



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

**October 14, 2021**

**Meeting Time 9:00am – 4:00pm**

Meeting to be Held at College Conference room, Zoom and YouTube

**Commitment to the Public Interest**

The public interest is the foundation of all decisions made by this Council. Acting in the public interest ensures that decisions consider: Accessibility, Accountability, Equality, Equity, Protection of the public and Quality Care

**Conflict of Interest and Bias**

Council members are required to declare a conflict of interest or remove themselves from any discussion where they or others may believe that they are unable to consider a matter in a fair, independent and unbiased manner. A declaration in this regard must be made at the start of any discussion item

<b>Time</b>	<b>Item</b>	<b>Topic</b>	<b>Purpose</b>
8:45-9:00	*	Informal Networking	
9:00	*	Call to Order Welcoming Remarks and Roll Call – Theresa Stevens	
1 min	<b>1 Motion</b>	<b>Approval of Agenda</b>	For Decision
1 min	<b>2 Motion</b>	<b>Approval of Meeting Minutes of June 22-23, 2021 and September 20, 2021</b>	For Decision
15 mins	<b>3</b>	<b>President's Report</b> <i>T. Stevens</i> <ul style="list-style-type: none"><li>• Council Meeting Evaluation</li><li>• External stakeholder discussions</li><li>• Council highlights (ongoing progress)</li></ul>	For Information
15 mins	<b>4</b>	<b>Registrar's Report</b> <i>Rod Hamilton</i> <ul style="list-style-type: none"><li>• Environmental Updates and Trends</li><li>• College Representation</li><li>• Regulatory risks</li><li>• Operations update</li></ul>	For Information
10 mins	<b>5 Motion</b>	<b>Consent agenda</b> <i>Justin Rafton, Governance &amp; Policy Manager</i>	For Decision



		Council is asked to adopt the trial use of a consent agenda process for meetings.	
15 mins	<b>6 Motion</b>	<b>Indigenous Land Acknowledgement</b> <i>Evguenia Ermakova, Policy Analyst</i> Council is asked to approve the land acknowledgement statement for use.	For Decision
15 mins	<b>7</b>	<b>Equity, Diversity and Inclusion (EDI) College Initiatives Update</b> <i>Rod Hamilton, Registrar</i>	For Information
45 mins	<b>8 Motion</b>	<b>College EDI position statement</b> <i>E. Ermakova, Policy Analyst</i> Council is asked to approve and adopt the position statement on EDI.	For Decision
Break			
30 mins	<b>9</b>	<b>Council Education: Professional Conduct and Inquiries, Complaints and Reports Committee (ICRC)</b> <i>Presentation by Allan Mak, Investigations Manager</i>	For Information
5 mins	<b>10 Motion</b>	<b>Revision to Committee Slate 2021-2022</b> <i>Rod Hamilton, Registrar</i> As a result of new appointments, Council is asked to approve a revised committee slate.	For Decision
30 mins	<b>11 Motion</b>	<b>Corporate Office Space Update</b> <i>Zoe Robinson, Director of Corporate Services</i> An update on CPO's review of office needs and costs will be provided to Council.	For Decision
15 mins	<b>12</b>	<b>FY 2022 Q1 Financial Report</b> <i>Z. Robinson- Director of Corporate Services</i>	For Information
Lunch 12:30-1:30			
1:30-2:30 pm	<b>13 Motion</b>	<b>Motion to go in camera pursuant to section 7 (2) (e) of the Health Professions Procedural Code</b> In-camera <i>Any meeting or portion of a meeting held in-camera is not open to the public. As per section 7(2) of the Health Professions Procedural Code (Schedule 2 of the Regulation Health Professions Act) provides for limited circumstances where the public may be</i>	In-camera



		<i>excluded from a Council meeting. Council will be going in-camera: for:</i> <ul style="list-style-type: none"><li>• <i>instructions to be given to or opinions received from legal counsel</i></li></ul>	
1 hour	<b>14</b>	<b>Examination update</b> <i>R. Hamilton, Registrar</i> Council is asked to consider the opinions, advice and proposals and provide decisions on next steps to respond to the ongoing unavailability of the examination	For Decision
3:30 pm	<b>15</b>	<b>Canadian Alliance Physiotherapy Regulators (CAPR) update</b> <i>CPO Board representative Gary Rehan</i>	For Information
3:45 pm	<b>16</b>	<b>Entry to practice Working Group update</b> <i>Darryn Mandel, Chair of ETPWG</i>	For Information
	<b>17</b>	<b>Member's Motions</b>	
		ADJOURNMENT	

#### Next Meeting Dates

- Dec 15-16, 2021
- March 23-24, 2022
- June 28-29, 2022



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 1.0**

**Council Meeting  
October 14, 2021**

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

It is moved by

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and seconded by

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that:

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



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 2.0**

**Council Meeting  
October 14, 2021**

**Agenda #2: Approval of the Council Meeting Minutes of June 22-23, 2021 and  
September 20, 2021.**

It is moved by

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and seconded by

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that:

the Council meeting minutes of June 22-23, 2021 and September 20, 2021 be approved.



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

**MINUTES**

**June 22-23, 2021**

College Boardroom & Virtually via Zoom

**In-person Attendees:**

Theresa Stevens, President  
Jennifer Clifford, Vice-  
President

**Zoom Attendees:**

Janet Law, PT  
Hervé Cavanagh, PT  
Karen St. Jacques, PT  
Katie Schulz, PT  
Dennis Ng, PT  
Anna Grunin, PT  
Jesse Finn, Public  
Tyrone Skanes, Public  
Nitin Madhvani, Public  
Myles MacLeod, Public  
Carole Baxter, Public

**Regrets:**

Paul Parikh, PT

**Zoom Guests:**

Allison Henry, MOH (June 22)  
Alan Bromstein, WeirFoulds (June 22)  
Brad Quinn, TNG Consultant (June 22)  
Darryn Mandel, ETP WG (June 22)  
Gary Rehan, CAPR Board Rep (June 22)  
Blair MacKenzie, Hilborn (June 23)

**Staff in person**

Rod Hamilton, Registrar

**Staff on zoom**

Anita, Ashton, Deputy Registrar  
Zoe Robinson  
Melissa Collimore  
Justin Rafton  
Lisa Pretty (June 23)  
Fiona Campbell (June 23)  
Allan Mak (June 23)  
Shelley Martin (June 23)

**Recorder:** Barbara Hou

**Tuesday June 22, 2021**

**8:30 am.**

**Welcome**

The President welcomed all members and introduced newly elected professional members Dennis Ng and Anna Grunin. It was noted new academic member Paul Parikh would not be in attendance. All Council members were given the opportunity to introduce themselves.

**1.0 Approval of the Agenda**

**Motion**

It was moved by T. Skanes and seconded by D. Ng that:

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

**CARRIED.**

**2.0 College Response to Terrorist Action in London, Ontario**

**Motion**

On Sunday June 6, Salman Afzaal, a physiotherapist and his family were struck and killed by a motor vehicle while walking in London Ontario. A moment of silence was observed by Council in solidarity with and recognition for Salman Afzaal and his family following this senseless attack.



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

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

**CARRIED.**

**3.0 Motion Approval of the Council Meeting Minutes of March 23, 2021 and May 19, 2021**

It was moved by M. MacLeod and seconded by K. St. Jacques that:

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

**CARRIED.**

**4.0 Board Governance Education**

Brad Quinn, TNG Consultants facilitated a closed education session for Council on Board Governance.

**Council resumed at 1:00 pm**

**5.0 Ministry of Health-Allison Henry**

Allison Henry, Director, Health Workforce Regulatory Oversight at the Ministry of Health provided Council with a presentation on the ongoing legislative and regulatory work being led by the Ministry. The update focused on:

1. The recent passing of the *Advancing Oversight and Planning in Ontario Health System Act, 2021* which included a new regulatory authority for personal support workers under the *Health and Supportive Care Providers Oversight Authority Act, 2021* and added the regulation of physician assistants under the CPSO and behaviour analysts under the College of Psychologists.
2. The Ministry's review of the College's Year 1 submission for the College Performance Measurement Framework (CPMF) alongside considerations of governance changes to the RHPA model to align with best practices and trends.

**6.0 Presidents Report**

T. Stevens, President provided an update on the following:

- Planning for a strategic planning process for the College to occur in the fall in order to develop a new three-year plan;



- Prioritizing Entry to Practice matters in order to register physiotherapy residents as soon as possible;
- Engaging in collaborative work alongside the Canadian Alliance of Physiotherapy Regulators (CAPR) to launch an exam by fall;
- Received a letter from the Office of Fairness Commissioner, which will be considered by the Entry to Practice Working group; and
- Received a letter from the Ontario Physiotherapy Association.

### **7.0 Registration and Examination Overview**

A. Ashton, Deputy Registrar and M. Collimore, Manager of Registration provided Council with a high-level overview on the journey of how physiotherapists become registered with the College, with a focus on the examination process.

### **8.0 Motion Entry to Practice (ETP) Working Group: Alternative Examinations and Review Scope**

In light of the multiple cancellations and delays to the clinical portion of the Physiotherapy Competency Exam (PCE) administered by CAPR, Council established and initially tasked the ETP Working Group to review and consider alternate examinations in case of further delays.

Specifically, Council requested further information on the models being used in Alberta and British Columbia. D. Mandel provided Council with an update on the Working Group's preliminary background research and discussions on the alternative examinations. 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 exam requirements available.

Any examination would need to be considered based upon specified criteria to ensure legal defensibility and public protection. In consideration of such criteria recommended by legal counsel, the Working Group suggested that proposed examinations in Alberta and British Columbia were best fit for further study as potential alternatives.

It was moved by H. Cavanagh and seconded by K. St. Jacques 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.

**CARRIED.**

**9.0 Canadian Alliance Physiotherapy Regulators (CAPR)**

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

As a result of the ongoing COVID pandemic, Council agreed in November 2020 to support the development of a virtual Physiotherapy Competency Exam (PCE) due to restrictions in holding in-person examinations. The first virtual clinical component of the PCE was to be offered on March 20 and 21, 2021 but failed due to technical challenges. As a result, the March virtual clinical examination had to be cancelled.

G. Rehan assured Council that CAPR had adopted a new vendor, re-organized the logistics of offering access on the online platform and are on track to relaunch a virtual clinical exam in early September 2021.

It was moved by D. Ng that the Council meeting be recessed for the day ending at 4:00 pm.

**CARRIED**

**9:00 am.**

**Wednesday, June 23, 2021**

It was moved by K. St. Jacques and seconded by K. Schulz that the meeting was called to order and resumed.

**CARRIED.**

**10.0 Registrars Report**

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

- Meeting with the Office of the Fairness Commissioner;
- Meeting with Ministry of Labour;
- Ministry of Health soliciting any further governance input from RHPA Colleges;
- *Advancing Oversight and Planning in Ontario Health System Act, 2021*;
- College Performance Management Framework (CPMF) Year 1 Report and Next Steps;
- Council Composition;
- CAPR Registrar update-National Exam;
- Staffing and Operations;



- Health Professions Regulators of Ontario (HPRO) Governance training;
- Medical Council of Canada Exam;
- OPA Survey PT's and HR issues; and
- Upcoming Privacy webinar being hosted by the College and led by Kate Dewhirst.

**11.0 Review of Previous Strategic Plan**

R. Hamilton, Registrar provided Council with an overview of College's previous Strategic Plan for 2017-2021 and addressed any questions from Councillors on the specific priorities. The presentation highlighted both the goals of the plans and lessons learned looking back. Council would be participating in a new College Strategic planning session, being planned to commence in the fall.

**12.0 Annual Committee Report (April 2020 to March 2021) and Program Area update (January to March 2021)**

Program managers and committee support provided an annual report on committee activities and statistics alongside an update on program area projects and initiatives being undertaken. This included:

- Executive Office;
- Registration;
- Quality Assurance;
- Inquiries, Complaints and Reports (Professional Conduct);
- Patient Relations;
- Discipline and Fitness to Practice;
- Finance;
- Corporate Services;
- Practice Advice;
- Policy; and
- Communications.

**13.0 Standards Review Process- Revised 2021 Proposal**

**Motion** J. Rafton, Manager of Policy and Governance provided Council with the background on the College's Standards review process and proposal for a revised framework.

In late 2019, Council approved a Standards review process. However, due to the COVID pandemic and other initiatives undertaken, the review process had 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 an area



identified for prioritization in the upcoming years. In light of this and completion of the CPMF, staff have reassessed the standard review process to ensure it still met the needs of an evolving regulatory environment and that there was a practical operational plan going forward.

Staff, in consultation and with support of the Executive Committee, developed a revised proposal to ensure the process was focused, collaborative and regimented. Standards would be grouped by theme and reviewed based on identified priority and risk. Staff would lead the review of one priority grouping each year.

It was moved by J. Finn and seconded by N. Madhvani that:

the Council approves the revised proposal for the ongoing review of the College's Professional Standards to ensure they remain current over time.

**CARRIED.**

**14.0 Bylaw and Governance Policies Review- Final Approval**

**Motion**

J. Rafton, Manager of Policy and Governance provided Council with the background on the Governance Working Group's review of the By-law and governance policies and provided an update following on from the public consultation.

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 were distributed for consultation, and Council were provided with the collated responses. The Executive committee reviewed the feedback and recommended two subsequent changes be made under *Part 2.10 The Registrar* in the bylaws. The Executive Committee now brought forward a final proposal of changes for approval.

It was moved by K. St. Jacques and seconded by T. Skanes that:



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

**CARRIED.**

**15.0 Approval of the 2021-2022 Committee Slate**

**Motion** Council discussed the proposed 2021-2022 Committee slate. The discussion focused on the implication of consecutive term limits for non-Council member committee involvement, following the recent by-law amendment.

It was moved by K. Schulz and seconded by N. Madhvani that:

Council approved the proposed committee slate with the removal of D. Mandel from the Inquiries, Complaints and Reports Committee (ICRC).

**CARRIED.**

Executive Committee

Theresa Stevens, PT (Chair)  
Jennifer Clifford, PT (VP)  
Katie Schulz, PT  
Tyrone Skanes, Public  
Nitin Madhvani, Public

Inquiries, Complaints  
and Reports Committee  
(ICRC)

Gary Rehan, PT non-council  
(Chair)  
Dennis Ng, PT  
Jennifer Clifford, PT  
Carole Baxter, Public  
Tyrone Skanes, Public  
Monica Clarke, PT non-council

Discipline & Fitness to  
Practice Committee

James Wernham, PT non-council  
(Chair)  
Katie Schulz, PT  
Janet Law, PT  
Hervé Cavanagh, PT  
Karen St Jacques, PT  
Paul Parikh, PT  
Anna Grunin, PT  
Nitin Madhvani, Public  
Jesse Finn, Public  
Myles MacLeod, Public  
Carole Baxter, Public  
Daniel Negro, PT non-council  
Angelo Karalekas, PT non-council  
Richa Rehan, PT non-council  
Nicole Graham, PT non-council



Sue Grebe, PT non-council  
Felix Umana – PT non-council  
Theresa Kay – PT non-council

Quality Assurance  
Committee

Antoinette Megens, PT non-council  
(Chair)  
Hervé Cavanagh, PT  
Dennis Ng, PT  
Beth Bergmann, PT non-council  
Jesse Finn, Public  
Myles MacLeod, Public

Registration Committee

Tyrone Skanes, Public (Chair)  
Katie Schulz, PT  
Paul Parikh, PT  
Jesse Finn, Public  
Carole Baxter, Public

Patient Relations

Anastasia Newman, PT non-council  
Karen St Jacques, PT (Chair)  
Anna Grunin, PT  
Antoinette Megens, PT non-council  
Nitin Madhvani, Public

Finance Committee

Janet Law, PT (Chair)  
Theresa Stevens, PT  
Jennifer Clifford, PT  
Nitin Madhvani, Public  
Myles MacLeod, Public

Canadian Alliance of  
Physiotherapy  
Regulators (CAPR)  
Board Representative

Gary Rehan, PT non-council

**16.0 Audited Annual Financial Statements ending March 31, 2021**  
**Motion** Blair Mackenzie, College auditor, Hilborn provided an overview of the audited financial statements ending March 31, 2021.

The auditor noted that it was a “clean audit” and no concerns were identified. It was also noted that this audit was completed virtually.

Z. Robinson, Director of Corporate Services, presented Council with the Colleges financial performance for Quarter 4 (Q4) FY 2021 Year end.

It was moved by J. Law and seconded by J. Clifford that:



the Council approves the 2020-2021 Audited Financial Statements ending March 31, 2021.

**CARRIED.**

**17.0 Consideration of College Auditor**

**Motion** It was moved by J. Law and seconded by D. Ng that:

the Council appoints Hilborn LLP as the external financial auditor for the year ending March 31, 2022.

**CARRIED.**

**18.0 Councillor Conference Written Report**

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

**19.0 Members' Motion/s**

None

**Adjournment**

It was moved by N. Madhvani that the Council meeting be adjourned.  
The meeting was adjourned at 3:10 PM.

**CARRIED.**

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Theresa Stevens, President



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

**MINUTES**

**September 20, 2021**

College Boardroom & Virtually via Zoom

**In-person Attendee:**

Theresa Stevens, President

**Zoom Guest:**

Alan Bromstein (Counsel)

**Staff in-person:**

Rod Hamilton, Registrar

**Zoom Attendees:**

Jennifer Clifford, PT

Janet Law, PT

Hervé Cavanagh, PT

Karen St. Jacques, PT

Katie Schulz, PT

Dennis Ng, PT

Anna Grunin, PT

Paul Parikh, PT

Sharon Gabison, PT

Jesse Finn, Public

Tyrone Skanes, Public

Nitin Madhvani, Public

Myles MacLeod, Public

Richard O'Brien, Public

**Staff on zoom:**

Zoe Robinson

Justin Rafton

Recorder: Barbara Hou

**Regrets:**

Carole Baxter, Public

**Monday September 20, 2021**

**4:00 pm.**

**Welcome**

**1.0**

**Motion**

**Approval of the Agenda**

It was moved by K. St. Jacques and seconded by J. Law that:

the agenda be accepted as presented.

**CARRIED.**

**2.0**

**Solutions that will enable the College to grant Certificates of Independent Practice**

Following ongoing delays and cancellations to the clinical component of the Physiotherapy Competency Exam (PCE), Canadian Alliance Physiotherapy Regulator (CAPR) attempted again to administer its examination in a virtual format in September 2021. Unfortunately, due to technical failures after attempting to hold exams over three separate days, the entire series of virtual examinations were cancelled.

Rod Hamilton, Registrar provided Council with background of the current situation and outlined potential pathways through alternative examinations and/or regulatory



amendments in order to enable the College to grant independent practice certificates to provisional practice certificate holders. A comprehensive review of the possible options were detailed for Council's consideration.

Council discussed the potential options and next steps in their review. The priority was for those short-term options that allowed for an expedient and safe way to assess competency and allow for registration to independent practice. As such, the immediate focus would be on viable exam-based alternative solutions that could work and be implemented nationally, rather than seeking regulatory change in the interim.

Council directed College staff to investigate and potentially implement an alternative examination as soon as possible.

Considerations would include:

- evaluation of submissions on the College's Request for Proposal (RFP) for an alternative clinical examination;
- investigation of a collaborative exam in partnership with Canadian physiotherapy regulators, making use of CAPR's existing PCE questions; and
- assessment of the Ontario PT University Programs alternative proposal.

College staff would provide an update on the viability of implementing exam-based alternatives and the assessment of the University proposal at the next Council meeting.

### **Adjournment**

It was moved by T. Skanes that the Council meeting be adjourned. The meeting was adjourned at 5:36 PM.

**CARRIED.**

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Theresa Stevens, President



## **Agenda # 3**

President's Report

## **Agenda # 4**

Registrar's Report



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 5.0**

**Motion**

**Council Meeting  
October 14, 2021**

**Agenda # 5.0: Council Meeting Consent Agenda**

It is moved by

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and seconded by

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that:

Council adopt the trial use of a consent agenda process for meetings.

<b>Meeting Date:</b>	October 14, 2021
<b>Agenda Item #:</b>	5
<b>Issue:</b>	Council Meeting Consent Agenda
<b>Submitted by:</b>	Rod Hamilton, Registrar Justin Rafton, Manager, Policy and Governance

**Issue:**

At each Council meeting, at least a few items are on the agenda for information or minimal discussion. These items either are routinely brought forward or already passed through a motion. Aligned with common governance practices, it is being recommended that Council trial the use of a consent agenda process to expedite the approval of such items to ensure meeting efficiency and support discussion times for other items.

**Background:**

A consent agenda is a common board meeting practice to group routine items and reports for information under one agenda item. The consent agenda can be approved in one action, rather than discussing and filing individual motions for each item separately. The intention of its use is to save Council valuable time towards the discussion of other key policy items on the agenda. Consent agendas' are not intended to expedite decision items, rather only those informational items where extensive discussion is not anticipated.

**Consent Agenda:**

**Items**

The consent agenda typically contains those routine, procedural decisions that come forward at each meeting or have already previously been discussed or approved. For the College Council, the consent agenda would include items such as:

- Approval of past Council meeting minutes;
- Motion and action item list;
- Committee and working group reports; and
- Correspondence requiring no action.

**Use**

A consent agenda allows for reports and other matters to be sent out in advance with the meeting materials, rather than just being presented at the meeting. The materials would then continue to be archived for Council review at future meetings as part of past materials.

