniture and fixtures	5 years
Computer equipment	3 years

Amortization of leasehold improvements is provided for on a straight-line basis over the remaining term of the lease.

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital asset to its fair value. Any impairment of the capital asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

(d) Intangible assets

The costs of intangible assets are capitalized upon meeting the criteria for recognition as an intangible asset, with the exception of expenditures on internally generated intangible assets during the development phase, which are expensed as incurred. The cost of a separately acquired intangible asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Intangible assets are measured at cost less accumulated amortization and accumulated impairment losses.

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2021

1. Significant accounting policies (continued)

(d) Intangible assets (continued)

Amortization is provided for, upon the commencement of the utilization of the assets, on a straight-line basis at rates designed to amortize the cost of the intangible assets over their estimated useful lives. The annual amortization rate is as follows:

Computer application software	3 years
-------------------------------	---------

An intangible asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, then the amount of the impairment is quantified by comparing the carrying value of the intangible asset to its fair value. Any impairment of the intangible asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the intangible asset subsequently increases.

(e) Deferred lease incentives

Lease incentives consist of tenant inducements received in cash used to purchase capital assets.

Lease incentives received in connection with original leases are amortized to income on a straight-line basis over the terms of the original leases. Lease incentives received in connection with a re-negotiated lease are amortized to income on a straight-line basis over the period from the expiration date of the original lease to the expiration date of the re-negotiated lease.

(f) Net assets invested in capital and intangible assets

Net assets invested in capital and intangible assets comprises the net book value of capital and intangible assets less the unamortized balance of tenant inducements used to purchase capital assets.

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2021

1. Significant accounting policies (continued)

(g) Financial instruments

Measurement of financial assets and liabilities

The College initially measures its financial assets and financial liabilities at fair value adjusted by the amount of transaction costs directly attributable to the instrument.

The College subsequently measures all of its financial assets and financial liabilities at amortized cost.

Amortized cost is the amount at which a financial asset or financial liability is measured at initial recognition minus principal repayments, plus or minus the cumulative amortization of any difference between that initial amount and the maturity amount, and minus any reduction for impairment.

Financial assets measured at amortized cost include cash, investments and amounts receivable.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

Impairment

At the end of each year, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the College, including but not limited to the following events: significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; and bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the year in the expected timing or amount of future cash flows from the financial asset.

When the College identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the financial asset to the greater of the following:

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and
- the amount that could be realized by selling the financial asset at the statement of financial position date.

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2021

1. Significant accounting policies (continued)

(g) Financial instruments (continued)

Impairment (continued)

Any impairment of the financial asset is recognized in income in the year in which the impairment occurs.

When the extent of impairment of a previously written-down financial asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, but not in excess of the impairment loss. The amount of the reversal is recognized in income in the year the reversal occurs.

(h) Management estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the current year. Actual results may differ from these estimates, the impact of which would be recorded in future years.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

2. Financial instrument risk management

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure and concentrations.

The financial instruments of the College and the nature of the risks to which those instruments may be subject, are as follows:

Financial instrument	Risks			
	Credit	Liquidity	Market risk	
Currency			Interest rate Other price	
Cash	X			X
Investments	X			X
Amounts receivable	X			
Accounts payable and accrued liabilities		X		

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2021

2. Financial instrument risk management (continued)

Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss.

The maximum exposure of the College to credit risk is as follows:

	2021	2020
	\$	\$
Cash	6,960,600	4,497,763
Investments	5,145,141	5,033,790
Amounts receivable	41,509	9,914
	<u>12,147,250</u>	<u>9,541,467</u>

The College reduces its exposure to the credit risk of cash by maintaining balances with a Canadian financial institution.

The College manages its exposure to the credit risk of investments through its investment policy which restricts the types of eligible investments.

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due.

The liquidity of the College is monitored by management to ensure sufficient cash is available to meet liabilities as they come due.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

Currency risk

Currency risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in foreign exchange rates.

The College is not exposed to currency risk.

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates.

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2021

2. Financial instrument risk management (continued)

Other price risk

Other price risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual instrument or its issuer or factors affecting all similar instruments traded in the market.

The College is not exposed to other price risk.

