



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

December 15-16, 2021

Meeting time: 9:00am – 4:00pm each day

Meeting to be Held at the College Boardroom
via 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

DAY 1

Time	Item	Topic	Purpose
9:00 – 12:30	*	Strategic Planning	Closed session
Lunch 12:30-1:30			
1:30 pm	*	Welcoming Remarks and Roll Call – Theresa Stevens Land Acknowledgement statement	
	1 Motion	Approval of Agenda- T. Stevens	For Decision
	2	Canadian Alliance of Physiotherapy Regulators (CAPR) CPO Board rep update – Gary Rehan	For Information
2:15 pm	3 Motion	Motion to go in camera pursuant to Section 7 (2)(b) of the Health Professions Procedural Code <i>In camera</i> 7 (2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that: (b) financial matters and personal matters of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public.	In-camera
ADJOURNMENT			



DAY 2

Time	Item	Topic	Purpose
9:00am	4 Motion	CAPR Membership & Contingency Planning CAPR has asked for assistance to ensure the ongoing availability if its evaluation services	For Decision
	5	Short Term Alternative Examination Options Council is asked to consider alternatives to the CAPR clinical exam in the short-term to work through the backlog of candidates waiting to take the clinical exam.	
	5.1 Motion	<ul style="list-style-type: none"> University of Sherbrooke Exam 	For Decision
	5.2 Motion	<ul style="list-style-type: none"> Alternative Entry to Practice Assessment 	For Decision
Lunch 12:00-1:00			
1:00 pm	6	Investment Overview <i>Bill Quinn, Investment advisor - RBC Dominion Securities</i>	For Information
15 mins	7 Motion	Consent Agenda- T. Stevens <ol style="list-style-type: none"> Approval of Council meeting minutes Approval of Executive meeting minutes Acceptance of Committee Reports <ul style="list-style-type: none"> Registration Committee Inquiries, Complaints and Reports Committee Quality Assurance Committee Executive Committee Finance Committee Patient Relations Committee Discipline / Fitness to Practice Committee Compliance Monitoring Practice Advice Policy Communications 	For Decision
15 mins	8	President's Report – T. Stevens <ul style="list-style-type: none"> Council Meeting Evaluation College Representation 	For Information
15 mins	9	Registrar's Report – Rod Hamilton <ul style="list-style-type: none"> Environmental Updates and Trends Equity, Diversity and Inclusion (EDI) update Corporate Office Space update 	For Information
15 mins	10	FY 2022 Q2 Financial Management Report <i>Zoe Robinson, Director of Corporate Services</i>	For Information



30 mins	11	Council Education: Practice Advice <i>Presentation by Fiona Campbell, Senior Practice Advisor and Mary-Catherine Fraser, Practice Advisor</i>	For Information
30 mins	12	College Performance Measurement Framework (CPMF) update <i>Joyce Huang, Strategic Projects Manager and Justin Rafton, Governance & Policy Manager</i>	For Information
15 mins	13 Motion	Canadian Institute of Health Information (CIHI) Data Sharing <i>R. Hamilton</i> Council is asked to approve the CIHI data sharing agreement	For Decision
	14	Member's Motions – T Stevens	
ADJOURNMENT			

Next Meeting Dates

- March 23-24, 2022
- June 28-29, 2022



College of Physiotherapists Land Acknowledgement Statement

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.

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.

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) ᐃ (nu) Δ^c (eet)
- Métis: May – Tee
- Tkaronto: Tka – Ron - Toe



COLLEGE OF
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of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 1.0

**Council Meeting
December 15-16, 2021**

Agenda # 1: Approval of the agenda

It is moved by

and seconded by

that:

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



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Council

Agenda # 2

Canadian Alliance Physiotherapy Regulators (CAPR) update

CPO Board representative Gary Rehan



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Motion No.: 3.0

**Council Meeting
December 15-16, 2021**

Agenda # 3: Motion to go in camera pursuant to section 7(2)(b) of the Health Professions Procedural Code

It is moved by

and seconded by

that:

Council move in camera pursuant to section 7(2)(b) of the Health Professions Procedural Code for financial matters and personal matters of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public.



In-camera

Any meeting or portion of a meeting held in-camera is not open to the public. As per section 7(2) (b) 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: financial matters and personal matters of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public.

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

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



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Motion No.: 4.0

**Council Meeting
December 15-16, 2021**

Agenda # 4: Canadian Alliance of Physiotherapy Regulator (CAPR) Membership & Contingency Planning

It is moved by

and seconded by

that:

Council:

- Agree to pay the CAPR membership fee and per registrant levy only, and ask for a guarantee that CAPR will continue to provide evaluation services (credentialling and examinations);
- Direct staff to immediately begin exploring the delivery of credentialling and exam services by the College as an alternative, and bring forward a plan by March Council meeting, and
- Release the resources necessary for staff to do this work.

Meeting Date:	December 15-16, 2021
Agenda Item #:	4
Issue:	CAPR Membership & Contingency Planning
Submitted by:	Theresa Stevens, President Rod Hamilton, Registrar

Issue

The College has received a request from the Canadian Alliance of Physiotherapy Regulators (CAPR) to provide financial assistance to support its ability to provide services to its members.

The Executive Committee recommends that Council agree to pay the CAPR membership fee and registrant levy only, and direct staff to begin planning for the delivery of credentialling and examination services to ensure the ongoing availability of these services.

History

The Canadian Alliance of Physiotherapy Regulators (CAPR) was established in the mid 1990's by Canadian PT regulators to facilitate common national regulatory policy and evaluation services. It is an Alliance consisting of members, of which we are one. It serves four main functions: policy and information coordination; credentialling for international applicants; written examination; and clinical/practical examination.

CAPR uses an equitable funding model. All member organizations pay the same membership fee (currently \$500), and the same per registrant levy (currently \$21.25). By virtue of our size, Ontario contributes the most in dollar terms. Much of the costs of the credentialling, written and clinical examination services are funded by fee for service from the applicants.

CAPR is governed by a Board; each member regulator nominates one Board member, and they each have one vote on the board. CAPR Board members owe a fiduciary duty to CAPR, not to the organization that nominated them and even though the College's current CAPR Board representative is a former Councillor, his legal fiduciary obligation is to CAPR. The CAPR Board meetings are not public, as they are not subject to the same transparency requirements as the College. CAPR has a CEO who is subject to direction from the Board.

The Current Situation

The COVID pandemic has had a significant impact on CAPR's clinical examinations. Clinical examinations are normally held twice a year in March and November. The last clinical exam was held in November 2019. The March 2020 clinical exam was originally re-scheduled to June 2020 but then was cancelled. The November 2020 exam was also cancelled due to the ongoing lock downs and restrictions on gathering size.

The CAPR Board decided to pursue the use of a virtual clinical exam for the March 2021 exam. However, the March 2021 exam failed for technological reasons. The Board, with input from the member regulators, decided to try a second virtual clinical exam in September 2021 using a different technology platform. The September 2021 virtual clinical exam did proceed but was determined to be unreliable and was ultimately cancelled.

In September 2021, the CAPR board cancelled all further virtual clinical exams. The CAPR Board and staff are in the process of exploring options for future clinical exams in 2022 and have directed staff to research centre availability and capacity. Due to the recent appearance of new Covid variants and new centre closures, capacity for face-to-face clinical exams will likely be limited. No final decisions about face-to-face clinical exams have been made by the CAPR Board.

Although the virtual exam was cancelled on Sept 14, 2021 and the decision was made to explore options for in-person clinical exams in 2022, no details regarding dates, locations or registration process have yet been communicated. Due to ongoing provincial Covid restrictions across the county, if face-to-face clinical exams proceed, it is likely that the number of candidates that will be able to challenge the exam will be significantly less than previous years.

CAPR was impacted financially by the cancellation of the in-person clinical exams in 2020. It was further impacted by the failed attempts at the virtual exams in 2021, which incurred costs associated with the cancellation on the examinations.

While these significant financial impacts have been managed to some degree by CAPR's use of its reserve, and government pandemic supports, CAPR has now been operating for two years without a significant portion of its normal operating income.

It should be noted that during the pandemic, CAPR has successfully transitioned to a virtual written examination and has continued the credentialling program. The College has benefitted from the continued availability of these two services for assessing the credentials of international applicants and allowing applicants to register into provisional practice.

Question 1 – Should the College continue to invest in CAPR's ongoing ability to provide evaluation services through membership fees, or membership fees and loans?

CAPR is the provider of credentialling, written examination, and clinical examination services to all provincial physiotherapy regulators in Canada. This College benefits from having CAPR provide these services as, due to general economies of scale it is far more economical than providing the same services on our own, as our throughput would be smaller.

The long-term plan for registration with CPO may change the way entry to practice competency is assessed but for the immediate future (2022), there appear to be a number of significant benefits to the public and the CPO to have access to the credentialling process and written exams offered by CAPR.

The COVID pandemic has had significant impact on CAPR's ability to administer the clinical exam, and as a result, a significant negative impact on their financial situation. At this time, CAPR has asked for additional financial support from all member regulators until such time as the future of evaluation services has been determined (which includes credentialling and written exam services).

Should the College no longer be able to access CAPR's current services, this would pose significant challenges for the College:

- No credentialling program hence no ability to assess eligibility of internationally educated physiotherapists to write examinations in Ontario (CAPR projects that over 800 international applicants will use their credentialling services in 2022)
- No written examination hence no ability to register candidates for provisional practice in Ontario (the College registered 518 provisional practice PTs in 2020-2021)
- No practical examination hence no ability to provide ongoing registration of candidates for independent practice (the College registered 334 independent practice PTs in 2019-2020)
- Loss of income for the College due to candidates not being able to register in either provisional or independent practice
- A potential breakdown in the processes for national labour mobility and national cooperation

If CAPR services become unavailable as early as 2022, the College will not have time to set up operational plans to replace CAPR credentialling and examination services. Staff believe that to fully replace these services, and run them efficiently and economically, it would require at least a year, although a detailed planning exercise has not been completed to date.

Therefore, there are significant benefits to the College if it continues to support CAPR's continued provision of evaluation services for the interim as we have no immediate replacement for the credentialing and exam services that CAPR provides.

It is also in the public's interest to support CAPR's continued evaluation services, because the unavailability of CAPR services without an immediate replacement for them in Ontario would mean that there would be no mechanism for new physiotherapists to enter the profession in Ontario. This will have a negative impact on access to care.

The unavailability of credentialing and examination services, and the lack of access to the profession for international and Canadian applicants, also has the potential to cause concern and scrutiny from the Ministry of Health, the Fairness Commissioner, and the Federal government immigration officials.

Appendix 1 provides more detail on the implication of the unavailability of CAPR services for the College and our different stakeholder groups.

After their discussion, the Executive Committee concluded that it is in the College's interest and the public's interest that the College renew membership in CAPR for the coming year to ensure continued provision of evaluation services.

Decision 2 – How much financial support should the College provide to CAPR?

On November 8, the College received a letter from CAPR in which it requested financial support from all its member regulators.

To sum up the request, CAPR asked for:

- Payment of regular annual dues no later than December 31, 2021¹, which includes:
 - Member fee of \$500
 - Per-registrant levy of \$21.25 x (membership as of November 30) = Approximately \$228,000 (this is a budgeted and expected expense)
- An interest-free loan to support operations in 2022 in the same per registrant amount for all provincial regulators (\$54.00 x membership as of November 30 = Approximately \$578,000)

Council will recollect that it been provided with a considerable amount of information on the CAPR situation.

The College has two conceivable options at this point:

- a. Pay the membership fee and per registrant levy (the status quo), or
- b. Pay membership fee and levy and provide the loan.

When considering this question, Council may wish to consider key issues such as the following:

- CAPR's ability to hold clinical exams has been severely impacted by the pandemic
- As a collective, all the members of CAPR including the College will benefit from supporting CAPR and maintaining access to CAPR's services
- All loans carry some amount of risk of default.

¹ This is one month earlier than usual.

Essentially, CAPR is experiencing a short-term cashflow shortfall, and some funding support from the College (along with the other provinces) will help bridge this shortfall until they can resume normal operations and return to their normal revenue levels.

If the College renews its CAPR membership for the coming year then the College will benefit by giving itself time to plan for the delivery of credentialling and exam services by the College. This is a sensible risk mitigation strategy and is much cheaper than having to take on these services without adequate planning.

Appendix 1 contains more details about how each of the funding options will impact the College and our different stakeholder groups.

After their discussions, the Executive Committee decided to recommend to Council that it agree to pay the CAPR membership fee and per registrant levy only, contingent on a guarantee that CAPR will continue to provide evaluation services (credentialling and examinations).

Contingency Planning

Regardless of how much funding Council agrees to provide, the College should immediately begin exploring the delivery of credentialling and exam services by the College in order to be better prepared to manage risks arising from situations that impact its ability to obtain services from external partners.

The initial planning would include defining the scope of work to create those services and determining what additional resources and infrastructure would be required to deliver those services. A high-level list of work items is included in Appendix 2.

The Executive Committee recommends that Council direct staff to begin exploring the delivery of credentialling and exam services by the College as an alternative, and bring forward a plan by March Council meeting, and release the resources necessary for staff to do this work.

Decision Sought

Council is asked to:

- Agree to pay the CAPR membership fee and per registrant levy only, and ask for a guarantee that CAPR will continue to provide evaluation services (credentialling and examinations);
- Direct staff to immediately begin exploring the delivery of credentialling and exam services by the College as an alternative, and bring forward a plan by March Council meeting, and
- Release the resources necessary for staff to do this work.

Attachments

Appendix 1 – Summary of Impacts, Risks and Benefits of the Decision about the CAPR Funding Request
Appendix 2 – High level work plan for how we will begin planning for implementation of alternative credentialling and exam services

Appendix 1 – Summary of Impacts, Risks and Benefits of the Decision about the CAPR Funding Request

Leave CAPR immediately, no funds offered	
Likely impact for College	<ul style="list-style-type: none"> - Without financial support from Regulators, CAPR may discontinue evaluation services. If that happens, the College will face an immediate operational challenge of managing candidates who are in the process of credentialling and exam, while not having replacement for those services available - The College will not be able to register candidates into provisional practice until there is a replacement written exam - The College will not be able to register candidates into independent practice until there is a replacement clinical exam, or unless the Registration Committee reviews all the applications, which would increase the Committee's workload substantially
Likely impact for public	<ul style="list-style-type: none"> - New PTs have no mechanism to enter the workforce, which hinders access to care for patients - This will impact not only Ontario patients, but also other provinces who use the CAPR exam as a registration requirement
Likely impact for profession	<ul style="list-style-type: none"> - Candidates who are currently in the credentialling and exam process may need to start over once alternative services become available, and pay a fee again - New PTs have no mechanism to enter the workforce; negative impacts on their livelihoods and the currency of their knowledge and skills - There is uncertainty around how an Ontario-led exam would impact labour Mobility
Risks	<ul style="list-style-type: none"> - Our government stakeholders (Ministry, Fairness Commissioner) may have concerns about the fact that we have no written and clinical exam in the short-term - International applicants will have no access to credentialling services, and no pathway to enter the profession, which will cause problems for immigration programs - The College will have to take on the financial risk of spending money on the upfront cost of setting up credentialling and exam services while not collecting revenues from the fees for those services for some time
Benefits	<ul style="list-style-type: none"> - We can have greater control and oversight of credentialling and exam services going forward - We may be able to sell credentialling and exam services to other provinces who are not willing or able to create their own
Estimated Financial Impact	<ul style="list-style-type: none"> - Cost to run credentialling services*: \$90,000 / year - Cost to create and run written exam*: <ul style="list-style-type: none"> o Development: \$30,000 o Implementation: \$250,000 / year - Cost to create and run clinical exam (based on Revised QA Program)*: <ul style="list-style-type: none"> o Development: \$200,000 o Implementation: \$325,000 / year <p>Total: \$895,000</p> <p>*Some or all of those costs may eventually be recuperated from the fees we charge for those services in the very long-term</p>

Pay membership fee and per registrant levy only	
Likely impact for College	<ul style="list-style-type: none"> - CAPR will continue offering credentialling and written exam services. As a Member, the College can access CAPR credentialling and written exam services for the time being - College can continue to register candidates who pass the written exam into provisional practice



Pay membership fee and per registrant levy only	
	- The College would need to immediately plan for the provision of credentialling and exam services should CAPR stop providing evaluation services.
Likely impact for public	- Access to care is facilitated by the ability of PTs to register into provisional practice
Likely impact for profession	- There will continue to be a pathway for IEPTs and Canadian graduates to access the written exam and register for provisional practice - Labour mobility is maintained
Risks	- Based on information we have to date, the ability for CAPR to resume in-person clinical exams may be in question without support of loans from all member Regulators
Benefits	- The College would not need to take on credentialling and written exam services in the immediate future (perhaps 2-3 months) - It gives us some time to plan for a need to conduct evaluation services independently - We maintain a mechanism for labour mobility - We can maintain a forum for coordination with other provincial regulators
Estimated Financial Impact	\$228,000 (FY 2022-2023)

Pay fees and levy and give loan	
Likely impact for College	- CAPR can continue to provide evaluation services, which will help return them to financial stability. This means the College can continue to access CAPR credentialling and written exam services for the foreseeable future - College can continue to register candidates who pass the written exam into provisional practice
Likely impact for public	- Access to care is facilitated by the ability of PTs to register into provisional practice
Likely impact for profession	- There will continue to be a pathway for IEPTs and Canadian graduates to access the written exam and register for provisional practice - Labour mobility is maintained
Risks	- Defaults on loan repayments are always a risk



Council

Benefits	<ul style="list-style-type: none">- The College would not need to take on credentialling and written exam services in the immediate future- It gives us time to plan for should access to evaluation services be limited- We maintain a mechanism for labour mobility- We can maintain a forum for coordination with other provincial regulators
Estimated Financial Impact	<ul style="list-style-type: none">- Membership dues: \$228,000- Loan: \$578,000 (not including interest not earned) - Note that a loan is not technically an expense while it is in good standing. It is an asset on the College's balance sheet and only becomes an expense if there is a default- Total: \$806,000



Appendix 2 – High level work plan for how we will begin planning for implementation of short-term alternative credentialling and exam services while the Entry to Practice Working Group investigates options to assess entry to practice competency for the long term

Credentialling Service

- Identify requirements for assessing educational credentials of internationally educated physiotherapists
- Assess options to do credentialling in-house vs outsource
- Identify vendors who offer credentialling services
- Identify processes needed to manage candidates who are in the credentialling process

Written Exam Service

- Identify requirements to create a written exam to assess entry to practice competency
- Identify/select a delivery mechanism and the operational requirements
- Identify processes needed to manage candidates who are in the exam process

Clinical Exam Service (see the next briefing)

- Create a clinical exam to assess entry to practice competency
- Implement a delivery mechanism
- Identify processes needed to manage candidates who are in the exam process

Resource Planning

- Identify the human resources needed to create and support the credentialling, written exam, and clinical exam services (e.g. existing staff, new staff, consultants, contractors, vendors)
- Determine the cost to create and support the credentialling, written exam, and clinical exam services, their impact on the College's finances in the short-term, and a potential cost recovery model for the long-term

Infrastructure Planning

- Identify the technology infrastructure required to support the credentialling, written exam, and clinical exam services
- Identify new policies and processes that need to be created to support the credentialling, written exam, and clinical exam services



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Motion No.: 5.1

**Council Meeting
December 15-16, 2021**

Agenda # 5: Short-term Alternative Examination Option: University of Sherbrooke Exam

It is moved by

and seconded by

that:

Council approve the Final Comprehensive Exam from the University of Sherbrooke as an approved clinical exam for registration in independent practice.



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Motion No.: 5.2

**Council Meeting
December 15-16, 2021**

Agenda # 5: Short-term Alternative Examination Option: Alternative Entry to Practice Assessment

It is moved by

and seconded by

that:

Council approve the operational work and funding requirements to establish a clinical exam based on elements of the QA program.

Meeting Date:	December 15-16, 2021
Agenda Item #:	5
Issue:	Short-term Alternative Examination Options
Submitted by:	Theresa Stevens, President Rod Hamilton, Registrar

Issue

At this time the College should pursue alternatives to the CAPR clinical exam in the short-term to work through the backlog of candidates waiting to take the clinical exam. The Executive Committee recommends that Council approve two options.

Background

The COVID pandemic has had a significant impact on CAPR's clinical examinations. Clinical examinations are normally held twice a year in March and November. The last clinical exam was held in November 2019. The March 2020 clinical exam was originally re-scheduled to June 2020 but then was cancelled due to the pandemic lock down. again. The November 2020 exam was also cancelled due to the ongoing lock downs and restrictions on gathering size.

The CAPR Board decided to pursue the use of a virtual clinical exam for the March 2021 exam. However, the March 2021 exam failed for technological reasons. The Board, with input from the member regulators, decided to try a second virtual clinical exam in September 2021 using a different technology platform. The September 2021 virtual clinical exam did proceed but was determined to be unreliable and was ultimately cancelled.