The President, in their role preparing the Council meeting agenda, would lead the development of the consent agenda. Building on this, the President would then walk Council through the consent agenda approval process. The process would be laid out as follows:

1. When preparing the meeting agenda, the President determines whether an item belongs on the consent agenda.

2. The consent agenda list and supporting documents are including in the meeting materials provided at least a week before the Council meeting.
3. At the meeting, the President asks Councillors if they request that any item within the consent agenda be further discussed separately. Any Councillor can identify an item(s) for further discussion. Items may be removed for any reason. The Councillor may wish to query the item or to get a further update from the President, respective committee chair and/or staff.
4. Once the item(s) has been removed, the President can decide whether to take up the matter immediately or place it on the regular meeting agenda.
5. When there are no more items to be removed, the President brings forward a motion to accept the items of the consent agenda.
6. The meeting minutes will reflect the passing of the consent agenda and if any items were removed for further discussion.

### ***Governance Policy***

The Executive Committee is recommending Council trial the use of a consent agenda process, prior to officially adopting it as a practice. The process could be proposed and explained by the President as follows:

A consent agenda will be presented by the President at each regular Council meeting. The President will outline the use of a consent agenda at each meeting. Items may be removed from the consent agenda at the request of any councillor. Items not removed may be adopted by general consent without further discussion. Removed items may be taken up either immediately after the consent agenda or placed later on the agenda at the discretion of the President.

If following a trial period, Council wishes to adopt the process permanently, a governance policy will be drafted and presented for approval.

### **Decision Sought:**

That Council trial the use of a consent agenda process for meetings.

### **Appendices**

- Appendix 1 : Sample Consent Agenda

## Appendix 1: Sample Consent Agenda

Time	1	Approval of agenda	For Approval
	2 Motion	<p><b>Consent Agenda</b>            (Council members can ask for an item(s) to be removed from the consent agenda for discussion)</p> <p>Approval of the Minutes of XXXXX</p> <p>Acceptance of the Committee Reports</p> <ul style="list-style-type: none"> <li>• Registration</li> <li>• Inquiries, Complaints and Reports Committee</li> <li>• Quality Assurance Committee</li> <li>• Patient Relations Committee</li> <li>• Discipline / Fitness to Practice Committee</li> <li>• Executive Committee</li> </ul> <p>Acceptance of Additional Reports</p> <ul style="list-style-type: none"> <li>• Entry to Practice Working Group</li> <li>• Finance Committee</li> <li>• Q? Financials</li> <li>• Policy Update</li> <li>• Communications</li> </ul>	For Approval
	3	Presidents Report	For Information
	4	Registrars Report	For Information

DRAFT  
 SAMPLE



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 6.0**

**Motion**

**Council Meeting  
October 14, 2021**

**Agenda # 6.0: Indigenous Land Acknowledgement**

It is moved by

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and seconded by

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that:

Council approve the land acknowledgement statement for use.

<b>Meeting Date:</b>	October 14, 2021
<b>Agenda Item #:</b>	6
<b>Issue:</b>	Indigenous Land Acknowledgement
<b>Submitted by:</b>	Justin Rafton, Policy & Governance Manager Evguenia Ermakova, Policy Analyst

## Issue

At the February 16, 2021 Council meeting, Council approved the development of an Indigenous land acknowledgement that would be read at the beginning of each Council meeting, posted to the College website, and displayed at the physical office space.

Council also directed that the land acknowledgement be reviewed by a consultant before being fully implemented. In response, staff sought the advice of a consultant and changed the land acknowledgement in response to the recommendations. The land acknowledgement was approved for Council use by the Executive Committee at their meeting on September 16, 2021, and it will be ready for delivery following Council approval.

## Background

During Council's November 27, 2020 meeting, Councillor Janet Law brought forward a member's motion proposing that Council include the delivery of an Indigenous land acknowledgement as a standing item on each Council agenda. Councillor Law suggested that the land acknowledgement should serve as the first step of a broader equity, diversity, and inclusion framework.

This proposal was revisited and formally introduced as a Council motion at the February 16, 2021 Council meeting. Council was asked to approve a motion involving the use of an Indigenous land acknowledgement at the start of future Council meetings. After discussion, Council approved the land acknowledgement but recommended that the College pursue additional research to ensure its proper use. This research included speaking with a consultant (as recommended by Council) and conducting an environmental scan of other Ontario health regulators.

### *1. Consultant Review*

Staff spoke with Darcy Belisle, an Advisor at the York University Centre of Human Rights and Inclusion, regarding the language and use of a land acknowledgement. The consultant agreed that as the



statement was substantially similar to City of Toronto guidance<sup>1</sup>, a widely accepted land acknowledgement and supplementary guidance document, that it is ready for delivery at Council. However, the consultant noted two caveats:

1. Council should note and record that that the acknowledgement may change and evolve over time; and
2. The land acknowledgement is but an initial step and should be included as part of a broader Indigenous reconciliation strategy. An Indigenous strategy is particularly important for the acknowledgement not to exist in isolation from other initiatives benefitting Indigenous communities directly. Staff will continue to work on developing such a strategy in collaboration with Council.

## *II. Environmental Scan*

Staff also examined and consulted with other Ontario health regulatory colleges to better understand the context of how land acknowledgements are used in the health regulation setting. A growing number of regulatory Colleges are using or developing land acknowledgement statements for Council meetings. Staff found that:

- Colleges introduce land acknowledgments based on internal priorities rather than regulatory alignment.
- Colleges tend to develop these statements through different methods and at different paces.
- The City of Toronto's land acknowledgement has been recommended by other consultants to Colleges as the statement with the most appropriate language.

One question that continues to arise is whether virtual gatherings change the way a land acknowledgement is traditionally delivered. Staff found that the generally accepted practice<sup>2</sup> is to:

1. Acknowledge the traditional Indigenous territories of the place the host is leading the gathering from;
2. Acknowledge that others may be on a different territory; and
3. Encourage online participants to research and reflect on the traditional keepers of the lands they call home.

These elements are included in section 3 of the Land Acknowledgement Statement (Appendix 1).

Based on the above research, staff have made changes to the previous sample land acknowledgement statement for tighter consistency with City of Toronto guidance. It is now ready to be delivered at Council, published to the College website<sup>3</sup>, and posted to the College office space.

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<sup>1</sup> City of Toronto, 2019. "Land Acknowledgement Guidance." <https://www.toronto.ca/wp-content/uploads/2019/06/90c6-2019-Land-Acknowledgment-Guidance.pdf>

<sup>2</sup> University of British Columbia, 2021. "Doing Land Acknowledgements." <https://guides.library.ubc.ca/distance-research-xwi7xwa/landacknowledgements>

<sup>3</sup> An example of a website treaty acknowledgement: Alberta College of Occupational Therapists, "Treaty Acknowledgement." <https://acot.ca/treaty-acknowledgement/>

## Public Interest in this Decision

The duty to protect the public interest underscores the need for the College to prioritize reconciliation, starting with a land acknowledgement statement. Creating a safe, welcoming, and culturally competent environment for Indigenous communities, many of whom have had historically charged relationships with the health sector, is essential to meeting the public protection mandate. The following public interest considerations apply:

- Equity: Indigenous communities are treated with sensitivity and respect in their dealings with health professionals and the College; and
- Accountability: The College is accountable to all members of the public, including the Indigenous communities it represents.

## Next Steps

Council is being asked to approve the land acknowledgement statement (Appendix 1) for use. If approved, the acknowledgement will be delivered at the beginning of a subsequent Council meeting. Staff will also coordinate for the acknowledgment to be posted to the College website and displayed at the physical office space.

## Decision Sought

That Council approve the land acknowledgement statement for use.

## Appendices

- Appendix 1 – Land Acknowledgement Statement

## Appendix 1 – Land Acknowledgement Statement

### College of Physiotherapists Land Acknowledgement Statement

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

1. Land acknowledgement (Kept as is):

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

2. Context of acknowledgement (Customizable):

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

3. Moment of reflection (Customizable):

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

**Pronunciation** (from City of Toronto guidance):

- Anishnabeg: Awe – Nish – Nah - Beck
- Haudenosaunee: Hoe – De – Nah – Show - Nee
- Chippewa: Chip – A - Wah
- Wendat: When - Dat
- Inuit: Δ (ee) ɔ (nu) Δ<sup>c</sup> (eet)
- Métis: May – Tee
- Tkaronto: Tka – Ron - Toe



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### **Agenda # 7**

Equity, Diversity and Inclusion (EDI) College Initiatives

*No materials*



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**Motion No.: 8.0**

**Motion**

**Council Meeting  
October 14, 2021**

**Agenda # 8.0: Equity, Diversity and Inclusion (EDI) Position Statement**

It is moved by

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and seconded by

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that:

Council adopt the position statement on Equity, Diversity, and Inclusion (EDI).

<b>Meeting Date:</b>	October 14, 2021
<b>Agenda Item #:</b>	8
<b>Issue:</b>	Equity, Diversity, and Inclusion (EDI) Position Statement
<b>Submitted by:</b>	Rod Hamilton, Registrar Justin Rafton, Policy & Governance Manager Evguenia Ermakova, Policy Analyst

## Issue

At the February 16, 2021 Council meeting, Council discussed and approved the development of a position statement on Equity, Diversity, and Inclusion (EDI). Staff prepared a draft position statement and presented it to the Executive Committee on September 16, 2021. After discussion and some adjustments, Executive recommended that Council approve and adopt the position statement. Council is now being asked to provide feedback on the draft statement and approve it for use.

## Background

During Council's November 27, 2020 meeting, Councillor Janet Law brought forward a member's motion proposing that Council adopt a position statement on EDI and begin work on a broader framework to support safe, equitable, and culturally competent care.

Councillor Law asked that Council explore the College's position on EDI and reflect on any demonstrable commitments in this area throughout the course of developing this statement. The position statement would serve as the formal basis through which the College can begin to develop further commitments around addressing equity, diversity, and inclusion both organizationally and in the profession of physiotherapy.

This proposal was formally delivered as part of a Council motion at the February 16, 2021 Council meeting, during which Council agreed that the College should prioritize EDI as a strategic initiative over the coming years and directed staff to begin developing this statement. This initiative would be further discussed as part of the College's upcoming strategic planning process.

Based on this direction, staff have created a draft College position statement, attached here as Appendix 1. The process work in development included conducting environmental research into language and use, as well as holding informational meetings with health regulators also pursuing an EDI framework.

The draft statement then went through several rounds of internal review and was informed by feedback from an EDI survey distributed to all College staff in August 2021. The statement underwent review from the Executive Committee, who recommended staff make minor amendments. Feedback from both Council and staff are important in informing the commitments outlined in the position statement and ensuring the statement reflects the organization as a whole.

Once approved for release, the position statement will live in an Equity, Diversity, and Inclusion page on the College website. This webpage is intended to be a living resource catalogue which may change as the environment evolves and to address matters meaningfully and proactively. The page will also contain the College's land acknowledgement statement as well as a list of salient resources for membership and the public to access. An abridged version of the position statement could also be included as part of Council materials to remind members of their commitment to this area.

### *Environmental Scan*

Staff reached out to other regulatory health Colleges when doing initial research in this area. Staff learned the following:

- Position statements fall generally under two camps: (1) “awareness” statements; and (2) “commitment” statements. The former demonstrate an understanding of the situation with an intention to act, while the latter promise to act on concrete commitments.
- Each regulator consulted took a different approach in developing their position statement. However, when asked why they chose to introduce one, each regulator responded that it was done as a starting point to pursuing further work in this area, with the intention of being transparent to the public.
- Regulators consulted expressed the importance of a position statement being a “living document” and responsive to the changing environment.
- Some regulators, like [Physiotherapy Alberta](#), include an outline of their EDI planning process in their position statement.

### **Public Interest in this Decision**

Speaking out about issues that affect the public falls within the College's mandate to protect the public interest. It is well-documented in the literature that discriminatory health systems can lead to disproportionately poorer health outcomes for those affected. Health regulators have a duty to address those disparities and commit to helping the groups that are most affected. A position statement marks the beginning of an ongoing commitment to advancing EDI, both internally and as a regulator. The following public interest considerations are particularly important:

- Equity: The College demonstrates a commitment to ensuring equitable physiotherapy care by releasing an EDI position statement to the public.

- **Accountability:** By introducing a position statement on EDI, the College will ensure that it is accountable to the public for upholding its EDI commitments and begin a larger strategy to address these issues.

## **Next Steps**

Council is being asked to provide feedback on the position statement and approve it for use. Once approved, the statement will undergo any further amendments if directed, and staff will then coordinate for it to be posted to the College website.

## **Decision Sought**

That Council approve and adopt the position statement on Equity, Diversity, and Inclusion (EDI).

## **Appendices**

- Appendix 1 – Draft EDI Position Statement



## Appendix 1 – Draft EDI Position Statement

### Statement of Awareness around Equity, Diversity, and Inclusion (EDI) by the College of Physiotherapists of Ontario

*How well we achieve our mission to protect the public interest depends wholly on our ability to cultivate a climate in which everyone feels like they belong.*

Advancing safe, welcoming, and equitable physiotherapy care requires that we acknowledge and address direct and systemic discrimination within our health systems and broader communities. Both types of discrimination lead to barriers that exclude many people from participating in health systems based on identity factors like race, ethnicity, gender identity and expression, sex and sexual orientation, age, ability levels, and physical appearance. Discrimination often goes unaddressed, resulting in the continued oppression and marginalization of many groups both in and out of the Ontario healthcare setting.

When systems that are meant to help people end up doing the opposite, it is not enough to be quietly anti-discriminatory: we must be actively and deliberately anti-discriminatory. It's time for us to begin the work to do and be better.

This is why the College of Physiotherapists is taking its first steps of an ongoing EDI journey. Our goal is to encourage participation and belonging for all, both within our organization and in the profession of physiotherapy at large. Right now, we are focusing on getting ourselves equipped to undergo this critical work, and we will update on our progress and planning as we move forward.

We are dedicated to learning about inclusive practices, growing our knowledge base, and evolving our commitment to fostering true belonging. We are humbled by the road we have ahead of us, and we know that this work requires we be community-centered in our decision making. We would therefore like to invite you to join us on this journey and offer your perspective. If you have any comments, questions, or ideas for us, please contact [consultation@collegept.org](mailto:consultation@collegept.org).

We also recognize that doing this work honestly and productively is no easy feat, and that it will always be a work in progress. We look forward to learning more about ourselves and the societies in which we live along the way.

## Glossary

**Equity** – the promotion of fair treatment and access to opportunities, growth, and advancement for all groups within a space, as well as the elimination of barriers. This process is usually dictated through an organization’s policies and practices.

**Diversity** – a space is representative of the many psychological, social, or physical differences that occur among individuals.

**Inclusion** – individuals are able to participate fully and express themselves safely, authentically, and productively.

**Belonging** – the natural consequent of the convergence of the equity, diversity, and inclusion streams. Here, individuals feel valued and accepted within their space. This outcome occurs when a cultural climate is welcoming, trustworthy, and respectful.

**Direct Discrimination** – when an individual or group is treated disproportionately worse because of their identity factors. Action is taken based on prejudice, and this can include violence, threats, and exclusion.

**Systemic (indirect) Discrimination** – the complex interaction of culture, social policy, and institutions that create advantages for some groups while perpetuating disadvantages for others over a long period of time. If a group experiences systemic discrimination within a space, they will likely face barriers to success and disproportionately poorer outcomes.

**Marginalization** – the treatment of a person or group of people as insignificant or unimportant, often resulting in their exclusion from a space.



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## **Agenda # 9**

### **Council education**

Professional Conduct and the Inquiries, Complaints and Reports Committee (ICRC)

Presentation by Allan Mak, Investigations Manager



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**Motion No.: 10.0**

**Motion**

**Council Meeting  
October 14, 2021**

**Agenda # 10.0: Revisions to the 2021-2022 Committee Slate It**

is moved by

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and seconded by

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that:

Council approves the revised 2021-2022 committee slate by:

- appointing Richard O'Brien to the Inquiries, Complaints and Reports, Discipline and Fitness to Practise committees;
- appointing Sharon Gabison to the Registration, Discipline and Fitness to Practise committees; and
- removing Paul Parikh from the Registration Committee.

<b>Meeting Date:</b>	October 14, 2021
<b>Agenda Item #:</b>	10
<b>Issue:</b>	Revisions to the 2021-2022 Committee Slate
<b>Submitted by:</b>	Rod Hamilton, Registrar

**Issue:**

Council is being asked to consider some minor revisions to the 2021-2022 committee slates recommended by the Executive Committee.

Executive Committee recommend to Council the following appointments:

- the new Public member, Richard O'Brien to the Inquiries, Complaints and Reports Committee (ICRC) and Discipline and Fitness to Practise Committee,
- the new academic member from University of Toronto, Sharon Gabison, to the Registration Committee and Discipline and Fitness to Practise Committee, and
- Paul Parikh, the academic from Western be removed from Registration committee.

**Background:**

The issue that this set of revisions to the committee slate needs to resolve is the recent appointment of Richard O'Brien and Sharon Gabison to Council.

With the recent expiry of Tom McAfee's public appointment, there are now only four public members on the College's Discipline and Fitness to Practise Committee so the addition of another public members, and an academic member to this committee would be of significant assistance in forming panels.

Finally, for ensuring succession planning for the committee it would be helpful to include an additional public member Richard O'Brien on ICRC.

With these considerations in mind, it is suggested that Richard O'Brien be appointed to the Discipline and Fitness to Practise Committee and ICRC, Paul Parikh be removed from Registration Committee and Sharon Gabison be appointed to the Registration Committee and Discipline and Fitness to Practise Committee.

**Decision Sought:**

Executive is being asked to recommend to Council that Richard O'Brien be appointed to the Inquiries, Complaints and Reports Committee and Discipline and Fitness to Practise Committee, that Sharon Gabison be appointed to Registration Committee and Discipline and Fitness to Practise Committee and that Paul Parikh be removed from Registration Committee.

**Appendices:**

- **Appendix 1:** 2021-2022 Revised Committee Slate



**Appendix 1: 2021-2022 Revised Committee Slate DRAFT**

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	PROPOSED MEMBERSHIP	BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES	Staff Support
EXECUTIVE	5 people: <ul style="list-style-type: none"> <li>At least 3 Professional Members of Council</li> <li>At least 1 but not more than 2 Public Appointees</li> <li>Must include President and Vice President</li> </ul>	<b>Theresa Stevens (President)</b> Jennifer Clifford (VP) Katie Schulz Tyrone Skanes Nitin Madhvani	The Executive Committee provides leadership to Council, promotes governance excellence at all levels, facilitates effective functioning of the College, in certain circumstances, to act on behalf of Council between meetings and when required, to reconstitute itself as the College privacy committee to deal with appeals regarding the manner in which personal information is managed by the College. The Committee has all powers of the Council with respect to any matter that requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.	Rod Hamilton Barbara Hou
INQUIRIES, COMPLAINTS AND REPORTS (ICRC)	At least 5 people, at least: <ul style="list-style-type: none"> <li>2 Professional Members of Council</li> <li>2 Public Appointees</li> <li>1 Non-Council</li> </ul>	Monica Clarke Dennis Ng Jennifer Clifford Tyrone Skanes Carole Baxter <b>Richard O'Brien</b>  Gary Rehan, Chair	ICRC investigates complaints and considers reports as per section 79 of the Code related to the conduct or action, competencies or capacity of registrants as it relates to their practicing the profession.	Allan Mak
DISCIPLINE & FITNESS TO PRACTISE	At least 10 people, at least: <ul style="list-style-type: none"> <li>2 Professional Members of Council</li> <li>3 Public Appointees</li> </ul>	Janet Law Paul Parikh Hervé Cavanagh Karen St. Jacques Anna Grunin Katie Schulz <b>Sharon Gabison</b>  Nitin Madhvani Jesse Finn Myles Macleod Carole Baxter <b>Richard O'Brien</b>	A panel of at least 3-5 persons convenes to hear allegations of conduct or incompetence as referred by the ICRC. A panel of at least 3-5 persons convenes to hear allegations of incapacity as referred by the health inquiry panel of the ICRC. Hearings are in a judicial setting and can last from one to several days. Decisions and Reasons are documented in detail.	Olivia Kisil

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	PROPOSED MEMBERSHIP	BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES	Staff Support
	<ul style="list-style-type: none"> <li>1 Non-Council</li> </ul>	<b>James Wernham, Chair</b> Daniel Negro Sue Grebe Angelo Karalekas Nicole Graham Richa Rehan Felix Umana Theresa Kay		
QUALITY ASSURANCE (QA)	At least 5 people, at least: <ul style="list-style-type: none"> <li>2 Professional Members of Council</li> <li>2 Public Appointees</li> <li>1 Non-Council</li> </ul>	<b>Dennis Ng</b> <b>Hervé Cavanagh</b>  <b>Jesse Finn</b> <b>Myles Macleod</b>  <b>Antoinette Megens (Chair)</b> <b>Elizabeth Bergmann</b>	The Quality Assurance Committee is to administer the College's Quality Assurance program as defined in section 80.1 of the Code that is intended to assure the quality and safety of professional practice and promote continuing competence among the registrants.	Shelley Martin Victoria Lo
REGISTRATION	At least 5 people, at least: <ul style="list-style-type: none"> <li>1 Professional Member of Council</li> <li>1 Academic Member</li> <li>2 Public Appointees</li> <li>1 Non-Council</li> </ul>	<b>Katie Schulz</b>  <del>Paul Parikh</del> <b>Sharon Gabison</b> <b>Tyrone Skanes, Chair</b> <b>Jesse Finn</b> <b>Carole Baxter</b>  <b>Anastasia Newman</b>	The Registration Committee makes decisions on registration applications that do not meet the criteria for issuance of a certificate of registration by the Registrar and to ensure that processes related to entry are fair, transparent and objective.	Melissa Collimore
PATIENT RELATIONS	At least 4 people, at least: <ul style="list-style-type: none"> <li>2 Professional Members of Council</li> <li>1 Public Appointee</li> <li>1 Non-Council</li> </ul>	<b>Karen St. Jacques (Chair)</b> <b>Anna Grunin</b>  <b>Nitin Madhvani</b>  <b>Antoinette Megens</b>	The Patient Relations Committee is to advise Council with respect to the patient relations program and to administer the program to provide funding for therapy and counselling.	Anita Ashton Olivia Kisil

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	PROPOSED MEMBERSHIP	BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES	Staff Support
FINANCE (non-statutory)	At least 5 people, at least: <ul style="list-style-type: none"> <li>President</li> <li>Vice President</li> <li>3 Councillors at least 1 or 2 Public Appointees</li> </ul>	<p>Theresa Stevens, President</p> <p>Jennifer Clifford, VP</p> <p>Janet Law, Chair</p> <p>Myles MacLeod</p> <p>Nitin Madhvani</p>	The Finance Committee is to monitor significant financial planning, management and reporting matters of the College, to make recommendations and deliver reports to Council, and to serve as the College's audit committee.	Rod Hamilton Zoe Robinson

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

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CAPR Board Rep

Gary Rehan, Non Council Committee Appointee

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**Motion No.: 11.0**

**Council Meeting  
October 14, 2021**

**Agenda #11.0: CPO Corporate office space update**

It is moved by

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and seconded by

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that:

Council direct the Registrar to:

- Engage a commercial real estate broker to sublease 375 University Avenue, Suite 800;
- Identify and ultimately move to a new location for the CPO offices that will reduce annual office leasing costs and meet the CPO's requirements for business purposes, staff support and Council/committee meetings and hearings.