Changes in risk

There have been no significant changes in the risk profile of the financial instruments of the College from that of the prior year.

3. Investments

	2021 \$	2020 \$
Current	1,105,217	951,365
Long-term	4,039,924	4,082,425
	5,145,141	5,033,790

Investments have effective interest rates ranging from 0.73% to 3.55% (2020 - 1.50% to 3.55%), and maturity dates ranging from June 2021 to March 2026 (2020 - May 2020 to January 2025).

4. Capital assets

	Cost \$	Accumulated Amortization \$	2021 Net \$
Furniture and fixtures	377,049	282,179	94,870
Computer equipment	98,547	53,527	45,020
Leasehold improvements	793,263	305,878	487,385
	1,268,859	641,584	627,275

	Cost \$	Accumulated Amortization \$	2020 Net \$
Furniture and fixtures	345,134	214,417	130,717
Computer equipment	36,047	35,813	234
Leasehold improvements	793,263	225,595	567,668

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

<u>1,174,444</u>	<u>475,825</u>	<u>698,619</u>
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COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2021

5. Intangible assets

	Cost	Accumulated Amortization	2021 Net
	\$	\$	\$
Computer application software	110,740	36,913	73,827

6. Accounts payable and accrued liabilities

	2021 \$	2020 \$
Trade payables and accrued liabilities	442,279	410,755
Accrued liabilities - complaints and discipline	667,417	512,034
	1,109,696	922,789

7. Deferred lease incentives

	Cost \$	Accumulated Amortization \$	2021 Net \$
Tenant inducements	271,073	106,170	164,903

	Cost \$	Accumulated Amortization \$	2020 Net \$
Tenant inducements	271,073	79,063	192,010

Pursuant to the lease agreement for the College's office premises (note 12), lease incentives comprised of tenant inducements in the amount of \$271,073 were received in the year the lease commenced.

Amortization of lease incentives in the amount of \$27,107 (2020 - \$27,108) was credited to administration and office expense in the current year.

8. Professional fees

	2021 \$	2020 \$
Complaints and discipline	382,274	342,787
Cost recoveries	(84,511)	(58,083)
Other professional	297,763	284,704
	99,127	81,958
	396,890	366,662

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2021

9. **Net assets internally restricted for complaints and discipline**

The College makes best efforts to anticipate the costs associated with complaints and discipline matters based on past experience and current caseload. However, in the event that the College incurs costs beyond the normal scope of such matters, the Council of the College has internally restricted net assets to fund expenditures related to these matters.

The internal restriction is subject to the direction of the Council upon the recommendation of the Finance Committee.

10. **Net assets internally restricted for sexual abuse therapy**

The Council of the College has internally restricted net assets to meet the anticipated future requirements of the College for sexual abuse therapy.

The internal restriction is subject to the direction of the Council upon the recommendation of the Finance Committee.

11. **Net assets internally restricted for strategic initiatives and for IT improvements**

In the prior year, the Council of the College ceased the internal restriction of net assets for strategic initiatives and approved the transfer of \$500,000 from net assets internally restricted for strategic initiatives to unrestricted net assets.

In the prior year, the Council of the College ceased the internal restriction of net assets for IT improvements and approved the transfer of \$250,000 from net assets internally restricted for IT improvements to unrestricted net assets.

12. **Commitment**

The College is committed to lease its office premises until February 28, 2027. The future annual lease payments, including an estimate of premises common area expenses, are as follows:

	\$
2022	516,148
2023	517,175
2024	528,470
2025	529,497
2026	540,792
2027	495,726
	<u>3,127,808</u>

13. **Impact of COVID-19**

The global pandemic of the virus known as COVID-19 has led the Canadian Federal government, as well as provincial and local governments, to impose measures, such as restricting foreign travel, mandating self-isolations and physical distancing, and closing non-essential businesses. Because of the high level of uncertainty related to the outcome of this pandemic, it is difficult to estimate the future financial effect, if any, on the College.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 16.0

**Council Meeting
June 22-23, 2021**

Agenda # 16: Consideration of College Auditor for year ending March 31, 2022

It is moved by

and seconded by

that:

Council approve Hilborn LLP as the external financial auditor for the year ending March 31, 2022.