In September 2021, the CAPR board decided to cancel all future virtual exams. The Board and staff are currently exploring the possibility of delivering face-to-face clinical exams in 2022 but new Covid variants are making delivery options uncertain. Should face-to-face clinical exams proceed, local public health restrictions will require that candidate numbers be limited.

CPO has offered to assist CAPR with exam logistics, staffing and other needed support in April 2021 and October 2021 after the cancellation of the first and second virtual exams, but CAPR did not take up our offers.

On October 4, the College wrote to CAPR and presented three options as to how CAPR could assist Ontario with resolving the exam situation. The letter is attached. CAPR was unable to respond until November 11, and indicated that access to exam content was contingent on ongoing membership renewal with CAPR and the granting of the requested loan.

Unfortunately, the delay in CAPR's response had a negative impact on the College's intention to work with other provincial system partners to offer in-person clinical exams for Ontario PT residents.

Council was unable to consider exam alternatives earlier than its December 2021 meeting due to:

- the delay in CAPR's response regarding CPO's proposed options
- the college was waiting for the assessment consultant to provide a proposal to create an entry to practice assessment based on elements of the QA program, and
- because CAPR indicated that access to their exam questions is contingent upon the College providing the requested loan.

The College, through the Entry to Practice Working Group, also engaged in a Request for Proposal (RFP) process to identify vendors who may be able to help the College administer a clinical exam. The response received by the College indicated that the vendor would need access to CAPR's exam questions in order to administer a clinical exam for us.

Ultimately the CAPR board did decide to sell exam questions to provincial regulators but no clear decision was made on the process or price. The final details were not worked out until Nov 8 when they requested a loan from all regulators.

The College understands that now CAPR intends to make the availability of the questions contingent on early payment of membership renewal for 2022 as well as the full loan. This translates into an immediate payment of the membership fee of \$228,000 and a loan of \$578,000 with no assurance that it will resolve the current exam issues for Ontario PTs. No details on definitive dates, locations and registration processes for a scaled back in-person exam were provided, even though the virtual exam was cancelled on Sept 14, 2021.

Considering the inability of CAPR to provide a clinical exam in the past 2 years, and the uncertainty of providing a clinical exam in 2022, continuing to rely on CAPR to provide a PCE at this point in time does not offer a confirmed path to registration for Ontario PT residents.

In the immediate short-term, other than the CAPR exam, should the College pursue other mechanisms to assess clinical competence and allow PTs to register for independent practice?

At this time, based on previous work by staff to explore the options, there appear to be two viable options that the College could pursue to offer alternative paths to registration beyond CAPR in the immediate future.

However, there are also other options that staff continue to explore to facilitate alternative pathways to registration for those who do not qualify for any of the currently proposed options such as those who failed the PCE in November 2019 and are currently not able to hold a provisional licence. It is anticipated that more detailed information about these other options will be made available in January although that is subject to change as there are factors that are not within our control.

Council has the authority to approve an exam for the purpose of fulfilling the registration requirement in the College's [Registration Regulation](#):

11. In this Part,

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

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.

Therefore, Council can approve one or both of the following exams for the purpose of qualifying for independent practice.

For the purpose of this decision, we are setting aside the long-term question of whether an exam is still an appropriate tool for assessing entry to practice competency. That is a question that will be explored separately by the Entry to Practice Working Group and their recommendations will be brought back to Council for consideration. Numerous legal opinions have provided the same guidance, that under the current regulation, a written and clinical exam are required so to solve the immediate backlog of registrants, a clinical exam is still required.

Option 1: University of Sherbrooke Final Comprehensive Exam (For French Speakers Only)

The University of Sherbrooke uses a multi-step certification process for graduates from their physiotherapy program, which includes an Objective Structured Clinical Examination (OSCE). They have agreed to allow Ontario candidates who are currently waiting to take the CAPR clinical exam, who are able to challenge the exam in French, to take the next exam, which is being held in April 2022. Information about this exam is included in the chart below.

Where an applicant chooses to challenge the University of Sherbrooke exam and fail, then they would no longer be eligible to continue in provisional practice.

It should be noted that the University of Sherbrooke has only agreed to make their exam available to Ontario CAPR exam candidates one-time only, and it is not available in English. The university is concerned that the use of this examination for a broader group will compromise the security of their exam questions.

The Executive Committee recommends that Council approve the University of Sherbrooke final comprehensive exam as an approved exam for registration in independent practice.

University of Sherbrooke exam	
In person or Virtual	In person
Delivery Timeframe	April 2022
Capacity (Candidate Throughput)	No more than 75 (based on data we have on who has indicated they can deliver care in French)
Development costs	n/a
Workload for the College	<p>The College's role in facilitating this exam option includes:</p> <ul style="list-style-type: none"> • Communicating with candidates • Receiving scores from the exam • Conveying the scores to candidates <p>Given the volume of candidates who may choose this option, the workload for the College can be managed with current resources.</p>
Cost to candidates	\$1,500 plus taxes
Reliability/Validity (defensibility)	Confirmed by Sherbrooke's validation process – it is valid and reliable as an exit exam for graduates
Scoring	Likely done by the University but we need to confirm
Who can access (eligibility)	<p>Only available to individuals who can attempt the exam in French.</p> <p>Even though the limited access to this exam has negative impacts on fairness and equity, it is still preferable to not having this option at all.</p>
French Language Availability	Yes – ONLY available in French
Accommodation	Unknown
Appeals	Unknown
Labour mobility	Would be accepted – this was agreed to at a previous meeting of Registrars of all provincial regulators
How long can we use it for?	One-time

Option 2: Build a Clinical Exam based on elements of the Quality Assurance Program

In October, Council considered an option to designate the current Quality Assurance (QA) Program as an exam for the purpose of registration in independent practice. CPO staff have explored the option to use the QA program as it is in depth, but consistent legal advice confirmed that it is not an option because the QA Program was not built for the purpose of assessing entry to practice competency and therefore is unlikely to be defensible as an entry to practice exam. With this advice, Council decided not to designate the current Quality Assurance (QA) Program as an exam.

However, it would be possible to develop a clinical exam based on elements of the current QA Program for the purpose of assessing entry to practice competency, that would be defensible if it meets the requirements for validity and reliability. To do so, staff would work with a competency assessment consultant to develop the exam content and the delivery mechanism. Much of the details about this work and the exam itself still needs to be confirmed, but at a high level the project would require the following work and resources:

- Fees for competency assessment consultant and psychometrician
- Meeting costs for subject-matter expert sessions (blueprint development, item writing, standard setting)
- Building technology to support management of candidates

- Building technology to support exam delivery
- Recruiting and training assessors/examiners
- Translation, legal, plain language, and accessibility review of the exam tool
- Development of policies and processes to support the exam (e.g. accommodation, appeal, etc.)
- Project management support

We anticipate that the exam development cost would be no less than \$200,000.

Council will receive additional information in a presentation from the assessment consultant at the meeting.

An alternative clinical exam based on elements of the QA program will have longer utility than simply purchasing CAPR questions which cannot be used repeatedly. This would allow more time for the ETP Working Group to explore other ways to assess entry to practice competency and make recommendations to Council for consideration.

The Executive Committee recommends that Council approve the operational work and funding requirements to establish a clinical exam based on elements of the QA program. A specific completion date cannot be determined at this time, but the Executive Committee recommends that Council direct staff to work towards a spring 2022 delivery date as a key priority.

Decision Sought

Council is asked to:

- Approve the University of Sherbrooke Final Comprehensive exam as an approved exam for registration in independent practice, and
- Approve operational work and funding requirements to establish a clinical exam based on elements of the QA program.

Attachments

- Appendix 1: Letter from the College to CAPR dated October 4, 2021



October 4, 2021

Denis Pelletier
President, Board of Directors
Canadian Alliance of Physiotherapy Regulators

Dianne Millette
President, Board of Directors
Canadian Alliance of Physiotherapy Regulators

Dear Mr. Pelletier and Ms. Millette:

We are writing to ask you to bring the following request to CAPR's Board of Directors for consideration and decision by October 13, 2021.

The College of Physiotherapists of Ontario appreciates that there are several different components of work associated with exam administration and while we are in no way experts in this area, we believe that the key components include:

- Securing space / logistics management
- Recruiting / training patients
- Recruiting / training examiners
- Registering candidates
- Candidate support pre, during and post exam (Including providing accommodations, and supporting francophone candidates)
- Assessing the results / setting the pass score
- Releasing the results to the candidate

CAPR has not held the PCE – Clinical since November 2019 due to difficulties associated with holding in-person clinical examinations during a pandemic and the significant logistical and technological challenges in moving an in-person examination to a virtual platform.

As a result, Ontario finds itself in the difficult situation of having close to 1000 individuals who wish to take the clinical exam and move into the College's Independent Practice registration class but are unable to do so (through no fault of their own) because there are no clinical exams currently running.

At this point Ontario has approximately:

- 891 people who hold a Provisional Practice Certificate (they can work as Physiotherapy Residents under supervision)
- 70 people who were previously unsuccessful in the clinical exam (and thus are not permitted to hold Provisional Practice certificates and are unable to work as Physiotherapy Residents)

With each iteration of the PCE – Written, the number of people waiting access to the PCE – Clinical grows.

This is creating challenges for the College in many ways:

- We are starting to hear reports of individuals who are unable to access physiotherapy care. A recent review of the Indeed Job Board shows that there are 791 vacant PT positions in Ontario across all geographic areas and practice settings.
- Employers in settings such as hospitals are experiencing a shortage of PTs, but they are unable to take on PT Residents as they are dealing with the increased requirements of working through a pandemic.
- Some employers are unwilling to hire PT Residents.
- The Associations and certain members of the profession are becoming increasingly vocal and are pressuring the College to take more immediate action.
- The Ontario Fairness Commissioner expects that that College will come up with a way to resolve this matter as soon as possible. That solution needs to be applied equally to Canadian and internationally educated physiotherapists.
- Our academic partners have advised us that they are having difficulty finding clinical placements for their physiotherapy students because the individuals who would take on students are providing extended supervision to PT Residents.

We would also be remiss if we did not mention our general concerns about candidates.

- We are concerned about the mental and physical health and wellness of individuals who are waiting to take the clinical exam. The uncertainty is extremely challenging for this group.
- PT Residents are earning less than they would if they were Physiotherapists.
- PT Residents are unable to find practice supervisors. The College allows a Physiotherapist to supervise a maximum of three PT Residents.

We know that the national response to this situation has varied.

The College of Physiotherapists of Ontario has explored many avenues in its search for a solution including:

1. The possibility of a Registration Regulation change, which takes time.
2. The use of alternative tools in place of a clinical examination, including the College's own Quality Assurance program and the use of physiotherapy student learner assessment tool (the ACP).
3. The development and use of an alternative clinical examination. As part of this work, the College has issued a request for proposals.
4. Exploring the availability of physiotherapy clinical exams from other jurisdictions and countries.
5. The possibility of the Registration Committee using its regulatory authority to exempt candidates from the requirement to complete the clinical examination.

None of these alternatives have yielded a solution that is equivalent to the CAPR clinical exam in areas such as reliability, validity, fit for purpose and safety.

Solutions

The College of Physiotherapists of Ontario believes that the most viable solution remains the administration of the CAPR clinical exam, however for the reasons above we are unable to wait until mid 2022.

We have identified a number of different options to access the CAPR examination and are asking that the Board explore them and provide us with a **response by October 13, 2021**.

Proposal #1 – The College of Physiotherapists of Ontario pays CAPR to hold an Ontario based clinical examination

The College would pay CAPR to hold a large-scale exam in Ontario before the end of 2021. The goal would be to have 500 Ontario candidates participate in this exam. The financial details would need to be worked out.

Proposal #2 – The College of Physiotherapists of Ontario pays for a third-party to administer the CAPR exam

CAPR would agree to allow the College to use the clinical exam questions and the College would pay a third party to administer the CAPR examination to 500 individuals by the end of the year. The College would pay CAPR to access the exam questions and for any other services as required.

Proposal #3 – The College of Physiotherapists of Ontario purchases the exam content and expertise from CAPR to hold an exam

The College would pay CAPR to access the exam content and also pay the salaries of CAPR staff, who would be temporarily seconded to the College of Physiotherapists of Ontario to organize and deliver a large-scale exam in Ontario. This arrangement could remain in place as long as it is reasonable for both parties.

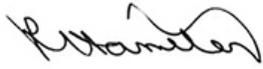
We hope you will give serious consideration to any one of these proposals we have outlined above so that we may find a solution to this challenge as soon as possible.

We would be happy to meet with you at any time prior to October 13 to answer any questions your might have and explore these options, or any others you may have in mind.

Thank you,



Theresa Stevens, President



Rod Hamilton, Registrar

Copies:

Katya Masnyk, Executive Director, CAPR

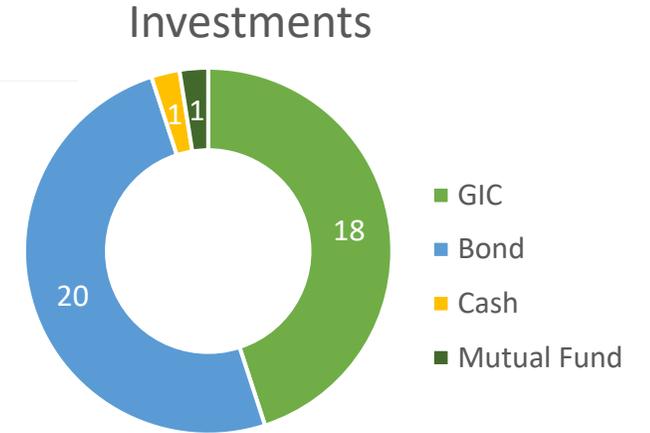
Gary Rehan, Ontario Representative, CAPR Board of Directors

Agenda # 6

Investment Overview

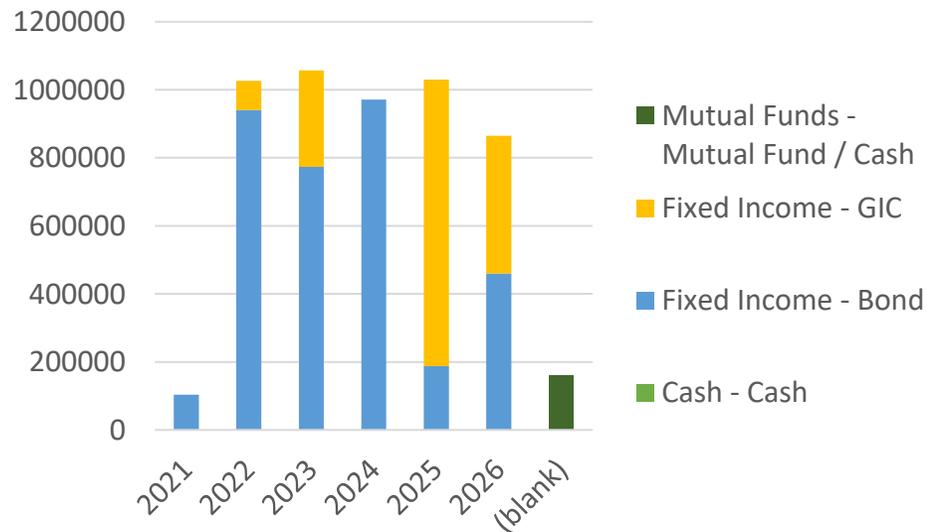
Presentation by Bill Quinn, Investment advisor RBC Dominion Securities

Dashboard – Investments as of December 7, 2021

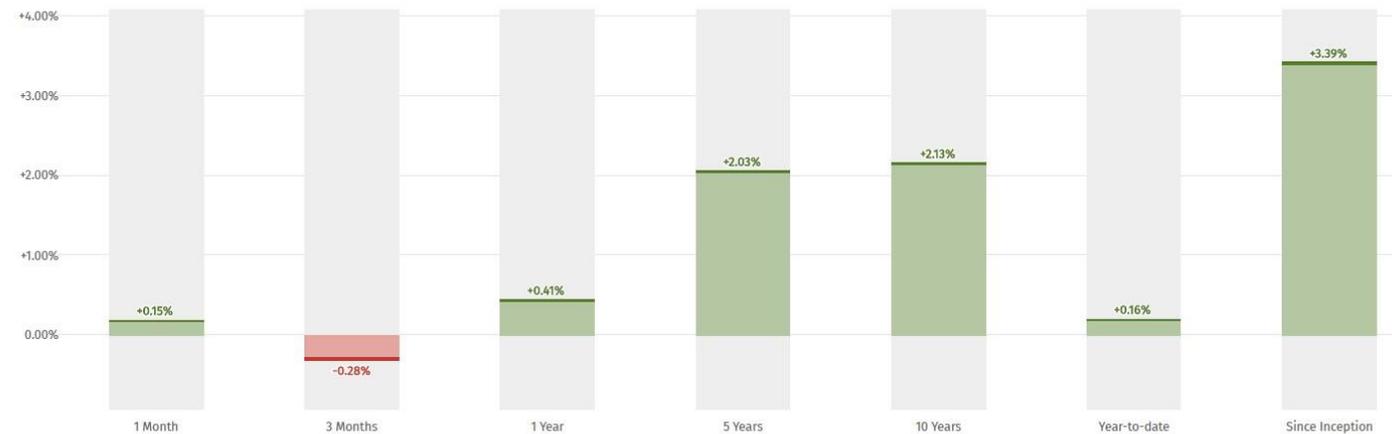


* Expressed in CDN Dollars

Market Value by Maturity Date



Portfolio Performance by Time Weighted ROR



Details – Investments as of December 7, 2021

Total Market Value x
Maturity Date

Sum of Total Value	Column Labels							
Row Labels	2021	2022	2023	2024	2025	2026	(blank)	Grand Total
Cash							\$ 1,290.00	\$ 1,290.00
Cash							\$ 1,290.00	\$ 1,290.00
Fixed Income	\$ 103,728.00	\$ 1,026,517.16	\$ 1,056,576.19	\$ 971,266.39	\$ 1,029,659.03	\$ 864,504.45		\$ 5,052,251.22
Bond	\$ 103,728.00	\$ 940,457.72	\$ 772,971.70	\$ 971,266.39	\$ 187,614.01	\$ 460,482.35		\$ 3,436,520.17
GIC		\$ 86,059.44	\$ 283,604.49		\$ 842,045.02	\$ 404,022.10		\$ 1,615,731.05
Mutual Funds							\$ 157,088.85	\$ 157,088.85
Mutual Fund / Cash							\$ 157,088.85	\$ 157,088.85
Grand Total	\$ 103,728.00	\$ 1,026,517.16	\$ 1,056,576.19	\$ 971,266.39	\$ 1,029,659.03	\$ 864,504.45	\$ 158,378.85	\$ 5,210,630.07

Book Cost x Maturity Date

Sum of Book Cost	Column Labels							
Row Labels	2021	2022	2023	2024	2025	2026	(blank)	Grand Total
Cash								
Cash								
Fixed Income	\$ 95,999.99	\$ 948,152.32	\$ 984,558.58	\$ 885,705.24	\$ 1,026,199.56	\$ 875,041.65		\$ 4,815,657.34
Bond	\$ 95,999.99	\$ 863,152.32	\$ 705,623.58	\$ 885,705.24	\$ 191,499.56	\$ 475,041.65		\$ 3,217,022.34
GIC		\$ 85,000.00	\$ 278,935.00		\$ 834,700.00	\$ 400,000.00		\$ 1,598,635.00
Mutual Funds							\$ 157,088.85	\$ 157,088.85
Mutual Fund / Cash							\$ 157,088.85	\$ 157,088.85
Grand Total	\$ 95,999.99	\$ 948,152.32	\$ 984,558.58	\$ 885,705.24	\$ 1,026,199.56	\$ 875,041.65	\$ 157,088.85	\$ 4,972,746.19



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 7.0

**Council Meeting
December 15-16, 2021**

Agenda # 7: Consent agenda

It is moved by

and seconded by

that:

1. The Council meeting minutes of October 14, 2021, be approved
2. The Executive Committee minutes of September 16, 2021, be approved
3. The Committee Reports be approved

Agenda # 7

Consent Agenda



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

MINUTES

October 14, 2021

College Boardroom & Virtually via Zoom

Zoom attendees:

Hervé Cavanagh, PT
Sharon Gabison, PT
Janet Law, PT
Dennis Ng, PT
Paul Parikh, PT
Karen St. Jacques, PT
Carole Baxter, Public
Nitin Madhvani, Public
Myles MacLeod, Public
Richard O'Brien, Public
Tyrone Skanes, Public

In Person attendees:

Theresa Stevens, President
Jennifer Clifford, Vice-President

Regrets:

Anna Grunin, PT
Katie Schulz, PT
Jesse Finn, Public

Zoom Guest:

Richard Steinecke, SML

Staff in person

Rod Hamilton, Registrar

Staff on Zoom

Anita, Ashton, Deputy Registrar
Evguenia Ermakova
Allan Mak
Justin Rafton
Zoe Robinson

Recorder:

Barbara Hou
Justin Rafton

Thursday October 14, 2021

9:00am.