<b>Meeting Date:</b>	October 14, 2021
<b>Agenda Item #:</b>	11
<b>Issue:</b>	Relocation of CPO Corporate Office
<b>Submitted by:</b>	Zoe Robinson, Director, Corporate Services

The following briefing note is a preliminary report on Corporate Services' work on reviewing the costs associated with staying in the CPO's current office or options that will reduce the annual operating costs to the College.

## Background

The College's corporate office is currently located 375 University Ave, Suite 800 and occupies 10,904 square feet. The current annual cost of this space is approximately \$540,000 per year (this includes lease plus additional common costs related to the building, for example insurance, cleaning, maintenance, and taxes).

The office space is leased through February 28, 2027, another 5.5 years. There is no option to terminate the lease according to the lease agreement. There is an option to sublease the space.

Approximately 3,100 square feet is used for workstations for 30 people. There is a main board room where Council and committee meetings take place, 2 small offices where employees can work privately, and 4 boardrooms for meetings. The Council chamber and boardrooms are wired with audio-visual capabilities. There is a full kitchen / dining area, mail / IT server room, and employee lounge area.

CPO employees have worked remotely from home since March 2020 due to Covid-19 and the office space has remained underused for the past seventeen (17) months. The College has ensured employees have the necessary equipment to perform their duties from home. The Council chamber has been used periodically for meetings over this time period.

While the pandemic was the initiating factor for a reconsideration of the College's workspace needs, changing attitudes regarding work from home versus work from office as well as improved technology for managing remote meetings have also been factors. A recent survey of CPO employees indicated no employee intended on working from the office full-time and less than 30% indicated they would work 1-4 days per week in the office.

Many companies that have in the past used large workspaces to house commuting employees need to make decisions about the future of their commercial office space, and the College is no different. Many of our staff members have moved to locations within Ontario but well outside of a commutable distance to the office.

The essential matter to consider is whether in an environment where the technology exists to support most kinds of remote work and is readily available and reasonably priced, does it make financial sense to require staff to come into large and expensive office spaces on a full, or nearly full-time basis or whether office spaces should be downsized and used on an as-needed basis.

## **Review of Options**

Management undertook several analyses between January 2021 and August 2021:

- Market assessment of available commercial office space, including shared office / work locations.
- Staff survey investigating the needs of the College's employees.
- Discussions with health regulators in Ontario.

### *Market Survey*

A market survey was completed by Titan York, a commercial real estate broker. One option reviewed was consideration of dedicated space for the CPO where the College is the only company within the space. Offices were located south of Bloor Street between Spadina Road and Church Street and ranged from 2,600 square feet to 2,900 square feet, included private offices, kitchen, one boardroom, and an open area. The annual lease costs range from \$88,800 to \$203,520.

Shared office locations were also investigated including We Work and Regus, companies that provide shared work office arrangements. Multiple companies share a space with offices provided for the companies' employees and a common set of services such as mail, kitchen, meeting rooms, printing, internet, and employee common areas shared by all companies. The offices are provided with desks, chairs, and access to the internet.

Management looked at space that would accommodate for 15-20 employees. 17 locations were considered with annual lease costs ranging from approximately \$67,000 to over \$400,000, depending on location of the building.

Figure 1 - Shared Office Lease Rates – Quartiles (January 2021)



Table 1 - Shared Office Lease Rates (January 2021)

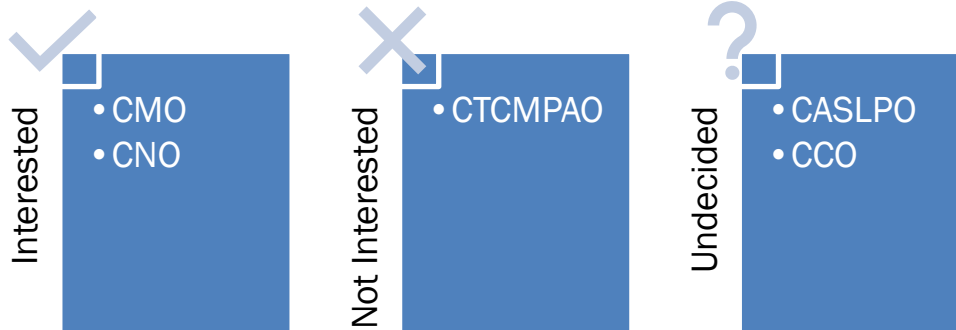
Status	Amount (\$)
Low	67,488
median	125,825
average	140,156
High	418,164

### Discussion with health regulatory colleges

On August 23, 2021, CPO met with the following colleges who indicated an interest in sharing office space:

- College of Chiropractors of Ontario (CCO)
- College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)
- College of Naturopaths of Ontario (CNO)
- College of Midwives of Ontario (CMO)
- College of Traditional Chinese Medicine Practitioners & Acupuncturists of Ontario (CTCMPAO)

Each of the five colleges have between 4,000 square feet to 5,500 square feet of office space mainly in downtown Toronto (the CTCMPAO has offices near Markham). The colleges of midwives and naturopaths were interested in discussing further the possibility of sharing space with CPO. The colleges of audiologists and chiropractors may or may not consider sharing space. The College of Traditional Chinese Medicine Practitioners & Acupuncturists of Ontario was not interested in moving and sharing space.



Leases for the five colleges expire at different times:

- CMO – August 2022
- CNO – February 2023
- CASLPO – December 2023
- CCO – February 2024

It is undetermined if the colleges interested in sharing office space will break their current leases and move into the CPO's University Avenue office space within a period that works for the CPO. Based on the expiry of the lease agreements, the colleges of midwives and naturopaths could move into the CPO's current office prior to March 2023. Further meetings will be planned with the interested parties to pursue a discussion further.<sup>1</sup>

### Financial Review

The CPO finance department prepared preliminary financial analyses for three options which are based on net cash flow (cash inflows (revenues) less cash outflows (costs)). Only items that are impacted by the relocation are considered.

Three (3) analyses were conducted:

1. Status Quo
2. Sublease and move
3. Share and stay

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<sup>1</sup> The College of Midwives of Ontario is interested in sharing space in the current office and a planned meeting has been postponed indefinitely at the time of writing.

Table 2 - Comparison of Options

	<b>Option 1 – Status Quo</b>	<b>Option 2 – Sublease &amp; Move</b>	<b>Option 3 – Share &amp; Stay</b>
<b>Description</b>	CPO stays in the current space at 375 University Ave., Suite 800 without sharing with another College.	CPO subleases 100% of 375 University Ave, Suite 800 and moves offices to a shared office location.	CPO stays at 375 University Ave, Suite 800 and share the space with other Colleges.
<b>Assumptions</b>	<ul style="list-style-type: none"> <li>No change from current costs.</li> </ul>	<ul style="list-style-type: none"> <li>Revenue – Sublease = \$28 per square foot</li> <li>Sublessee pays all additional rent costs for 375 University to property management company.</li> <li>Financial support to CPO employees for technical equipment &amp; incremental internet.</li> <li>Meeting rooms are rented for Council, Committee, and hearings.</li> <li>50% difference between CPO’s current lease payment and the amount CPO receives from sublease paid to property management company.</li> <li>Broker fees = 2% of sublease revenue.</li> <li>Cost to lease space for CPO at 75<sup>th</sup> percentile of lease costs researched.</li> <li>2% annual increase expenses</li> <li>2.5% annual increase sublease revenue</li> <li>Move by April 1, 2022</li> </ul>	<ul style="list-style-type: none"> <li>50% of rent and additional rent covered by other colleges sharing space with CPO.</li> <li>FY 2023               <ul style="list-style-type: none"> <li>College of Midwives share space for 6 months.</li> <li>College of Naturopaths share space for 1 month.</li> </ul> </li> </ul>
<b>Revenue (2023 – 2027)</b>	\$0	\$3,031,759	\$1,151,003
<b>Expenses (2023 – 2027)</b>	\$2,863,557	\$4,394,309	\$2,993,778
<b>Revenue less Expenses / (loss)</b>	<b>\$(2,863,557)</b>	<b>\$(1,362,550)</b>	<b>\$(1,842,775)</b>

## Discussion

This discussion is based on information gathered during the period January 2021 to August 2021.

The CPO's current office space is too large for the College's future needs considering that the CPO is implementing a hybrid workplace. The options under consideration to address this situation are:

1. Stay in the current space to the end of the lease.
2. Share our office space with other health regulatory colleges.
3. Sublease the CPO's current office space and relocate to a shared office work location.

Staying in the current space is financially the least attractive option considering we are not planning to use the space to its full capacity.

Sharing our current office space will require further discussion with interested colleges but it is likely these organizations would not be able to move into 375 University until the middle to end of fiscal year 2023. The financial model is based on 50% of the rent and additional rent covered by the additional colleges. More discussion with the interested colleges is required to determine the feasibility of this option.

The financial impact of sharing our current office space is an estimated cash savings of \$1,020,782 between April 1, 2022, and March 31, 2027 when compared to the Status Quo. Sharing the office space is less financially attractive than subleasing and moving to a new location with a shared office space costing the \$480,225 more than subleasing and moving.

Subleasing our current space and moving to a shared office location is the most financially attractive with an estimated cash savings of \$1,501,007 when compared to the status quo and saving \$480,225 when compared to sharing the current office space and staying.

Option 2 (Sublease and Move) and Option 3 (Share and Stay) both save money when compared to Option 1 (Status Quo). Options 2 and 3 are financially feasible notwithstanding more discussion is required with the interested colleges to determine a possible agreement. To move forward with the sublease and move option, the CPO will need to actively engage a commercial real estate broker to assist with obtaining a sublease and CPO staff will need to update the availability of shared office spaces in the located in the downtown core of Toronto.

## **Executive Committee**

The Executive Committee reviewed the options shared in this briefing note during their meeting on September 16, 2021. The Executive Committee supported management's work to review Options 2 and 3 and bring back a recommendation to Council during its meeting in December 2021.

The Executive Committee directed management to include any costs for moving and office improvements as may be required. They also commented any new space should be in the downtown area of Toronto, south of Bloor Street. Committee members observed travelling to mid-town (Yonge and Eglinton or Yonge and St. Clair) is more difficult for Council and committee members and this area has fewer hotel options.

## **Update as of September 30, 2021**

CPO staff completed an on-site visit at We Work located at 1 University Ave and 100 University Ave to walk through possible office options and to review the services provided. We Work is a shared office space facility.

CPO staff has communicated with the College of Midwives of Ontario regarding their interest in sharing space at the CPO offices at 375 University Ave. Discussion with the CMO is delayed as the College seeks to replace its Director, Operations.

## **Next Steps**

College management will:

1. Review available shared spaces in downtown Toronto.
2. Arrange meetings with interested health regulators to discuss further the option to share the current office space.
3. Gather financial information on:
  - a. Potential revenue from the sale of furniture and fixtures.
  - b. Potential moving costs.
  - c. The need to make leasehold improvements in a new space.
  - d. Other costs that will impact the final financial decision.
4. Complete another financial analysis of the various options presented in this briefing note.
5. Provide the Council with a recommendation, to be reviewed by the Executive Committee, for the December 2021 Council meeting.



## Appendix 1 CPO Relocation Option Details

### Option 1 – Status Quo

The Status Quo assumes the CPO stays in the current location at 375 University Ave., Suite 800 without sharing the space to the end of the current lease in February 2027.

A summary of the next cash flows for the status quo is:

Figure 1 - Financial Analysis - Option 1 - Status Quo

Item	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	Totals
Revenue (cash inflow)	\$0	\$0	\$0	\$0	\$0	\$0
Expense (cash outflow)	\$551,332	\$562,733	\$568,740	\$587,219	\$593,533	\$2,863,557
Net Cash In Flow (Out Flow)	\$(551,332)	\$(562,733)	\$(568,740)	\$(587,219)	\$(593,533)	\$(2,863,557)

### Option 2 – Sublease and Move

The following assumptions are made for Option 2:

1. Sublease rent: \$28 per square foot. This is based on the amount of the sublease an office on the same floor as the CPO.
2. Additional lease costs will flow through (i.e. CPO will charge subleasee what Manulife charges the CPO).
3. CPO employees will be provided a subsidy to support costs for technical equipment, incremental internet to support their College work.
4. Meeting rooms will need to be rented for Council and committee meetings and hearings, including audio-visual support for Council meetings and hearings.
5. 50% of the difference between the CPO's lease costs and sublease rent is paid to Manulife (this is a condition of our lease agreement).
6. Realtor broker fees equal 2% of sublease gross revenue (lease costs + additional lease costs).
7. Office would be subleased "as is," including all furniture and technology.
8. CPO lease costs estimated at 75<sup>th</sup> percentile of the estimated leases for shared office space researched by the CPO.
9. 2% annual increase in expenses.
10. 2.5% annual increase in sublease revenue.
11. CPO will move to a new location and the current CPO office at 375 University Avenue will be offered for sublease as of April 1, 2022.

Figure 2 - Financial Analysis - Option 2 - Sublease and Move

Item	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	Totals
<b>Revenue (cash inflow)</b>	\$579,111	\$592,419	\$606,035	\$619,968	\$634,225	\$3,031,759
<b>Expense (cash outflow)</b>	\$851,308	\$861,334	\$875,354	\$895,839	\$910,472	\$4,394,309
<b>Net Cash In Flow (Out Flow)</b>	<b>\$(272,197)</b>	<b>\$(268,915)</b>	<b>\$(269,319)</b>	<b>\$(275,871)</b>	<b>\$(276,248)</b>	<b>\$(1,362,550)</b>

The cost savings of Option 2 (Sublease and Move) versus Option 1 (Status Quo) is **\$1,501,007** over the next 5 years. The cost savings of Option 2 versus Option 3 (Share and Stay) is \$480,225 over the next 5 years.

### Option 3 – Share and Stay

The following assumptions are made for Option 3:

- 50% of the rent and additional rent is covered by other colleges, based on percentage of total employees. Total Employees, all Colleges = 60. # CPO Employees = 30; College of Midwives = 13; College of Naturopaths = 17.
- Fiscal year 2023 – College of Midwives of Ontario sharing space for 6 months; College of Naturopaths of Ontario – 1 month.
- Consider only 2 colleges.
- No other changes

Item	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	Totals
<b>Revenue (cash inflow)</b>	\$67,469	\$264,173	\$266,561	\$275,158	\$277,642	\$1,151,003
<b>Expense (cash outflow)</b>	\$573,192	\$590,796	\$596,184	\$614,001	\$619,606	\$2,993,778
<b>Net Cash In Flow (Out Flow)</b>	<b>\$(505,723)</b>	<b>\$(326,622)</b>	<b>\$(329,622)</b>	<b>\$(338,843)</b>	<b>\$(341,964)</b>	<b>\$(1,842,775)</b>

The cost savings for Option 3 (Share and Stay) over Option 1 (Status Quo) is **\$1,020,782** over the next 5 years. Option 3 is \$480,225 more expensive than Option 2 over the next five years.

### Summary – Net Cash Flows over 5-year period

Difference between options (\$)

Item	Net Cash Flows	Option 1 Status Quo	Option 2 Sublease and Move	Option 3 Share and Stay
<b>Option 1 - Status Quo</b>	\$(2,863,557)	\$0	\$1,501,007	\$1,020,782
<b>Option 2 - Sublease and Move</b>	\$(1,362,550)	\$1,501,007	\$0	\$480,225
<b>Option 3 - Share and Stay</b>	\$(1,842,775)	\$1,020,782	\$480,225	\$0

<b>Meeting Date:</b>	October 14, 2021
<b>Agenda Item #:</b>	12
<b>Issue:</b>	FY 2022 Q1 Financial Management Report
<b>Submitted by:</b>	Zoe Robinson, Director, Corporate Services

This report will provide a review of the College’s financial performance at the end of Q1, June 30, 2021. The report includes a summary of significant financial impacts on the College’s Statement of Operations (i.e., Income Statement) and Statement of Financial Position (i.e., Balance Sheet), including explanations of variances more than 5% of the budgeted amount as required by College’s policy.

The College’s financial statements are presented on an accrual basis in accordance with Canadian Accounting Standards for Non-Profit Organizations (“ASNPO”) and reflect the financial performance for Fiscal Year (FY) 2022, Quarter 1, between April 1, 2021, and June 30, 2021.

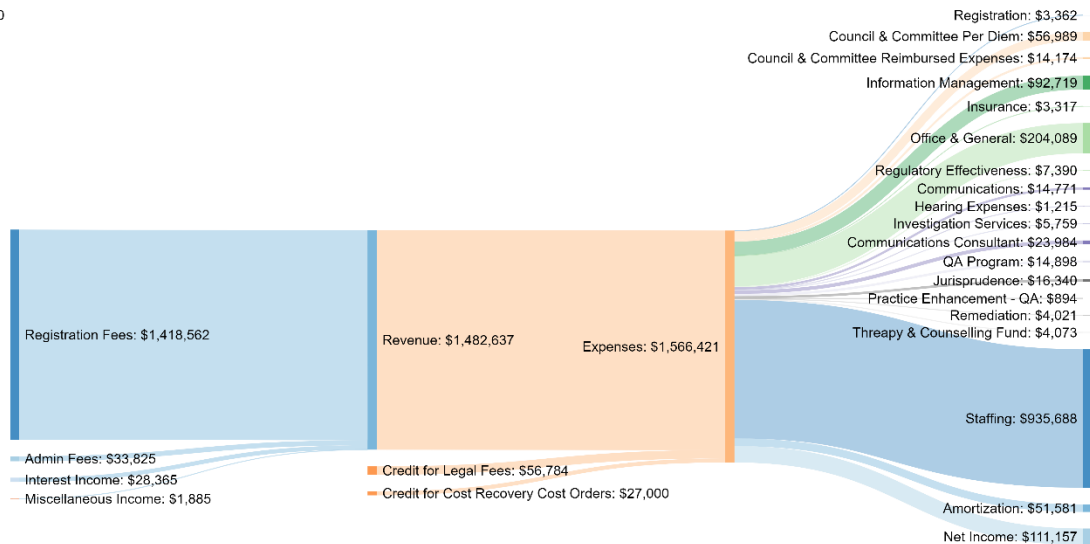
**Dashboard as of June 30, 2021**



**Background:**

Figure 1 - Flow for Statement of Operations as of June 30, 2021

3



Revenue in Q1 was 97.8% of the projected amounts and within the 5% variance target established by the College. We returned to a normal process of revenue recognition since the renewal fees for independent practice certificates we completely collected by March 31, 2021, instead of the end of Q2 during FY 2021.

Expenses were 12.8% lower than budgeted for FY 2022 Q1 and greater than the allowed 5% variance.

Accruals were made for expenses related to Complaints and Discipline as of June 30, 2021 and this had an impact on the overall financial performance, improving the net income to \$111,157 as of June 30, 2021.

**Executive Summary**

Covid-19 continues to impact the College’s operations although the College has adapted to the new environment. Changes were made to the chart of accounts to align the College’s internal financial statements with the audited statements but the College’s internal quarterly financial statements from FY 2021 were not restated. These changes do not impact the College’s financial performance and enables comparisons between the College’s quarterly statements and the FY 2021 audited financial statements possible.

Revenue in Q1 was \$1,482,637 or 97.8% of the projected amounts and within the 5% variance target established by the College. We returned to a normal process of revenue recognition since the renewal fees for independent practice certificates we completely collected by March 31, 2021, instead of the end of Q2 during FY 2021.

Expenses, including amortization, were \$1,371,480 or 12.8% lower than budgeted for FY 2022 Q1. Expenses anticipated for Q1 were delayed to Q2 or Q3 and contributed to lower than projected expenses. The accounting of legal costs for professional conduct and discipline has a significant impact on expenses and account for a

significant portion of the lower than anticipated costs. Six (6) cases accrued at March 31, 2021 were closed during Q1, decreasing the Complaint and Discipline (C&D) accrued expense account and accrued liabilities.

Table 1 provides a summary of the Statement of Operations separated for Q1 compared with FY 2021 Q1 and Table 2 provides a summary of the actuals compared to the budget for the Statement of Operations for the period April 1, 2021, to June 30, 2021.