Meeting Date:	June 22-23, 2021
Agenda Item #:	16
Issue:	Recommendation for Auditor for the year ending March 31, 2022
Submitted by:	Janet Law, Chair, Finance Committee

Issue:

Council is asked to consider the recommendation of the Finance Committee for the appointment of an external financial auditor (“Auditor”) for the College’s annual audit of the financial statements for the year ending March 31, 2022.

Background

As detailed in the terms of the reference for the Finance Committee, the committee is charged with making recommendations for Council’s approval on the appointment of the College auditors. In keeping with this duty, the Finance Committee undertook a full RFP process to ensure its due diligence,

Figure 1 - RFP Process

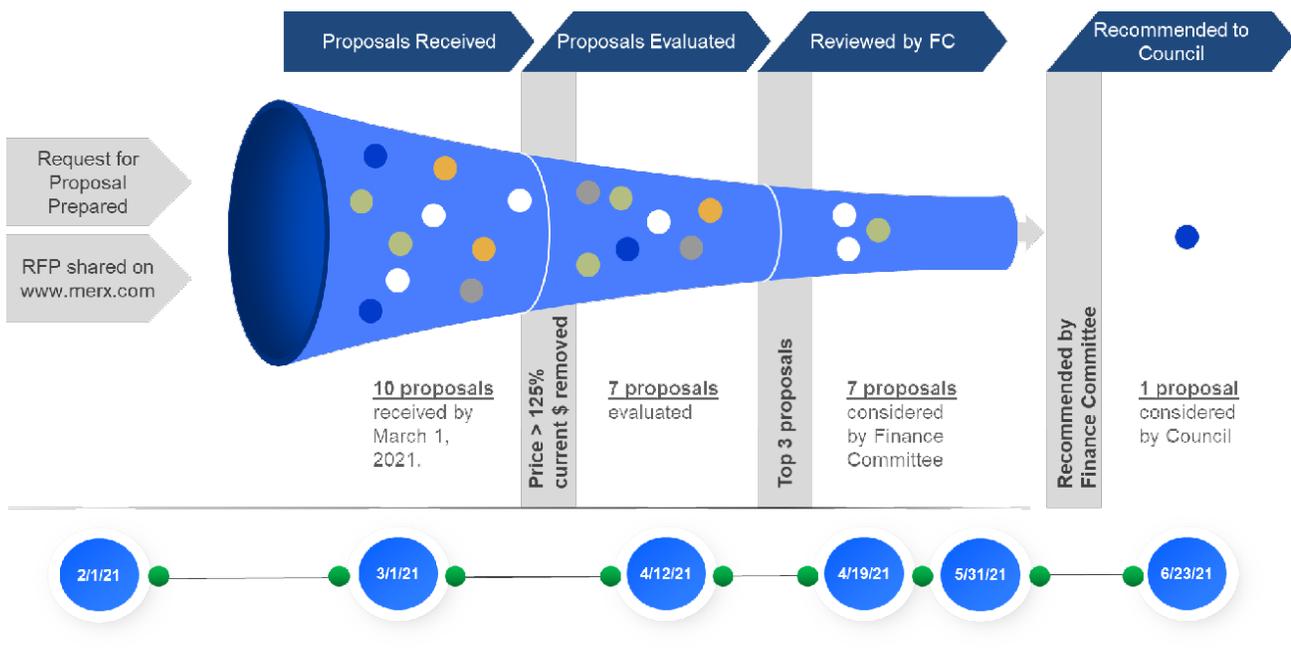


Figure 1 provides an overview of the RFP process. The College distributed a Request for Proposals (“RFP”) on February 1, 2021, via Merx.com, an online portal to distribute RFPs, and to interested audit firms. Ten (10) proposals were received by March 1, 2021. The proposals were evaluated by the Director of Corporate Services using a detail matrix and scoring rubric. Please see Appendix A for the results of the evaluation.

The rating scale was included as part of the RFP distributed to prospective vendors. Table 1 provides an overview of the rating scale based on a total of 100 points.