Welcome

The President welcomed all members.

Approval of the Agenda

It was moved by D. Ng and seconded by H. Cavanagh that:

1.0

Motion

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

CARRIED.

2.0

Motion

Approval of the Council Meeting Minutes of June 22-23, 2021 and September 20, 2021

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

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

CARRIED.

3.0

President's Report

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

- Council Meeting Evaluation
 - All Councillors completed post meeting survey
- External stakeholder discussions
 - Exam Update



- Strategic Plan Update
- Council highlights (ongoing progress)
 - Upcoming 1 on 1s with Councillors for education needs/check in

4.0 Registrar's Report

R. Hamilton provided an update on the following:

- Environmental Updates and Trends
 - Increase in boundary violations at ICRC
 - Sexual abuse awareness training/governance training
 - CPMF Summary report released
 - MOH governance modernization coming to the RHPA
 - Jurisprudence module completion for PTs
- College Representation
- Regulatory risks
 - ETP alternative exam – research and stakeholder engagement
- Operations update
 - Melissa Collimore parental leave, new contract investigator
 - Practice Advice – Review of the program

5.0 Consent Agenda

Motion J. Rafton, Manager, Policy & Governance presented on the trial use of a consent agenda for Council meetings to expedite the approval of routine items in order to ensure meeting efficiency and support discussion times for other items.

Amended Motion:

It was moved by K. St. Jacques and seconded by S. Gabison that:

Council adopts the trial use of a consent agenda process for the next three Council meetings, Council will re-evaluate the process in June 2023. **CARRIED**

6.0 Indigenous Land Acknowledgement

Motion E. Ermakova, Policy Analyst presented on the development of the College's indigenous land acknowledgment. The acknowledgment was developed following a member's motion from Councillor J. Law.

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

Council approves the land acknowledgement statement for use. **CARRIED**

7.0 Equity, Diversity and Inclusion (EDI) College Initiatives Update



R. Hamilton, Registrar provided an update on the EDI initiatives being undertaken by the College.

- Completion of staff survey on EDI
- Staff education with guest speak on Truth & Reconciliation
- Dedicated webpage with resources: allyship, implicit bias, LGBTQ2S, Microaggression, Racism etc.
- Introduced gender neutral language in public communication
- Research into needs of registrants educated outside of Canada

8.0 Equity, Diversity and Inclusion (EDI) Position Statement

Motion E. Ermakova, Policy Analyst presented on a draft position statement that staff had prepared. The statement was directed following a member's motion from Councillor J. Law.

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

Council adopts the position statement on Equity, Diversity and Inclusion.

CARRIED.

9.0 Council Education: Professional Conduct and Inquiries, Complaints and Reports Committee

A. Mak, Investigations Manager presented on the Professional Conduct program area

Councillor S. Gabison left the meeting at 11:00 am

10.0 Revision to Committee Slate 2021-2022

Motion R. Hamilton presented on prospective revisions to the 2021-2022 committee slates, as recommended by Council.

It was moved by H. Cavanagh and seconded by M. MacLeod 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.

CARRIED.

11.0 Corporate Office Space Update

Motion Z. Robinson, Manager, Corporate Services presented on staff's work on reviewing the costs associated with staying in the College's current office or options that will reduce the annual operating costs to the College. Council discussed the implications of both options.

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



Council direct the Registrar to:

- Engage a commercial real estate broker to sublease 375 University Avenue, Suite 800; and
- 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.

CARRIED.

Councillor S. Gabison returned to the meeting at 12:07pm

12.0 FY 2022 Q1 Financial Report

Z Robinson, Manager Corporate Services presented on the College's financial performance at the end of Quarter 1, June 30, 2021.

Councillor P. Parikh joined the meeting at 1:28pm

13.0 Motion Motion to go In-Camera pursuant to Section 7(2)(e) of the Health Professions Procedural Code

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

CARRIED.

14.0 Examination Update

R. Hamilton, Registrar presented on the assessment of alternative examination options based on previous Council direction and seek direction on next steps.

Motion 14.1 Option 1: Assess Responses to the Request for Proposal (RFP)- Council directed Research

H. Cavanagh declared a Conflict of Interest

It was moved by M. MacLeod and seconded by R. O'Brien that:

That Council accept the recommendation not to pursue the use of the proposal received in response to the alternative examination RFP

CARRIED.

Motion 14.2 Option 2: Assess PT university programs proposal to use ACP tool as a Clinical Exam

P. Parikh, S. Gabison, T. Skanes and C. Baxter declared a COI

It was moved by J. Skanes and seconded by R. O'Brien that:

Council accepts the recommendation not to pursue the use of the ACP proposal received from the Academic Chairs in Ontario

CARRIED.



Motion 14.3 *Option 3: Assess the availability of an exam in partnership with other PT regulators based on CAPR's existing PCE questions – Council-directed research*

H. Cavanagh, T. Skanes, C. Baxter and S. Gabison declared a COI

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

Council accepts the recommendation 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

CARRIED.

Motion 14.4 *Option 4: Council recommendation that the Registration Committee explore the use of the exemptions to the examination requirement – additional alternative identified*

T. Skanes, C. Baxter and S. Gabison declared a COI

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

Council recommend that the Registration Committee explore the use of its authority to exempt individuals from the exam requirement with full support from the Council for this action and any required resources to support it

CARRIED.

Motion 14.5 *Option 5: Council consider exploring an alternative clinical exam (i.e. QA Program) in addition to the CAPR examination- Additional alternative identified*

H. Cavanagh, T. Skanes, C. Baxter and S. Gabison declared a COI

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

Council direct staff to explore the defensibility and appropriateness of designating the College QA Program as an alternative clinical examination

CARRIED.

Motion 14.6 *Option 6: Making changes to the existing Registration regulation*

T. Skanes, C. Baxter and S. Gabison declared a COI

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

Council approves in principle of the proposed changes to the College's registration regulation

CARRIED.

15.0 Canadian Alliance Physiotherapy Regulators (CAPR) Update

G. Rehan, CAPR Board representative provided an update on the ongoing work by the CAPR board. Council was informed that the board is continuing to offer the written component of the PCE as normal, however there are no immediate plans to pursue further virtual clinical



examinations. For residents impacted by the exam cancellation, CAPR continues to offer refunds and family support programs. The board is scheduled to meet on Oct 28th to discuss next steps.

16.0 Entry to Practice Working Group (ETPWG) Update

D. Mandel, ETPWG joined the meeting to answer any queries on the working groups recent activities.

17.0 Members' Motion/s

None

Adjournment

It was moved by N. Madhvani that the Council meeting be adjourned. The meeting was adjourned at 4:15 PM.

CARRIED.

Theresa Stevens, President



**EXECUTIVE COMMITTEE MEETING
MINUTES**

September 16, 2021

Zoom Teleconference & Office Boardroom

Present: Theresa Stevens, PT Chair (in person)
Jennifer Clifford, PT
Katie Schulz, PT
Tyrone Skanes, Public
Nitin Madhvani, Public

Staff: Rod Hamilton, Registrar (in person)
Anita Ashton
Zoe Robinson
Justin Rafton
Evguenia Ermakova

Recorder: Barbara Hou

12:00PM

Welcome

Reminder of confidentiality and conflict of interest

1.0 Approval of the agenda

Motion

It was moved by K. Schulz and seconded by J. Clifford that the agenda be approved.

CARRIED.

2.0 Approval of Executive Committee meeting minutes of June 9 and 16, 2021; and August 24, 2021.

Motion

It was moved by T. Skanes and seconded by K. Schulz that the minutes from the June 9 and 16, 2021, and August 24, 2021 Executive Committee meetings be approved.

CARRIED.

3.0 Presidents Report

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

- CAPR virtual clinical exam cancellation;
- Letter from Ontario PT Academic community regarding Code of Conduct issues. President & Registrar met with Program Chairs to address and resolve concerns;
- Letter from the Office of Fairness Commissioner;
- Strategic planning project aimed to be completed by consultant group Optimus SBR for December Council meeting;
- Meeting with CEO and Presidents of Canadian Physiotherapy Association (CPA) and Ontario Physiotherapy Association (OPA);
- Call for a Special Council meeting on September 20, 2021 to update Council on CAPR exam cancellation and seek direction on alternative options.



4.0 Registrars Report

R. Hamilton, Registrar provided a comprehensive background on the ongoing CAPR exam delay/cancellation issue. As noted, a clinical examination is a requirement set in the Physiotherapy Act, and relates to labour mobility. The update then focused on the different alternative options for consideration:

- Circulation of a Request for Proposal for the development and administration of an alternative clinical exam;
- Proposal of a regulatory amendment to potentially exempt exam requirement, though considered a long term solution;
- Collaboration with other provincial regulators to administer an alternative examination in a shared fashion, with assistance from CAPR;
- Consideration by the Entry to practice working group on other ad-hoc examinations in Alberta, British Columbia and Quebec exam; and
- Exemption provision for Registration Committee to grant independent practice certificates.

5.0 FY 2022- Q1 Financial Report

The Executive Committee recommends Council accept the FY 2022 Q1 Financial Report.

The President noted that for expense approval going forward, all Council and committee members must submit their claims within 30 days. Beyond the timeline, the matter will be addressed by the President and subject to Council's approval.

6.0 Corporate Office Space update

Motion

Since the beginning of the Covid-19 pandemic in March 2020, CPO staff have been working remotely, leaving the College's corporate office space underutilized. Zoe Robinson, Director of Corporate Services presented on the College's current corporate office space needs and consideration for relocation. The options proposed was to sublease the office and move, or share the office with other Colleges and stay. The Executive Committee deliberated both options and recommended staff further examine each possibility further. Pending Council direction, staff would recommend an action plan at the next Executive Committee meeting, allowing Council to make a decision in December 2021.

It was moved by J. Clifford and seconded by T. Skanes that the Executive Committee recommends to Council that CPO management examines in further detail both option 1 (sublease and move) and option 2 (share and stay).

CARRIED.



7.0 Council Meeting Consent Agenda

Motion

Justin Rafton, Manager of Policy and Governance provided the committee with a background on the use of consent agendas, as part of the College Performance Management Framework (CPMF) action item list. Aligning with common board meeting governance practices, a trial use of a consent agenda process can expedite the approval of such items to ensure meeting efficiency and support discussion times for other items.

It was moved by K. Schulz and seconded by T. Skanes that the Executive committee recommends Council adopt a trial use of the consent agenda process for Council meetings.

CARRIED.

8.0 Indigenous Land Acknowledgement

Motion

At the February 16, 2021 Council meeting, Council approved the development of an Indigenous Land Acknowledgement statement. Evguenia Ermakova, Policy Analyst presented on the development of such a land acknowledgment statement following an environmental scan of other Ontario health regulatory colleges and review by a consultant.

It was moved by J. Clifford and seconded by K. Schulz that the Executive committee recommends the use of a land acknowledgment statement for Council approval.

CARRIED.

9.0 Equity, Diversity and Inclusion (EDI) Position statement

Motion

At the February 16, 2021 Council meeting, Council also approved the development of a position statement on Equity, Diversity, and Inclusion (EDI). Evguenia Ermakova presented a summary of the background work in the development and the different elements included within the statement. The Executive committee provided feedback to acknowledge EDI work be a community-centered approach in decision-making.

It was moved by N. Madhvani and seconded by K. Schulz that the Executive committee recommends that Council approve and adopt the position statement on Equity, Diversity, and Inclusion (EDI).

CARRIED.

10.0 Licensure as it Relates to Cross Border Care

Under the current Canadian Cross Border Memorandum of Understanding (MOU), a physiotherapist must be registered in all jurisdictions where the patient is located and receiving care, either virtually or in person. A proposal has been raised for a licensure option where physiotherapists who wish to deliver in-person and or virtual care anywhere in Canada only have to be registered in one province.



At their November 2020 meeting, the Executive Committee directed staff to further review the proposal in relation to its public interest rationale, and the risks and benefits for patients to access and utilize virtual care.

Anita Ashton, Deputy Registrar provided a background of licensure options CPO can explore to implement such a proposal. This change would permit physiotherapists to be registered in the primary Canadian jurisdictions with no additional secondary registration to provide cross-border care. In turn, it will allow for flexibility in the ability of patients to access and obtain care.

The Executive Committee supported a further discussion at Council on the issue of cross-border licensure for in-person and virtual care. It was also discussed that this element becomes part of the College's strategic priorities over the next several years in its development of a new strategic plan.

11.0 Appointment of Academic Council Member
Motion

The former academic representative from the University of Toronto had resigned and Sharon Gabison had been selected as their replacement. The Executive Committee reviewed the recommendation for this appointment, in anticipation of a written resolution to Council to approve the appointment.

It was moved by T. Skanes and seconded by J. Clifford that the Executive Committee recommend Sharon Gabison from the University of Toronto to be appointed to Council by written resolution.

CARRIED.

12.0 Revision to Committee Slate 2021-2022
Motion

It was moved by J. Clifford and seconded by K. Schulz that the Executive Committee recommend that Council approve the following amendment to the Committee Slate:

- Appoint public member Richard O'Brien to the Inquiries, Complaints and Reports, Discipline & Fitness to Practise committees;
- Appoint academic member Sharon Gabison to the Registration, Discipline & Fitness to Practise committees; and
- Remove Paul Parikh from the Registration Committee.

CARRIED.

Adjournment

The meeting was adjourned at 4:30 pm.

Theresa Stevens, Chair

Registration Committee

Committee or Department	Registration Committee
Timeframe:	July to September 2021
Purpose:	To provide Council with an overview of Registration Committee's activities over the past quarter and to highlight areas of opportunity and risk.
The Public Interest:	The College's Registration Committee considers applications from candidates who do not meet the requirements for licensure, and makes applicant-specific decisions taking into account public safety.
Meeting Dates (if applicable):	<ul style="list-style-type: none"> • August 10, 2021 • September 20, 2021 • September 23, 2021
Highlights of Work Undertaken Over the Past Quarter:	<p>The Registration Committee undertook the following activities:</p> <ul style="list-style-type: none"> • Participated in Committee orientation • Considered 3 applications for an Independent Practice Certificate of Registration • Revisited previous discussions to consider whether there is a public interest reason to register individuals in the Independent Practice class of registration without them having completed a clinical exam • Considered the results of the September 2021 administration of the virtual Physiotherapy Competency Exam - clinical

<p>Work Ongoing:</p>	<p>The Registration Committee continues to:</p> <ul style="list-style-type: none"> • Explore opportunities to register individuals in the Independent Practice class without them first having completed a clinical exam given that no exam is currently available
<p>Areas of Risk:</p>	<p>The following areas are considered potential areas of risk:</p> <ul style="list-style-type: none"> • We are hearing that provisional practice certificate holders are finding it harder to find Practice Supervisors, in part due to COVID and facility restrictions and some are already supervising the maximum numbers permitted • We are starting to see an increase in the concerns/complaints being raised about Physiotherapy Residents • There is still no clinical exam available or pending at this time • Some residents are expressing concerns about the quality of supervision being provided to them • Some supervisors are expressing concern about the competence of those they are supervising • Residents are seeking approval of Practice Supervisors who themselves have conduct history with the College or are currently participating in their own remediation programs

<p>The Numbers</p>	
<p>3 cases considered in this timeframe</p>	<ul style="list-style-type: none"> • 1 application refused as the eligibility requirements could not be met

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| | <ul style="list-style-type: none">• 2 applications approved with terms conditions and limitations. Applicants were returning after a leave and had low practice hours |
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Inquiries, Complaints and Reports Committee (ICRC)

Committee or Department	Inquiries, Complaints and Reports Committee (ICRC)
Timeframe:	July to September 2021
Purpose:	To provide Council with an overview of College's ICRC activities over the past quarter and to highlight areas of opportunity and risk.
The Public Interest:	The College's ICRC strives to review concerns about professional misconduct, incapacity and incompetence and decides whether any action should be taken to ensure physiotherapists are able to practice safely and competently.
Meeting Dates	<ul style="list-style-type: none"> • July 16, 2021 • August 13, 2021 • August 17, 2021 • August 31, 2021 • September 28, 2021
Highlights of Work Undertaken Over the Past Quarter:	<p>The ICRC undertook the following activities:</p> <ul style="list-style-type: none"> • Approved a policy for Frivolous and Vexatious Complaints • ICRC Orientation on July 16, 2021
Work Ongoing:	<p>The ICRC continues to:</p> <ul style="list-style-type: none"> • Streamlining discussions at Committee • Training for effective decision making and outcomes

<p>Common Themes:</p>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"> • Increased volume in inquiries and complaints from the public • Significant increase in high-risk cases, including sexual abuse and boundaries • Backlog of case increasing • Increase in the number of referrals to Discipline may have an impact on the Hearings Office • Committee would like the supervision of PTA standard to be reviewed given the number of concerns • Financial impact of increased referrals to discipline • Increased concerns of patients being left in treatment rooms without the ability to signal distress • Communication Boundaries, unprofessional language and use of social media and text messaging as a form of communication with patients • Group Exercise Classes • Rostered Activities and required education
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The Numbers	
Appointment of Investigators (75a) investigations	11
Number of open intake files on the date the report was prepared (Dec 2)	71
Number of Cases being Investigated (Dec 2)	140
Cases Reviewed in the quarter	28

Referrals to Discipline	6
Caution	1
SCERP and Caution	2
Undertakings	4
Cautions and Undertakings	2
Advice and Recommendations	1
No Action	2

Quality Assurance Committee

Committee or Department	Quality Assurance Committee
Timeframe:	July to September 2021
Purpose:	To provide Council with an overview of Quality Assurance Committee activities over the past quarter and to highlight areas of opportunity and risk.
The Public Interest:	The College's Quality Assurance Committee reviews reports about a physiotherapist's practice following a screening interview and where required an assessment. The Committee identifies gaps in the physiotherapist's practice and prescribes a learning plan to address the gaps.
Meeting Dates (if applicable):	August 5, 2021 September 9, 2021
Highlights of Work Undertaken Over the Past Quarter:	<ul style="list-style-type: none"> • DiliTrust Training • Committee Training • Review two cases • Review QA Program Statistics
Work Ongoing:	<p>The QA Committee continues to work on:</p> <ul style="list-style-type: none"> • Monitoring the program statistics • Reviewing and approving program policies, as needed • Monitoring assessments that require accommodations due to COVID

Areas of Risk:	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"> • Availability of assessors to conduct screening interviews and assessments
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The Numbers in Q2	
Screening Interviews completed in Q2	122
Assessments completed in Q2	6
Number of cases considered by the committee in Q2	2
Number of cases closed by the Committee with no further action	1
Number of cases closed with advice and recommendations	1

Executive Committee

Committee or Department	Executive Committee
Timeframe:	July to September 2021
Purpose:	The Executive Committee is designated by Council to serve as the College’s Governance Review Committee. This report is to provide Council with an overview of the committee activities over the past quarter and to highlight areas of opportunity and risk.
Meeting Dates :	August 24, 2021 September 16, 2021
Highlights of Work Undertaken Over the Past Quarter:	<p>The Committee undertook the following activities:</p> <ul style="list-style-type: none"> • Proposed the use of an Indigenous Land Acknowledgement; • Proposed the adoption of a College position statement on Equity, Diversity & Inclusion (EDI); • Proposed the use of Consent agenda for Council meeting • Proposed academic appointment to Council; • Proposed revisions to the 2021-2022 committee slate; • Reviewed the Fiscal Year 2022 Q1 Financial Report; and • Interviewed and selected a strategic planning consultant (Optimus SBR). <p>Upon consulting with the Committee, the President called for a Special Council meeting on September 20, 2021 to provide an update on the Canadian Alliance Physiotherapy Regulators (CAPR) exam cancellation and seek direction on alternative options.</p>

<p>Work Ongoing:</p>	<p>The Committee continues to work on:</p> <ul style="list-style-type: none"> • Addressing the CAPR clinical exam delay cancellation issue; • Considering alternative Clinical exam options: <ol style="list-style-type: none"> 1. Circulation of a Request for Proposal for the development and administration of an alternative clinical exam; 2. Proposal of a regulatory amendment to potentially exempt exam requirements, though considered a long term solution; 3. Collaboration with other provincial regulators to administer an alternative examination in a shared fashion, with assistance from CAPR; 4. Consideration of other alternatives to the CAPR examination including examinations in Alberta, British Columbia and Quebec exam; and 5. Consideration of a suggestion that Registration Committee consider policies to grant independent practice certificates through its exemption authority. • Considering ongoing plan for corporate office space; and • Considering licensure matters relating to cross border care.
<p>Areas of Risk:</p>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"> • Clinical examination delays and cancellation.