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

Item	Q1 Apr - Jun 21	Q1 Apr – Jun 20	\$ Change	% Change
<b>Revenues</b>	\$1,482,637	1,448,639	\$33,998	2.35%
<b>Expenses</b>	\$1,319,899	\$1,308,028	\$11,872	0.9%
<b>Net Operating Income</b>	\$162,734	\$140,612	\$22,126	15.7%
<b>Less Amortization &amp; Depreciation</b>	\$51,581	\$38,702	\$12,879	33.3%
<b>Net Income (Excess of Expenses over Revenue)</b>	\$111,157	\$101,910	<b>\$9,247</b>	<b>9.1%</b>

*Table 2 – Summary Comparative Statement of Operations April 1, 2021, to June, 30, 2021 – Actuals to Budget*

Item	Actual	Budget	Variance (\$)	Variance (%)
<b>Revenues</b>	\$1,482,637	\$1,515,957	\$(33,321)	2.2%
<b>Expenses</b>	\$1,319,899	\$1,530,869	\$(210,970)	13.8%
<b>Net Operating Income</b>	\$162,734	\$(14,911)	\$177,649	1,093.7%
<b>Less Amortization &amp; Depreciation</b>	\$51,581	\$45,351	\$6,230	13.7%
<b>Net Income (Excess of Expenses over Revenue)</b>	<b>\$111,157</b>	\$(60,262)	\$171,419	284%

The College's financial position remains strong with \$4,568,598 in Cash on Hand and unrestricted net assets of \$4,703,296 or 8.6 months of operating expenses. The College's current ratio, which measures the ability of the College to cover its current liabilities with assets that can be converted with one year (e.g. current assets), is 1.36 (note: a quick ratio greater than 1.0 is good).

Table 3 - Summary - Statement of Financial Position – Q1 compared to FY 2021 Q4 and Prior Year

Item	FY 2022 Q1 @ Jun 30, 21	FY 2021 Q4 @ Mar 31, 21	FY 2021 Q1 @ Jun 30, 20
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash on Hand	\$5,658,598	\$6,960,600	\$3,744,617
<b>Investments</b>			
- Short Term	\$1,318,066	\$1,105,217	\$978,365
- Long Term	\$3,851,241	\$4,039,924	\$4,082,425
<b>Total Investments</b>	<b>\$5,169,307</b>	<b>\$5,145,141</b>	<b>\$8,805,407</b>
Accounts Receivable	\$66,939	\$64,178	\$1,710,026
Other Current Assets	\$187,701	\$268,884	167,363
<b>Total Current Assets</b>	<b>\$11,082,545</b>	<b>\$1,438,8042</b>	<b>\$10,682,796</b>
Fixed Assets (Net)	\$649,522	\$701,103	\$754,333
<b>TOTAL ASSETS</b>	<b>\$11,732,067</b>	<b>\$13,139,907</b>	<b>\$11,437,130</b>
<b>LIABILITIES &amp; EQUITY</b>			
<b>Current Liabilities</b>			
Accounts Payable	\$115,110	\$48,866	\$78,827
Vacation Accrual	\$207,119	\$207,119	\$133,903
Accrued Liabilities	\$626,700	\$864,191	\$697,918
Deferred Revenue – Fees	\$4,165,183	\$5,516,702	\$4,064,605
Banked Refunds	\$31,989	\$28,220	\$42,926
<b>Total Current Liabilities</b>	<b>\$5,146,102</b>	<b>\$5,544,922</b>	<b>\$4,107,531</b>
Long Term Liabilities	\$164,903	\$164,903	\$185,234
<b>Total Liabilities</b>	<b>\$5,311,005</b>	<b>\$6,830,001</b>	<b>\$5,204,413</b>
<b>Equity</b>			
Unrestricted Net Assets	\$4,703,296	\$4,524,198	\$4,411,446
Invested in Capital Assets	\$506,609	\$506,609	\$619,361
Restricted Net Assets	\$1,100,000	\$1,100,000	\$1,100,00
Net Income	\$111,157	\$179,098	\$101,910
<b>Total Equity</b>	<b>\$6,421,063</b>	<b>\$6,309,905</b>	<b>\$6,232,717</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>\$11,732,067</b>	<b>\$13,139,907</b>	<b>\$11,437,130</b>

### **Updating Chart of Accounts**

Changes were made to the College's chart of accounts to reflect how the audited financial statements are prepared. This will enable a more accurate comparison between the College's internal financial statements with the audited financial statements.

Changes made include:

- Moving a/c 5756 – C&D Accrued Expenses to a sub-item with Legal costs. Expenses for legal costs related to professional conduct and discipline will be more accurately reflected in the quarterly statements.
- Moving the chargeback accounts for remediation expenses from revenue to expenses and set up as contra-expense accounts for remediation expenses. This change will reflect the net expense of remediation for the College as funds are being recouped from registrants for expenses already paid by the College.

### **Statement of Operations Analysis:**

The year-to-date net income at the end of Q1 was \$111,157.20, \$168,420.89 more than budgeted.

The Statement of Operations provides information on the financial performance of the College over a period, in this case between April 1, 2021, to June 30, 2021, and consists of revenue and expenses. The financial performance is summary shown as:

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

### ***Revenue:***

Revenue recognized on June 30, 2021, was \$1,482,637.12 or 2.2 % lower than budgeted.

The main drivers of revenue for the College are:

- Independent Practice – Full Fees = 93.64% of total revenue
- Admin Fees – 2.28%
- Interest Income = 1.91%
- Professional Health Corporation registration fees = 2.0%

10,358 members were registered as of June 30, 2021. This is a 3.0% increase over the prior year period.

\$1,388,279.54 of revenue from independent practice fees was recorded from deferred revenue. Revenue from Pro-rated Independent Practice fees was \$7,017.46. Revenue from Professional Health Corporation registration fees was \$29,500.

We anticipate an increase in pro-rated independent practice fees in Q3 following the completion of the PCE – Clinical exam scheduled for August 2021.

**Expenses:**

Expenses for the period ending on June 30, 2021, were \$1,371,479.92 or 12.2% lower than budgeted. The main drivers of expenses are:

- Staffing costs (including salaries and benefits) = 68.23% of total expense
- Office and General costs = 14.88%
- Information Management = 6.76%
- Council and Committee per diem = 4.16%

Expenses were lower than budgeted across most categories for Q1. Changes in timing of payments for anticipated costs moved some expenses from Q1 to later quarters in the fiscal year. Items impacted in this way include:

- a/c 5012 – Software – payment for meeting management tool, Dilitrust, is delayed to Q2 or Q3.
- a/c 5621 – Online Communication – payment for work on the College's website is delayed to Q2 or Q3 when the project is expected to be complete.

Certain areas had lower expenses due to less activity in than planned during Q1:

- a/c 5505 – Policy Development – the Entry to Practice Working Group met less than planned.
- a/c 5823 – Assessor Training – fewer QA assessors were trained than anticipated.
- a/c 5825 – Assessor Remote Assessment – QA met their internal targets for selection of physiotherapists for assessment, but an increased number of deferrals resulted in fewer assessments completed during Q1.
- a/c 5905 – Staff Development – fewer professional development activities than planned.

There are some exceptions, however.

Expenses for Council and Committee per diems and expenses were 24% higher than budgeted and driven by increased expenses for the Executive Committee to meet during Q1. The increased work was due to a transition between Presidents and the ongoing work to address the PCE – Clinical exam. Executive Committee per diems was 537% higher than budgeted and equalled \$19,844. Executive Committee expenses were 514% higher than budgeted and equalled \$8,511.87 for the period.

While the expenses for the professional fees as a category are significantly less than budgeted, there were exceptions within this area. A communication consultant was hired to support the work of the Executive Committee and President to address CPO's response to the PCE Clinical exam (\$23,984). This was an unbudgeted item.

Expenses for professional fees were significantly impacted by the accounting treatment for complaints and discipline related legal costs. This will be discussed later in the report.



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

Overall Q1 financial results were more favourable when compared to the same period in the prior year. Total revenue increased by 2.4% and total expenses increased by 1.8%.

The increase in revenue was driven by higher levels of revenue recognized during the period for independent practice fees.

Expenses were higher in FY 2022 Q1 than FY 2021 Q1 for:

- Council and committee per diems and expenses as meetings were held on a regular basis as the College adjusted to the pandemic.
- Jurisprudence is planned for all CPO registrants to complete this year. All CPO registrants complete jurisprudence every 5 years.
- Staffing costs were higher due to increases in the number of staff of the College over a comparable period.
- Regulatory effectiveness due to governance training for Council.
- QA program as the new QA program was implemented in FY 2022 Q1.

Expenses were lower in FY 2022 Q1 than FY 2021 Q1 for:

- Information management due to changes in the College's costs to operate its database.
- Communications due to the lack of activity to switch the College's communications to virtual platforms due the pandemic.

**Expenses for Complaints and Discipline:**

Management has elected to reconcile the complaints and discipline accounts on a quarterly basis beginning in FY 2022. This means the financial statements will reflect adjustments to the accrued expenses and accrued liabilities for complaints and discipline cases every 3 months. This process includes:

- Review cases accrued as of March 31, 2021. The future anticipated expenses to close an identified case are accrued at the end of a period. The accrued expenses will represent the costs for cases possibly over multiple fiscal years.
- Identify the expenses for the accrued cases paid during the current period.
- Identify the accrued cases that were closed during the period. If a case is closed, adjustments are made to reverse the balance of accrued expenses.
- Identify new cases that need to be accrued at the end of the period.

At the end of Q1, six (6) cases that were accrued at March 31, 2021, were closed by professional conduct and discipline.

Figure 2 provides an explanation of how the expenses for GL accounts 5756, 5760, 5761, and 5762 are managed.

The College uses an accrual method of accounting and an adjusting account to manage overall legal costs for cases. Account 5756 is used to manage the adjustments for expenses related to the accrued cases for complaints and discipline. Management's approach is:

1. Expenses for legal costs related to accounts 5760 (General Counsel), 5761 (Independent Legal Advice), and 5762 (Hearing Counsel) are recorded when invoices are received during the period. You will see these expenses reflected in the financial statements for these accounts (See Figure 3).
2. The legal expenses related to the cases accrued as of March 31, 2021, are identified (#1 in Figure 2). In FY 2021 Q1, this represents \$31,076.46. This amount is deducted from the opening balance for a/c 2010 – Accrued Liabilities (#2 in Figure 2)
3. The expenses for accrued cases are deducted from the amounts in the General Ledger to arrive at the expenses for current year cases. This totals \$10,654.13 and is compared to the amounts included in the FY 2022 budget (#5 in Figure 2).
4. The six closed cases are identified. The expenses for these cases are deducted from accruals set up on March 31, 2021. The balance of accrued expenses is calculated, added to together for the six cases and deducted from the opening balance for a/c 2010 – Accrued Liabilities (#3 in Figure 2).
5. A new closing balance for a/c 2010 – Accrued Liabilities is calculated. The difference between the opening and closing balances for 2010 – Accrued Liabilities equals the adjustment made to a/c 5756 – Complaints and Discipline Accrued Expenses and is reflected in the Statement of Operations for the period (#4 in Figure 2)

Figure 2 - Accrued Expenses for Complaints and Discipline

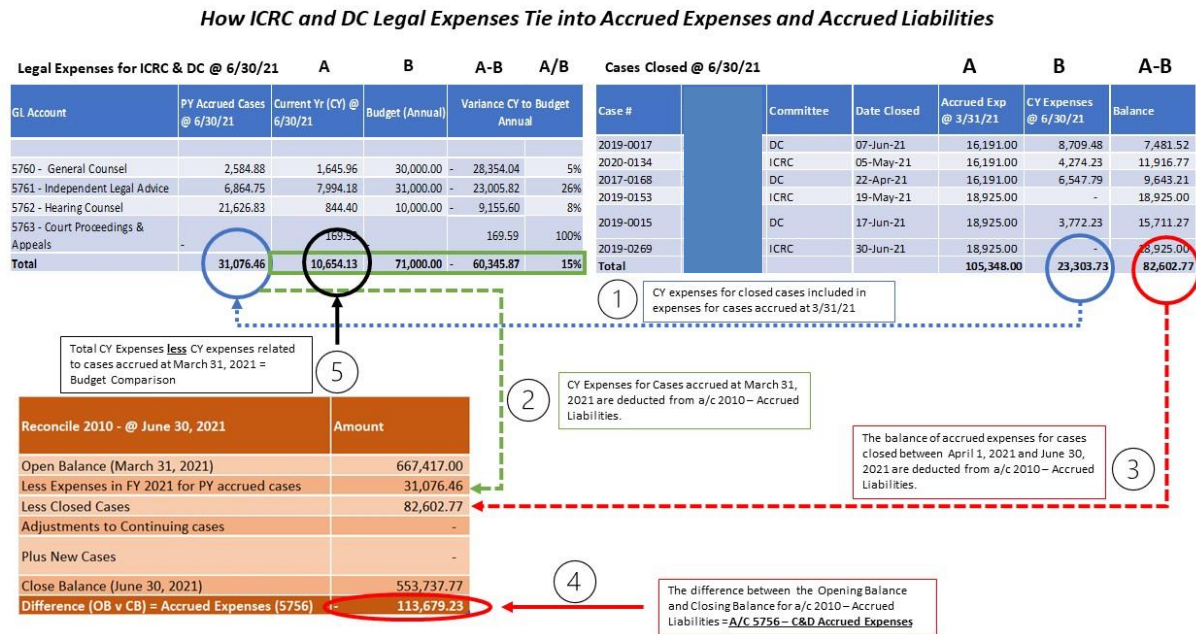


Figure 3 highlights how the complaints and discipline accrued expenses are represented in the Statement of Operations. To summarize the impact on the Q1 financial statements:

Figure 3 - Extract Q1 Statement of Operations - Legal Costs

	Apr - Jun 21	Budget	\$ Over Budget	% of Budget
<b>5750 - Legal</b>				
5756 - C & D Accrual Expense	-113,679.23	0.00	-113,679.23	100.0%
5758 - Legal - Practice Advice	0.00	0.00	0.00	0.0%
5751 - Legal - QA	0.00	2,712.00	-2,712.00	0.0%
5752 - Legal - Registration	10,017.45	8,300.00	1,717.45	120.69%
<b>5753 - Legal - Professional Conduct</b>				
5760 - General Counsel	3,264.69	0.00	3,264.69	100.0%
5761 - Independent Legal Advice	14,858.93	7,750.03	7,108.90	191.73%
5762 - Hearing Counsel	22,471.23	2,499.99	19,971.24	898.85%
5763 - Court Proceedings & Appeals	169.50	0.00	169.50	100.0%
<b>Total 5753 - Legal - Professional Conduct</b>	<b>40,764.35</b>	<b>10,250.02</b>	<b>30,514.33</b>	<b>397.7%</b>
5754 - Legal - Council Advice	2,523.86	2,280.00	263.86	111.68%
5755 - General Legal	2,623.86	1,977.00	646.86	132.72%
5757 - Legal - Executive Office	966.15	1,500.00	-533.85	64.41%
<b>Total 5750 - Legal</b>	<b>-56,783.56</b>	<b>26,999.02</b>	<b>-83,782.58</b>	<b>-210.32%</b>

- The sum of the total current year expenses of accounts 5760, 5761, and 5762 equals \$10,654.13 (this is a calculated amount ... see Figure 1). For the purposes of analyzing budget performance, this represents 15% of the annual budget for the combined accounts.
- Account 5756 – C&D Accrued Expenses equals a Credit (ie. a reduction) of \$113,679.23. This lowers the overall expenses for legal costs for the Q1 period and lowers the accrued liabilities.

**Statement of Financial Position Analysis:**

Our statement of financial position remains strong at the of Q1.

Total Current Assets equal \$11,082,545, total Fixed Assets (net) equal \$647,522 for Total Assets of \$11,732,067.

Cash-on-hand increased by \$1,913,981.29 from the same prior year period to \$5,654,598.06. This is due to 100% of the registration renewals completed by March 31, 2021.

Unrestricted net assets serve as the College's operational reserve and sit at \$4,703,296 or 8.6 months of operations as of June 30, 2021. Our auditors updated their guidance about an appropriate amount of unrestricted net assets to 6-12 months of operations. The CPO's unrestricted net assets are within this range.

Investments have grown 2.1% over the prior year to \$5,169,307.34. This is broken down into short-term investments (mature with 12 months) of \$1,318,066.35 and long-term investments (mature greater than 12 months) of \$3,851,240.99. Figure 4 provides a summary of activity for the College's investment account. Five (5) investments matured during Q1 and were redeemed for \$548,928 (this includes interest earned upon redemption). This was used to purchase new fixed investments with a cost of \$521,407. The balance is being held in the investment cash accounts.

Figure 4 - Summary of Investments for Q1

Opening	\$ 4,866,361.83
Additions	\$ 521,406.72
Disposals	\$ (530,998.88)
<b>Ending</b>	<b>\$ 4,856,769.67</b>
FMV	\$ 5,171,456.35
Ending cash	\$ 43,379.03
	<b>\$ 5,214,835.38</b>

Two (2) investments will mature and be redeemed during Q2. The College's policy is to use the money received on disposal to purchase new investment.

Total Liabilities for Q1 include Current Liabilities of \$5,146,102, and Long-term Liabilities of \$164,903 for a Total Liabilities of \$5,311,005. Total deferred revenue equals \$4,197,172, \$100,578 higher than the prior year Q1 period. Deferred revenue has decreased since March 31, 2021, as revenue is recognized.

The College's equity includes unrestricted net assets of \$4,702,296 and represents 8.6 months of operating reserve. \$506,609 is invested in capital assets and restricted reserves total \$1,100,000. Net Income for the period is \$111,157. Total Equity equal \$6,421,063.

### Statement of Cash Flows

The College used \$1,277,835 of cash during Q1 for operations, ending the period on June 30, 2021, with \$10,827,905 of cash in the College's various operating bank and investment accounts:

- Cash on Hand = \$5,658,598
- Short-Term Investments = \$1,318,066
- Long-Term Investments = \$3,851,241
- Total Cash = \$10,827,905

## Financial Projections

Management did not update the financial projections for the current fiscal at the end of June 30, 2021. An update will be provided at the end of Q2, September 30, 2021.

Figure 5 - Statement of Cash Flows at June 30, 2021

	Apr - Jun 21	Apr - Jun 20	\$ Change	% Change
<b>OPERATING ACTIVITIES</b>				
Net Income	111,157.20	101,910.08	9,247.12	9.07%
Adjustments to reconcile Net Income to net cash provided by operations:				
1200 - Accounts Receivable	-2,760.70	-1,655,898.02	1,653,137.32	99.83%
1206 - Accrued Receivable	-7,541.68	0.00	-7,541.68	-100.0%
1201 - Allowance for Doubtful Accounts	5,588.73	-1,833.07	7,421.80	404.88%
1400 - Prepaid Expenses:1401 - Prepaid Software	9,916.48	2,883.87	7,032.61	243.86%
1400 - Prepaid Expenses:1403 - Prepaid IT services	26,549.99	69,471.07	-42,921.08	-61.78%
1400 - Prepaid Expenses:1405 - Prepaid Insurance	-1,695.60	143.64	-1,839.24	-1,280.45%
1400 - Prepaid Expenses:1406 - Prepaid Membership	53,168.19	54,403.83	-1,235.64	-2.27%
1400 - Prepaid Expenses:1408 - Prepaid staff development	0.00	360.00	-360.00	-100.0%
1400 - Prepaid Expenses:1410 - Prepaid meetings	-4,802.50	122.42	-4,924.92	-4,022.97%
2000 - Accounts Payable	66,243.52	21,977.79	44,265.73	201.41%
2010 - Accrued Liabilities	-237,490.64	-33,120.07	-204,370.57	-617.06%
2100 - Deferred Revenue:2101 - Deferred Registration Fees:2102 - Deferred Full Fee Revenue	-1,368,988.75	764,893.75	-2,133,882.50	-278.98%
2100 - Deferred Revenue:2101 - Deferred Registration Fees:2103 - Pro-Rated Fee Revenue	17,470.02	15,886.25	1,583.77	9.97%
2100 - Deferred Revenue:2110 - Banked refunds	3,769.07	-4,857.20	8,626.27	177.6%
Net cash provided by Operating Activities	-1,329,416.67	-663,655.66	-665,761.01	-100.32%
<b>INVESTING ACTIVITIES</b>				
1301 - Computer equipment	0.00	-62,500.24	62,500.24	100.0%
1305 - Computer equipment - Acc dep	5,208.35	2,089.44	3,118.91	149.27%
1306 - Computer Software - Acc Dep	9,228.33	0.00	9,228.33	100.0%
1310 - Furniture and Equipment	0.00	-31,914.97	31,914.97	100.0%
1312 - Furniture & Equipment -Acc Dep	17,073.17	16,541.25	531.92	3.22%
1322 - Leasehold Improvements -Acc dep	20,070.88	20,070.88	0.00	0.0%
Net cash provided by Investing Activities	51,580.73	-55,713.64	107,294.37	192.58%
<b>FINANCING ACTIVITIES</b>				
2125 - Deferred Rent - Tenant Incentiv	0.00	-6,776.83	6,776.83	100.0%
Net cash provided by Financing Activities	0.00	-6,776.83	6,776.83	100.0%
Net cash increase for period	-1,277,835.94	-726,146.13	-551,689.81	-75.98%
Cash at beginning of period	12,105,741.34	9,531,713.52	2,574,027.82	27.01%
Cash at end of period	10,827,905.40	8,805,567.39	2,022,338.01	22.97%



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 13.0**

**Council Meeting  
October 14, 2021**

**Agenda # 13.0: Motion to go in camera pursuant to section 7(2)(e) of the Health Professions Procedural Code**

**It is moved by**

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**and seconded by**

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**that:**

Council move in camera pursuant to section 7(2)(e) of the Health Professions Procedural Code for instructions to be given to or opinions received from legal counsel.