Table 1 - Scoring Criteria

Proposal Criteria	Points (out of 100)
Understanding of the Engagement	5 point max
Demonstration of full understanding of the College's structure and governance. Statement of full understanding of the audit objectives and overall scope of the work to be performed	0-5
Experience with Not-for-Profit Audits	10 points max
Not-for-Profit Auditing experience	1-5
Experience with organizations from a government regulated sector	1-5
Personnel	15 points max
Technical experience of the firm and experience with organizations of similar size and complexity	1-5
Experience and qualifications of audit team proposed for the College's audit	1-5 (x2)
Audit Implementation	15 points max
Covid 19 protocols - virtual audit procedures	Yes/No
Audit plan including number of person hours anticipated to perform the services. Estimate of the College staff time required including a schedule outlined when required.	1-5
Approach used to gain an understanding of the College's structure and operations.	1-5
Quality of the proposal in terms of methodology and approach to the audit, including a description of substance and compliance testing and internal control evaluation.	1-5
Additional Services	10 points max
Audit firm's ability to provide additional services to the College on an ongoing basis through the entire period of the engagement.	1-5 (x2)
Whether or not additional services are included with the Firm's pricing or if they are an extra cost to the College.	
References	10 points max
Appropriate references are provided.	1-5 (x2)
Scope and Pricing of the Engagement	35 points max

Proposal Criteria	Points (out of 100)
<p>Quoted Price FY 2022 (current, net of taxes - \$17,250)</p> <p>The proposed fees for the entity for a five-year term which are to shown exclusive of taxes and include:</p> <ul style="list-style-type: none"> • Professional fees of audit and support staff based on person hours. • Estimated disbursements and administrative fees • Value added services bundled with the audit service fees. • Estimated hours required and levels of staff to be assigned and hourly billing rates. • The cost of additional services that may be provided and the conditions why such services may be required 	1-5 (x5)
Pricing of the audit fee	1-5 (x2)
Total Points	100

A scoring rubric was used to evaluate the proposals and the initial evaluation was completed by College staff (see Appendix B: Scoring Rubric) Proposals exceeding the price of the FY 2021 audit (\$17,250) by 125% were excluded due to the high cost. The remaining seven (7) proposals were ranked in order and presented to the Finance Committee for consideration (see Table 2),

Table 2 - Ranking of Proposals

Vendor	Score (out of 100)
Hilborn LLP	88
BDO	82
Crowe Soberman	78
Norton McMullen	69
Glen Graydon Wright LLP	64
RSM	55
Bass Murphy and Partners	37

The Finance Committee reviewed during two separate meetings: (a) April 19, 2021; (b) May 31, 2021.

Discussion by Finance Committee

The Finance Committee debated the appropriateness of continuing with an auditor for more than 5 years or to recommend a new auditor after 5 years. The issue focused on potential best practices for engaging auditors, the knowledge of the business environment gained by the auditor, the amount of time required to orient a new auditor to the College's accounting and business practices, the level of independence of an auditor who is engaged with the College over a period, and the effectiveness of the auditor after 5 years of conducting the external audit.

Decision by the Finance Committee

The Finance Committee approved the following motion:

“To recommend the Council appoint Hilborn LLP as the College of Physiotherapists of Ontario external financial auditor for the year ending March 31, 2022.”

Decision Sought

Council is asked to consider the Finance Committee’s recommendation to appoint Hilborn LLP as the College’s external financial auditors for the year ending March 31, 2022.

Appendices:

Appendix A: Summary of RFP Evaluation

Appendix B: Scoring Rubric

Appendix A

FY 2022 Audit Proposal Evaluation Matrix

Proposal Criteria	Points	Glen Graydon Wright LLP	Crowe Soberman	Bass Murphy & Partners	Hilborn (current auditor)	Norton McMullen	McGovern Hurley	RSM	BDO	Forbes Anderson	Inclusive Advisory	Comments
Understanding of the Engagement	5 point max											
Demonstration of full understanding of the College's structure and governance. Statement of full understanding of the audit objectives and overall scope of the work to be performed	1-5	1	5	1	5	1	1	3	3	5	0	
Experience with Not-for-Profit Audits	10 points max											
Not-for-Profit Auditing experience	1-5	5	5	2	5	5	5	5	5	5	2	
Experience with organizations from a government regulated sector	1-5	1	4	1	5	1	1	2	2	0	0	Hilborn works with 15 RHPA Colleges, Crowe Soberman with 1; RSM has experience with regulated health agencies in Alberta not Ontario; BDO recently engaged with Ontario College of Chiropractors & has experience with 3 regulatory agencies in MB and 1 in BC
Personnel	15 points max											
Technical experience of the firm and experience with organizations of similar size and complexity	1-5	3	4	3	5	5	5	5	5	3	4	
Experience and qualifications of audit team proposed for the College's audit	1-5 (x2)	8	8	4	10	6	6	8	10	6	8	
Audit Implementation	15 points max											
Covid 19 protocols - virtual audit procedures	Yes/No	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Audit plan including number of person hours anticipated to perform the services. Estimate of the College staff time required including a schedule outlined when required.	1-5	4	4	2	4	4	4	3	5	2	2	
Approach used to gain an understanding of the College's structure and operations.	1-5	2	3	0	5	0	2	2	4	2	0	
Quality of the proposal in terms of methodology and approach to the audit, including a description of substance and compliance testing and internal control evaluation.	1-5	5	5	2	5	3	3	3	5	2	1	
Additional Services	10 points max											
Audit firm's ability to provide additional services to the College on an ongoing basis through the entire period of the engagement.	1-5 (x2)	4	8	4	8	8	2	4	10	2	2	McGovern Hurley only provides information on standard discovery session related to financial areas.
Whether or not additional services are included with the Firm's pricing or if they are an extra cost to the College.												
References	10 points max											
Appropriate references are provided.	1-5 (x2)	6	10	6	10	6	6	6	6	6	4	
Scope and Pricing of the Engagement	35 points max											
Quoted Price FY 2022 (current, net of taxes - \$17,250)		\$13,500 - \$14,000	\$19,000 - \$21,000	\$19,700	\$17,250	\$14,000	\$25,000	\$18,000	\$20,550	\$30,000	\$29,350	McGovern Hurley, Forbes Anderson and Inclusive Advisory are not considered due pricing proposal in excess of \$21,600.
The proposed fees for the entity for a five-year term which are to shown exclusive of taxes and include: <ul style="list-style-type: none"> Professional fees of audit and support staff based on person hours. Estimated disbursements and administrative fees Value added services bundled with the audit service fees. Estimated hours required and levels of staff to be assigned and hourly billing rates. The cost of additional services that may be provided and the conditions why such services may be required 	1-5 (x5)	15	20	10	20	20	15	10	25	10	10	
Pricing of the audit fee	1-5 (x2)	10	2	2	6	10	0	4	2	0	1	
Total Points	100	64	78	37	88	69	50	55	82	43	34	
Rank		5	3	9	1	4	7	6	2	8	10	RED = Not considered

Appendix B

College of Physiotherapists of Ontario
RFP Auditor FY 2022
Rubric

Area & Measurement Criteria	1	2	3	4	5
Understanding of Engagement (5 points max)					
<p>Demonstration of full understanding of the College's structure and governance</p> <p>Statement of full understanding of the audit objectives and overall scope of the work to be performed</p>	<p>No Understanding</p> <ul style="list-style-type: none"> - No statement provided for objectives. - Does not understand the CPO's structure 		<p>Satisfactory</p> <ul style="list-style-type: none"> - CPO objectives are clearly articulated. - Structure of the CPO and its finance department is not clearly outlined. <p>Or</p> <ul style="list-style-type: none"> - CPO objectives are not clearly articulated. - Structure of the CPO and its finance department is clearly outlined. 		<p>Excellent</p> <ul style="list-style-type: none"> - CPO objectives are clearly articulated. - The structure of the CPO and its finance department is clearly outlined.
Experience with Not-for-Profit Audits (10 points max)					
Not-for-Profit auditing experience	No demonstrated experience with NFPs	Limited experience with NFPs (< 5 years)	Relevant experience with NFPs (6-10 years)	Extensive experience with NFPs (>10 years)	Extensive experience with NFPs (> 10 years)
Experience with organizations from a government regulated sector.	No demonstrated experience with regulated agencies	Limited experience with Regulated agencies (< 5 years)	Relevant experience with regulated agencies (6-10 years)	Extensive experience with regulated agencies (>10 years)	Extensive experience with the regulated sector (> 10 years)
Personnel (10 points max)					
Technical experience of the firm	Audit team has no technical experience	Firm has limited technical experience (<5 years experience). No NFP consulting experience	Firm has reasonable experience (6-15 years) with NFP audits and limited consulting experience.	Firm has extensive experience with NFP audits and consulting (>16 years)	Firm is a leader within the NFP audit and consulting sector. (>16 years)
Experience and qualifications of audit team proposed for the College's audit.	Besides the Firm Partner, none of the audit team members have a CPA.	Besides the Firm partner, audit team members are CPA students / candidates	Audit team members are a mixture of CPA members and CPA students / candidates	Audit team members are CPA members or finance professionals (e.g. MBA) with limited practical experience (<10y)	Audit team members are CPA members or finance professionals (e.g. MBA) with extensive practical experience. (>11y)