Finance Committee

Committee or Department	Finance Committee
Timeframe:	July to September 2021
Purpose:	To provide Council with an overview of College's financial activities over the past quarter and to highlight areas of opportunity and risk.
The Public Interest:	The College's Finance Committee strives to ensure the CPO's finances are managed to enable the College to achieve its regulatory requirements.
Meeting Dates	August 19, 2021 November 11, 2021
Highlights of Work Undertaken Over the Past Quarter:	<p>The Finance Committee undertook the following activities:</p> <ul style="list-style-type: none"> • Review of the College's reserve policy • Review of Q1 and Q2 financial management reports • Financial model for subleasing the CPO's office space
Work Ongoing:	<p>The Finance Committee continues to work on:</p> <ul style="list-style-type: none"> • Reserve Policy • Preparation for the audit • Preparation of the Fiscal Year 2022-2023 budget
Areas of Risk:	The following areas are being monitored and considered potential organizational risk:

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| | <ul style="list-style-type: none">• Sublease of the CPO's office space• Impact of CPO managing a clinical assessment• Impact of CAPR's ability to provide credentialling and written exam services• Delay in registrants applying and receiving their Independent Practice Certificate |
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Patient Relations Committee

Committee or Department	Patient Relations Committee
Timeframe:	July to September 2021
Purpose:	To provide Council with an overview of College's Patient Relations Committee activities over the past quarter and to highlight areas of opportunity and risk.
The Public Interest:	<p>The College's Patient Relations Committee oversees the Patient Relations Program which is intended to enhance relationships between registrants and patients. The program must have measures for preventing and dealing with sexual abuse of patients through education, standards and guidelines, training of staff and providing information to the public.</p> <p>The Committee also considers applications for funding for therapy and counseling</p>
Meeting Dates (if applicable):	<ul style="list-style-type: none"> • August 20, 2021
Highlights of Work Undertaken Over the Past Quarter:	<p>The Patient Relations Committee undertook the following activities:</p> <ul style="list-style-type: none"> • Approved one application for funding for therapy and counselling • Considered and approved a policy regarding the delegation of decision-making authority for the approval of funding for therapy and counseling should the criteria set by Committee be met • Discussed the current scope of work for the Committee and confirmed an interest in revisiting

	its role moving forward
Work Ongoing:	<ul style="list-style-type: none"> • The Committee continues to consider applications for funding for therapy and counseling • Committee will be meeting in February 2022 to start to work on some program-specific initiatives. This work will be supported by Lisa Pretty, Communications Director and Mary Catherine Saxena-Fraser, Practice Advisor
Areas of Risk:	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"> • None were identified this quarter

Number of applications approved at the committee level	Number of applications approved at the staff level	Number of recipients currently receiving funding for therapy and counselling
1	0	8

Discipline and Fitness to Practise Committee

Committee or Department	Discipline and Fitness to Practise Committee
Timeframe:	July to September 2021
Purpose:	To provide Council with an overview of College’s Discipline and Fitness to Practice Committee activities over the past quarter and to highlight areas of opportunity and risk.
The Public Interest:	<p>The Discipline Committee is the statutory Committee that holds public hearings and considers serious allegations about physiotherapists’ practice or conduct.</p> <p>Members of the Discipline Committee are also members of the Fitness to Practise Committee. Fitness to practise hearings are focused on a physiotherapist’s health condition and how these conditions are affecting their ability to practice the profession safely.</p>
Hearing Dates:	August 23, 2021 – CPO and Wang
Highlights of Work Undertaken Over the Past Quarter:	<p>The Discipline & Fitness to Practise Committee:</p> <ul style="list-style-type: none"> • Participated in their second lawyer led discipline training session of the year • Introduced a new decision writing guideline tool for the discipline decision writing process to streamline its processes and ensure appropriate timelines are followed • Has worked to ensure that there is a group of

	interested discipline committee members acting as experienced and effective decision writers and panel chairs
Work Ongoing:	The Discipline & Fitness to Practise Committee continues: <ul style="list-style-type: none"> • Hear uncontested discipline hearings remotely via Zoom • Attend lawyer led education sessions • Attend HPRO education sessions
Areas of Risk:	The following areas are being monitored and considered potential organizational risk: <ul style="list-style-type: none"> • None were identified this quarter

Number of	#
Fitness to Practise Hearings	0
Discipline Hearings	1
Pre-Hearing Conferences	0
Uncontested Hearings	1
Contested Hearings	0
Hearing Days	1
Decisions Released	3
Appeals	0
Hearings Pending (As of Dec 9, 2021)	12

Compliance Monitoring

Committee or Department	Compliance Monitoring
Timeframe:	July to September 2021
Purpose:	To provide Council with an overview of College's Compliance Monitoring activities over the past quarter and to highlight areas of opportunity and risk.
The Public Interest:	The Compliance Monitoring team assists physiotherapists who have been required or directed to complete remedial activities to address concerns about their practice or conduct. The team works to ensure that physiotherapists and coaches receive the support that they require.
Highlights of Work Completed Over the Past Quarter:	<p>Compliance Monitoring:</p> <ul style="list-style-type: none"> • Added one new Practice Enhancement Coach to the coaching pool • Fiona Campbell, the College's Senior Physiotherapist Advisor, joined the team to support coaches with the coaching programs • Developed a new file assignment process to ensure that coaches and physiotherapists are matched more efficiently • Confirmed administrative timelines for the submission of practice enhancement coaching and assessment reports
Work Pending and Ongoing:	<p>The Compliance Monitoring department continues to:</p> <ul style="list-style-type: none"> • Develop education and training for Practice Enhancement Coaches. A formal program of 6 sessions will launch in January 2022

	<ul style="list-style-type: none"> • Template and resource reviews have resulted in the updating of existing templates and resources and the development of new ones • Recruitment of new practice enhancement coaches to ensure there is a diverse roster: gender, practice settings, and ethnic diversity • Review and development of Standard Operating Procedures
Areas of Risk:	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"> • Coaches are not interested in taking on longer term assignments. Steps have since been taken to recruit coaches who will be able to assist.

The Numbers	#
Total number of files in Compliance Monitoring	42
New Quality Assurance Compliance Monitoring Files Opened	1
Quality Assurance Compliance Monitoring Files Closed	3
New Inquiries, Complaints and Reports Committee Compliance Monitoring Files Opened	5
Inquiries, Complaints and Reports Committee Compliance Monitoring Files Closed	2
New Registration Compliance Monitoring Files Opened	2
Registration Compliance Monitoring Files Closed	1
New Discipline Compliance Monitoring Files Opened	1

Discipline Compliance Monitoring Files Closed	1
New Registrar's Inquiry Compliance Monitoring Opened	0
Registrar's Inquiry Compliance Monitoring Files Closed	0

Practice Advice

Department	Practice Advice
Timeframe:	July to September 2021
Purpose:	To provide Council with an overview of the College's Practice Advice activities over the past quarter and to highlight areas of opportunity and risk.
The Public Interest:	The Practice Advisory service responds to inquiries from multiple stakeholders (PTs, PTAs, students, and the public). Information around the Standards and rules and their application to PT practice is provided. Advisors deliver outreach sessions to stakeholders and participate to promote quality and safe practice. Advisors contribute to the development of learning resources targeting the higher areas of practice risk.
Highlights of Work Undertaken Over the Past Quarter:	<p>Highlights</p> <ul style="list-style-type: none"> • Received 1700 email and calls. • We anticipated a drop in pandemic related inquiries. However, the number of inquiries continues to increase by 5%, comparing Q2 2021 to Q2 2020. • Multiple inquiries (~20) received from PTs about cross-border certificate requirements. Some PTs from specialty service providers contacted the College with perceived barriers to the provision of care. COVID has resulted in a growing need to complete remote patient assessments in other provinces. The PT must apply for multiple practice certificates. There is cost

	<p>and a time sensitivity to an application before providing care to patients.</p> <ul style="list-style-type: none"> • Vaccination mandates and policies: how to navigate for PTs, employers, and patients • Difficulties in accessing government-funded physiotherapy treatment in a timely way • Difficulties in accessing government-funded physiotherapy in home settings • Frequent (>20) inquiries from PTs concerned around misuse of their registration number for billing purposes. • PT Resident supervision questions: inquirers unclear around the College reporting requirements, the required supervision level, and if the supervisor must be at the same facility as the PT Resident • HPRO Practice Advisors meeting was held with other 26 College advisors to discuss COVID messaging consistency <p>*New</p> <ul style="list-style-type: none"> • The Investigations Manager and a Practice Advisor provided a workshop on ethical business practices to Queens University students. • Two additional presentations were made first year university students • Consultations occurred with Practice Advice teams from other colleges about mandatory reporting and a HCP not following a vaccination mandate, as well as the use of points from large companies to incentivize patients to attend clinic for PT assessments.
<p>Work Ongoing:</p>	<p>A Report “Practice Advice Review is due before Council Spring 2022. Data has been collected and is being analyzed.</p>

	<p>Quality Improvement:</p> <ul style="list-style-type: none"> • The quality and consistency of inquiry responses are monitored and evaluated. Other CPO teams also review and score responses and rate against a standardized scorecard. Improvements are made based on staff feedback. • A survey was sent to forty-five health and non-health regulatory organizations (international scope). The questions are designed to explore the scope of activities offered by Practice Advice and allow the College to examine any new opportunities or best practices
<p>Areas of Risk:</p>	<p>The following areas continue to be monitored by the staff and are considered potential organizational risk:</p> <ul style="list-style-type: none"> • High volume of calls from PTs/ employers related to the expectations for supervising PT Residents. An education resource for PT supervisors is in development. • Very few PTs were aware of a new patient screening questionnaire posted by the MOH, for health care providers to use in all health care settings. The College subsequently communicated the screening tool on multiple platforms. • Our live call rate dropped to 64% (Target 80%). Resources reviewed to manage volume. Corporate services resolved an issue with a telemarketer making repeated calls which impacted the live call rate.

Policy

Department	Policy
Timeframe:	July — September 2021
Purpose:	To provide Council with an overview of College’s policy activities over the past quarter and to highlight areas of opportunity and risk.
The Public Interest:	The College’s Policy Team strives to ensure our policy research, development and review promotes and address areas such as equity, equality, accessibility, protection, accountability, and foster quality care.
Highlights of Work Undertaken Over the Past Quarter:	<p>The Policy Team undertook the following activities:</p> <ul style="list-style-type: none"> ● Publication of Revised By-Laws & Governance Manual <ul style="list-style-type: none"> ○ Following approval of changes in June 2021, the revised College By-laws and Governance Policies were published on the College website. ● Equity Diversity & Inclusion Initiatives <ul style="list-style-type: none"> ○ Based on the direction of Council, both an Equity, Diversity and Inclusion statement and Land Acknowledgement are in development. Both documents will be presented at the October Council meeting. ● Strategic Planning – Project Kickoff <ul style="list-style-type: none"> ○ Supported the President and Executive Committee in the engagement of an external consultant to lead Council’s upcoming strategic planning process. ● Entry to Practice Working Group <ul style="list-style-type: none"> ○ Drafted, revised and distributed a Request for

	<p>Proposal for the development of an alternative clinical examination, as per direction from the Working Group.</p>
<p>Work Ongoing:</p>	<p>The Policy Team continues to work on:</p> <ul style="list-style-type: none"> ● College Performance Measurement Framework (CPMF) – Improvement activities <ul style="list-style-type: none"> ○ Working on operational improvements arising from the College’s initial submission while preparing for the release of a revised framework for Year 2. ● Professional Standards Review <ul style="list-style-type: none"> ○ At their June meeting, Council approved a new standard review process, grouping standards by theme. Staff have begun the process of conducting background research, environmental scanning and internal consultation on the first category of ‘Business Practice Standards’. ● COVID Response <ul style="list-style-type: none"> ○ Providing organizational support on the College’s COVID response, information sharing and registrant/public guidance based off the directives of government and relevant Ministries.
<p>Areas of Risk:</p>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"> ● Revisions to the CPMF <ul style="list-style-type: none"> ○ The revised Year 2 CPMF framework is anticipated for a fall 2021 release. The College will need to continue to prioritize such improvement activities, especially under the governance domain. ● Legislative Change <ul style="list-style-type: none"> ○ <u>Advancing Oversight and Planning in Ontario’s Health System 2021</u> was passed, which, as part of the changes, created a new authority and

	<p>governance model for the regulation of PSWs. Given such legislative change, the prioritization of governance modernization within the CPMF and the call for a review of the College governance structures, staff continue to monitor for potential changes to the Regulated Health Professions Act (RHPA).</p>
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Communications

Committee or Department	Communications
Timeframe:	July to September 2021
Purpose:	To provide Council with an overview of College’s communications activities over the past quarter and to highlight areas of opportunity and risk.
The Public Interest:	The College’s communications program strives to ensure our communications promote and address areas such as equity, equality, accessibility, protection, accountability, and foster quality care.
Highlights of Work Undertaken Over the Past Quarter:	<p>The Communications team has undertaken the following activities:</p> <ul style="list-style-type: none"> • Completed a Consent E-learning Module in English, French and Audio • Planned and executed a privacy webinar for PTs (viewed by 3000+ people) and collaborated with 5 other colleges • Completed 2020-2021 Annual Report • Reviewed and updated 10 online modules for Committees, Council and PTs • Issued the Perspectives e-newsletter monthly as well as one academic specific e-newsletter • Ran social advertising campaigns targeting patients and caregivers • Created four short videos in-house • Managed issues related to CAPR and the Physiotherapy Competency Exam • Facilitated a research project aimed at learning more about the experience of those educated

	<p>outside of Canada through one-on-one interviews with an external consultant</p> <ul style="list-style-type: none"> • Worked with internal departments to assist with their projects.
<p>Work Ongoing:</p>	<p>The Communications team continues to work on:</p> <ul style="list-style-type: none"> • PISA development – February 2022 launch date • Project related to those PTs educated outside of Canada • Annual communications planning, tied to strategic planning • Employer e-newsletter (once per quarter), Academic e-newsletter (once per quarter) and Perspectives (monthly) • Supporting all CPO departments in their work • Working with website vendor to make improvements to the website’s FAQ functionality and ensure overall security and AODA compliance
<p>Areas of Risk:</p>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"> • Physiotherapy Competency Exam and CAPR issue • Social media

Agenda # 8

President's Report

Agenda # 9

Registrar's Report

Meeting Date:	December 15-16, 2021
Agenda Item #:	9
Issue:	CPO Office Update
Submitted by:	Zoe Robinson, Director, Corporate Services

This briefing note will provide an update on the activities related to subleasing the office space at 375 University Ave., Suite 800.

Background

The Council directed the Registrar to begin the process of subleasing the College's office space at its meeting on October 14, 2021.

Update

The College entered an agreement with Colliers, a prominent international corporate property brokerage firm, to manage the efforts to sublease the College's office space. Colliers was the successful company following a review of three (3) potential brokers.

Payment to Colliers is conditional upon a successful sub-lease. Colliers covers the costs related to marketing and promoting the availability of 375 University Ave., Suite 800. We anticipate the process to sublease the space will take 4-8 months.

Colliers released their marketing materials at the end of November 2021. The materials include a digital brochure and a 3D animated walk-through of the office space. The materials are available at:
<https://www.collierscanada.com/en-ca/properties/premium-furnished-office-space-for-sublease/can-375-university-avenue-toronto-ontario-canada/can2008934#msdyntrid=1bzig9x8gbIY7tY-aBmwY1ZyumAIXVvU3av8ySjzVNfs>

Decision Sought

This is provided for information only.

Meeting Date:	December 15-16, 2021
Agenda Item #:	10
Issue:	FY 2022 Q2 Financial Management Report
Submitted by:	Zoe Robinson, Director, Corporate Services

This report will provide a review of the College’s financial performance at the end of Q2, September 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 the College’s policy.

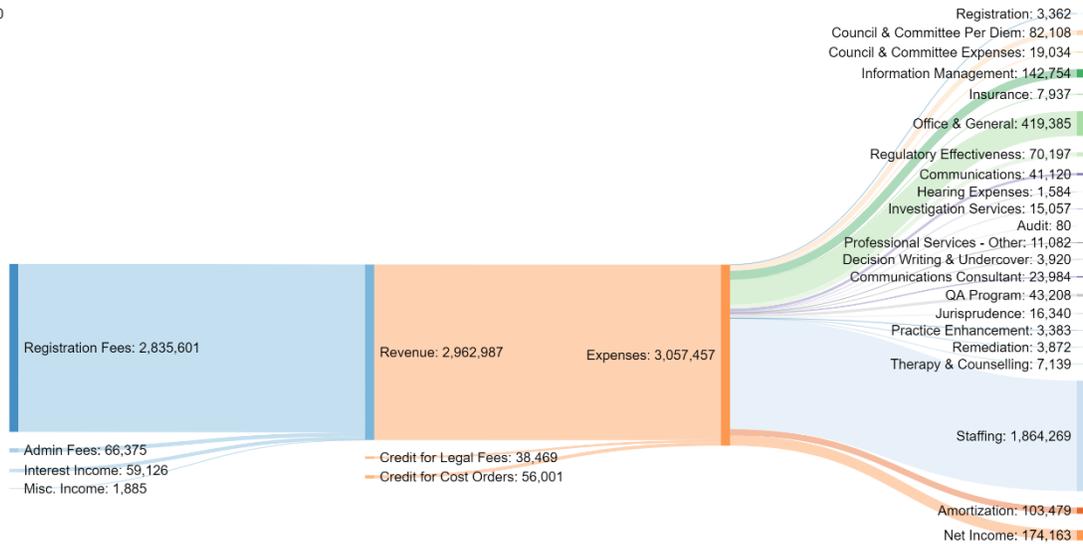
The College’s financial statements are presented on an accrual basis in accordance with Canadian Accounting Standards for Non-Profit Organizations (“ASNPO”) and reflect the financial performance for Fiscal Year (FY) 2022, Quarters 1 & 2, between April 1, 2021, and September 30, 2021.

Dashboard as of September 30, 2021



Background:

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



Total revenue at the end Q2 was 95.3% of the projected amounts and within the 5% variance target established by the College.

Expenses were 9.3% lower than budgeted at the end of FY 2022 Q2 and greater than the allowed 5% variance.

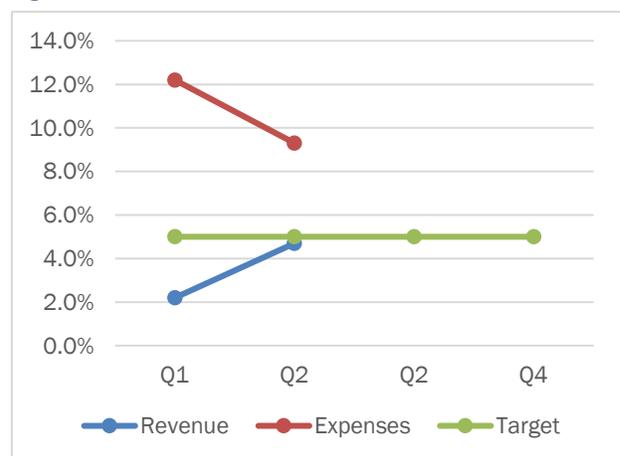
The current ratio (Current Assets divided by Current Liabilities) was 1.56 as of September 30, 2021 (target => 1.0).

\$(55,620) accrued expenses for Complaints and Discipline was added in Q2 as 3 more cases were closed. The year-to-date accrued expenses for Complaints and Discipline as of September 30, 2021, is \$(169,300) and improves the CPO's net income as of September 30, 2021.

Figure 3 - Current Ratio by Quarter



Figure 2 - Variance by Quarter



Executive Summary

The College continues to feel the impact of the lack of a viable PCE Clinical exam. A solution has not been identified as of September 30, 2021, and the College cannot realize revenue budgeted for applications and licenses for pro-rated Independent Practice Certificates. There are an estimated 860 Provisional Practice Certificate license holders waiting to sit the PCE Clinical Exam as of September 30, 2021. The financial impact is approximately \$210,000 in lost revenue.¹

Overall year to date revenue as of September 30, 2021, is \$2,962,987 and 4.7% under the budgeted amount but still within the College's 5% variance target. We anticipate the variance will continue to increase and exceed the variance target over the next two quarters.