## In-camera

*Any meeting or portion of a meeting held in-camera is not open to the public. As per section 7(2) (e) of the Health Professions Procedural Code (Schedule 2 of the Regulation Health Professions Act) provides for limited circumstances where the public may be excluded from a Council meeting.*

Council will be going in-camera for: instructions to be given to or opinions received from legal counsel

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

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

<b>Meeting Date:</b>	October 14, 2021
<b>Agenda Item #:</b>	14
<b>Issue:</b>	Examination update
<b>Submitted by:</b>	Rod Hamilton, Registrar

## Issue

Council is asked to consider the assessment of specified alternative examination options that it asked for in its previous direction, as well as other potential opportunities to pursue solutions to the lack of availability of the clinical examination and provide direction to staff on next steps.

## Background

At its last Council meeting on September 20, 2021, Council was provided with information on potential opportunities that would permit the granting of independent practice certificates to candidates in certain circumstances as long as the clinical examination remains unavailable.

Council considered the potential options and concentrated on the solutions for immediate ways to assess competency in lieu of a clinical exam. This meant that the focus was on exam-based solutions rather than on proposals for regulatory change, which are longer term.

Based on this focus, Council directed College staff to investigate alternative examinations and to specifically assess and evaluate the following solutions:

- The College's Request for Proposal (RFP) for the development and administration of an alternative clinical examination;
- The Ontario PT University Programs proposal to use the ACP tool as a clinical examination; and
- The administration of a clinical exam, preferably in partnership with other Canadian physiotherapy regulators, that was based on CAPR's existing exam.

In addition to investigating the options noted above, for situational awareness purpose I have also discussed the current examination situation with other key stakeholders including the Ministry of Health and the Fairness Commissioner.

Officials from the Ministry of Health are consistent in their perspective that at this point in time, no concerns regarding access to physiotherapy services have been brought forward for their consideration and as such they do not believe that Ministry intervention is required. They also suggest that the College has the ability to address this matter within the current regulatory framework:



- Given the current structure of the College's registration regulation which permits the Registration Committee to exempt applicants from the examination with or without associated terms, conditions and limitations, and
- Given that Council has the authority to define what constitutes an examination.

The Fairness Commissioner is consistent in his view that it is potentially unfair to people wishing to obtain independent practice certificates to have to wait an extensive time in order to attempt an exam. He did note that he has no authority to direct the College and also noted the differences in mandate between the Commission, which is to ensure fairness for the candidates for registration for professions and the mandate of both the College and Ministry of Health, which is to promote the public interest.

The College has explored a number of different options to address this matter. This overview will assist Council members in understanding what has been considered to date before we delve into the options that Council asked that we address.

#### **Previously Considered:**

- It is my understanding that the Registration Committee has met on two previous occasions to consider this matter. Decisions of this Committee are not available to the public.
- The College has considered the possibility of using the alternative exam being used in Alberta and British Columbia however these were not viable options
- The College approached University of Sherbrooke about the possibility of using their end of program cumulative exam however this was not an option
- The College approached the FSBPT to learn more about their qualifying entry to practice exam and we were advised that it is not fit for purpose
- The College approached the Ontario academic community about the potential for them to create an exam for Ontario candidates. They were unable to assist with this request.

#### **Additional Information Requested by Council**

1. Responses to the College's Request for Proposal (RFP) for the development and administration of an alternative clinical examination

In August, the College's Entry to Practice working group developed a request for proposal for the development and administration of an alternative examination. **This RFP is attached as Appendix 1.**

This RFP was posted in early September after CAPR Board of Directors decided to no longer pursue the virtual exam due to challenges with the platform.

The RFP was open till September 24.

Unfortunately, only one formal response to the RFP was submitted to the College. It is difficult to confirm why this may have been the case however the following should be taken into account:

- The timelines associated with the RFP were short
- The academic community has publicly questioned the purpose of a clinical exam
- The RFP was released at what is traditionally a very busy time for our stakeholders and those individuals in the exam development and administration space

Since only one proposal was submitted, there is no opportunity to compare the proposal to alternatives in such matters as proposal content, timing, methodology and pricing.

While the proposal as offered appears to be thoughtful, one of the most significant disadvantages associated with it is that it is based on the use of the CAPR question bank as source of exam content which is not available to the College at this time.

Without access to CAPR's exam questions it appears that the developers of the proposal would need to develop their own question bank. Given the significant time and expense associated with developing appropriate examination questions and assessing their utility and ultimately reliability and validity, this is a significant challenge associated with the proposal.

If this proposal were to be explored in any detail, it would need to clear all conflict of interest tests and on first glance this may not be possible.

### ***Recommendation***

*The proposal as presented did not meet the requirements as set out in the RFP. Given the inability of the College to assess this proposal against other proposals and the uncertainty associated with the availability of CAPR's exam questions, pursuing this option at this time is not recommended.*

## **2. The Ontario PT University Programs proposal to use the ACP tool as a clinical examination**

As Council will recall, on September 20<sup>th</sup>, the date of the last Council meeting, the Ontario Physiotherapy University Programs submitted to Council a proposal that asked Council to explore if a clinical examination could use the established Assessment of Clinical Performance (ACP) which would be completed by a physiotherapy supervisor or mentor to determine the competency of individuals who would be seeking an independent practice certificate of registration. **This letter is attached as Appendix 2.**

The university programs noted their awareness that the proposal would likely raise additional questions for consideration, including how to ensure neutrality of the assessor based on their relationship with the provisional practice certificate holder and how this assessment in one practice setting would be used to determine competence across settings. The programs indicated their willingness to work with the College to address such considerations.

As Council will recall, since Councillors were given very limited time to consider the proposal, staff were directed to investigate the viability of the proposal in greater depth based on both psychometric and legal analysis.

Before providing an overview of the analysis there are a couple of important considerations to keep in mind:

- Canadian trained applicants will be familiar with the ACP, internationally educated applicants will not have had the same exposure
- Not all Residents are currently working
- Not all Residents who are working have a supervisor working at the same practice location
- Some Supervisors will have never seen the ACP before

### *Psychometric Analysis*

The College contracted Greg Sadesky, PhD, of Spire Psychometrics, a firm that specializes in psychometric consulting services, to undertake the requested psychometric assessment of the academic programs' ACP proposal. **Dr. Sadesky's assessment of the proposal is attached as Appendix 3.**

To briefly summarize Dr. Sadesky's opinion, due to the different purposes, contexts, and structure of the ACP and the PCE-clinical, he strongly recommends against adopting the ACP as a substitute for the PCE.

While his opinion, and the arguments he uses to support it are long and detailed, the major concerns he outlines in his opinion relate to validity, reliability, the purpose of the tool, and statistical principles.

In examination parlance, validity refers to the degree to which a test measures what it is intended. Dr. Sadesky notes that validity is a function of purpose; what is valid for one function or context is not valid for another. Since the PCE-CC has a more targeted function than the ACP, i.e., to evaluate entry-to-practice competence, and the functions of the ACP are different, without modification the ACP is not a ready substitute for PCE-CC, even though it may be valid for the purpose for which it was intended.

Test reliability, or the degree to which the test is consistently applied, is an essential property of a high stakes examination. Dr. Sadesky points out that a replicable result that doesn't measure what you

want to measure is not valuable (i.e., if the tool is not fit for purpose, it has limited value). Although the reliability of the ACP is likely high for its intended educational purpose, is likely not generalizable to the licensure context.

Dr Sadesky also identifies statistical principles, particularly independence of observations as a consideration in whether to use the ACP. In particular he notes that the use of single person doing the marking in a performance exam, such as suggested by the design of the ACP, does not contribute as much evidence for competence as would the same exam administered with multiple markers. This undermines the utility of the ACP.

Dr. Sadesky does suggest that there are ways the ACP could be modified to make it more consistent with the purpose of the CAPR clinical examination. He suggests that if these changes were made the College may be able to use the modified ACP as a short-term replacement option for the clinical exam.

The 10 changes that Dr. Sadesky indicated are required are included in his opinion letter.

He does note that the broad set of changes he recommends may change the ACP so much as to make it unrecognizable or impractical (i.e., in terms of the time as resources needed to change it). He suggests that this is due to the significant differences in purpose between the ACP and the CAPR clinical examination and the limited interchangeability between the two tools.

### *Legal Analysis*

The College contracted Richard Steinecke, of Steinecke Maciura LeBlanc, a legal firm that specializes in professional regulation, to undertake the requested legal assessment of the academic programs' ACP proposal.

**Mr. Steinecke's assessment of the proposal has been distributed to Councillors on a confidential basis. This communication is privileged, and its distribution is only intended for current Councillors.**

To briefly summarize Mr. Steinecke's opinion, it is his view that a carefully structured ACP can likely constitute an examination within the meaning of the registration regulation. By 'carefully structured' Mr. Steinecke suggests that it must demonstrate characteristics such as:

- it must be designed as separate and distinct from usual work performance evaluations.
- It cannot be primarily educational in nature.
- It must be a structured and comprehensive evaluation of the candidate's practical performance against comprehensive criteria such as the essential competency profile for physiotherapists.
- It must produce a pass or fail result.

Mr. Steinecke is also clear that if an ACP is set or approved by Council as a registration examination, one of his primary concerns is that it must be defensible from both legal and psychometric

perspectives. While he does not speak to the psychometric issue (see Dr. Sadesky's opinion for that advice), he does point out that it must be a psychometrically valid tool in order to be defensible.

He also identifies a number of legal considerations that Council would need to consider in order ensure its legal defensibility. These include:

- *Availability.* A registration requirement must be available to all eligible applicants and not just those who are currently working.
- *Discrimination.* A registration requirement cannot be discriminatory. It must be equally available to those with disabilities and international graduates. For our purposes it must also be available in French. This is both a requirement of human rights law<sup>1</sup> and the fair access provisions of the *Code*.<sup>2</sup>
- *Appearance of Bias.* People undertaking assessments must not have an appearance of bias related to the individual candidate. In the proposal the College is considering, the candidate and assessor may have an employee/employer relationship.
- *Canadian Mobility Issues.* All Canadian regulators have an obligation to accept the qualifications of a practitioner regulated in another province or territory under the Canadian Free Trade Agreement. Thus, any decision made by the College has implications for other physiotherapy regulators. Under the *Code*, the College has a duty to notify and permit comment by other Canadian regulators for any changes made to its registration requirements.
- *Precedent.* Any exemption that is not based on circumstances and considerations that are clearly distinguishable from most other applicants constitutes a precedent that will be relied upon by others. The acceptance of a measure that has not been demonstrated to be valid and reliable will significantly undermine the ability of the Registration Committee to exercise its discretion in the future.

### **Recommendation**

*Given that the psychometric assessment of the ACP proposal indicated that the tool should not be used as a registration examination without substantial changes, and the legal assessment of the ACP proposal indicated that there are numerous legal issues that need to be resolved before the tool is used*

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<sup>1</sup> See s. 6 of the *Human Rights Code*, R.S.O. 1990, c. H.19, <https://www.ontario.ca/laws/statute/90h19>, *Association of Professional Engineers and Geoscientists of Alberta v Mihaly*, 2016 ABQB 61 (CanLII), <https://canlii.ca/t/gn3bs>; and *Brar and others v. B.C. Veterinary Medical Association and Osborne*, 2015 BCHRT 151 (CanLII), <https://canlii.ca/t/glsds>.

<sup>2</sup> *Health Professions Procedural Code*, s. 22.2, <https://www.ontario.ca/laws/statute/91r18#BK41>.

*as a registration examination, the ACP in its current form is not recommended as a substitute for the CAPR clinical examination.*

3. An examination, preferably in partnership with other Canadian physiotherapy regulators that was based on CAPR's existing PCE questions.

Since receiving this direction on September 20, I have undertaken numerous activities to attempt to facilitate the holding of an examination based on CAPR's existing PCE clinical questions as soon as possible.

These steps have included the following:

- A request to the CAPR Executive Director for an examination to be held on an expedited basis for Ontario candidates. The pending response is subject to direction from the CAPR Board.
- A request to the CAPR Executive Director for confirmation of the date of the next scheduled CAPR Examination. Our understanding is that it would be no sooner than six months from the last CAPR Board meeting, which was held in September.
- A request to the CAPR Executive Director for consideration of CAPR's willingness to provide paid access to CAPR examination questions and expertise to facilitate the ability of the College to hold a CAPR-content based examination in Ontario. The pending response is subject to direction from the CAPR Board.
- Numerous discussions with the chair of the CAPR board which covered possible solutions such as the investigation of CAPR's ability to sell examination content to colleges, to hold individual examinations for individual colleges, and to hold examinations in an accelerated, non-traditional fashion. The response to this is pending.
- A formal written request to the CAPR President and Vice President requesting paid access to CAPR examination questions and examination expertise to facilitate the ability of the College to hold an examination. This letter was signed by both the College president and registrar and a response to the request for content was requested by October 12<sup>th</sup>. No response has been received.
- A request to the members of the CAPR registrars committee for support for a joint examination which would be based on the CAPR examination questions to be held at the earliest possible opportunity. It should be noted that the CAPR registrars committee is not a decision-making group of CAPR. While the registrars group did not come to any resolution on this request, the initiation of this discussion did lead to the one-on-one registrars discussions outlined below.

- A discussion with the registrar of the BC College of Physical Therapists as to the feasibility of holding a joint CAPR-content based examination, if content could be obtained from CAPR. The response to this was that their college was interested however it would depend on CAPR's willingness to provide the necessary content and expertise.
- A discussion with the registrar of the Alberta College of Physical Therapists as to the feasibility of holding a joint CAPR-content based examination, if content could be obtained from CAPR. The response to this was that their college was interested and had submitted a formal request to the CAPR board to access this content however they had not yet had a response.
- A discussion with the registrar of the Manitoba College of Physiotherapists as to the feasibility of holding a joint CAPR-content based examination, if content could be obtained from CAPR. The response to this was that their College was interested in working jointly with our College if we were successful in obtaining access to the content.

There remains a significant degree of interest on the part of colleges to have CAPR accelerate its examination schedule, i.e., to have examination(s) available within the next three months rather than the proposed six months schedule currently being proposed. There is also a significant degree of interest from some colleges who wish to obtain access to CAPR examination content and expertise so colleges can hold their own examinations. Both of these options have the potential to facilitate the registration of people who have been waiting for the examination for a long time.

Even more importantly, the use of CAPR examination content and expertise would assist in minimizing legal and psychometric issues with the alternative examination tools that some colleges are using/proposing to use while the CAPR examination is not available.

However, to date, CAPR has not been able to provide definitive answers as to whether it will be able to accelerate its examination schedule, or whether it will be able to provide examination content and expertise to colleges.

### **Recommendation**

*Given that the use of CAPR examinations, examination content and examination expertise would mitigate against potential legal and psychometric problems associated with the use of alternative examination tools, should CAPR enable more rapid access to this content, its use is recommended.*

*However, given that the current situation suggests that CAPR may be unable to provide immediate access to the CAPR examinations, examination content and examination expertise, it is also recommended that the College pursue other mechanisms to facilitate the granting of independent practice certificates of registration until such time as CAPR examinations are once more available.*



## Other Options that the Council may wish to consider

During the course of investigating the options considered above, staff noted that there are still at least three other options that Council may wish to consider in greater depth.

These three options are:

1. That the Registration Committee explore the ability to exempt individuals from the obligation to attempt and successfully complete the clinical examination as a requirement for an independent practice certificate of registration
2. That Council consider the use of the ability to designate an alternative clinical examination
3. That Council propose changes to the existing registration regulation that would:
  - a. permit former provisional practice certificate holders to apply for another certificate if they were unsuccessful on the clinical examination
  - b. permit an alternative pathway for an individual to move from a provisional class to an independent class when no clinical exam is available
  - c. incorporate a provision for emergency registration in situations such as a pandemic

### **Option 1 - That the Registration Committee explore the ability to exempt individuals from the obligation to attempt and successfully complete the clinical examination as a requirement for an independent practice certificate of registration**

The College's registration regulation includes a requirement that applicants for certificates of independent practice must have passed the clinical component of the examination. However, unlike some of the other criteria for registration in the regulation, the requirement to pass the examination is exemptible.

Mr. Steinecke's legal advice is very clear that the decision to exempt individuals from the examination requirements cannot be made by Council. Council will recall that this same view has also been expressed by Mr. Bromstein, legal counsel to the College's Registration Committee.

It is the Registration Committee that is given exclusive jurisdiction to consider whether to make any exemptions to the examination requirement.<sup>3</sup> The Council cannot direct the Registration Committee to exempt an individual or category of individuals from the examination requirement.

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<sup>3</sup> *Health Professions Procedural Code*, s. 18(3), <https://www.ontario.ca/laws/statute/91r18#BK41>.



However what Council can do is make policy suggestions to the Registration Committee that suggest it consider whether to make exemptions to the examination requirement for some individuals. By making this kind of policy suggestion, Council could offer its support to the Registration Committee for a series of decisions that are no doubt difficult to make, considering the need to balance public interest, safety and the concerns that the College has about individuals in this situation.

**Mr. Steinecke's advice on the issues associated with the use of an exemption has been distributed to Councillors on a confidential basis. This communication is privileged, and its distribution is only intended for current Councillors.**

While the Committee is not bound by any Council policy suggestions, it may consider if there are some situations, such as a pandemic where it may be in the public interest to use its exemption authority.

If it came to this conclusion, the Committee may also come up with criteria as to when this authority could be used and the kinds of conditions that might apply to certificates of registration that are granted by using exemptions.

Should the Committee decide to pursue this authority Council may also wish to make it clear that it would support the committee by providing needed resources and expertise to support this work.

Council may recall that the Registration Committee has previously considered whether to use its authority to exempt examination requirements. However, when it did this before, it concluded that the public interest would not be well served by exempting individuals from the requirement to clearly demonstrate their competence by successful completion of the examination.

Given the evolving situation regarding ongoing difficulties in accessing the CAPR examination, Council may wish to suggest that Committee the revisit its policies respecting examination exemptions.

### ***Recommendation***

*Council may wish to recommend to the Registration Committee that it consider various measures as a basis for exempting the clinical component of the registration examination requirement on a temporary basis given the exceptional circumstances surrounding the extended unavailability of a clinical component of the examination.*

*The Council may also wish to communicate to the Registration Committee that the Council will ensure the availability of adequate resources to implement any exemptions provided.*

**Option 2 – That Council consider the use of the ability to designate an alternative clinical examination**

Mr. Steinecke's legal advice points out that section 11 of the College's registration regulation<sup>4</sup> makes it clear that it is Council that sets or approves the registration examination(s) used by the College.

What this means is that if the College Council wants to use a different or another examination in addition to the current CAPR clinical examination as the College's examination, it must designate it as the College examination.

Mr. Steinecke's opinion also makes it clear that when Council makes a decision on an examination(s), the Council has a responsibility to assess the defensibility of the proposed examination and to take into account all the other legal aspects of the issue he describes in his opinion on the ACP.

This aspect of Mr. Steinecke's opinion is important because it points out that the Council can set or approve a registration examination but if it does so, it should do this with careful consideration of its obligation to consider its legality and defensibility.

Council will recollect from the advice discussed above that the ACP, at least not without significant changes, is not recommended by the College's lawyer or psychometrician as an alternative to the CAPR examination.

Council may also recollect from its discussions at its September meeting that there appears to be very few other alternative examinations available that the College could designate as an alternative to the CAPR examination.

#### Using the QA program as an examination

One idea that is routinely offered as a suggestion is the use of the College's quality assurance program as an alternative to the exam.

As noted above, should Council wish to do this it must be sure that the tool that is designated as the examination is both legal and defensible.

To date the College has not yet conducted an assessment of the QA program's utility as an entry to practice examination from either legal or psychometric standpoints. This would be a necessity should Council wish to define the QA program as an examination.

#### Background: College Quality Assurance Program

The following is some background on the College's quality assurance program.

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<sup>4</sup> O. Reg. 532/98, <https://www.ontario.ca/laws/regulation/980532>.

Each College is required to have a Quality Assurance Program. The Health Professions Procedural Code provides some guidance in this area and additional details are found in the Regulation.

As a baseline the College's Quality Assurance Program is required to focus on continuing education or professional development and it is designed to,

- (i) promote continuing competence and continuing quality improvement among the members,
- (ii) address changes in practice environments, and
- (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.

It should also include self, peer and practice assessments; and a mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

The College's program is not currently used for any other purpose including assessing the competency of individuals returning to the profession after an absence.

The self assessment is an annual activity which is a short questionnaire called PISA or Professional Issues Self Assessment.

According to the College's QA regulation the assessment can include any of the following, but it currently only includes the highlighted sections:

- (a) inspecting the premises where the member practises;
- (b) reviewing the member's records required under subsections 3 (2) and 4 (2);
- (c) reviewing information respecting patient care and the member's records of the care of patients;
- (d) requiring the member to answer, orally or in writing, questions about his or her practice;
- (e) requiring the member to participate in simulations related to his or her practice;
- (f) interviewing or surveying the member and his or her employer, employees, colleagues, peers or patients; and
- (g) requiring the member to interview or survey his or her employer, employees, colleagues, peers or patients.

### The CPO's Quality Assurance Program

The College's previous program included a 4-hour onsite assessment that was conducted by a College trained assessor. Over the years it was felt that this approach was no longer fit for purpose and the program was put on hold while a new program was developed.

The program was developed in large part by a Quality Assurance Working Group which included current and previous Council and Committee members, the Manager of the program area and one member of the public. Support was provided by Leanne Worsfold of iComp consulting with the assistance of a psychometrician. The blueprint was developed based on the College's Standards of

Practice of the Profession that were current at the time and the Essential Competency Profile for Physiotherapists.

The pilot phase ran from 2019 – 2020 (sample size 250 physiotherapists) and the new program was launched in January 2021. It applies only to individuals who are providing clinical care.

### **Getting Ready for the Assessment**

Before the assessment process begins the physiotherapist being assessed is required to complete a questionnaire

### **Phase One – Screening Interview**

Individuals who have been in practice the longest and who have not gone through the previous QA program are chosen to go through a one-hour Screening Interview. This interview is conducted by a College trained assessor (there are approximately 50 physiotherapists in the assessor pool) following a Behavioural Based Interview Approach. There are no patient charts reviewed during this phase and there is no observation of clinical care. If the overall scoring sees the physiotherapist falling below 85%, they are referred to phase two which is an onsite assessment.