Area & Measurement Criteria	1	2	3	4	5
Audit Implementation (15 points max)					
Audit Plan including number of person hours anticipated to perform the services. Estimate of the College staff time required including a schedule outlining when required.	Audit implementation plan is not outlined. Hours not estimated for College staff involvement.	An outline of the audit plan is provided. Hours not estimated for College staff involvement.	Audit planned is fully detailed number of hours by audit team. Hours for college staff is not provided.	Audit plan outlines the anticipated number of person hours to conduct the audit. Hours for college staff is not provided.	Audit plan outlines the anticipated number of person hours to conduct the audit. Number of hours required by the College staff is indicated.
Approach used to gain an understanding of the College's structure and operations.	Plans not stated to learn about the College's operations and governance.	Cursory statement about Plans to learn about the College's operations and governance.	Approach to discovery about College's operations is outlined.	Audit team outlines a reasonable approach to learning about the College's operations	Audit team outlines a detailed approach to learning about the College's operations
Quality of the proposal in terms of methodology and approach to the audit, including a description of substance and compliance testing and internal control evaluation.	No description of the methodology to the audit.	Methodology does not provide sufficient detail, including deliverables.	Methodology provides sufficient detail, including deliverables	Methodology provides sufficient detail, including deliverables and addresses all of the items requested.	An appropriate audit methodology is outlined including a description of substance and compliance testing and internal control evaluation.
Additional Services (10 points max)					
Audit firm's ability to provide additional services to the College on an ongoing basis through the entire period of the engagement. Whether or not additional services are included with the Firm's pricing or if they are an extra cost to the College.	No information provided	Proposal outlines standard list of service provided by Firm; not customized to the CPO.	Extra services outside the scope of the audit are offered but at an extra cost.	Extra services related to supporting the audit are indicated and included in the proposal's price	Extra services outside the scope of the audit are offered and are included in the proposal's price.
References (10 points max – score x 2)					
Appropriate references are provided.	No references provided	References provided do not include NFPs or regulated health agencies	References provided include NFPs but no regulated health agencies.	References provided include only regulated health agencies.	References provided include NFPs and regulated health agencies.

Area & Measurement Criteria	1	2	3	4	5
Audit fee (35 points max)					
<p>The proposed fees for the entity for a five-year term which are to shown exclusive of taxes and include:</p> <ul style="list-style-type: none"> Professional fees of audit and support staff based on person hours. Estimated disbursements and administrative fees value added services bundled with the audit service fees. Estimated hours required and levels of staff to be assigned and hourly billing rates. The cost of additional services that may be provided and the conditions why such services may be required. 	Global cost of the audit is the only information provided.	Fees are broken down but lack detail.	Fees are detailed, including rates and hours by each member of the team, and do not include bundled value-added services and the conditions for additional services and costs are not explained.	Fees are detailed, including rates and hours by each member of the team, including the bundled value-added services but the conditions for additional services and costs are not explained.	All fees are detailed including rates and hours by each member of the team and include detail description of bundled value-added services is explained.
Firm Pricing Note: If pricing is 25% higher than our current fee, the proposal is not considered. >21,600	>10% of the FY 2020 audit fees (> \$19,147)	>4 – 10% of FY 2020 Audit fees (\$17,770 - \$18,285)	Within 3% of FY 2020 Audit fees (\$16,732 - \$17,767)	<4-10% than FY 2020 Audit Fees (\$15,250 - \$16,215)	<10% than FY 2020 Audit fees (<\$15,350)