Overall year to date expenses as of September 30, 2021, including amortization, is \$2,788,824 or 11.1% lower than budgeted for the end of Q2. The variance decreased from Q1 due to the activity of several projects beginning in Q2 including strategic planning, Council governance education, IEPT research, and regular meetings of the ETP Working Group. Lower expenses were seen in some program areas. Communications delayed project work in Q1 and Q2 related to the website while the number of QA screening interviews was lower than planned and only 3% of PTs are requiring on-site assessments following the screening interviews (on-site assessments were projected to be 10% of screening interviews). Management expects the delayed FAQ work for the website to occur in Q3 or Q4. The QA program is increasing the number of PTs selected for screening interviews over Q3 and Q4 to reach their target of 716 by March 31, 2021.²

Management decided to track accrued expenses for complaints and discipline at the end of each quarter to reflect the closing of cases accrued as of March 31, 2021, and the addition of new cases over the fiscal year and avoiding potentially larger adjusting entries at year end. The accounting of legal costs for professional conduct and discipline has a significant impact on expenses and accounts for a significant portion of the lower than anticipated costs. Three (3) new cases were closed between July and September 2021, for a total of nine (9) cases closed in Q1 and Q2, and one (1) case was added. The negative net change of \$169,300 in accrued expenses for complaints and discipline decreases the overall expenses for legal professional fees.

Table 1 provides a summary of the Statement of Operations separated for Q2 compared with FY 2021 Q2 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 September 30, 2021.

¹ This assumes receiving 25%, on average, of the \$575 IPC license registration fee, and \$100 per IPC license application for 860 PTs.

² The QA program had completed 186 screening interviews and 6 on-site assessments as of September 30, 2021. The selection of PT for screening interviews will exceed the planned 62 per month for the remainder of the fiscal year.

Table 1 - Summary - Statement of Operations – YTD Q2 Actuals to Prior Year

Item	YTD Apr – Sep 21	YTD Apr – Sep 20	\$ Change	% Change
Revenues	\$2,962,987	\$2,337,046	\$625,941	26.8%
Expenses	\$2,788,824	\$2,621,648	\$167,176	9.1%
Net Operating Income	\$277,642	\$(284,602)	\$562,244	197.6%
Less Amortization & Depreciation	\$103,479	\$81,054	\$22,425	27.7%
Net Income (Excess of Expenses over Revenue)	\$174,163	\$(365,656)	\$539,819	147.6%

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

Item	Actual	Budget	Variance (\$)	% Budget	Variance (%)
Revenues	\$2,962,987	\$3,107,529	\$(144,452)	95.3%	4.7%
Expenses	\$2,685,345	\$3,073,069	\$(387,724)	87.4%	12.62%
Net Operating Income	\$277,642	\$119,165	\$158,477	233%	(133)%
Less Amortization & Depreciation	\$103,479	\$45,351	\$58,128	228%	(128.2)%
Net Income (Excess of Expenses over Revenue)	\$174,163	\$(34,461)	\$208,624	505%	605%

Table 3 presents the College's financial position which remains strong with \$4,377,264 in cash in operating accounts and unrestricted net assets of \$4,877,459 or 8.6 months of operating expenses. Figure 2 presents the trend in the College's current ratio, which measures the ability of the College to pay its current liabilities with assets that can be converted with one year (e.g., current assets), over Q1 and Q2. The College's current ratio as of September 30, 2021, is 1.56 (note: a quick ratio greater than 1.0 is good)

Table 3 - Summary - Statement of Financial Position – Q2 compared to Q1 and Prior Year

Item	FY 2022 Q2 @ Sep 30, 21	FY 2022 Q1 @ Jun 30, 21	FY 2021 Q1 @ Sep 30, 20
ASSETS			
Current Assets			
Cash on Hand	\$4,377,264	\$5,658,598	\$4,352,924
Investments			
- Short Term	\$1,262,468	\$1,318,066	\$1,005,365
- Long Term	\$3,933,551	\$3,851,241	\$4,082,425
Total Investments	\$5,196,199	\$5,169,307	\$5,087,791
Accounts Receivable	\$51,142	\$66,939	\$59,934
Other Current Assets	\$133,452	\$187,701	\$80,195
Total Current Assets	\$9,758,056	\$11,082,545	\$9,580,844
Fixed Assets (Net)	\$603,333	\$649,522	\$711,981
TOTAL ASSETS	\$10,361,389	\$11,732,067	\$10,292,824
LIABILITIES & EQUITY			
Current Liabilities			
Accounts Payable	\$69,760	\$115,110	\$57,954
Vacation Accrual	\$207,119	\$207,119	\$133,903
Accrued Liabilities	\$593,691	\$626,700	\$677,319
Deferred Revenue – Fees	\$2,790,097	\$4,165,183	\$3,480,041
Banked Refunds	\$38,505	\$31,989	\$42,858
Total Current Liabilities	\$3,725,971	\$5,146,102	\$5,349,217
Long Term Liabilities	\$1151,349	\$164,903	\$178,457
Total Liabilities	\$3,877,320	\$5,311,005	\$4,527,674
Equity			
Unrestricted Net Assets	\$4,703,296	\$4,703,296	\$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	\$174,163	\$111,157	\$(365,656)
Total Equity	\$6,484,069	\$6,421,063	\$5,765,151
TOTAL LIABILITIES & EQUITY	\$10,361,389	\$11,732,067	\$10,292,824

Statement of Operations Analysis:

The year-to-date net income at the end of Q2 was \$174,163.30, \$139,702.76 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 September 30, 2021, and consists of revenue and expenses. The financial performance in summary shown as:

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

Revenue:*Year-to-Date*

Total revenue for the period April 1, 2021 to September 30, 2021, was \$2,962,986.81 or 4.7 % lower than budgeted.

The main drivers of revenue for the College are:

- Independent Practice – Full Fees = 94% of total revenue
- Admin Fees – 2%
- Interest Income = 2%

For the period between April 1, 2021, and September 30, 2021, revenue from registration fees was \$2,835,601.17.

Total income from admin fees for the period between April 1, 2021, and September 30, 2021, is \$66,375.

Total interest income for the first six months of FY 2022 totals \$59,125.84.

10,511 members were registered as of September 30, 2021. This is a 1.4% increase over Q1.

Period: July 1, 2021 to September 30, 2021.

In Q2, \$1,391,594.65 of revenue from full payment and pro-rated independent practice fees was recorded from deferred revenue; revenue from Professional Health Corporation registration fees was \$21,500.

Interest income is recorded on an accrual basis; interest accrued for GICs is reversed following each period, accrued interest on bonds is reversed at the time of redemption. \$30,706.66 of net interest income was recorded during Q2 and includes \$53,524.99 received from interest on the College's savings accounts and from investments plus \$22,764.33 of accrued interest that was reversed.

In Q2, \$32,500 of income from application fees was recorded and includes 65 IPC and 180 PPC applications.

Expenses:*Year-to-Date*

Expenses for the period between April 1, 2021, and September 30, 2021, were \$2,788,823.51 or 9.3% lower than budgeted. The main drivers of expenses are:

- Staffing costs (including salaries and benefits) = 67% of total expense
- Office and General costs = 15%

- Information Management = 5%
- Council and Committee costs = 4%

Increased Council and committee activity over Q2 resulted in expenses for Council and Committee expenses and per diems for the first six (6) months of FY 2021-2022 are close to budget.

Staffing and Office and General expenses continues to be on track with the budget for Q1 and Q2.

The College continues to be under budget in a variety of program areas over Q1 and Q2:

Program Area	% Under Budget
Information Management	21%
Communications	35%
QA Program	48%
Jurisprudence	28%

Increased activity within the policy and governance program areas (i.e., Regulatory Effectiveness) over Q2 has increased expenses where they are exceeding the budget for the first six (6) months of the fiscal year by 22%.

Period: July 1, 2021 to September 30, 2021

Expenses were lower than budgeted across most categories for Q2. Items impacted in this way include:

- a/c 5013 – IT Maintenance – expenses for the filing management project are delayed to Q3 and Q4.
- a/c 5621 – Online Communication – payment for work on the College’s website is delayed to Q3 or Q4 when the project is expected to be complete
- a/c 5824 – Assessor Onsite Assessment Fee – less than anticipated PTs referred to onsite assessment from the selection interviews (6 assessments or 3% of screening interviews).
- a/c 5825 – Assessor Remote Assessment – fewer PTs selected for screening interviews (186 PTs over Q1 and Q2 or 50% of the targeted interviews)³.

There were areas of increased activity during Q2:

- a/c 5500 – Regulatory Effectiveness – projects were started related to strategic planning, Council governance education, research for IEPTs; the ETP Working Group met more frequently.

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

³ QA Program will be selecting more PTs for screening interviews over Q3 and Q4 to reach the goal of 712 overall screening interviews for the fiscal year.

Statement of Operations-Prior year comparison:

Overall financial results for the first six (6) months of the fiscal year 2021-2022 were more favourable when compared to the same period in the prior year. Total revenue increased by 27% (\$625,547) and total expenses increased by 3.2% (\$86,121).

The increase in revenue is driven by timing of receipt of registration fees for Independent Practice Certificates between FY 2020-2021 and FY 2021-2022. Registrants were able to delay payment of their IPC registrations until the end of September 2020 during the prior fiscal year. Less revenue was recognized between April 2020 and September 2020 when compared to the revenue recognized between April 2021 and September 2021.

Expenses were higher in FY 2021-2022 at the end of Q2 than FY 2020-2021 Q2 for:

- Council and committee per diems and expenses as meetings were held on a regular basis as the College adjusted to the pandemic.
- The QA Program continued to increase activity over FY 2021-2022 Q1 and Q2 since the launch of the updated program in February 2021.
- Projects related to strategic planning, council governance education, research of IEPTs, and the work of the ETP Working Group contributed to higher expenses for Regulatory Effectiveness.
- Staffing costs were higher due to increases in the number of staff of the College over a comparable period.

Expenses were lower in FY 2021-2022 Q1 than FY 2020-2021 Q1 for:

- Information management due to changes in the College's costs to operate its database.
- Communications due to the lack of in-person activity as the College's communications switched 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 Q2, nine (9) cases that were accrued as of March 31, 2021, were closed by professional conduct and discipline and one (1) case was added.

Figure 5 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 4 - Extract Q1 Statement of Operations - Legal Costs

5750 - Legal				
5756 - C & D Accrual Expense	-169,299.68	0.00	-169,299.68	100.0%
5758 - Legal - Practice Advice	0.00	0.00	0.00	0.0%
5751 - Legal - QA	0.00	5,424.00	-5,424.00	0.0%
5752 - Legal - Registration	12,407.40	15,500.00	-3,092.60	80.05%
5753 - Legal - Professional Conduct				
5760 - General Counsel	40,216.84	18,000.00	22,216.84	223.43%
5761 - Independent Legal Advice	24,808.58	15,500.02	9,308.56	160.06%
5762 - Hearing Counsel	37,838.87	4,999.98	32,838.89	756.78%
5763 - Court Proceedings & Appeals	974.63	0.00	974.63	100.0%
Total 5753 - Legal - Professional Conduct	103,838.92	38,500.00	65,338.92	269.71%
5754 - Legal - Council Advice	10,201.08	4,520.00	5,681.08	225.69%
5755 - General Legal	3,417.12	1,977.00	1,440.12	172.84%
5757 - Legal - Executive Office	966.15	3,000.00	-2,033.85	32.21%
Total 5750 - Legal	-38,469.01	68,921.00	-107,390.01	-55.82%

- Account 5756 – C&D Accrued Expenses increased the Credit to the account by \$55,620 for a total of \$169,300 Credit to the GL account. This lowers the overall expenses for legal costs for the Q2 period and lowers the accrued liabilities.

The Statement of Operations shows all costs for complaints and discipline paid during Q1 and Q2, including costs paid related to cases accrued at the March 31, 2021. Table 4 demonstrates 61% of the budget for General Counsel (5760), Independent Legal Advice (5761), and Hearing Counsel (5762) has been spent by September 30, 2021.

Table 4 - Complaints and Discipline Budget Comparison between July and September 2021

GL Account	PY Accrued Cases	Current Yr (CY)	Total	Budget (Annual)	Variance CY to Budget Annual	
					\$	%
OB June 30, 2021	31,076.46	9,687.89	40,764.35	71,000.00	61,312.11	14%
5760 - General Counsel	13,227.55	23,724.60	36,952.15	30,000.00	6,275.40	79%
5761 - Independent Legal Advice	4,118.85	5,830.80	9,949.65	31,000.00	25,169.20	19%
5762 - Hearing Counsel	12,119.31	3,248.33	15,367.64	10,000.00	6,751.67	32%
5763 - Court Proceedings & Appeals	-	805.13	805.13	-	805.13	100%
Sub Total Q2	29,465.71	33,608.86	63,074.57	-	-	-
Total	60,542.17	43,296.75	103,838.92	71,000.00	27,703.25	61%

Statement of Financial Position Analysis:

Our statement of financial position remains strong at the end of Q2.

Total Current Assets equal \$5,824,505, long-term assets⁴ (i.e. Long-term Investment) equal \$,3933,551, and total Fixed Assets (net) equal \$603,333 for Total Assets of \$10,361,389

Cash-on-hand decreased by \$1,281,33.64 to \$4,377,264.42 when compared to June 30, 2021.

Unrestricted net assets serve as the College's operational reserve, including net income for the period, and sits at \$4,877,459 or 8.6 months of operations as of September 30, 2021.

⁴ Long-term assets mature greater than 12 months. The College's current financial statements group investments together under Current Assets. This is done for ease of reading and understanding the full book value of the College's investments. Total Current Assets listed in the written report do not include Long-Term Investments (LTI). The current ratio calculation does not include the LTI.

Investments have grown 1.5% over the prior year to \$5,165,431 when compared with September 30, 2020. This is broken down into short-term investments (mature with 12 months) of \$1,255,325 and long-term investments (mature greater than 12 months) of \$3,910,106.

Figure 6 provides a summary of activity for the College's investment account. Two (2) investments matured during Q2 and were redeemed for \$168,893.83 (this includes interest earned upon redemption). This was used to purchase new fixed investments with a cost of \$231,159.80.

Figure 5 - Investment Activity July 2021 to September 2021

Opening	\$ 4,856,769.67
Additions	\$ 231,159.80
Disposals	\$ (168,893.83)
Ending	\$ 4,919,035.64
FMV	\$ 5,226,966.76
Ending cash	\$ 1.63
	\$ 5,226,968.39

Three (3) investments will mature during Q3 and Q4. The Registrar has directed our Investment Banker to invest the proceeds upon redemption to a high interest savings account. This will allow funds to be withdrawn with 24 hours notification and allow cash to be available to fund activities related to developing and delivering a PCE Clinical Exam.

Total Liabilities for Q2 include Current Liabilities of \$3,75,970.58, and Long-term Liabilities of \$151,349.40 for a Total Liabilities of \$3,877,319.98. Total deferred revenue equals \$2,829,412.16, \$1,367,760.24 lower than the prior Q1 period as of June 30, 2021. Deferred revenue continues to decrease as revenue is recognized.

The College's equity includes unrestricted net assets of \$4,702,296 and net income of \$174,163.30 and represents 8.6 months of operating reserve. \$506,609 is invested in capital assets and restricted reserves total \$1,100,000. Total Equity equal \$6,484,068.77.

Statement of Cash Flows

The College used \$1,254,442.45 of cash during Q2 for operations, ending the period on September 30, 2021, with \$9,573,462.95 of cash in the College's various operating bank and investment accounts (see Figure 6).

Figure 6 - Statement of Cash Flows as of September 30, 2021

	Jul - Sep 21	Jul - Sep 20	\$ Change	% Change
OPERATING ACTIVITIES				
Net Income	63,006.10	-467,566.23	530,572.33	113.48%
Adjustments to reconcile Net Income to net cash provided by operations:				
1200 · Accounts Receivable	15,797.52	1,650,091.37	-1,634,293.85	-99.04%
1206 · Accrued Receivable	-4,767.89	0.00	-4,767.89	-100.0%
1201 · Allowance for Doubtful Accounts	-5,241.30	-331.41	-4,909.89	-1,481.52%
1400 · Prepaid Expenses:1401 · Prepaid Software	7,227.08	28,674.00	-21,446.92	-74.8%
1400 · Prepaid Expenses:1403 · Prepaid IT services	957.12	5,142.73	-4,185.61	-81.39%
1400 · Prepaid Expenses:1405 · Prepaid Insurance	1,696.14	0.00	1,696.14	100.0%
1400 · Prepaid Expenses:1406 · Prepaid Membership	54,378.17	53,429.43	948.74	1.78%
1400 · Prepaid Expenses:1408 · Prepaid staff development	0.00	253.77	-253.77	-100.0%
2000 · Accounts Payable	-45,349.47	-22,033.71	-23,315.76	-105.82%
2010 · Accrued Liabilities	-33,009.03	-20,598.66	-12,410.37	-60.25%
2100 · Deferred Revenue:2101 · Deferred Registration Fees:2102 · Deferred Full Fee Revenue	-1,378,763.75	-636,406.75	-742,357.00	-116.65%
2100 · Deferred Revenue:2101 · Deferred Registration Fees:2103 · Pro-Rated Fee Revenue	4,487.89	8,984.47	-4,496.58	-50.05%
2100 · Deferred Revenue:2110 · Banked refunds	6,515.62	-67.67	6,583.29	9,728.52%
2150 · Other Payables:2152 · Due to Manulife (RRSP)	25,987.78	0.00	25,987.78	100.0%
Net cash provided by Operating Activities	-1,287,078.02	599,571.34	-1,886,649.36	-314.67%
INVESTING ACTIVITIES				
1301 · Computer equipment	-5,708.65	0.00	-5,708.65	-100.0%
1305 · Computer equipment - Acc dep	5,525.50	5,208.36	317.14	6.09%
1306 · Computer Software - Acc Dep	9,228.33	0.00	9,228.33	100.0%
1312 · Furniture & Equipment -Acc Dep	17,073.17	17,073.18	-0.01	0.0%
1322 · Leasehold Improvments -Acc dep	20,070.88	20,070.87	0.01	0.0%
Net cash provided by Investing Activities	46,189.23	42,352.41	3,836.82	9.06%
FINANCING ACTIVITIES				
2125 · Deferred Rent - Tenant Incentiv	-13,553.66	-6,776.83	-6,776.83	-100.0%
Net cash provided by Financing Activities	-13,553.66	-6,776.83	-6,776.83	-100.0%
Net cash increase for period	-1,254,442.45	635,146.92	-1,889,589.37	-297.5%
Cash at beginning of period	10,827,905.40	8,805,567.39	2,022,338.01	22.97%
Cash at end of period	9,573,462.95	9,440,714.31	132,748.64	1.41%

Financial Projections

Table 5 provides financial projections to March 31, 2022. Management is projecting lower revenues and expenses than budgeted at year end, March 31, 2022. Total revenue is projected to be 4.1% lower than budgeted and equal \$5,926,824. Total expenses (excluding amortization) are projected to be 4.6% lower than budgeted and equal \$6,139,772. Net income is projected at a loss of \$404,745 or a 4.8% improvement when compared to the approved budget.

Table 5 - Financial Projections compared to Budget as of March 31, 2022

Item	Projection March 22	Budget March 22	\$ Change	% Change
Revenues	\$5,926,824	\$6,181,075	\$(254,251)	(4.1)%
Expenses	\$6,139,772	\$6,433,377	\$(293,605)	(4.6)%
Net Operating Income	\$(212,949)	\$(252,303)	\$39,354	15.6%
Less Amortization & Depreciation	\$191,796	\$173,023	\$18,774	10.9%
Net Income (Excess of Expenses over Revenue)	\$(404,745)	\$(425,325)	\$20,580	4.8%

The inability of PT residents to complete the PCE clinical exam is largest impact on the College's revenue from licenses and applications. Revenue from pro-rated Independent Practice Certificates is forecasted to be 90% less than budgeted, a \$171,770 reduction, and from applications is forecasted to be 46% less than budgeted, a \$60,900 reduction. The overall impact from the inability of PT residents to apply for IPCs is approximately \$232,670 reduction in revenues from these sources.

Several projects have either been delayed or funds reallocated:

- Review / assessment of CPO relationship with CAPR has been removed (\$28,000)
- Development of information management and technology strategy has been removed (\$75,000)
- Strategic planning has \$40,000 added to its project fund.
- The file management project has \$4,000 added to its project fund.

The finance department has updated its projections for accrued expenses related to complaints and discipline (GL ac 5756) over Q3 and Q4. The projections include 3 more cases to be closed (for a total of 12 over the fiscal year) and 10 new cases to be added (for a total of 11 over the fiscal year). The projected result as of March 31, 2022, is a Credit to GL ac 5756 of \$45,000, a negative variance of \$156,000 when compared to the budget.

Last, several unknowns may still impact the College's year-end financial results. The projections do not include the cost to develop and deliver a PCE clinical exam. Council has not decided the direction the College will take to address the long list of PT residents unable to complete the clinical exam and, therefore, a solution has not been costed. Projections do not include additional staff required to manage increasing case load for professional conduct or to assist with the PCE clinical exam.