As of the time of writing 212 physiotherapists have gone through a screening interview and 9 have moved on to phase two.

This is important to note as information on the program is limited due to the fact that it has just recently been implemented

### **Phase Two – Onsite Assessment**

The onsite assessment is performed by one of the assessors at one of the practice locations of the physiotherapist.

As you will know physiotherapists can work in a variety of different practice settings and over time they will likely move towards an area like private practice, long term care, hospital, community-based care etc. Because of COVID these assessments were moved to virtual assessments, and it is anticipated that this may become permanent.

The assessment includes a Behavioural Based Interview and a Chart Stimulated Recall where an assessment of the quality of care being provided as it relates to the standards of practice of the profession is made by the assessor. Again, a report is submitted to the College.

These reports are reviewed by the Quality Assurance Committee. The Committee can choose to take no action, offer advice and recommendations, impose terms, conditions or limitations on a certificate of registration, order a specified continuing education or remediation program (SCERP) or refer the matter to the Inquiries, Complaints and Reports Committee. While it is early days the Committee has made decisions that include no action, advice and recommendations or a SCERP. They have not

referred any individual to the ICRC or imposed terms, conditions or limitations on a certificate of registration.

It is important to note the range of options available to the Committee. This unlike a typical examination which simply assigns a pass/fail criteria.

It should be noted that outside of terms, limitations or restrictions, no outcome of the QA Committee is available on the College's public register.

#### Assessment of the QA program as an examination

As noted above, the College has not yet evaluated the QA program psychometrically or legally for its defensibility as an alternative to the CAPR examination.

Given that the QA program was not developed with the intention of being used as an entry to practice examination, it is likely that some of the same problems identified with the proposed use of the ACP as an entry examination will be identified. In other words, while the QA program may be reliable and valid in the context of assessing continuing competence of those who work in a focussed clinical practice environment, this validity and reliability will not be sustained when the program is used to assess individuals for entry to practice competencies.

It is important to note that if Council does decide to use the QA program as an alternative to the examination, it will be required to direct considerable resources to significantly increase both staffing and contractors (assessors) to undertake the number of assessments.

#### ***Recommendation***

*That Council may wish to explore considering whether to designate the College QA program as an entry to practice examination to be used until the CAPR examination is once again available. This consideration should take into account Council's legal obligation to ensure that the tool is defensible for its new intended purpose and legal and psychometric assessments made to confirm this.*

#### **Option 3 – that Council propose changes to the existing registration regulation that would:**

- a. permit former provisional practice certificate holders to apply for another certificate if they were unsuccessful on the clinical examination**
- b. permit an alternative pathway for an individual to move from a provisional class to an independent class when no clinical exam is available**
- c. incorporate a provision for emergency registration in situations such as a pandemic**

As Council is no doubt aware, the College's registration regulation is a government regulation that has been considered in depth by the Ministry of Health, approved by the Cabinet of the Ontario provincial government, and then signed into force as law by the Lieutenant Governor of the Province.

As such the regulation does have the force of law and compliance with it is required and enforced.

However, what may not be quite so clear is that the genesis of the College's regulations is the Council itself and that Council has the authority to make and/or changes certain kinds of regulations provided the appropriate process is used.

The Health Professions Procedural Code, which is designated as a part of all profession specific acts including the Physiotherapy Act, provides the Council with the authority to make a number of regulations in areas including registration requirements, QA program requirements, professional misconduct requirements and funding for therapy and counselling.

However, it must be noted that there are a number of intervening steps between the time that council 'makes' a regulation (i.e., approves the policy for a regulation) and when the final content of the regulation is approved by the Lieutenant Governor, and most of these steps have implications on the way a regulation ultimately is written.

Regardless, Council does have the ability to set or change policy in its regulations and while this can take a considerable amount of time to accomplish, it can have a substantial impact on the way the College does things.

In the context of registration regulation policy changes, Council recall that three of the pressing issues that the College is currently trying to deal with through the provisions contained in the current registration regulation are:

- The inability of people who formerly held provisional practice certificate holders to apply for another certificate if they were unsuccessful on the clinical examination
- The inability of the College to grant a certificate of independent practice to an individual who holds a provisional class certificate when no clinical exam is available
- The inability of the College to issue certificates of registration for urgent or defined purposed (i.e., emergency registration) in situations such as a pandemic.

While as noted above and on many other prior occasions, the regulation approval process is very slow. However, it can never be accomplished unless a start is made on it.

With this in mind, Mr. Steinecke was asked to draft proposed regulation changes for the consideration of Council that were intended to address the three circumstances noted above.

**These changes are included in the modified Registration regulation attached as Appendix 4.**

What these proposals to changes to the registration regulation are intended to accomplish is to make changes to the regulation that will:

- Permit former provisional practice certificate holders to apply for another certificate if they were unsuccessful on the clinical examination. They would only be able to do this one additional time and with additional practice oversight and meeting required terms and conditions from the registration committee.
- Provide a way for an individual to move from a provisional class to an independent class when no clinical exam is available. They would only be able to do this after they have been practicing in a stable practice environment for a defined period of time and meeting required terms and conditions from the registration committee.
- Incorporate a provision for emergency assignment certificate of registration in situations such as a pandemic. This would only be accessible in emergency situations.

Council may wish to consider these proposed amendments to the registration regulation with a view to approving them in principle.

Should Council approve these proposed changes in principle, the next step in the regulation development process would be to distribute the proposed changes to registrants and stakeholders for input.

Based on the input received from the consultation, Council might then decide to amend or approve the proposals with the goal to ultimately submit these regulation proposals to the Ministry of Health for its consideration.

### ***Recommendation***

*That Council consider the proposed changes to the College's registration regulation and approve them in principle.*

## Public Interest in These Decisions

### Public Interest Rationale:

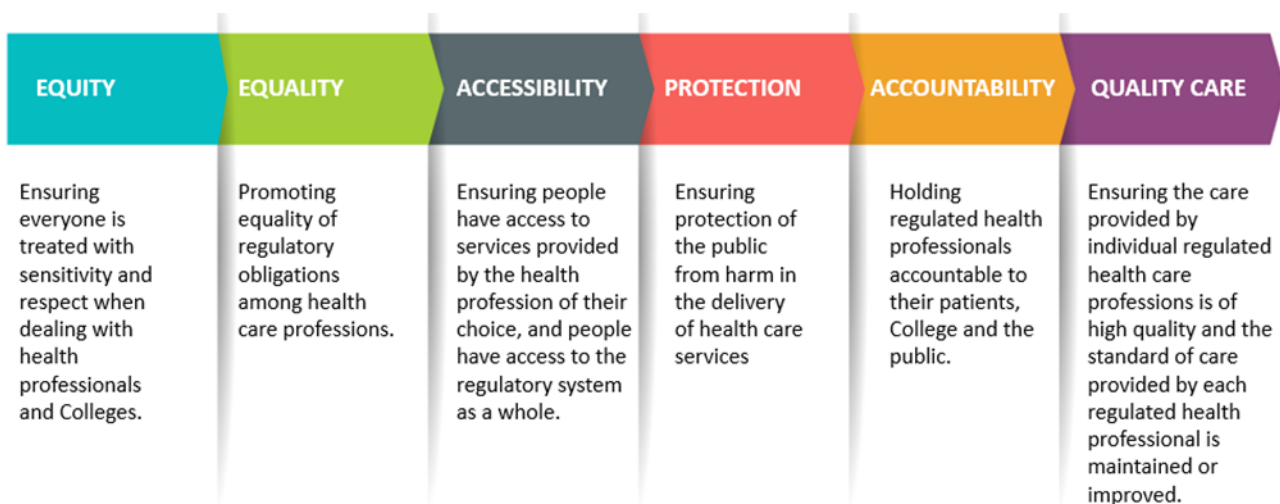
Granting an exemption from any of the entry to practice requirements requires significant and careful consideration. The same is true when considering the use of an alternative examination that does not have the same degree of defensibility as the College's current examination.

It is also important to ensure that any decision made by the Registration Committee, or indeed the Council itself, must ensure the public interest is a primary consideration. In making any exemption the Committee must be assured that there are measures in place to ensure that physiotherapists are providing safe, quality, and effective care. This principle should also be applied if Council should decide to consider the adoption of an alternative examination.

The application of a public interest test in this case requires that the Committee or the Council consider the safety of patients and the unique situation posed by COVID-19.

As a regulator there are 6 different considerations when making a decision grounded in the public interest.

- Equity
- Equality
- Accessibility
- Protection
- Accountability
- Quality Care





## Appendices

1. College RFP for Alternative Examination
2. Ontario Physiotherapy University Programs – ACP Proposal
3. Dr. Greg Sadesky, Opinion re: psychometric assessment of the academic programs' ACP proposal
4. Proposed regulation change to College's Registration Regulation



### **REQUEST FOR PROPOSAL: ALTERNATIVE CLINICAL COMPONENT OF PHYSIOTHERAPY COMPETENCY EXAMINATION**

The College of Physiotherapists of Ontario ("College") is inviting proposals for the development, implementation, and ongoing delivery of an alternative entry to practice clinical exam. Successful completion of a clinical examination is required for individuals to apply for an Independent Practice Certificate in Ontario.

Proposals must be received by **September 24, 2021, @ 5:00 pm EDT.**

#### **The College**

The College is the self-regulatory authority responsible for registering and governing physiotherapists in Ontario. Its authority comes from the [Regulated Health Professions Act, 1991\(RHPA\)](#) and the professions specific [Physiotherapy Act, 1991](#). There are 26 similar bodies in Ontario that regulate other health professions.

The mandate of the College is to protect the public interest by ensuring that members of the profession are qualified, competent, and ethical practitioners. This starts when an applicant seeks to be registered with the College. As such, the Entry to Practice program is a key area within the College as it relates to this mandate, ensuring the College only registers physiotherapists who can provide competent and ethical care.

Organizations interested in submitting a proposal are strongly encouraged to review and understand the *RHPA*, the *Physiotherapy Act*, as well as additional background on the College through our website at [www.collegept.org](http://www.collegept.org). Appendix 1 provides an overview of some of the primary sources of information on the College, entry to practice program, and examinations.

#### **Background and Description of the Project**

In order to be registered, an applicant must meet a number of criteria. Key among them, as required by statute, is to successfully complete a competency examination. The Physiotherapy Competency Examination (PCE) tests a candidate's ability to meet the essential competencies of physiotherapy practice, such as physical examination, data interpretation, clinical problem solving, treatment techniques, ethics, and safety. The PCE is broken down into two components: written and clinical. The same examination is administered to Canadian trained applicants and Internationally Educated Physiotherapists.

The written component assesses physiotherapy knowledge in various practice areas. An applicant must achieve a minimum overall score to pass, at which time they can apply to be granted a Provisional Practice certificate of registration. Following successful completion of the written component, the applicant can then proceed to undertake the clinical component of the PCE. The clinical component is an objective structured clinical exam (OSCE) which is based on the Essential Competency Profile for Physiotherapists in Canada.

The College's [Registration Regulation \(532/98\)](#) requires an applicant to pass a clinical examination to be registered with the College in the Independent Practice class. In addition, a candidate that has been unsuccessful at the clinical component can no longer practice as a physiotherapist until they have passed a clinical exam.



To date, both components of the examination have been overseen and administered by the [Canadian Alliance of Physiotherapy Regulators](#) (CAPR). CAPR is a credentialing and assessment agency that provides evaluation services on behalf of Canadian provincial physiotherapy regulators, including Ontario.

In response to the COVID pandemic, the delays in the administration of the clinical exam have required that we consider alternative clinical exams. In August 2020, the written component of the examination was moved to a virtual administration and continues to be delivered. The June and November 2020 administrations of the clinical component of the exam were cancelled. The June 2020 administration was cancelled in April 2020 in keeping with nation-wide public health lockdowns. The November 2020 clinical exam was cancelled in September because of Canada-wide closures of universities, which is where CAPR runs its face-to-face exams. CAPR then began preparation to administer a virtual examination in March 2021. The virtual clinical examination had to be terminated on the day of the exam due to unspecified problems with the exam delivery platform. The June 2021 administration was also delayed. The clinical component was last administered in November 2019 and the number of candidates waiting to complete this examination continues to grow. It should be noted that individuals who were successful in the written exam, registered with the College and are waiting to take the clinical component have been able to continue to work as Residents in the Provisional Practice class.

The College has the ability to decide what examination(s) it will use to assess the competency of applicants. However, any alternative to the CAPR examination must meet certain requirements that are contained in the College's Registration Regulation. The exam must contain both written and practical (i.e. clinical) components, be based on Canadian competencies, and must be sufficiently consistent in its testing (reliability), and accurate in what it tests for (validity). This is to ensure the examination(s) are fair to all applicants and can withstand legal challenges when individuals are unsuccessful.

Due to continuing delays, the College is now seeking a qualified organization/firm ("Organization") to develop, implement, and administer an **alternative clinical component of the PCE**. The aim is to have the clinical component available to administer and evaluate applicants by early 2022. Currently, there are approximately 900 individuals who are waiting to sit the clinical component of the examination. It has yet to be determined if the alternative exam will be available to applicants in an ongoing way, if applicants will be able to choose between clinical exams or if the alternative exam will ultimately replace the clinical exam offered by CAPR. If it was to be offered on an ongoing basis, the alternative examination may have an anticipated throughput of up to 500 individuals annually.

The clinical exam must meet specified criteria to ensure legal defensibility and public protection. The criteria include:

2. The examination must assess the entry to practice competency skills required in Canada;
3. The examination must be valid and reliable;
4. The examination must be accessible;
5. The examination must be secure;
6. The examination must have the appropriate safety precautions and measures in place;
7. The examination must be available in both official languages (English & French).

It should also be noted that the Ontario Fairness Commissioner has expressed a desire for virtual exams where possible.



### Expected Deliverables

1. Develop an alternative clinical examination, based on the Canadian Physiotherapy Competency Profile, that is acceptable to the College. The examination must assess practical skills and be available in both official languages. The examination must also be:
  - a. Valid
  - b. Reliable;
  - c. Accessible; and
  - d. Secure
2. Pilot the examination using best practices in examination/assessment methods, reliability, and security. The pilot phase is to allow for any adjustment to development without incurring additional costs to the College.
3. Outline a plan for ongoing implementation, and administration of the examination. The plan must lay out, plans for registering candidates, the costs for each session of exam administration, costs for applicants, failsafe options in the case of issues/delay, security protections in place, reporting exam results to the College and accessibility considerations. The aim is for the examination to be operational by January 2022.
4. Outline the examination review process, including the anticipated review cycle and the use of a psychometrician, to ensure the examination is appropriately testing practical skills and remains valid and reliable.
5. Outline the process for determination and review of the examination's pass score.
6. Establish initial and annual operating budgets to maintain the clinical examination.
7. Outline the Organization and the College's responsibilities through this process.

### Proposed Timeline

- Request for Proposals Released: September 13, 2021
- Proposal Submission Deadline: September 24, 2021
- Contract awarded: no later than October 15, 2021
- Exam Development: October – December 2021
- Exam Launch: January 7, 2022

### Submission Requirements

1. All proposals will be treated in confidence.
2. Proposals should be succinct yet comprehensive and include:
  - Background information on the Organization and project team.
  - An outline of the exam development, implementation, and review process.
  - The defined components of the process and a timeline for completion of each part of the process.
  - The costs associated with each part of the process.
  - Previous exam development/implementation work undertaken.
  - A minimum of 3 references, including name, position, organization, phone, and email contact information.

### Budget Guidelines

The proposal must include a detailed breakdown of the project components including:

- Approximate number of days proposed and costs for: a) the background review and work; b) the exam development and testing; and c) the ongoing implementation, administration, and review of the exam.



- Projection of associated expenses.

#### **Consultant Selection Criteria (criteria is subject to change)**

- a) Demonstrated expertise and experience in exam development, administration, and review;
- b) Understanding of regulatory environment and entry to practice processes for regulatory professionals;
- c) Thoroughness/quality of the submission;
- d) Reasonableness of cost;
- e) Ability to meet timelines as determined;
- f) Consideration of any potential, actual, or perceived conflict of interest and how the organization proposes to manage it.

#### **General Terms of Proposal Process**

- The project will be tendered at the discretion of the College.
- Nothing in this request for proposal mandates that the College is obliged to award a contract under this RFP.
- The College shall not be responsible for any costs involved in or associated with preparing the submission or any meeting, discussion, or negotiation following submission that could lead to acceptance of the proposal.
- The College will have complete proprietary ownership of the examination and can seek other vendors for administration.

#### **Deadlines**

Anticipated timeline for project completion and exam launch: **January 7, 2022**

Proposals must be submitted by email on or before **September 24, 2021**, to:

Rod Hamilton, Registrar  
[rhamilton@collegept.org](mailto:rhamilton@collegept.org)  
College of Physiotherapists of Ontario

All enquiries related to this RFP should be directed to Rod Hamilton, [rhamilton@collegept.org](mailto:rhamilton@collegept.org)

We look forward to receiving your response.



## Appendix 1 – Resources

- The College’s registration regulation prescribes the legal requirements for registration as a physiotherapist in Ontario: <https://www.ontario.ca/laws/regulation/980532>
- The College’s website contains considerable resources which describe the role of the College, its programs and its activities: [www.collegept.org](http://www.collegept.org)
- The College’s website also contains a section specific to providing information to potential applicants: <https://www.collegept.org/applicants>
- The website of the Canadian Alliance of Physiotherapy Regulators provides information describing its role, with a particular focus on its role in providing credentialing services and examinations to potential applicants for physiotherapy registration in Canada: <https://www.alliancept.org/>
- The website of the Ontario Fairness Commissioner provides information on its role to ensure that Ontario regulators have fair entry to practices processes: <https://www.fairnesscommissioner.ca/en/Pages/Home.aspx>

## Appendix 2: Ontario Physiotherapy University Programs - ACP Proposal



Open letter to Council Members  
College of Physiotherapists of Ontario  
375 University Avenue, Suite 800  
Toronto, ON, M5G 2J5

September 20, 2021

Dear Council Members of the College of Physiotherapists of Ontario,

We are writing on behalf of the five Ontario University Physiotherapy Programs to express our concern about the fourth cancellation of the Physiotherapy Competency Examination (PCE) by the Canadian Alliance of Physiotherapy Regulators (CAPR) Board of Directors. We are also disheartened by the lack of a contingency plan in Ontario for how to address the ever-growing backlog of candidates waiting to complete this component of their licensing process.

Through this letter, the five Ontario University Physiotherapy Programs would like to urge the College of Physiotherapists of Ontario to position themselves as leaders in resolving this national crisis by considering the [most recent evidence regarding the use of a clinical examination](#)<sup>1,2</sup> and alternate pathways to the traditional examination process. We also want to re-iterate to the Council that as accredited academic programs, Canadian Physiotherapy Programs have taken great strides to ensure that graduates from across the country are prepared to practice in a manner that upholds the standards and expectations of the Regulatory Bodies across Canada, including the College of Physiotherapists of Ontario. Through our [accreditation process](#) conducted by Physiotherapy Education Accreditation Canada (PEAC), we are required to demonstrate how we facilitate achievement of all entry to practice physiotherapy competencies and milestones outlined in the National Physiotherapy Advisory Group Competency Profile for Physiotherapists in Canada (2017). This rigorous process includes describing how we evaluate student achievement of each competency. Therefore, we are confident that the evaluations through the entry to practice curriculum have laid a strong foundation for ensuring the competency of our learners. Graduates of Canadian Physiotherapy Programs are therefore well prepared for entry to practice and meet required national competencies for entry to practice.

We are aware that the CPO's Registration Regulation (532/98) currently requires applicants to successfully complete an examination to qualify for a certificate of registration authorizing independent practice with the College (O. Reg. 68/06, s. 1). The Physiotherapy Act (the Act) defines the "examination" as an examination set or approved by the Council. While the Act references a practical

component of the examination (Provisional Practice, 23.3), the Act does not specifically define what constitutes an examination. As such, the Ontario University Programs would like to remind the Council that an email was submitted, by the five schools, to Mr. Rod Hamilton and Ms. Theresa Stevens on March 5, 2021 encouraging the CPO to:

- explore alternative policy and regulatory options that could be applied to ensure competency of the registrants who were unable to complete the clinical component of the examination due to cancellation ***and***
- consider an alternate form of examination that was proposed in the communication

We recognize that any solution implemented by the CPO would need to give due attention to the [Labour Mobility Act, 2009](#). We believe that the alternate examination we proposed for the Council's consideration would allow the CPO to meet its duty to protect the public and provide the people of Ontario with access to adequate numbers of qualified, skilled and competent regulated physiotherapists. We also encourage the College to use this proposal to facilitate dialogue with other Colleges of Physiotherapists across the country as a means of ensuring labour mobility requirements are met.

As a result of the most recent decisions by the CAPR Board of Directors, and the escalating crisis faced by the profession, the five Ontario University Physiotherapy Programs are ***again*** submitting for your consideration an alternative process that can ***immediately*** be used to address the needs of the public. There is an escalating crisis facing our profession. A pathway is needed to register the cohort of candidates who are currently without access to an examination, including those who hold a provisional practice registration and those who cannot currently hold a provisional practice registration.