Measurement	Max Raw Score	Weighting factor	Total Score
Understanding the engagement	5	1	5
Experience with non-profit audits	5	2	10
Personnel	5	3	15
Audit Implementation	5	3	15
Additional Services	5	2	10
References	5	2	10
Audit Fee (1)	5	5	25
Audit Fee (2)	5	2	10
Total			100

Councillor Key Learning

Submitted by: __Katie Schulz_____

Name of Conference: __CPA Congress_____

Location and Date: __Virtual from May 13-16, 2021_____

Conference website and URL link: <https://physiotherapy.ca/congress-2021/detailed-schedule>

My top three key learnings from the conference:

1. 'The Significance of Diversity and Inclusion in the Health Care Setting' This session outlined that diversity includes many aspects (e.g., gender identity, disability, race, ethnicity, social class, nationality, sexual orientation), but that it's important not only to have diversity in physiotherapy ('a seat at the table'), we also need inclusion ('a voice at the table'). Promoting diversity and inclusion in physiotherapy is important so that patients feel represented and reflected in their healthcare professionals. Many individuals feel more comfortable being assessed and treated by someone who is 'like them.'

2. 'Clinical Audit to Clinical Pearls - Sparking Critical Thinking and Changing Practice' This session discussed an auditing strategy to survey hospital PTs knowledge about cardiorespiratory treatment in an ICU setting. Clinical vignettes were used to determine what assessments and treatments each PT would provide (challenges clinical reasoning). After all responses were reviewed, a clinical pearl document was provided to help PTs understand what questions they should ask themselves, and how to apply that knowledge when making evidence-informed decisions.

3. 'Addressing Barriers of Tele-Rehabilitation' This session took case scenarios of individuals with neurological conditions and discussed possible barriers and opportunities that exist with telerehabilitation. Barriers included: lack of access to technology, poor internet connection or bandwidth, inability to safely or properly assess an individual remotely, issues of privacy and confidentiality. Opportunities included: greater access to services for those who have limited mobility or are in rural/remote settings, the ability to be assessed by a familiar PT even if not in hometown.

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

1. 'The Significance of Diversity and Inclusion in the Health Care Setting' Actionable items from this session included '3 Steps to Start to Create Change Within Our Organizations'. First, we must 'foster safe spaces for communication'. At the CPO, this might look like an open chat room or scheduled zoom chats where PTs and/or the public can share their feelings about DEI and discuss challenges and opportunities for change. Second, we can 'seek professional guidance and consult,' which may involve asking experts in the area to meet and discuss DEI at the CPO. How can we, as an organization, encourage diversity both in the profession and at the council? Third, we can 'rally around a cause, or an initiative.' At the CPO, this can start as a working group to look at DEI and research ways to become more inclusive. Finally, we cannot know how diverse we are as an organization if we don't ask our registrants any questions about it. Recently, the BC College has started asking more specific questions about gender, race, ethnicity, disability, etc. during their registration process.

2. 'Clinical Audit to Clinical Pearls - Sparking Critical Thinking and Changing Practice' Although this session focused on application of knowledge in a clinical setting, I think it would be interesting to use it as a training tool for committee members. Experts from the committee could create a few vignettes depicting common scenarios, audit the committee for their responses, and then create a guiding document on how to reason through the scenario.

3. 'Addressing Barriers of Tele-Rehabilitation' At the CPO, we have created guiding documents on telerehabilitation for therapists. Moving forward, it will be important to keep this updated, and to include any policy or funding information that may be relevant. As we move past the pandemic, some of these procedures will become permanent, and guiding documents will need to include information for PTs about how to incorporate telerehabilitation into their practice models, while keeping the public safe (e.g., privacy, confidentiality, etc.)

Additional Comments:

More advance warning about whether we've been chosen to attend conferences would be great. I found out only a couple of days before the event that I had been chosen and had to make major changes to my schedule to accommodate.

Agenda # 18

Member's Motion/s