Appendices:

- Statement of Operations, Budget v Actual, April 2021 to September 2021
- Statement of Operations, Prior Year Comparison, April 2021 to September 2021
- Statement of Financial Position as of September 30, 2021
- Statement of Cash Flows, July 2021 to September 2021
- Statement of Operations, Forecast to March 31, 2022

College of Physiotherapists of Ontario
Statement of Operations
Budget vs. Actual
April through September 2021

	Apr - Sep 21	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
4001 - Registration Fees				
4011 - Independent Practice - \$575	2,777,870.60	2,797,087.50	-19,216.90	99.31%
4012 - Independent Practice - ProRated	19,733.36	141,795.00	-122,061.64	13.92%
4013 - Prof Corp Fees \$250	51,000.00	51,000.00	0.00	100.0%
4014 - Provisional Practice Fees \$75	17,625.00	14,875.00	2,750.00	118.49%
4021 - Cross Border Fee \$100	0.00	0.00	0.00	0.0%
4007 - Registration fee credits	-30,627.79	-19,352.05	-11,275.74	158.27%
Total 4001 - Registration Fees	2,835,601.17	2,985,405.45	-149,804.28	94.98%
4008 - Admin Fees				
4015 - Application Fees \$100	39,100.00	40,000.00	-900.00	97.75%
4016 - Letter of Prof Stand / NSF \$50	7,050.00	5,250.00	1,800.00	134.29%
4017 - Wall Certificates \$25	725.00	975.00	-250.00	74.36%
4018 - Late Fees \$225	2,700.00	4,500.00	-1,800.00	60.0%
4019 - Prof Corp Application \$700	16,800.00	5,600.00	11,200.00	300.0%
Total 4008 - Admin Fees	66,375.00	56,325.00	10,050.00	117.84%
4002 - Interest Income	59,125.64	65,798.98	-6,673.34	89.86%
4003 - Remediation Chargeback	0.00	0.00	0.00	0.0%
4010 - Miscellaneous Income	1,885.00	0.00	1,885.00	100.0%
Total Income	2,962,986.81	3,107,529.43	-144,542.62	95.35%
Gross Profit	2,962,986.81	3,107,529.43	-144,542.62	95.35%
Expense				
6001 - Amortization	103,478.61	84,704.82	18,773.79	122.16%
5709 - Registration - Other	3,361.75			
5302 - Entry to Practice Review	0.00	0.00	0.00	0.0%
5301 - Conferences and Travel	0.00	0.00	0.00	0.0%
5000 - Committee Per Diem				
5001 - Chairs meeting - per diem	0.00	3,060.00	-3,060.00	0.0%
5002 - ICRC - per diem	22,207.00	12,244.00	9,963.00	181.37%
5003 - Council - per diem	15,546.00	15,331.00	215.00	101.4%
5005 - Discipline Committee - per diem	9,643.00	13,728.00	-4,085.00	70.24%
5006 - Executive - per diem	28,759.00	6,728.00	22,031.00	427.45%
5010 - Patient Relations - per diem	305.00	370.00	-65.00	82.43%
5011 - QA Committee - per diem	2,611.50	10,880.00	-8,268.50	24.0%
5012 - Registration Com. - per diem	1,608.00	3,562.50	-1,954.50	45.14%
5017 - Finance Committee - per diem	1,428.00	7,332.00	-5,904.00	19.48%
Total 5000 - Committee Per Diem	82,107.50	73,235.50	8,872.00	112.11%
5050 - Committee Reimbursed Expenses				
5051 - Chairs meeting - expenses	0.00	9,323.00	-9,323.00	0.0%
5052 - ICRC - expenses	1,178.61	1,140.00	38.61	103.39%
5053 - Council - expenses	9,811.03	13,703.00	-3,891.97	71.6%
5055 - Discipline Committee - expenses	0.00	0.00	0.00	0.0%
5056 - Executive Committee - expenses	9,828.86	3,314.00	6,514.86	296.59%
5062 - QA Committee - expenses	835.91	4,040.00	-3,204.09	20.69%
5063 - Registration Comm. - expenses	0.00	0.00	0.00	0.0%
5075 - Finance Committee - expenses	-2,620.49	190.00	-2,810.49	-1,379.21%
Total 5050 - Committee Reimbursed Expenses	19,033.92	31,710.00	-12,676.08	60.03%
5100 - Information Management				
5101 - IT Hardware	6,335.87	5,626.54	709.33	112.61%
5102 - Software	42,326.42	52,331.21	-10,004.79	80.88%
5103 - IT Maintenance	37,934.05	60,982.71	-23,048.66	62.21%
5104 - IT Database	56,157.93	62,599.74	-6,441.81	89.71%
5105 - Information Management Strategy	0.00	0.00	0.00	0.0%
Total 5100 - Information Management	142,754.27	181,540.20	-38,785.93	78.64%
5200 - Insurance	7,936.38	7,738.75	197.63	102.55%
5300 - Networking	0.00	0.00	0.00	0.0%
5400 - Office and General				
4022 - Recovery of Therapy Costs	-3,000.00	-1,000.00	-2,000.00	300.0%
5402 - Bank & service charges	11,981.66	21,699.50	-9,717.84	55.22%
5403 - Maintenance & repairs	1,250.94	2,260.00	-1,009.06	55.35%
5405 - Memberships & publications	11,158.59	14,823.45	-3,664.86	75.28%
5406 - CAPR Registration Levy	107,659.36	108,366.98	-707.62	99.35%
5407 - Office & kitchen supplies	1,123.93	4,200.00	-3,076.07	26.76%
5408 - Postage & courier	3,853.78	2,913.41	940.37	132.28%
5409 - Rent	234,817.69	237,781.88	-2,964.19	98.75%
5411 - Printing, Filing & Stationery	18,934.02	16,789.99	2,144.03	112.77%
5412 - Telephone & Internet	17,758.08	18,420.45	-662.37	96.4%
5413 - Bad Debt	13,847.43	5,500.00	8,347.43	251.77%
Total 5400 - Office and General	419,385.48	431,755.66	-12,370.18	97.14%
5500 - Regulatory Effectiveness				
5502 - Strategic Operations	9,153.00	0.00	9,153.00	100.0%
5503 - Council Education	24,016.67	0.00	24,016.67	100.0%
5504 - Elections	0.00	0.00	0.00	0.0%
5505 - Policy Development	37,027.54	57,348.00	-20,320.46	64.57%
Total 5500 - Regulatory Effectiveness	70,197.21	57,348.00	12,849.21	122.41%
5600 - Communications				
5605 - French Language Services	12,134.25	8,600.00	3,534.25	141.1%
5620 - Print Communication	669.02	280.00	389.02	238.94%

College of Physiotherapists of Ontario
Statement of Operations
Budget vs. Actual
April through September 2021

	Apr - Sep 21	Budget	\$ Over Budget	% of Budget
5621 · Online Communication	28,590.33	54,770.00	-26,179.67	52.2%
5622 · In-Person Communication	-273.97	0.00	-273.97	100.0%
Total 5600 · Communications	41,119.63	63,650.00	-22,530.37	64.6%
5700 · Professional fees				
4004 · Cost recovery from cost orders	-56,000.00	-15,083.16	-40,916.84	371.28%
5701 · Audit	80.00	0.00	80.00	100.0%
5702 · Hearing Expenses	1,584.26	1,056.78	527.48	149.91%
5704 · Investigation Services				
5711 · External Investigators	7,358.69	20,000.00	-12,641.31	36.79%
5712 · PC - Chart Review	7,517.92	12,000.00	-4,482.08	62.65%
5713 · Summons - Conduct fees	0.00	500.00	-500.00	0.0%
5714 · Fees to Secure Records	76.84	100.00	-23.16	76.84%
5715 · Corporate Searches	0.00	94.00	-94.00	0.0%
5716 · Transcripts	103.96	1,200.00	-1,096.04	8.66%
5704 · Investigation Services - Other	0.00	0.00	0.00	0.0%
Total 5704 · Investigation Services	15,057.41	33,894.00	-18,836.59	44.43%
5705 · Professional services - Other	11,081.07	27,990.00	-16,908.93	39.59%
5706 · Investigator travel	0.00	200.00	-200.00	0.0%
5707 · Decision writing & Undercover	3,919.50	772.00	3,147.50	507.71%
5708 · Peer / Expert opinions	0.00	10,181.00	-10,181.00	0.0%
5703 · Communications Consultant	23,984.25			
5750 · Legal				
5756 · C & D Accrual Expense	-169,299.68	0.00	-169,299.68	100.0%
5758 · Legal - Practice Advice	0.00	0.00	0.00	0.0%
5751 · Legal - QA	0.00	5,424.00	-5,424.00	0.0%
5752 · Legal - Registration	12,407.40	15,500.00	-3,092.60	80.05%
5753 · Legal - Professional Conduct				
5760 · General Counsel	40,216.84	18,000.00	22,216.84	223.43%
5761 · Independent Legal Advice	24,808.58	15,500.02	9,308.56	160.06%
5762 · Hearing Counsel	37,838.87	4,999.98	32,838.89	756.78%
5763 · Court Proceedings & Appeals	974.63	0.00	974.63	100.0%
Total 5753 · Legal - Professional Conduct	103,838.92	38,500.00	65,338.92	269.71%
5754 · Legal - Council Advice	10,201.08	4,520.00	5,681.08	225.69%
5755 · General Legal	3,417.12	1,977.00	1,440.12	172.84%
5757 · Legal - Executive Office	966.15	3,000.00	-2,033.85	32.21%
Total 5750 · Legal	-38,469.01	68,921.00	-107,390.01	-55.82%
Total 5700 · Professional fees	-38,762.52	127,931.62	-166,694.14	-30.3%
5800 · Programs				
4025 · Office of Registrar Chargeback	0.00	-250.00	250.00	0.0%
5810 · Quality Program				
5811 · QA Program Development & Eval.	0.00	0.00	0.00	0.0%
5821 · Assessor Travel	0.00	611.00	-611.00	0.0%
5823 · Assessor Training	4,428.00	14,700.00	-10,272.00	30.12%
5824 · Assessor Onsite Assessment Fee	4,950.00	9,585.00	-4,635.00	51.64%
5825 · Assessor Remote Assessment	33,830.00	57,630.00	-23,800.00	58.7%
Total 5810 · Quality Program	43,208.00	82,526.00	-39,318.00	52.36%
5802 · Jurisprudence	16,340.44	22,550.00	-6,209.56	72.46%
5870 · Practice Enhancement - QA				
5871 · QA Practice Enhancement fees	3,383.03	0.00	3,383.03	100.0%
Total 5870 · Practice Enhancement - QA	3,383.03	0.00	3,383.03	100.0%
5880 · Remediation				
5881 · Remediation - QA				
4029 · QA Remediation Chargeback	0.00	0.00	0.00	0.0%
5881 · Remediation - QA - Other	1,351.35	0.00	1,351.35	100.0%
Total 5881 · Remediation - QA	1,351.35	0.00	1,351.35	100.0%
5882 · Remediation - ICRC				
4028 · ICRC Remediation Chargeback	-7,706.74	-3,200.00	-4,506.74	240.84%
5882 · Remediation - ICRC - Other	6,945.24	8,113.00	-1,167.76	85.61%
Total 5882 · Remediation - ICRC	-761.50	4,913.00	-5,674.50	-15.5%
5883 · Remediation - Registration				
4027 · Registration Chargeback	-883.75	-2,300.00	1,416.25	38.42%
5883 · Remediation - Registration - Other	903.75	1,149.99	-246.24	78.59%
Total 5883 · Remediation - Registration	20.00	-1,150.01	1,170.01	-1.74%
5884 · Remediation - Discipline				
4026 · Discipline Chargeback	-9,940.84	-20,800.02	10,859.18	47.79%
5884 · Remediation - Discipline - Other	13,202.61	20,800.02	-7,597.41	63.47%
Total 5884 · Remediation - Discipline	3,261.77	0.00	3,261.77	100.0%
5886 · Remediation - Office+Registrar	0.00	250.00	-250.00	0.0%
5880 · Remediation - Other	0.00	0.00	0.00	0.0%
Total 5880 · Remediation	3,871.62	4,012.99	-141.37	96.48%
5890 · Therapy and Counselling Fund	7,139.25	6,999.99	139.26	101.99%
Total 5800 · Programs	73,942.34	115,838.98	-41,896.64	63.83%
5900 · Staffing				
5901 · Salaries	1,577,102.60	1,589,402.73	-12,300.13	99.23%
5902 · Employer Benefits	57,450.43	57,390.74	59.69	100.1%
5903 · Employer RRSP Contribution	77,140.24	75,949.50	1,190.74	101.57%
5904 · Consultant fees	27,498.58	29,467.56	-1,968.98	93.32%
5905 · Staff Development	13,134.01	29,000.00	-15,865.99	45.29%
5906 · Recruitment	2,304.64	2,167.06	137.58	106.35%

College of Physiotherapists of Ontario
Statement of Operations
Budget vs. Actual
 April through September 2021

	<u>Apr - Sep 21</u>	<u>Budget</u>	<u>\$ Over Budget</u>	<u>% of Budget</u>
5907 - Staff Recognition	4,992.85	6,975.00	-1,982.15	71.58%
5908 - Registrar & Requested Education	0.00	150.00	-150.00	0.0%
5911 - CPP - Canadian Pension Plan	53,612.40	54,067.29	-454.89	99.16%
5912 - EI - Employment Insurance	18,720.83	19,862.87	-1,142.04	94.25%
5913 - EHT - Employer Health Tax	32,312.36	33,182.61	-870.25	97.38%
Total 5900 - Staffing	<u>1,864,268.94</u>	<u>1,897,615.36</u>	<u>-33,346.42</u>	<u>98.24%</u>
Total Expense	<u>2,788,823.51</u>	<u>3,073,068.89</u>	<u>-284,245.38</u>	<u>90.75%</u>
Net Ordinary Income	<u>174,163.30</u>	<u>34,460.54</u>	<u>139,702.76</u>	<u>505.4%</u>
Net Income	<u>174,163.30</u>	<u>34,460.54</u>	<u>139,702.76</u>	<u>505.4%</u>

College of Physiotherapists of Ontario
Statement of Financial Position
As of 30 September 2021

	30 Sep 21	30 Sep 20	\$ Change	% Change
ASSETS				
Current Assets				
Chequing/Savings				
1000 · Cash on Hand				
1001 · Petty Cash	250.00	250.00	0.00	0.0%
1003 · CC Clearing - RBC - 100-999-2	2,461.50	136,399.83	-133,938.33	-98.2%
1005 · Operating - RBC - 102-953-7	128,180.52	80,495.83	47,684.69	59.24%
1103 · Savings - RBC - 100-663-4	4,246,372.40	4,135,778.03	110,594.37	2.67%
Total 1000 · Cash on Hand	4,377,264.42	4,352,923.69	24,340.73	0.56%
1100 · Investments				
1102 · Investments - Short Term	1,262,647.80	1,005,365.48	257,282.32	25.59%
1104 · Investments - Long Term	3,933,550.73	4,082,425.14	-148,874.41	-3.65%
Total 1100 · Investments	5,196,198.53	5,087,790.62	108,407.91	2.13%
Total Chequing/Savings	9,573,462.95	9,440,714.31	132,748.64	1.41%
Accounts Receivable				
1200 · Accounts Receivable				
1207 · Employer Health Tax Receivable	10,478.84	0.00	10,478.84	100.0%
1200 · Accounts Receivable - Other	40,662.74	59,934.52	-19,271.78	-32.16%
Total 1200 · Accounts Receivable	51,141.58	59,934.52	-8,792.94	-14.67%
Total Accounts Receivable	51,141.58	59,934.52	-8,792.94	-14.67%
Other Current Assets				
1206 · Accrued Receivable	42,587.49	0.00	42,587.49	100.0%
1201 · Allowance for Doubtful Accounts	-42,815.85	-42,049.37	-766.48	-1.82%
1400 · Prepaid Expenses				
1401 · Prepaid Software	7,095.96	0.00	7,095.96	100.0%
1403 · Prepaid IT services	12,930.61	14,334.82	-1,404.21	-9.8%
1405 · Prepaid Insurance	1,696.14	3,111.48	-1,415.34	-45.49%
1406 · Prepaid Membership	64,142.68	63,149.21	993.47	1.57%
1410 · Prepaid meetings	4,802.50	0.00	4,802.50	100.0%
1411 · Prepaid Rent	43,011.97	41,648.56	1,363.41	3.27%
Total 1400 · Prepaid Expenses	133,679.86	122,244.07	11,435.79	9.36%
Total Other Current Assets	133,451.50	80,194.70	53,256.80	66.41%
Total Current Assets	9,758,056.03	9,580,843.53	177,212.50	1.85%
Fixed Assets				
1301 · Computer equipment	104,255.43	98,546.78	5,708.65	5.79%
1302 · Computer Software	110,740.00	0.00	110,740.00	100.0%
1305 · Computer equipment - Acc dep	-64,260.71	-43,110.14	-21,150.57	-49.06%
1306 · Computer Software - Acc Dep	-55,369.99	0.00	-55,369.99	-100.0%
1310 · Furniture and Equipment	377,049.09	377,049.09	0.00	0.0%
1312 · Furniture & Equipment -Acc Dep	-316,324.29	-248,031.59	-68,292.70	-27.53%
1320 · Leasehold Improvements	793,263.20	793,263.20	0.00	0.0%
1322 · Leasehold Improvements -Acc dep	-346,020.01	-265,736.51	-80,283.50	-30.21%
Total Fixed Assets	603,332.72	711,980.83	-108,648.11	-15.26%
TOTAL ASSETS	10,361,388.75	10,292,824.36	68,564.39	0.67%
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
2000 · Accounts Payable	69,760.39	57,953.65	11,806.74	20.37%
Total Accounts Payable	69,760.39	57,953.65	11,806.74	20.37%
Other Current Liabilities				
2011 · Vacation Accrual	207,119.34	133,902.98	73,216.36	54.68%
2010 · Accrued Liabilities	593,690.91	677,319.34	-83,628.43	-12.35%
2100 · Deferred Revenue				
2101 · Deferred Registration Fees				
2102 · Deferred Full Fee Revenue	2,757,872.50	3,412,312.00	-654,439.50	-19.18%
2103 · Pro-Rated Fee Revenue	33,034.66	24,870.72	8,163.94	32.83%
Total 2101 · Deferred Registration Fees	2,790,907.16	3,437,182.72	-646,275.56	-18.8%
2110 · Banked refunds	38,505.00	42,858.10	-4,353.10	-10.16%
Total 2100 · Deferred Revenue	2,829,412.16	3,480,040.82	-650,628.66	-18.7%
2150 · Other Payables				
2152 · Due to Manulife (RRSP)	25,987.78	0.00	25,987.78	100.0%
Total 2150 · Other Payables	25,987.78	0.00	25,987.78	100.0%
Total Other Current Liabilities	3,656,210.19	4,291,263.14	-635,052.95	-14.8%
Total Current Liabilities	3,725,970.58	4,349,216.79	-623,246.21	-14.33%
Long Term Liabilities				
2125 · Deferred Rent - Tenant Incentiv	151,349.40	178,456.72	-27,107.32	-15.19%
Total Long Term Liabilities	151,349.40	178,456.72	-27,107.32	-15.19%
Total Liabilities	3,877,319.98	4,527,673.51	-650,353.53	-14.36%
Equity				
3000 · Unrestricted Net Assets	4,703,296.47	4,411,446.00	291,850.47	6.62%
3001 · Invested in Capital Assets	506,609.00	619,361.00	-112,752.00	-18.21%
3010 · Restricted Reserves				
3011 · Contingency Reserve / C&D	1,000,000.00	1,000,000.00	0.00	0.0%
3012 · Fee Stab / Sex Abuse Therapy	100,000.00	100,000.00	0.00	0.0%

College of Physiotherapists of Ontario
Statement of Financial Position
As of 30 September 2021

	30 Sep 21	30 Sep 20	\$ Change	% Change
Total 3010 - Restricted Reserves	1,100,000.00	1,100,000.00	0.00	0.0%
Net Income	174,163.30	-365,656.15	539,819.45	147.63%
Total Equity	6,484,068.77	5,765,150.85	718,917.92	12.47%
TOTAL LIABILITIES & EQUITY	10,361,388.75	10,292,824.36	68,564.39	0.67%

College of Physiotherapists of Ontario
Statement of Operations Prev Year Comparison
April through September 2021