Specifically, the Ontario University Programs would like to encourage the Council to explore if clinical examination using the established Assessment of Clinical Performance (ACP) completed by a physiotherapy supervisor or mentor could be used to examine the competency of the registrants to ensure the public's safety. The Canadian Physiotherapy ACP is an evaluation tool that has demonstrated [validity and reliability](#)<sup>3,4</sup> in measuring entry to practice competency of physiotherapy learners across the country. The ACP has also been able to demonstrate a clear progression in competency from initial to final internship/ placement.<sup>3,5</sup> There is a training module that has been developed to provide standardized application of this tool. The training module is freely available here: [https://app.rehab.utoronto.ca/ACP/story\\_html5.html](https://app.rehab.utoronto.ca/ACP/story_html5.html). We are aware that the proposed plan below will bring forward additional questions that will require discussion, including how to ensure neutrality of the assessor based on their relationship with the provisional practice certificate holder and how this assessment in one practice setting would be used to determine competence across settings. The University Programs welcome the opportunity to discuss this plan and collaboratively identify a solution with the CPO.

Specifically, the following is being respectfully re-submitted for the Council's Consideration:

1. ***Current Provisional Practice registration holders [inclusive of Internationally Educated Physiotherapists (IEPTS) to ensure equity]***: We are suggesting that supervisors/mentors of individuals who currently have held a provisional practice registration for a minimum of three months, should evaluate the registrant using the ACP to provide the College with a measure of competency. This examination would be used to satisfy the College's requirements for a



“practical examination”. Supervisors / Mentors would be required to submit the following three items to the College for each provisional practice holder:

1. Certificate of completion of the ACP training module
2. Completed ACP
3. A letter of support attesting to competency and acknowledging there were no known risks encountered during their mentorship relationship.

We strongly believe that these components would enable the College to meet the requirement for determining competence and protecting the public.

2. ***Candidates who have failed the examination, and are currently without access to Provisional Practice Registration [inclusive of IEPTS to ensure equity]***: We propose a three-step process over a 12 month period:

1. Prior to being re-issued a provisional practice certificate, these candidates must successfully satisfy the College that they are aware of, and competent with, the Standards by completing the College’s [jurisprudence module](#).
2. Individuals who satisfy criterion 1 could then be granted a Provisional Practice Certificate, with the requirement of having both an employer and clinical mentor, as well as a third-party evaluator (i.e. a physiotherapist with a similar practice background, faculty from an academic institution). The ACP can be implemented as a tool for evaluation at multiple points in time over a pre-determined timeframe (e.g. at 3 months and 6 months). If competency is satisfactory through this process, and there are no concerns expressed by the employer, clinical mentor and third-party evaluator, the individual Provisional Practice Certificate could be extended.
3. We propose the College also require a final examination using the ACP at 12 months following the first ACP evaluation. If no concerns are identified at that time, the registrant would be granted an Independent Practice registration.

Of note, the Saskatchewan College of Physiotherapists has used the ACP as one of two tools used to monitor the performance of physiotherapists who are placed on restricted licenses (the other tool is a system of chart audits). Candidates must be performing at entry level on all indicators before they can practice under indirect supervision.

As Ontario’s University Physiotherapy Programs, we would like to re-affirm our commitment to work with the College to find an evidence-informed and appropriate resolution to this urgent situation. We do not believe that the [current request for proposals](#) aligns with the best evidence on the continued use of a clinical examination, nor do we believe that establishing a clinical examination that mirrors the former CAPR clinical component is the best resolution to address the current backlog of registrants. As such, we strongly urge the CPO to reconsider the current RFP for a clinical examination and place your efforts on addressing the need for adaptation of the existing policies or by-laws that are placing barriers to innovative, evidence-informed solutions. We also urge the College to urgently commit to an evidence-based resolution that expedites the process for the registrants who have been practicing on the front lines, in a pandemic, while awaiting an opportunity to prove that they have acquired the knowledge and skills to safely practice at the level of entry to practice.

We would be happy to meet to discuss this proposal in more detail. Thank you for your focused and timely attention to this matter.

Sincerely,



Dr. Sarah Wojkowski, PT, PhD, Assistant Dean, Physiotherapy, McMaster University



Dr. Alison Rushton, Director, School of Physical Therapy, Western University



Dr Stéphane Poitras, Director, physiotherapy program, University of Ottawa



Dr. Sharon Switzer-McIntyre, Program Director for both: MScPT Program and OIEPB Program, Department of Physical Therapy, Temerty Faculty of Medicine, University of Toronto.



Dr. Jordan Miller, Associate Director (Physical Therapy), School of Rehabilitation Therapy, Queens University

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# Assessing the ACP for Physiotherapist Licensure – the Psychometric View

Oct 11, 2021

## Introduction

The COVID-19 pandemic has presented unique challenges for regulators to administer licensing exams, particularly for practical examinations. Contact and proximity restrictions to prevent viral transmission have made the usual face-to-face assessment process impossible, creating significant registration backlogs and associated stress for candidates and regulators alike. Some significant efforts have been made to mount practical examinations that can be delivered remotely, though the success of those efforts is perhaps best described as inconsistent. Now, nearing the end of the 2nd year of the pandemic the challenge to progress candidates who require these exams to full registration are becoming increasingly acute.

In the case of physiotherapy in Canada, a group of educational programs administrators in Ontario has put forward a proposed solution to this backlog, to allow the educational institutions to administer a practical physiotherapy assessment, the Canadian Physiotherapy Assessment of Clinical Performance (ACP) as a surrogate for a regulator-mandated practical examination. This brief report is an evaluation of that proposal from a psychometric perspective. The intent of this report is to help the College of Physiotherapists of Ontario (CPO) make an informed decision about the suitability of this assessment for the purpose of licensure. To foreshadow the conclusion of this report, the use of the assessment is not advised without significant restructuring and even with these changes, its use could only be justified as a temporary measure in extraordinary circumstances.

This report is presented in two parts, the evaluation of equivalence of the current nationally administered practical exam, the PCE-CC and the ACP, and bigger picture implications of using the ACP and its current process for licensure.

## Part I - Evaluating equivalence

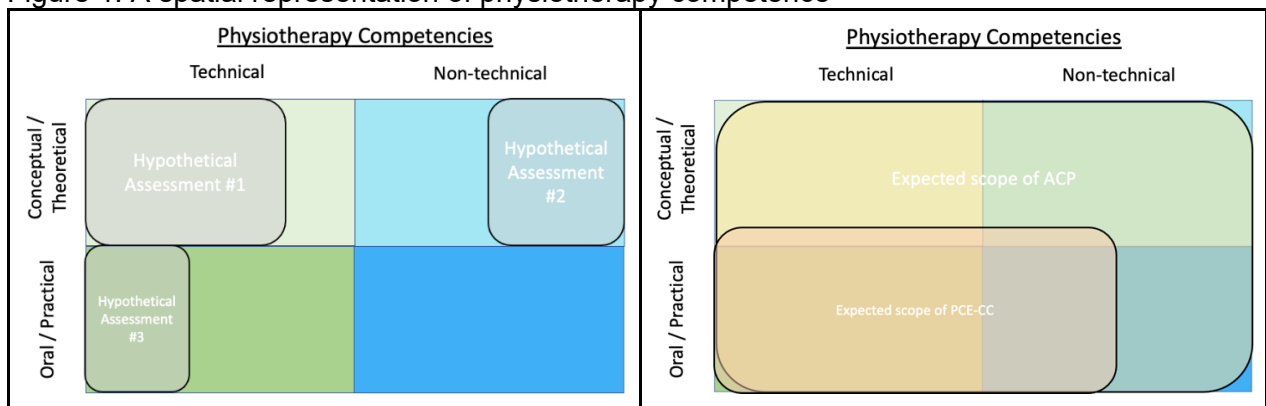
### 1. Validity

In evaluating the equivalence of the ACP and the PCE-CC, the issue of validity is central. In the psychometric context, validity refers to the degree to which a test measures what it is intended to measure. In the physiotherapy context, this means not only that the assessment performance is predominantly related to physiotherapy competence, but also that content specifications on the exam are appropriate for its purpose. Accordingly, the first step in evaluating equivalence is to establish that the ACP and PCE-CC *intend* to measure the same underlying ability and scope.

There is significant reason, *in principle*, to doubt that this is the case. The intent of a performance-based *licensing* examination is to provide evidence on a very specific aspect of professional competence - that which can **only** be demonstrated through performance, typically oral or practical. Figure 1 helps illuminate this distinction. In the figure, the competencies comprising the profile are segmented into four quadrants based on two dimensions: Technical vs. Non-technical and Conceptual/Theoretical vs. Oral/Practical. In principle, the goal of assessment for licensure is to ensure that an unbiased sample of competencies is evaluated to determine appropriateness for entry to practice. The surface of Figure 1 represents the breadth of those competencies. The hypothetical assessments overlaid on the surface depicted on the left side of the figure show the extent to which various assessments target various aspects of competence.

A practical licensing examination should, in principle, be designed to focus specifically on those competencies aspects not covered by other assessments such as a written exam. Accordingly, these exams tend to be focused on snapshots of technical performance in assessment, treatment, fabrication, communication, etc. In contrast, a practical examination in the education context does not have the corresponding requirement to be specifically targeted. As a result, educational examinations may tend to replicate entire clinical encounters and their scope of content to maximize their educational value. The difference in expected scopes of the two assessments is presented on the right side of Figure 1.

Figure 1. A spatial representation of physiotherapy competence



Examining the blueprints of the two assessments supports this contention. While the PCE-CC is focused primarily on the *Physiotherapy Expertise* Role, and secondarily on the *Communication* and *Professionalism* roles, the ACP evaluates performance across *all* roles in the competency profile. Going further, the documentation for the PCE-CC explicitly excludes competencies that appear to be included in the ACP. The Physiotherapy Competency Examination Blueprint (2009) lists several of these, including:

- Participate in professional activities and organizations
- Contribute to the professional development of colleagues
- Abide by regulatory requirements and the legal and ethical standards of the profession

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These appear to be covered in the ACP marking guide under the *Professional* role. Other roles given little to no weight in the PCE-CC are the *Collaborator, Manager, Advocate, and Scholar* roles.

Analyzing more closely the structure of the ACP and the context in which it is designed for use reveals significant gaps in intent between it and the PCE-CC. It is understood that typically, a student will be assessed with the ACP in a small number of end-to-end clinical encounters with the same patients. In this context, another fundamental principle of high stakes assessment, *standardization* is compromised. Standardization exists as a principle to ensure equitable evaluation across examinees. If different patients present with issues of different complexity, the capacity of the assessment to treat examinees equitably is compromised. Even though markers may be instructed to consider an examinee's performance only relative to the standards of entry level competence, the presence of factors that require this consideration will inevitably introduce variability. This variability will undermine fair and equitable evaluation of examinees.

The implications of these differences for the valid use of the ACP as a tool for licensure are significant. In particular, the scope of the ACP overshoots the more targeted intent of the PCE-CC. As a result, the intended emphasis of assessment as articulated in the blueprint would not be reflected well if the current PCE-CC would be replaced by the ACP, in its entirety. It should be mentioned that some specific tasks comprising the ACP, specifically those focused on the *Physiotherapy Expertise and Communication* roles may be appropriate for a licensure assessment. This notion will be explored further, below.

As a final comment on the validity of each assessment, it is understood that various investigations have been undertaken to establish validity and given the apparent success of this enterprise, it could reasonably be asked why this property of the ACP would not therefore recommend it as a tool for licensure. The response to this question is that validity is a function of purpose; what is valid for one function or context is not valid for another. The PCE-CC clearly has a much more targeted function than the ACP: to evaluate entry-to-practice competence on a tightly defined set of competencies. Since the ACP has a different function, without modification, it would therefore not be a ready substitute for PCE-CC.

## 2. Reliability

Along with validity, test reliability is an essential property of a high stakes examination. In a recent paper, the ACP was described as, "a reliable, valid and practical measure to assess and describe [physiotherapy students'] behaviours as observed during clinical education... (Mori et al., 2016). This appears to be a defensible conclusion based on the clinical education context in which it was made. Considering the findings of this paper relative to the objectives of licensure, however, they may not be applicable.

Three properties of reliability help to evaluate the relevance of the above findings to the licensure context. First, reliability depends on the purpose of the assessment, and thus on validity. Simply put, a replicable result that doesn't measure what you want to measure does not confer much value for the assessment. Second, reliability should be evaluated using data from the target population. In the Mori et al. (2016) paper, 3 groups were used in the evaluation:

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junior, intermediate, and senior students. Since the target population for licensure most resembles only the senior group, reliability reported from this study must be interpreted with caution. More specifically, a greater ability range is known to lead to higher values of reliability and thus the values reported in the paper are likely to overestimate values in an analysis involving just the target group. Last, the method of administration of the ACP appears to involve repeated observations of the candidate by a single individual, the Clinical Instructor (CI) treating a small number of patients. Since reliability depends on correlation among repeated observations and the same marker and same patient for multiple assessments are significant sources of (undesirable) correlation, reliability is also expected to be inflated. As a result of these properties, the values of reliability reported on the ACP are unlikely to apply to the administration of the ACP in the licensure only context. This is in no way to suggest that the ACP is unreliable or lacks reliability in the context of its intended use. Instead, the reliability of the tool if used in the context of a licensure exam is expected to differ and in particular, to be diminished.

Taken together, this analysis of the expected validity and reliability of the ACP tool when used for licensure purposes should give significant pause for thought. The ACP seems to be poorly targeted for the precise specifications and demands of a licensing exam. Moreover, reliability, though likely high for its intended educational purpose, is likely not generalizable to the licensure context. As a result of these findings, it is recommended that the ACP not be used as a substitute for the PCE-CC, at least not in its current form. More on possible modifications to the tool will be described below.

## Part II - The Bigger Picture

An evaluation of the validity and reliability of the ACP tool is an important analysis in determining its suitability for licensure. However, there are other factors that should also be considered in the decision to use the tool. This section covers 2 such factors. First, the importance of independence for statistical decision making is discussed, followed by a consideration of the present, extraordinary context that the pandemic has presented. After a review of this section, it may be decided that the ACP, though a clearly imperfect replacement for the PCE-CC, may present a significant enough improvement over the current situation of no available examination for this purpose. In this case, a description of possible improvements is presented to guide any possible future administration.

### 1. Independence of observations

Statistically informed decision making is at the heart of examination for licensure. The principles of statistical inference are important to high stakes decision making because when followed, the probability of making a correct decision is maximized. One such key principle is independence of observations. In examinations, each question, task, or examination confers a certain amount of evidence towards the determination of competence or its converse. If the performance of each task or question is independent of the performance of every other task, the amount of evidence contributed by each is also independent, and therefore maximized. On the other hand, if tasks are not independent, then neither is the amount of evidence. Figure 2 helps illustrate this distinction.



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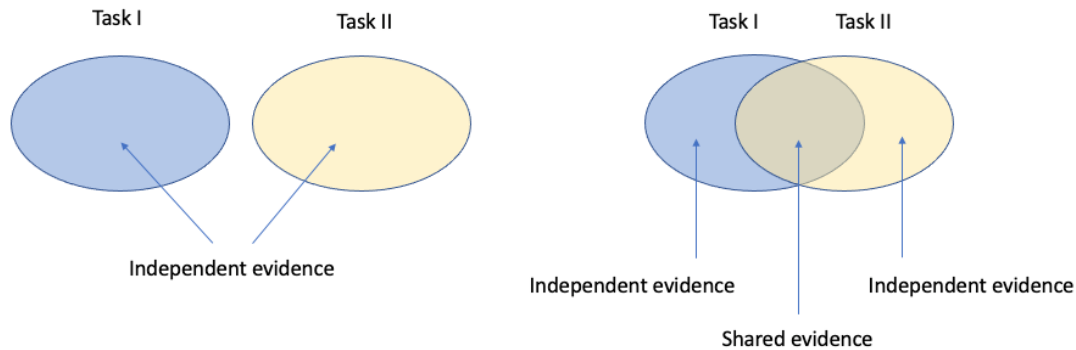
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On the left side of the figure, performance on the two tasks is independent and therefore contribute the entire 'quantity' of their evidence to the decision. On the right hand side, the two tasks are dependent in some way shown as the overlap in the two task ovals. As a result, some of the quantity of evidence for each is shared through this dependence, limiting the overall amount in which they both contribute to the decision.



Figure 2. The concepts of independent and shared evidence



Examinations are, or should be, engineered to maximize evidence. All else being equal, the principle of independence is an essential reason why, for example, examinations comprising many independent multiple-choice questions provide more evidence for competence than a single all-encompassing capstone project. It also explains why a single marker in a performance exam, such as suggested by the design of the ACP, does not contribute as much evidence for competence as would the exact same exam administered with multiple markers.

This lack of independence is also a limitation of allowing educational institutions to administer licensing examinations. To the extent that there are commonalities between the assessment standards within an institution, or that the standards for entry to practice as internalized by each institution's markers are different from those of the regulator, independence will be limited and therefore evidentiary value will be lessened. This reason alone is enough to explain why successful graduation from an accredited institution is not sufficient for licensure. Multiple, independent sources of evidence for competence are always better.

One of the most crucial concerns with the ACP proposal is the conflict of interest inherent if an educational institute administers a regulatory assessment. Educational institutes and regulators have different mandates and will therefore have different motivations for administering these exams. A regulatory examination is a powerful tool to help ensure public protection at entry-to-practice, but it only retains that power when the organization administering it holds as its core purpose this same public protection mandate. As laudable and well-intentioned the offer is to administer a regulatory exam by the educational institutes, the motivation to provide this service diverges from the exam's purpose, and therefore constitutes a clear risk of not fulfilling it.

That said, the CPO and professional regulation in Canada finds itself in a difficult position. With limited access to performance examination capacity because of the pandemic, candidates may not be able to complete examinations and the public may have an increasingly difficult time accessing qualified professionals. In other words, at this moment, the CPO sits at the intersection of two clearly imperfect options: wait until CAPR is able to resume and/or replace the CPE-CC or adopt an assessment to be administered by the educational institutes representing only a limited improvement over the status quo. What is the best course of action?

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My professional judgment in this situation is as follows. **Because of their different purposes, contexts, and structure, I would strongly recommend against adopting the ACP as a substitute for the PCE-CC.** However, there may be ways in which the ACP could be modified to be more aligned with the purpose of the PCE-CC and as a short-term option only, the CPO may want to consider using it in a limited way. At a minimum, the following steps should be undertaken to allow the ACP to be used as a tool for licensure.

1. Identify the blueprint categories and associated tasks from the ACP that correspond directly to those targeted by the PCE-CC.
2. Determine whether there are a sufficient number of tasks (I note that the PCE-CC has at least 16 independent tasks) from the ACP to 'reconstruct' the PCE-CC from its components.
3. Reassemble the ACP (v2) into its PCE-CC equivalent form to administer to students. (Alternatively, conduct the entire ACP assessment and zero-score those components that don't appear in the PCE-CC blueprint when making the determination for licensure.)
4. Ensure that the ACP v2 is administered and marked by multiple markers.
5. Create criteria for patients to ensure that their case complexity is within a prescribed limit. Only accept patients for the ACP v2 that adhere to these criteria.
6. Ensure multiple patients comprising multiple clinical areas of interest are employed during the evaluation of a single candidate.
7. Ensure that the students to be graded using the ACP v2 is not known to the markers. Educational institutions may consider loaning each other markers for this purpose.
8. OCP staff should validate the descriptions of minimal competence in the ACP marking sheet. This is to ensure that markers of the ACP v2 are grading performances to the standard expected by the regulator.
9. The rating scale for the ACP v2 should be compressed so that only categories relevant to the determination of entry-to-practice competence appear. A sound example can be found [here](#).
10. Collect data on the performance of the ACP v2 in this role to evaluate its comparability to the historically administered PCE-CC. The analysis of these data would include total scores, pass rates, and statistical reliability.

It is acknowledged that broad scope of the above steps may modify the content or process of the ACP either beyond recognition or in a way that makes the process impractical. This underscores the large differences in intent and structure of the two assessments and therefore the limited applicability of one to the other.

Thank you for the opportunity to provide input on the CPO's current situation with respect to the availability of practical examinations. If you have any further questions on the matter, please don't hesitate to contact me.

Best regards,



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# Appendix 4: Proposed regulation change to College's Registration Regulation

## Proposed Amendments Are Redlined Below

### Physiotherapy Act, 1991 Loi de 1991 sur les physiothérapeutes

#### ONTARIO REGULATION 532/98

#### GENERAL

**Consolidation Period:** From November 19, 2012 to the [e-Laws currency date](#).

Last amendment: 378/12.

Legislative History: 611/99, 68/06, 390/11, 378/12.

*This Regulation is made in English only.*

#### PART I QUALITY ASSURANCE

##### GENERAL

1. In this Part,

“assessor” means a person appointed under section 81 of the Health Professions Procedural Code;

“Committee” means the Quality Assurance Committee required by subsection 10 (1) of the Health Professions Procedural Code;

“program” means the quality assurance program required by section 80 of the Health Professions Procedural Code;

“stratified random sampling” means a sampling where groups of members are,

- (a) removed from the pool of members to be sampled, or
- (b) weighted to increase or decrease the likelihood of their being selected. O. Reg. 378/12, s. 1.

2. (1) The Committee shall administer the program. O. Reg. 378/12, s. 1.

(2) The program shall include the following components:

- 1. Self-assessments.
- 2. Continuing education or professional development designed to,
  - i. promote continuing competence and continuous quality improvement among the members,
  - ii. promote interprofessional collaboration,
  - iii. address changes in practice environments, and
  - iv. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.
- 3. Peer and practice assessments, including continuing education programs or remediation, if needed.
- 4. Collection, analysis and dissemination of information.
- 5. A mechanism for the College to monitor members’ participation in, and compliance with, the program. O. Reg. 378/12, s. 1.

(3) Every member shall comply with the requirements of the program. O. Reg. 378/12, s. 1.

##### SELF-ASSESSMENT

3. (1) Every member shall conduct an annual self-assessment. O. Reg. 378/12, s. 1.

(2) Every member shall keep a record of his or her annual self-assessment in the form and manner approved by the Committee and shall retain the record for at least five years following the self-assessment. O. Reg. 378/12, s. 1.