	Apr - Sep 21	Apr - Sep 20	\$ Change	% Change
Ordinary Income/Expense				
Income				
4001 · Registration Fees				
4011 · Independent Practice - \$575	2,777,870.60	2,178,444.42	599,426.18	27.52%
4012 · Independent Practice - ProRated	19,733.36	13,390.96	6,342.40	47.36%
4013 · Prof Corp Fees \$250	51,000.00	60,250.00	-9,250.00	-15.35%
4014 · Provisional Practice Fees \$75	17,625.00	4,800.00	12,825.00	267.19%
4021 · Cross Border Fee \$100	0.00	600.00	-600.00	-100.00%
4007 · Registration fee credits	-30,627.79	-24,431.55	-6,196.24	-25.36%
Total 4001 · Registration Fees	2,835,601.17	2,233,053.83	602,547.34	26.98%
4008 · Admin Fees				
4015 · Application Fees \$100	39,100.00	17,700.00	21,400.00	120.9%
4016 · Letter of Prof Stand / NSF \$50	7,050.00	4,800.00	2,250.00	46.88%
4017 · Wall Certificates \$25	725.00	1,125.00	-400.00	-35.56%
4018 · Late Fees \$225	2,700.00	0.00	2,700.00	100.00%
4019 · Prof Corp Application \$700	16,800.00	16,800.00	0.00	0.0%
Total 4008 · Admin Fees	66,375.00	40,425.00	25,950.00	64.19%
4002 · Interest Income	59,125.64	63,567.11	-4,441.47	-6.99%
4010 · Miscellaneous Income	1,885.00	0.00	1,885.00	100.00%
Total Income	2,962,986.81	2,337,045.94	625,940.87	26.78%
Gross Profit	2,962,986.81	2,337,045.94	625,940.87	26.78%
Expense				
6001 · Amortization	103,478.61	81,053.98	22,424.63	27.67%
5709 · Registration - Other	3,361.75	0.00	3,361.75	100.00%
5000 · Committee Per Diem				
5001 · Chairs meeting - per diem	0.00	0.00	0.00	0.0%
5002 · ICRC - per diem	22,207.00	4,824.00	17,383.00	360.34%
5003 · Council - per diem	15,546.00	5,818.00	9,728.00	167.21%
5005 · Discipline Committee - per diem	9,643.00	5,598.00	4,045.00	72.26%
5006 · Executive - per diem	28,759.00	10,756.42	18,002.58	167.37%
5010 · Patient Relations - per diem	305.00	-94.00	399.00	424.47%
5011 · QA Committee - per diem	2,611.50	8,894.00	-6,282.50	-70.64%
5012 · Registration Com. - per diem	1,608.00	1,057.00	551.00	52.13%
5017 · Finance Committee - per diem	1,428.00	-758.00	2,186.00	288.39%
Total 5000 · Committee Per Diem	82,107.50	36,095.42	46,012.08	127.47%
5050 · Committee Reimbursed Expenses				
5051 · Chairs meeting - expenses	0.00	0.00	0.00	0.0%
5052 · ICRC - expenses	1,178.61	5,693.80	-4,515.19	-79.3%
5053 · Council - expenses	9,811.03	10,879.16	-1,068.13	-9.82%
5055 · Discipline Committee - expenses	0.00	3,095.87	-3,095.87	-100.00%
5056 · Executive Committee - expenses	9,828.86	2,532.75	7,296.11	288.07%
5062 · QA Committee - expenses	835.91	397.07	438.84	110.52%
5063 · Registration Comm. - expenses	0.00	0.00	0.00	0.0%
5075 · Finance Committee - expenses	-2,620.49	537.38	-3,157.87	-587.64%
Total 5050 · Committee Reimbursed Expenses	19,033.92	23,136.03	-4,102.11	-17.73%
5100 · Information Management				
5101 · IT Hardware	6,335.87	15,398.96	-9,063.09	-58.86%
5102 · Software	42,326.42	21,880.22	20,446.20	93.45%
5103 · IT Maintenance	37,934.05	42,851.42	-4,917.37	-11.48%
5104 · IT Database	56,157.93	95,622.02	-39,464.09	-41.27%
Total 5100 · Information Management	142,754.27	175,752.62	-32,998.35	-18.78%
5200 · Insurance	7,936.38	3,255.12	4,681.26	143.81%
5300 · Networking	0.00	92.21	-92.21	-100.00%
5400 · Office and General				
4022 · Recovery of Therapy Costs	-3,000.00	-2,142.84	-857.16	-40.0%
5402 · Bank & service charges	11,981.66	58,846.88	-46,865.22	-79.64%
5403 · Maintenance & repairs	1,250.94	1,303.77	-52.83	-4.05%
5405 · Memberships & publications	11,158.59	5,749.19	5,409.40	94.09%
5406 · CAPR Registration Levy	107,659.36	105,210.66	2,448.70	2.33%
5407 · Office & kitchen supplies	1,123.93	2,664.94	-1,541.01	-57.83%
5408 · Postage & courier	3,853.78	4,809.01	-955.23	-19.86%
5409 · Rent	234,817.69	229,599.00	5,218.69	2.27%
5411 · Printing, Filing & Stationery	18,934.02	32,639.22	-13,705.20	-41.99%
5412 · Telephone & Internet	17,758.08	16,520.73	1,237.35	7.49%
5413 · Bad Debt	13,847.43	-2,164.48	16,011.91	739.76%
Total 5400 · Office and General	419,385.48	453,036.08	-33,650.60	-7.43%
5500 · Regulatory Effectiveness				
5502 · Strategic Operations	9,153.00	0.00	9,153.00	100.00%
5503 · Council Education	24,016.67	1,406.85	22,609.82	1,607.12%
5505 · Policy Development	37,027.54	15,103.42	21,924.12	145.16%
Total 5500 · Regulatory Effectiveness	70,197.21	16,510.27	53,686.94	325.17%
5600 · Communications				
5605 · French Language Services	12,134.25	1,103.45	11,030.80	999.67%
5620 · Print Communication	669.02	1,626.26	-957.24	-58.86%
5621 · Online Communication	28,590.33	44,821.54	-16,231.21	-36.21%
5622 · In-Person Communication	-273.97	0.00	-273.97	-100.00%
Total 5600 · Communications	41,119.63	47,551.25	-6,431.62	-13.53%
5700 · Professional fees				
4004 · Cost recovery from cost orders	-56,000.00	-36,316.64	-19,683.36	-54.2%
5701 · Audit	80.00	0.00	80.00	100.00%
5702 · Hearing Expenses	1,584.26	944.68	639.58	67.7%
5704 · Investigation Services				
5711 · External Investigators	7,358.69	18,958.39	-11,599.70	-61.19%
5712 · PC - Chart Review	7,517.92	8,578.92	-1,061.00	-12.37%

College of Physiotherapists of Ontario
Statement of Operations Prev Year Comparison
April through September 2021

	Apr - Sep 21	Apr - Sep 20	\$ Change	% Change
5714 · Fees to Secure Records	76.84	128.86	-52.02	-40.37%
5716 · Transcripts	103.96	0.00	103.96	100.0%
Total 5704 · Investigation Services	15,057.41	27,666.17	-12,608.76	-45.58%
5705 · Professional services - Other	11,081.07	6,299.75	4,781.32	75.9%
5707 · Decision writing & Undercover	3,919.50	4,293.46	-373.96	-8.71%
5708 · Peer / Expert opinions	0.00	2,508.60	-2,508.60	-100.0%
5703 · Communications Consultant	23,984.25	0.00	23,984.25	100.0%
5750 · Legal				
5756 · C & D Accrual Expense	-169,299.68	0.00	-169,299.68	-100.0%
5751 · Legal - QA	0.00	10,113.50	-10,113.50	-100.0%
5752 · Legal - Registration	12,407.40	17,983.96	-5,576.56	-31.01%
5753 · Legal - Professional Conduct				
5760 · General Counsel	40,216.84	18,461.50	21,755.34	117.84%
5761 · Independent Legal Advice	24,808.58	29,399.79	-4,591.21	-15.62%
5762 · Hearing Counsel	37,838.87	39,211.62	-1,372.75	-3.5%
5763 · Court Proceedings & Appeals	974.63	1,693.71	-719.08	-42.46%
Total 5753 · Legal - Professional Conduct	103,838.92	88,766.62	15,072.30	16.98%
5754 · Legal - Council Advice	10,201.08	0.00	10,201.08	100.0%
5755 · General Legal	3,417.12	4,759.57	-1,342.45	-28.21%
5757 · Legal - Executive Office	966.15	4,521.45	-3,555.30	-78.63%
Total 5750 · Legal	-38,469.01	126,145.10	-164,614.11	-130.5%
Total 5700 · Professional fees	-38,762.52	131,541.12	-170,303.64	-129.47%
5800 · Programs				
5810 · Quality Program				
5811 · QA Program Development & Eval.	0.00	8,226.25	-8,226.25	-100.0%
5821 · Assessor Travel	0.00	-7.95	7.95	100.0%
5823 · Assessor Training	4,428.00	1,032.00	3,396.00	329.07%
5824 · Assessor Onsite Assessment Fee	4,950.00	900.00	4,050.00	450.0%
5825 · Assessor Remote Assessment	33,830.00	0.00	33,830.00	100.0%
Total 5810 · Quality Program	43,208.00	10,150.30	33,057.70	325.68%
5802 · Jurisprudence	16,340.44	13,088.85	3,251.59	24.84%
5870 · Practice Enhancement - QA				
5871 · QA Practice Enhancement fees	3,383.03	1,568.59	1,814.44	115.67%
Total 5870 · Practice Enhancement - QA	3,383.03	1,568.59	1,814.44	115.67%
5880 · Remediation				
5881 · Remediation - QA	1,351.35	0.00	1,351.35	100.0%
5882 · Remediation - ICRC				
4028 · ICRC Remediation Chargeback	-7,706.74	-1,323.90	-6,382.84	-482.12%
5882 · Remediation - ICRC - Other	6,945.24	2,668.05	4,277.19	160.31%
Total 5882 · Remediation - ICRC	-761.50	1,344.15	-2,105.65	-156.65%
5883 · Remediation - Registration				
4027 · Registration Chargeback	-883.75	-333.84	-549.91	-164.72%
5883 · Remediation - Registration - Other	903.75	333.84	569.91	170.71%
Total 5883 · Remediation - Registration	20.00	0.00	20.00	100.0%
5884 · Remediation - Discipline				
4026 · Discipline Chargeback	-9,940.84	-2,191.21	-7,749.63	-353.67%
5884 · Remediation - Discipline - Other	13,202.61	905.77	12,296.84	1,357.61%
Total 5884 · Remediation - Discipline	3,261.77	-1,285.44	4,547.21	353.75%
Total 5880 · Remediation	3,871.62	58.71	3,812.91	6,494.48%
5890 · Therapy and Counselling Fund	7,139.25	4,860.00	2,279.25	46.9%
Total 5800 · Programs	73,942.34	29,726.45	44,215.89	148.74%
5900 · Staffing				
5901 · Salaries	1,577,102.60	1,437,396.31	139,706.29	9.72%
5902 · Employer Benefits	57,450.43	56,351.75	1,098.68	1.95%
5903 · Employer RRSP Contribution	77,140.24	70,581.55	6,558.69	9.29%
5904 · Consultant fees	27,498.58	33,019.12	-5,520.54	-16.72%
5905 · Staff Development	13,134.01	13,861.15	-727.14	-5.25%
5906 · Recruitment	2,304.64	909.18	1,395.46	153.49%
5907 · Staff Recognition	4,992.85	3,032.07	1,960.78	64.67%
5911 · CPP - Canadian Pension Plan	53,612.40	42,730.57	10,881.83	25.47%
5912 · EI - Employment Insurance	18,720.83	16,625.80	2,095.03	12.6%
5913 · EHT - Employer Health Tax	32,312.36	30,444.04	1,868.32	6.14%
Total 5900 · Staffing	1,864,268.94	1,704,951.54	159,317.40	9.34%
Total Expense	2,788,823.51	2,702,702.09	86,121.42	3.19%
Net Ordinary Income	174,163.30	-365,656.15	539,819.45	147.63%
Net Income	174,163.30	-365,656.15	539,819.45	147.63%

College of Physiotherapists of Ontario
Statement of Cash Flows Prev Year Comparison
July through September 2021

	Jul - Sep 21	Jul - Sep 20	\$ Change	% Change
OPERATING ACTIVITIES				
Net Income	63,006.10	-467,566.23	530,572.33	113.48%
Adjustments to reconcile Net Income to net cash provided by operations:				
1200 - Accounts Receivable	15,797.52	1,650,091.37	-1,634,293.85	-99.04%
1206 - Accrued Receivable	-4,767.89	0.00	-4,767.89	-100.0%
1201 - Allowance for Doubtful Accounts	-5,241.30	-331.41	-4,909.89	-1,481.52%
1400 - Prepaid Expenses:1401 - Prepaid Software	7,227.08	28,674.00	-21,446.92	-74.8%
1400 - Prepaid Expenses:1403 - Prepaid IT services	957.12	5,142.73	-4,185.61	-81.39%
1400 - Prepaid Expenses:1405 - Prepaid Insurance	1,696.14	0.00	1,696.14	100.0%
1400 - Prepaid Expenses:1406 - Prepaid Membership	54,378.17	53,429.43	948.74	1.78%
1400 - Prepaid Expenses:1408 - Prepaid staff development	0.00	253.77	-253.77	-100.0%
2000 - Accounts Payable	-45,349.47	-22,033.71	-23,315.76	-105.82%
2010 - Accrued Liabilities	-33,009.03	-20,596.66	-12,410.37	-60.25%
2100 - Deferred Revenue:2101 - Deferred Registration Fees:2102 - Deferred Full Fee Revenue	-1,378,763.75	-636,406.75	-742,357.00	-116.65%
2100 - Deferred Revenue:2101 - Deferred Registration Fees:2103 - Pro-Rated Fee Revenue	4,487.89	8,984.47	-4,496.58	-50.05%
2100 - Deferred Revenue:2110 - Banked refunds	6,515.62	-67.67	6,583.29	9,728.52%
2150 - Other Payables:2152 - Due to Manulife (RRSP)	25,987.78	0.00	25,987.78	100.0%
Net cash provided by Operating Activities	-1,287,078.02	599,571.34	-1,886,649.36	-314.67%
INVESTING ACTIVITIES				
1301 - Computer equipment	-5,708.65	0.00	-5,708.65	-100.0%
1305 - Computer equipment - Acc dep	5,525.50	5,208.36	317.14	6.09%
1306 - Computer Software - Acc Dep	9,228.33	0.00	9,228.33	100.0%
1312 - Furniture & Equipment -Acc Dep	17,073.17	17,073.18	-0.01	0.0%
1322 - Leasehold Improvements -Acc dep	20,070.88	20,070.87	0.01	0.0%
Net cash provided by Investing Activities	46,189.23	42,352.41	3,836.82	9.06%
FINANCING ACTIVITIES				
2125 - Deferred Rent - Tenant Incentiv	-13,553.66	-6,776.83	-6,776.83	-100.0%
Net cash provided by Financing Activities	-13,553.66	-6,776.83	-6,776.83	-100.0%
Net cash increase for period	-1,254,442.45	635,146.92	-1,889,589.37	-297.5%
Cash at beginning of period	10,827,905.40	8,805,567.39	2,022,338.01	22.97%
Cash at end of period	<u>9,573,462.95</u>	<u>9,440,714.31</u>	<u>132,748.64</u>	<u>1.41%</u>

College of Physiotherapists of Ontario
Forecast to March 31, 2022
1st Draft Prepared: November 5, 2021
Revised: November 8, 2021

Date Prepared: November 8, 2021

	Actual							Projected		TOTAL - Projected		TOTAL - Budget		Variance (\$)	Variance (%)
	Apr - Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Oct 21 - Mar 22	Apr '21 - Mar 22	Apr '21 - Mar 22					
Ordinary Income/Expense															
Income															
Total 4001 - Registration Fees	2,835,601.17	4,436.54	911.54	1,422,569.65	-1,213.46	-1,288.46	1,422,194.65	2,847,610.46	5,683,211.63	5,882,724.66	-199,513.03	-3.4%			
Total 4008 - Admin Fees	66,375.00	5,725.00	5,075.00	5,000.00	36,525.00	6,575.00	4,125.00	63,025.00	129,400.00	179,350.00	-49,950.00	-27.9%			
4002 - Interest Income	59,125.64	5,856.84	10,371.83	10,371.83	5,856.84	10,371.84	10,371.84	53,201.02	112,326.66	119,000.00	-6,673.34	-5.6%			
4003 - Remediation Chargeback	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%			
4010 - Miscellaneous Income	1,885.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,885.00	0.00	1,885.00	100.0%			
Total Income	2,962,986.81	16,018.38	16,358.37	1,437,941.48	41,168.38	15,658.38	1,436,691.49	2,963,836.48	5,926,823.29	6,181,074.66	-254,251.37	-4.1%			
Gross Profit	2,962,986.81	16,018.38	16,358.37	1,437,941.48	41,168.38	15,658.38	1,436,691.49	2,963,836.48	5,926,823.29	6,181,074.66	-254,251.37	-4.1%			
Expense															
6001 - Amortization	103,478.61	14,632.94	14,632.94	14,632.94	14,719.62	14,849.64	14,849.63	88,317.71	191,796.32	173,022.53	18,773.79	10.9%			
5301 - Conferences and Travel	0.00	15,000.00	0.00	0.00	0.00	0.00	0.00	15,000.00	15,000.00	15,000.00	0.00	0.0%			
Total 5000 - Committee Per Diem	82,107.50	39,755.50	23,922.50	29,982.90	13,987.50	17,124.50	26,528.50	151,301.40	233,408.90	224,536.90	8,872.00	4.0%			
Total 5050 - Committee Reimbursed Expenses	19,033.92	15,793.00	2,333.00	10,922.00	1,131.00	1,011.00	11,114.00	42,304.00	61,337.92	74,014.00	-12,676.08	-17.1%			
5100 - Information Management															
5101 - IT Hardware	6,335.87	376.88	376.88	376.89	376.88	376.88	376.89	2,261.30	8,597.17	7,887.84	709.33	9.0%			
5102 - Software	42,326.42	9,694.08	1,630.33	6,083.97	10,364.49	4,228.33	4,221.13	36,222.33	78,548.75	88,553.54	-10,004.79	-11.3%			
5103 - IT Maintenance	37,934.05	7,239.91	7,239.91	7,239.91	7,239.91	10,439.91	11,239.91	50,639.46	88,573.51	107,622.17	-19,048.66	-17.7%			
5104 - IT Database	56,157.93	6,478.29	6,478.29	6,478.29	6,478.29	6,478.29	6,478.29	38,869.74	95,027.67	101,469.48	-6,441.81	-6.3%			
5105 - Information Management Strategy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75,000.00	-75,000.00	-100.0%			
Total 5100 - Information Management	142,754.27	23,789.16	15,725.41	20,179.06	24,459.57	21,523.41	22,316.22	127,992.83	270,747.10	380,533.03	-109,785.93	-28.9%			
5200 - Insurance	7,936.38	0.00	0.00	3,329.29	0.00	0.00	0.00	3,329.29	11,265.67	11,068.04	197.63	1.8%			
5300 - Networking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%			
Total 5400 - Office and General	419,385.48	48,881.81	56,725.56	103,613.93	49,064.91	80,911.92	152,087.40	491,285.53	910,671.01	923,041.19	-12,370.18	-1.3%			
5500 - Regulatory Effectiveness															
5502 - Strategic Operations	9,153.00	19,944.00	0.00	8,224.00	15,000.00	0.00	15,000.00	58,168.00	67,321.00	19,944.00	47,377.00	237.6%			
5503 - Council Education	24,016.67	15,212.00	1,000.00	0.00	1,000.00	0.00	0.00	17,212.00	41,228.67	15,212.00	26,016.67	171.0%			
5504 - Elections	0.00	0.00	0.00	3,550.00	0.00	0.00	0.00	3,550.00	3,550.00	3,550.00	0.00	0.0%			
5505 - Policy Development	37,027.54	20,000.00	18,800.00	6,000.00	10,000.00	14,074.00	6,000.00	74,874.00	111,901.54	120,222.00	-8,320.46	-6.9%			
Total 5500 - Regulatory Effectiveness	70,197.21	55,156.00	19,800.00	17,774.00	26,000.00	14,074.00	21,000.00	153,804.00	224,001.21	158,928.00	65,073.21	40.9%			
Total 5600 - Communications	41,119.63	14,270.00	13,480.00	4,820.00	10,630.00	11,650.00	5,090.00	59,940.00	101,059.63	123,590.00	-22,530.37	-18.2%			
5700 - Professional fees															
4004 - Cost recovery from cost orders	-56,000.00	-3,993.86	-3,993.86	-3,993.86	-10,677.86	-10,677.86	-10,677.86	-44,015.16	-100,015.16	-59,098.32	-40,916.84	69.2%			
5701 - Audit	80.00	0.00	0.00	0.00	0.00	0.00	19,492.50	19,492.50	19,572.50	19,492.50	80.00	0.4%			
5702 - Hearing Expenses	1,584.26	1,056.78	1,206.78	1,056.78	704.52	704.52	1,056.78	5,786.16	7,370.42	6,842.94	527.48	7.7%			
Total 5704 - Investigation Services	15,057.41	5,500.00	2,500.00	8,994.00	5,500.00	2,400.00	8,900.00	33,794.00	48,851.41	67,688.00	-18,836.59	-27.8%			
5705 - Professional services - Other	11,081.07	0.00	24,973.00	0.00	0.00	0.00	0.00	24,973.00	36,054.07	52,963.00	-16,908.93	-31.9%			
5706 - Investigator travel	0.00	0.00	0.00	100.00	0.00	0.00	100.00	200.00	400.00	200.00	-200.00	-50.0%			
5707 - Decision writing & Undercover	3,919.50	0.00	0.00	386.00	0.00	0.00	386.00	772.00	4,691.50	1,544.00	3,147.50	203.9%			
5708 - Peer / Expert opinions	0.00	0.00	0.00	8,090.50	0.00	0.00	2,090.50	10,181.00	10,181.00	20,362.00	-10,181.00	-50.0%			
5709 - Registration - Other	3,361.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,361.75	0.00	3,361.75	100.0%			
5703 - Communications Consultant	23,984.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,984.25	0.00	23,984.25	100.0%			
5750 - Legal															
5756 - C & D Accrual Expense	-169,299.68	0.00	0.00	0.00	0.00	0.00	124,300.00	124,300.00	-44,999.68	111,000.00	-155,999.68	-140.5%			
5758 - Legal - Practice Advice	0.00	0.00	0.00	0.00	0.00	0.00	339.00	339.00	339.00	339.00	0.00	0.0%			
5751 - Legal - QA	0.00	1,356.00	0.00	1,356.00	1,356.00	1,356.00	0.00	5,424.00	5,424.00	10,848.00	-5,424.00	-50.0%			
5752 - Legal - Registration	12,407.40	1,100.00	1,100.00	6,100.00	1,100.00	1,100.00	1,100.00	11,600.00	24,007.40	27,100.00	-3,092.60	-11.4%			
Total 5753 - Legal - Professional Conduct	103,838.92	3,416.66	3,416.66	3,416.66	3,416.66	3,416.66	15,416.66	32,499.96	136,338.88	70,999.96	65,338.92	92.0%			
5754 - Legal - Council Advice	10,201.08	0.00	0.00	2,260.00	0.00	0.00	2,260.00	4,520.00	14,721.08	9,040.00	5,681.08	62.8%			
5755 - General Legal	3,417.12	1,977.50	0.00	0.00	1,977.50	0.00	0.00	3,955.00	7,372.12	5,932.00	1,440.12	24.3%			
5757 - Legal - Executive Office	966.15	0.00	1,500.00	0.00	0.00	1,500.00	0.00	3,000.00	3,966.15	6,000.00	-2,033.85	-33.9%			
Total 5750 - Legal	-38,469.01	7,850.16	6,016.66	13,132.66	7,850.16	7,372.66	143,415.66	185,637.96	147,168.95	241,258.96	-94,090.01	-39.0%			
Total 5700 - Professional fees	-35,400.77	10,413.08	30,702.58	27,766.08	3,376.82	-200.68	164,763.58	236,821.46	201,420.69	351,453.08	-150,032.39	-42.7%			
5800 - Programs															
4025 - Office of Registrar Chargeback	0.00	-41.67	-41.67	-41.66	-41.67	-41.67	-41.66	-250.00	-250.00	-500.00	250.00	-50.0%			
5810 - Quality Program															
5811 - QA Program Development & Eval.	0.00	0.00	0.00	0.00	5,085.00	0.00	0.00	5,085.00	5,085.00	5,085.00	0.00	0.0%			
5821 - Assessor Travel	0.00	872.00	1,072.00	1,072.00	1,473.00	1,874.00	2,310.00	8,673.00	8,673.00	9,284.00	-611.00	-6.6%			
5823 - Assessor Training	4,428.00	4,900.00	0.00	2,450.00	10,740.00	0.00	2,450.00	20,540.00	24,968.00	35,240.00	-10,272.00	-29.1%			
5824 - Assessor Onsite Assessment Fee	4,950.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	8,100.00	13,050.00	26,595.00	-13,545.00	-50.9%			
5825 - Assessor Remote Assessment	33,830.00	14,790.00	14,790.00	14,790.00	14,790.00	14,790.00	14,110.00	88,060.00	121,890.00	121,890.00	0.00	0.0%			
Total 5810 - Quality Program	43,208.00	21,912.00	17,212.00	19,662.00	33,438.00	18,014.00	20,220.00	130,458.00	173,666.00	198,094.00	-24,428.00	-12.3%			