(3) At the request of the Committee, an assessor or a College employee, a member shall provide to the Committee, the assessor or the College employee, within the time period specified in the request or, where no time period is specified, within 30 days after receiving the request,

- (a) complete and accurate information about the member's annual self-assessments; and
- (b) the member's annual self-assessment records described in subsection (2). O. Reg. 378/12, s. 1.

#### CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

4. (1) Every member shall participate annually in continuing education or professional development to the extent necessary to maintain the knowledge, skill and judgment required to practice the profession. O. Reg. 378/12, s. 1.

(2) Every member shall keep a record of his or her continuing education or professional development in the form and manner approved by the Committee and shall retain the record for at least five years. O. Reg. 378/12, s. 1.

(3) At the request of the Committee, an assessor or a College employee, a member shall provide to the Committee, the assessor or the College employee, within the time period specified in the request or, where no time period is specified, within 30 days after receiving the request,

- (a) complete and accurate information about the member's continuing education or professional development; and
- (b) the member's continuing education and professional development records described in subsection (2). O. Reg. 378/12, s. 1.

#### PEER AND PRACTICE ASSESSMENT

5. (1) Each year, the Committee shall select members to undergo a peer and practice assessment in order to assess whether the members' knowledge, skill and judgment are satisfactory. O. Reg. 378/12, s. 1.

(2) A member may be selected to undergo a peer and practice assessment,

- (a) at random, including by stratified random sampling;
- (b) on the basis of criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of that criteria; or
- (c) if a request to view the member's records is made under clause 3 (3) (b) or 4 (3) (b) and the Committee or an assessor is of the opinion that the member has not provided sufficient records or that the member's records demonstrate that the member has not engaged in adequate self-assessments, continuing education or professional development. O. Reg. 378/12, s. 1.

(3) A peer and practice assessment may include,

- (a) inspecting the premises where the member practises;
- (b) reviewing the member's records required under subsections 3 (2) and 4 (2);
- (c) reviewing information respecting patient care and the member's records of the care of patients;
- (d) requiring the member to answer, orally or in writing, questions about his or her practice;
- (e) requiring the member to participate in simulations related to his or her practice;
- (f) interviewing or surveying the member and his or her employer, employees, colleagues, peers or patients; and
- (g) requiring the member to interview or survey his or her employer, employees, colleagues, peers or patients. O. Reg. 378/12, s. 1.

(4) A peer and practice assessment shall be carried out by an assessor. O. Reg. 378/12, s. 1.

(5) The assessor shall prepare a written report on each peer and practice assessment and submit it to the Committee. O. Reg. 378/12, s. 1.

(6) If, after considering the assessor's report and any other relevant materials, the Committee is of the opinion that the member's knowledge, skill or judgment is not satisfactory, the Committee may take any of the actions listed in section 80.2 of the Health Professions Procedural Code, if, before doing so, the Committee,

- (a) gives to the member a copy of the assessor's report and any other relevant materials;
- (b) gives to the member notice of the Committee's opinion and intention to take action;
- (c) gives to the member notice of the member's right to make written submissions to the Committee within a specified time period that is not less than 14 days after receipt of the notice; and
- (d) after considering any submissions made by the member, is still of the opinion that the member's knowledge, skill or judgment is not satisfactory. O. Reg. 378/12, s. 1.

(7) Even if the Committee does not provide notice to the member under clause (6) (b), the Committee shall advise the member of the results of the peer and practice assessment. O. Reg. 378/12, s. 1.

6.-8. REVOKED: O. Reg. 378/12, s. 1.

## PART II FUNDING FOR THERAPY AND COUNSELLING

9. In this Part,

“member” includes a former member. O. Reg. 611/99, s. 2.

10. (1) The alternate requirements that must be satisfied in order for a person to be eligible for funding under clause 85.7 (4) (b) of the Health Professions Procedural Code are prescribed in this section. O. Reg. 611/99, s. 2.

(2) A person is eligible for funding for therapy or counselling if,

(a) there is a statement, contained in the written reasons of a committee of the College given after a hearing, that the person, while a patient, was sexually abused by the member;

(b) a member has been found guilty under the *Criminal Code* (Canada) of sexually assaulting the person while the person was a patient of the member;

(c) there is sufficient evidence presented to the Patient Relations Committee to support the reasonable belief that the person, while a patient, was sexually abused by a member and,

(i) the member has died or cannot be located, or

(ii) the member has been found by the Fitness to Practise Committee to be incapacitated and the Fitness to Practise Committee has directed the Registrar to suspend or revoke the member’s certificate of registration;

(d) an allegation that the person, while a patient, was sexually abused by the member results in an informal resolution with the member that contemplates funding for therapy or counselling;

(e) there is an admission made by a member in a statement to the College or in an agreement with the College that he or she sexually abused the person while the person was a patient of the member; or

(f) there is a finding made by a panel of the Discipline Committee on or after December 31, 1993, that the person was sexually abused by a member before December 31, 1993, while the person was a patient of the member. O. Reg. 611/99, s. 2.

(3) Subject to subsection (4), a person who was allegedly sexually abused by a member outside Ontario is eligible for funding for therapy or counselling under subsection (2) only if, at the time the alleged abuse occurred, the person was a patient of the member and the member was practising in Ontario. O. Reg. 611/99, s. 2.

(4) Despite subsection (3), a person who was allegedly sexually abused by a member outside Ontario is not eligible for funding under subsection (2) if the person resides outside Ontario and regularly receives services from a member outside Ontario. O. Reg. 611/99, s. 2.

(5) Despite subsection (2), a person is eligible for funding for therapy or counselling under this Part only if,

(a) the person submits an application for funding to the Patient Relations Committee in the form provided by the College and, in the application, the person names the member who is alleged to have sexually abused the applicant;

(b) the person submits to the Patient Relations Committee along with the application a written undertaking by the applicant to keep confidential all information obtained through the application for funding process, including the fact that funding has been granted and the reasons given by the Committee for granting the funding; and

(c) the person adheres to the procedures followed by the Patient Relations Committee when determining whether the person has satisfied the requirements for eligibility for funding. O. Reg. 611/99, s. 2.

(6) A decision by the Patient Relations Committee that a person is eligible for funding for therapy or counselling does not constitute a finding against the member and shall not be considered by any other committee of the College dealing with the member. O. Reg. 611/99, s. 2.

## PART III REGISTRATION

### DEFINITIONS

11. In this Part,

“degree in physiotherapy” means,

(a) a minimum of a baccalaureate degree in a physiotherapy education program at a Canadian university approved by a body or bodies designated by the Council, or by the Council itself,

- (b) an academic qualification from outside Canada that is considered by a body or bodies designated by the Council, or by the Council itself, to be substantially similar to the qualification in clause (a);

“examination” means an examination set or approved by the Council. O. Reg. 68/06, s. 1.

#### GENERAL

12. The following are prescribed as classes of certificates of registration:

1. Independent practice.
2. Provisional practice.
3. Courtesy.

4. Emergency assignment.

4., 5. REVOKED: O. Reg. 390/11, s. 1.

O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 1.

13. A person may apply for the issue of a certificate of registration by submitting to the College a completed application for the class of certificate for which application is made together with any applicable fees. O. Reg. 68/06, s. 1.

14. A certificate of registration shall not be dated earlier than the day it was issued. O. Reg. 68/06, s. 1.

15. A member shall not hold more than one certificate of registration. O. Reg. 68/06, s. 1.

16. (1) It is a non-exemptible registration requirement for all classes of certificates of registration that the applicant's past and present conduct affords reasonable grounds for belief that he or she,

- (a) is mentally competent to practise physiotherapy;
- (b) will practise physiotherapy with decency, integrity and honesty and in accordance with the law; and
- (c) can communicate effectively with, and will display an appropriate attitude towards, patients and colleagues. O. Reg. 68/06, s. 1.

(2) The following are the standards and qualifications for a certificate of registration of any class except a courtesy certificate of registration:

1. The applicant must have Canadian citizenship, permanent resident status or an authorization under the *Immigration and Refugee Protection Act* (Canada) consistent with the class of certificate for which application is made.
2. The applicant must be able to speak and write either French or English with reasonable fluency. O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 2 (1).

(3) It is a term, condition and limitation of a certificate of registration of any class that the certificate terminates when the holder no longer has Canadian citizenship, permanent resident status or an authorization under the *Immigration and Refugee Protection Act* (Canada) consistent with the class of certificate. O. Reg. 68/06, s. 1.

(4) It is a term, condition and limitation of a certificate of registration authorizing independent practice that the holder must successfully complete the College Jurisprudence Program at the first opportunity provided by the College following either initial registration or reinstatement of registration and thereafter once every five-year cycle of the Program as scheduled by the Registrar. O. Reg. 390/11, s. 2 (2).

(5) For the purpose of subsection (4), the College Jurisprudence Program includes an assessment of the holder's knowledge of and ability to apply jurisprudence concepts relevant to the practice of physiotherapy in Ontario. O. Reg. 68/06, s. 1.

17. It is a non-exemptible registration requirement for all certificates of registration that the applicant demonstrates that he or she holds professional liability insurance in accordance with the College by-laws. O. Reg. 390/11, s. 3.

18. Despite any other provision in this Regulation, an applicant who by commission or omission makes a false or misleading representation or declaration on or in connection with an application shall be deemed not to have, and not to have had, the qualifications for a certificate of any class. O. Reg. 68/06, s. 1.

#### INDEPENDENT PRACTICE

19. (1) The following are the standards and qualifications for a certificate of registration authorizing independent practice:

1. The applicant must have received a degree in physiotherapy.
2. The applicant must have successfully completed the examination. O. Reg. 68/06, s. 1.

(2) An applicant for a certificate of registration authorizing independent practice who was, on December 31, 1993, qualified as a physiotherapist under a statute in a Canadian jurisdiction outside Ontario and is included on a permanent register in that jurisdiction is exempted from the standards and qualifications under subsection (1). O. Reg. 68/06, s. 1.

(3) An applicant for a certificate of registration authorizing independent practice who was, on December 30, 1993, qualified as a physiotherapist in Ontario under the *Drugless Practitioners Act* is exempted from the standards and qualifications under subsection (1). O. Reg. 68/06, s. 1.

(4) An applicant for a certificate of registration authorizing independent practice shall satisfy the Registrar that he or she has practised physiotherapy for at least 1,200 hours in the five years immediately preceding the application if the applicant,

- (a) is not exempted from the standards and qualifications under subsection (1) and has not successfully completed the examination within the five years immediately preceding the application; or
- (b) is exempted from the standards and qualifications under subsection (1). O. Reg. 68/06, s. 1.

20. (1) Where section 22.18 of the Code applies to an applicant, the requirements of subsections 19 (1) and (4) are deemed to have been met by the applicant. O. Reg. 390/11, s. 4.

(2) Despite subsection (1) it is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee establishing that the applicant is in good standing as a physiotherapist in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 390/11, s. 4.

(3) Where an applicant referred to in subsection (1) is unable to satisfy the Registrar that the applicant practised the profession to the extent that would be permitted by a certificate of registration authorizing independent practice at any time in the five years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 390/11, s. 4.

(4) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 2 of subsection 16 (2) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 390/11, s. 4.

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Code. O. Reg. 390/11, s. 4.

21. (1) Subject to subsections (6), (8) and (9), it is a term, condition and limitation of a certificate of registration authorizing independent practice that, five years after the date of initial registration, and every year after that, the holder satisfy the Registrar that he or she,

- (a) has practised physiotherapy for at least 1,200 hours in the preceding five years;
- (b) has successfully completed the College Review Program within the previous 12 months at the holder's expense; or
- (c) has successfully completed the examination within the previous 12 months. O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 5 (1).

(2) For the purpose of clause (1) (b), the College Review Program shall consist of an assessment of the holder's current knowledge, skill, judgment and performance and may include an individualized upgrading program based upon the results of the assessment or a reassessment upon the completion of the program. O. Reg. 68/06, s. 1.

(3) If a holder of a certificate of registration authorizing independent practice fails to satisfy the condition in subsection (1), his or her certificate of registration is suspended until the condition is satisfied except if the holder concludes a written agreement approved by the Registrar. O. Reg. 68/06, s. 1.

(4) If a holder of a certificate of registration authorizing independent practice ceases or fails to hold professional liability insurance in accordance with the College by-laws, his or her certificate of registration is deemed to be suspended until the Registrar is satisfied that he or she has acquired the professional liability insurance. O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 5 (2).

(5) A person who held a certificate of registration authorizing academic practice or an inactive status certificate of registration on December 14, 2011 shall be issued a certificate of registration authorizing independent practice. O. Reg. 390/11, s. 5 (3).

(6) A certificate of registration authorizing independent practice issued under subsection (5) is subject to the same terms, conditions and limitations that applied to the class of the member's previous certificate of registration authorizing academic practice or inactive status certificate of registration, as the case may be, until the member satisfies the Registrar that he or she is in compliance with the terms, conditions and limitations specified in subsection (1). O. Reg. 390/11, s. 5 (3).

(7) For greater certainty, nothing in subsection (6) affects the expiry of any term, condition or limitation that was imposed on the member's previous certificate of registration authorizing academic practice or inactive status certificate of registration, as the case may be, by the Registrar pursuant to,

- (a) an order of Council or Executive Committee or a panel of the Registration Committee, Discipline Committee or Fitness to Practice Committee;
- (b) a direction of the Quality Assurance Committee; or



(c) the approval of a panel of the Registration Committee. O. Reg. 390/11, s. 5 (3).

(8) A member referred to in subsection (5) who held a certificate of registration authorizing academic practice on December 14, 2011 must comply with the terms, conditions and limitations specified in subsection (1) within six months of being issued a certificate of registration authorizing independent practice under subsection (5). O. Reg. 390/11, s. 5 (3).

(9) A member referred to in subsection (5) who held an inactive status certificate of registration on December 14, 2011 must comply with the terms, conditions and limitations specified in subsection (1) within three years of being issued a certificate of registration authorizing independent practice under subsection (5), and if he or she does not do so, his or her certificate of registration authorizing independent practice is deemed to have expired on the date that is three years immediately after the date of issuance. O. Reg. 390/11, s. 5 (3).

22. REVOKED: O. Reg. 390/11, s. 6.

#### PROVISIONAL PRACTICE

23. (1) The following are the standards and qualifications for a certificate of registration authorizing provisional practice:

1. The applicant must have received a degree in physiotherapy.
2. The applicant must have successfully completed the written component of the examination.
3. The applicant must have registered to take the practical component of the examination at the next available opportunity after the application. O. Reg. 68/06, s. 1.

(2) The following are the terms, conditions and limitations of a certificate of registration authorizing provisional practice:

1. The holder may practise physiotherapy only under the terms of a written agreement with a member holding a certificate of registration authorizing independent practice who monitors him or her in accordance with the written agreement. For the purposes of this paragraph, both the written agreement and the member must be approved by the Registrar.
2. The holder shall hold himself or herself out only as a physiotherapy resident.
3. If the member in paragraph 1 is unable to maintain the terms of the agreement due to resignation, illness or other circumstances, the provisional practice certificate of the holder is suspended until a new written agreement with the same or different member is approved by the Registrar.
4. The certificate expires on the earlier of the date that the holder receives notification that he or she has failed the practical component of the examination or 12 weeks after the date that the holder is registered to take the practical component of the examination. O. Reg. 68/06, s. 1.

(3) If a holder of a certificate of registration authorizing provisional practice ceases or fails to hold professional liability insurance in accordance with the College by-laws, his or her certificate of registration is deemed to be suspended until the Registrar is satisfied that he or she has acquired the professional liability insurance. O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 7.

(4) A person who has failed the practical component of the examination is not entitled to apply for a certificate of registration authorizing provisional practice. O. Reg. 68/06, s. 1.

(4.1) Subsection (4) does not apply to a person who has failed the practical component of the examination only one time, where there are exceptional circumstances, such as the practical component of the examination is not available for an extended period of time, and the person meets such additional requirements and is subject to such terms, conditions and limitations as may be specified by a panel of the Registration Committee.

(5) A person who previously obtained a certificate of registration authorizing provisional practice is not entitled to apply for another one unless the person did not fail the practical component of the examination but was unable to complete it successfully because of illness or some other reason beyond the control of the person. O. Reg. 68/06, s. 1.

(6) A person who previously obtained what was formerly known as a certificate of registration authorizing supervised practice is not entitled to apply for a certificate of registration authorizing provisional practice unless the person did not fail the practical component of the examination but was unable to complete it successfully because of illness or some other reason beyond the control of the person. O. Reg. 68/06, s. 1.

(7) If the Registrar receives concerns relating to the member's knowledge, skills or judgement in the practice of physiotherapy during the period that the member held a certificate of registration authorizing provisional practice, the Registrar may refer the member to the Quality Management Committee. O. Reg. 68/06, s. 1.

(8) Paragraph 2 of subsection 19(1) does not apply in respect of the practical component of the examination where the person has engaged in clinical practise under a certificate of registration authorizing provisional practice for at least twelve months and 1200 practice hours, with at least six months and 600 practice hours of which are with one employer or in one setting where the applicant's supervisor also works, without any concerns arising, where there are exceptional circumstances, such as the practical component of the examination is not available for an extended period of time, and where the person meets such additional requirements and is subject to such terms, conditions and limitations as may be specified by a panel of the Registration Committee.

## COURTESY

24. (1) The following are the standards and qualifications for a courtesy certificate of registration:

1. The applicant must have received a degree in physiotherapy, unless the applicant, if applying for a certificate of registration authorizing independent practice, would be exempt from meeting the requirement of paragraph 1 of subsection 19 (1) by virtue of subsection 19 (2) or (3).
2. The applicant must be registered to practise as a physiotherapist by an authority responsible for the regulation of physiotherapists in a jurisdiction outside Ontario that is approved by the Registration Committee as having a scheme for the regulation of physiotherapists that is reasonably equivalent to that in Ontario.
3. The applicant must have practised physiotherapy for at least 1,200 hours in the preceding five years.
4. The applicant must certify that he or she is making the application solely for reason of,
  - i. teaching an educational course,
  - ii. participating in an educational program,
  - iii. participating in research activities, or
  - iv. participating in a specific event of limited duration. O. Reg. 390/11, s. 8.

(2) The following are the terms, conditions and limitations of a courtesy certificate of registration:

1. The holder may practise physiotherapy only for the purpose that he or she certified under paragraph 4 of subsection (1) as the reason for making the application for the courtesy certificate of registration.
2. The certificate expires 30 days after the date of initial registration, on the date on which the purpose referenced in paragraph 1 is attained or when the member is no longer engaged in attaining that purpose, whichever is the earliest. O. Reg. 390/11, s. 8.

(3) If a holder of a courtesy certificate of registration ceases or fails to hold professional liability insurance in accordance with the College by-laws, his or her certificate of registration is deemed to be suspended until the Registrar is satisfied that he or she has acquired the professional liability insurance. O. Reg. 390/11, s. 8.

## Emergency Assignment

24.1 (1) The following are the standards and qualifications for an emergency assignment certificate of registration:

1. The applicant must have received a degree in physiotherapy, unless the applicant, if applying for a certificate of registration authorizing independent practice, would be exempt from meeting the requirement of paragraph 1 of subsection 19 (1) by virtue of subsection 19 (2) or (3).
2. The applicant must have practised physiotherapy for at least 1,200 hours in the preceding five years.
3. The applicant must identify an emergency situation that the applicant intends to assist with address, such as a pandemic, in which the urgency of the public interest in providing care by someone with physiotherapy education and experience outweighs the public interest in ensuring that the usual requirements for registration are all met.
4. The applicant meets such additional requirements and is subject to such terms, conditions and limitations as may be specified by a panel of the Registration Committee.

(2) The following are the terms, conditions and limitations of an emergency assignment certificate of registration:

1. The holder may practise physiotherapy only for the purpose that he or she identified under paragraph 3 of subsection (1) as the reason for making the application for the emergency assignment certificate of registration.

2. The certificate expires 60 days after the date of initial registration.

(3) The Registrar may extend an emergency assignment certificate of registration for one or more periods, each of which is not to exceed 60 days, if, in the opinion of the Registrar, it is advisable to do so.

(4) The Registrar may revoke an emergency assignment certificate of prior to the expiry of the certificate if, in the opinion of the Registrar, it is advisable to do so.

## TRANSITIONAL, TEACHING PRACTICE CERTIFICATE

25. Where, immediately before December 15, 2011, a member held a certificate of registration authorizing teaching practice, the certificate continues, subject to the same terms, conditions and limitations it was subject to when issued, until it expires in accordance with section 25 of this Regulation as it read before that date. O. Reg. 390/11, s. 8.



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### **Agenda # 15**

**Canadian Alliance Physiotherapy Regulators (CAPR) update**

*CPO Board representative Gary Rehan*

<b>Meeting Date:</b>	October 14, 2021
<b>Agenda Item #:</b>	16
<b>Issue:</b>	Entry to Practice Working Group
<b>Submitted by:</b>	Darryn Mandel

**Members:** Darryn Mandel (Chair), Theresa Stevens, Martin Bilodeau, Tyrone Skanes,  
Gary Rehan and Jennifer Clifford

**The Working group has met on the following dates:**

- June 11, 2021
- July 14, 2021
- July 21, 2021
- August 4, 2021
- September 1, 2021

The working group has discussed the following:

- a. Recommendations for a response to the letter of the Office of the Fairness Commissioner;
- b. Options available to address the backlog of applicants for registration;
- c. Recommendation and creation of a request for proposals ( RFP ) to contract an acceptable registration examination;
- d. The committee has started to discuss the process by which it will study, create and recommend a model of registration in the future.

The working group awaits staff input prior to its next meeting in order to proceed with its work. As always, the working group recognizes the gravity of its work, and is diligently working to help Council. And, I remain available to answer Council questions.



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**Agenda # 17**

Member's Motion/s