College of Physiotherapists of Ontario
Forecast to March 31, 2022
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Date Prepared: November 8, 2021

	Actual							Projected		TOTAL - Projected		TOTAL - Budget		Variance (\$)	Variance (%)
	Apr - Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Oct 21 - Mar 22	Apr '21 - Mar 22	Apr '21 - Mar 22					
5802 · Jurisprudence	16,340.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,340.44	22,550.00	-6,209.56	-27.5%		
5870 · Practice Enhancement - QA															
5871 · QA Practice Enhancement fees	3,383.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,383.03	0.00	3,383.03	100.0%		
Total 5870 · Practice Enhancement - QA	3,383.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,383.03	0.00	3,383.03	100.0%		
5880 · Remediation															
Total 5881 · Remediation - QA	1,351.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,351.35	0.00	1,351.35	100.0%		
Total 5882 · Remediation - ICRC	-761.50	818.84	818.84	818.82	818.84	818.84	818.82	4,913.00	4,151.50	9,826.00	-5,674.50	-57.7%			
Total 5883 · Remediation - Registration	20.00	-16.66	-16.67	-16.67	100.01	100.00	100.00	250.01	270.01	-900.00	1,170.01	-130.0%			
Total 5884 · Remediation - Discipline	3,261.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,261.77	0.00	3,261.77	100.0%		
5886 · Remediation - Office+Registrar	0.00	41.67	41.67	41.66	41.67	41.67	41.66	250.00	250.00	500.00	-250.00	-50.0%			
5880 · Remediation - Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%			
Total 5880 · Remediation	3,871.62	843.85	843.84	843.81	960.52	960.51	960.48	5,413.01	9,284.63	9,426.00	-141.37	-1.5%			
5890 · Therapy and Counselling Fund	7,139.25	1,166.67	1,166.67	1,050.00	1,050.00	1,050.00	1,050.00	6,533.34	13,672.59	13,533.33	139.26	1.0%			
Total 5800 · Programs	73,942.34	23,880.85	19,180.84	21,514.15	35,406.85	19,982.84	22,188.82	142,154.35	216,096.69	243,103.33	-27,006.64	-11.1%			
5900 · Staffing															
5901 · Salaries	1,577,102.60	273,280.76	273,280.77	273,280.76	290,079.63	272,464.86	342,464.83	1,724,851.61	3,301,954.21	3,314,254.34	-12,300.13	-0.4%			
5902 · Employer Benefits	57,450.43	9,758.21	9,758.21	9,758.22	9,887.36	9,887.36	9,887.36	58,936.72	116,387.15	116,327.46	59.69	0.1%			
5903 · Employer RRSP Contribution	77,140.24	14,470.43	14,470.44	14,470.44	14,992.04	14,992.04	14,992.03	88,387.43	165,527.67	164,336.93	1,190.74	0.7%			
5904 · Consultant fees	27,498.58	4,911.26	4,911.26	4,911.26	4,911.26	4,911.26	4,911.26	29,467.56	56,966.14	58,935.12	-1,968.98	-3.3%			
5905 · Staff Development	13,134.01	4,833.00	4,834.00	4,833.00	4,833.00	4,834.00	4,833.00	29,000.00	42,134.01	58,000.00	-15,865.99	-27.4%			
5906 · Recruitment	2,304.64	0.00	0.00	168.37	0.00	0.00	0.00	168.37	2,473.01	2,335.43	137.58	5.9%			
5907 · Staff Recognition	4,992.85	232.50	232.50	5,247.50	232.50	232.50	1,122.50	7,300.00	12,292.85	14,275.00	-1,982.15	-13.9%			
5908 · Registrar & Requested Education	0.00	25.00	25.00	25.00	25.00	25.00	25.00	150.00	150.00	300.00	-150.00	-50.0%			
5911 · CPP - Canadian Pension Plan	53,612.40	2,221.32	2,221.31	2,221.32	15,869.11	15,869.11	15,869.09	54,271.26	107,883.66	108,338.55	-454.89	-0.4%			
5912 · EI - Employment Insurance	18,720.83	782.13	782.13	782.11	6,024.96	6,024.96	6,024.94	20,421.23	39,142.06	40,284.10	-1,142.04	-2.8%			
5913 · EHT - Employer Health Tax	32,312.36	5,693.85	5,693.85	5,693.84	152.93	152.93	152.94	17,540.34	49,852.70	50,722.95	-870.25	-1.7%			
Total 5900 · Staffing	1,864,268.94	316,208.46	316,209.47	321,391.82	347,007.79	329,394.03	400,282.95	2,030,494.52	3,894,763.46	3,928,109.88	-33,346.42	-0.8%			
Total Expense	2,788,823.51	577,780.80	512,712.30	575,926.17	525,784.06	510,320.66	840,221.10	3,542,745.09	6,331,568.60	6,606,399.98	-274,831.38	-4.2%			
Net Ordinary Income	174,163.30	-561,762.42	-496,353.93	862,015.31	-484,615.68	-494,662.28	596,470.39	-578,908.61	-404,745.31	-425,325.32	20,580.01	-4.8%			
Net Income	174,163.30	-561,762.42	-496,353.93	862,015.31	-484,615.68	-494,662.28	596,470.39	-578,908.61	-404,745.31	-425,325.32	20,580.01	-4.8%			

Agenda # 11

Council Education: Practice Advice

Presentation by

Fiona Campbell, Senior Practice Advisor

Mary-Catherine Fraser, Practice advisor

Meeting Date:	December 15-16, 2021
Agenda Item #:	12
Issue:	College Performance Measurement Framework 2021
Submitted by:	Rod Hamilton, Registrar

Issue:

In 2020, the Ministry of Health, in conjunction and consultation with stakeholders, developed and released the College Performance Measurement Framework (CPMF) for all regulatory colleges. Each College must complete the report annually, submit it to the Ministry and publish it on their respective websites by March 31st each year.

The Ministry released the 2021 iteration of the CPMF tool on November 23, 2021. Colleges must post their Council-reviewed CPMF Report on their websites by March 31, 2022.

History

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

The purpose of developing such a framework was to strengthen accountability and oversight, improve College performance and ensure public confidence in the profession is maintained. The resulting product was the CPMF. The CPMF intends to provide Colleges with a mechanism to report annually on a series of considered best practices and expectations on key statutory functions, programs, and organizational management.

Given that the CPMF is still quite a new development for all Colleges and many may have not implemented all of the outlined standards, the reporting in the first couple of years will provide key stakeholders (the public, Ministry of Health, other regulators) with baseline information on colleges' current processes relating to best practices of regulatory excellence and performance improvement commitments. The intention is to both help refine benchmarks for regulatory excellence and stimulate discussions for performance improvement at Colleges for both Council and staff. At this time the Ministry is not assessing whether a College meets or does not meet the Standards in the framework, nor comparing performance across Colleges.

CPMF Outline

The CPMF is organized into seven domains:

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

The Framework intends to address the following questions:

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

Year 1 Submission (2020)

The 2020 Framework was released on December 1, 2020; a presentation on the final version was given to Council at their December 2020 meeting. The 2020 report had to be completed, shared with the Ministry of Health, and posted on the CPO website no later than March 31, 2021. Staff adhered to a comprehensive development and review process for the College's Year 1 submission, and the Executive Committee and Council reviewed the report in March 2021 before it was submitted and posted.

The final Year 1 (2020) CPMF Report is available [on the College's website](#).

In October 2021, the Ministry released a [summary report](#) on initial findings across the 26 health colleges. The report provided a system level overview of the self-reported results, highlighting commendable practices, collective strong performance and areas for potential system improvements. The Ministry noted colleges' commitment to strengthening and modernizing governance structures, its strong performances in administering its regulatory processes and implementing privacy policies and processes. Specifically, the College of Physiotherapists were commended under the Suitability to Practice domain for its transparency and accessibility within the complaint process.

Both the overall framework and summary report again reiterate the need for continual improvement based on the standards and expectations. Coming out of the Year 1 submission, the College identified and began to prioritize work in certain improvement areas. Improvement activities this year included:

- Developing and implementing a mandatory orientation module for eligibility prior to running in the Council election/committee appointment;
- Incorporating public interest rationale directly into policy briefing materials;
- Publishing Executive Committee minutes;
- Improved tracking of remediation activity results as part of the new QA program

In light of ongoing strategic planning, the intent is to continue to focus on improvement commitments and collaboration coming out of the CPMF.

Year 2 (2021) Reporting Framework

The Ministry released the 2021 iteration of the CPMF tool on November 23, 2021. The Ministry continues to update and refine the tool based on the Year 1 feedback and experience. As a result, many of the Standards and Evidence items changed, and all Colleges are required to provide updated information for those Standards and Evidence items. Where a Standard or Evidence item did not change, and if a College fully met that Standard in 2020, then a College may opt to respond with “Meets Standard” to indicate that the current year’s response is consistent with last year’s response. The 2021 report also contains three new focus areas: Equity, Diversity and Inclusion; Risk Management; and Use of Technology.

Staff will begin working early in the new year to compile responses to CPMF 2021. The completed report will be available for review by the Executive Committee and Council in March 2022.

The Memorandum from the Assistant Deputy Ministry on the Formal Launch of CPMF 2021 and the CPMF 2021 reporting tool are attached for information.

Attachments

- Appendix 1: Memo from the Assistant Deputy Minister on the Formal Launch of CPMF 2021
- Appendix 2: College Performance Measurement Framework 2021 Reporting Tool

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Ministry of Long-Term Care

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MEMORANDUM TO: Registrars and CEOs of Ontario's Health Regulatory Colleges

FROM: Sean Court
Assistant Deputy Minister

DATE: November 22, 2021

RE: **Formal launch of the 2nd iteration of the College Performance Measurement Framework**

I am pleased to inform you that today the Ministry of Health (ministry) is formally launching the 2021 CPMF reporting cycle.

As you know, the CPMF has been designed to further strengthen the accountability and oversight of Ontario's health regulatory Colleges by providing information that is transparent, consistent and aligned across all Colleges on their performance in serving the public's interest.

By focusing on areas of improvement (e.g., better support for changing public expectations, patient needs, and delivery of care models), the CPMF makes it easier for patients, their families and employers to navigate the regulatory system. Similarly, highlighting commendable practices improves consistency across colleges.

The second iteration of the CPMF was refined based on feedback from Colleges, the public and experts resulting in the addition of three new focus areas: Diversity, Equity and Inclusion, Risk Management, and Use of Technology. Colleges are being asked to report on the new Measures and Evidence, as well as report back on improvement plans identified in 2020 and report on any changes in comparison to 2021.

The ministry is also aware that College processes and procedures were likely impacted by COVID-19 resulting in responses which may be inconsistent with the last reporting cycle. Ministry staff will work with you to ensure that this context is clearly communicated in the Colleges' Reporting Tools which are posted on the respective college websites to help the public better understand the information provided.

I would like to acknowledge that your comments and feedback helped to inform the final drafts of the Reporting Tool and the Technical Specifications Document. Your feedback was used to provide further clarification to some Measures and informed additional questions in the FAQs.

Similar to last year, this year Colleges will not be assessed or ranked against each other on the degree to which they have implemented the CPMF Standards and/or how well they are performing in adhering to their mandate. During the 2021 reporting cycle, the ministry will:

- Provide each College with performance feedback and potentially identify opportunities for improvement, upon request,
- Seek opportunities to foster collaboration among Colleges based on Commendable Practices identified in the 2020 reporting cycle and,
- Draft and post a Summary Report on the ministry website that will capture the Colleges' CPMF results at a system level (as opposed to the performance of each individual College) for the 2021 reporting cycle in comparison with changes or improvements with 2020.

The ministry asks Colleges to post their 2021 Reporting Tools on their websites by March 31, 2022 and to notify the ministry once this is done.

I would like to thank all of you again for your advice and support to date. The ministry looks forward to continuing this very important work with you over the coming year.

Sincerely,



Sean Court
Assistant Deputy Minister

- c. Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH
Jason Maurier, Manager, Regulatory Oversight and Performance Unit, MOH

College Performance Measurement Framework (CPMF) Reporting Tool

November 2021 – FINAL

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

Figure 1: CPMF Model for Measuring Regulatory Excellence

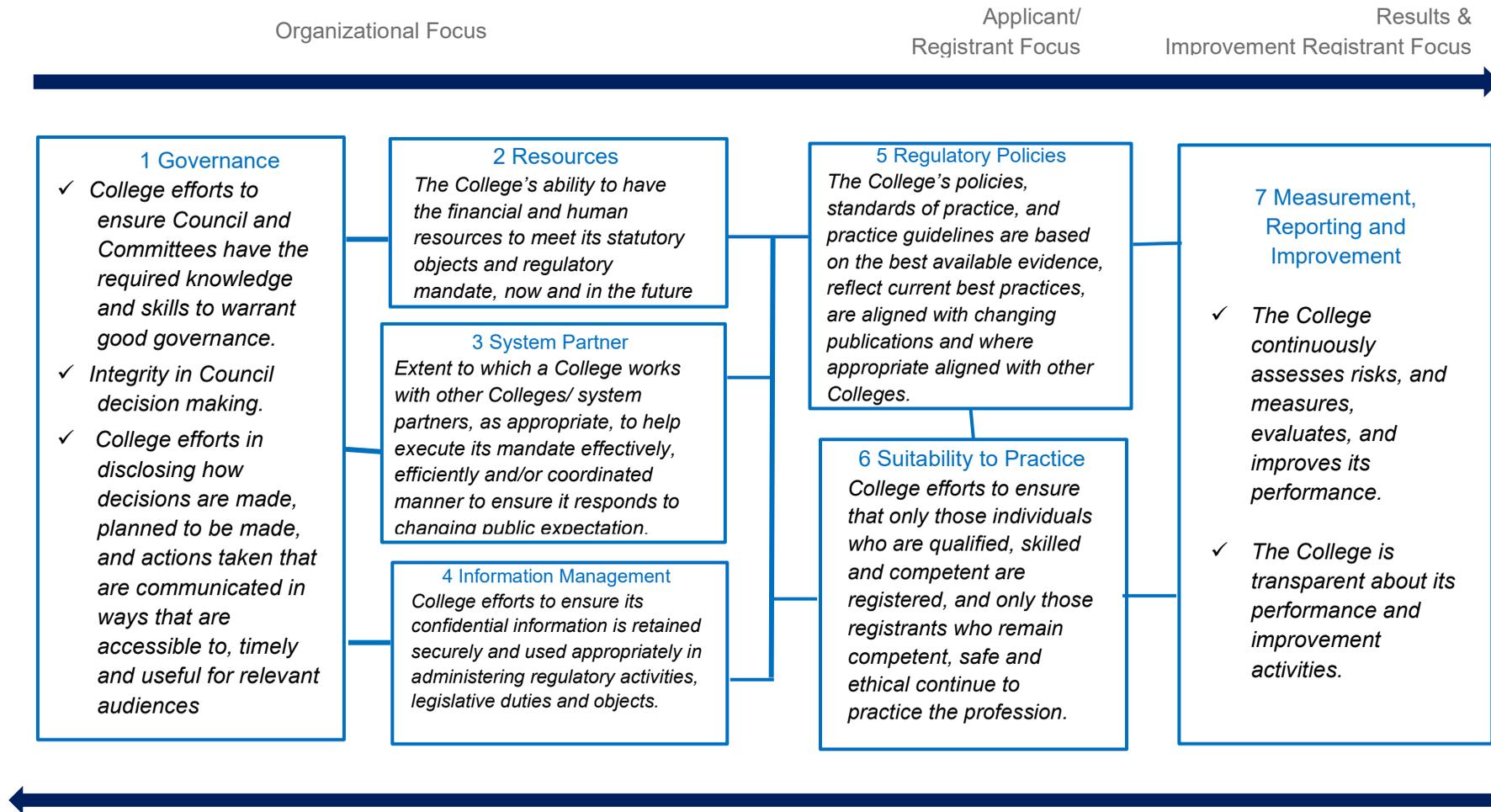


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

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

1. meet with the ministry to discuss the system partner domain and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The purpose of the first and second iterations of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tools may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first and second iterations may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:

In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and

In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.¹

Completing the CPMF Reporting Tool

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

In the spirit of continuous improvement, if the College plans to improve its activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

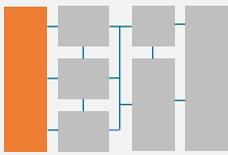
What has changed in 2021?

Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with 'Meets Standard' to illustrate that the current response is consistent with last year's response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the "required Evidence" set out in Column Two.
- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

¹ Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

Part 1: Measurement Domains

		Measure 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. meeting pre-defined competency and suitability criteria; and 	The College fulfills this requirement: <ul style="list-style-type: none"> • The competency and suitability criteria are public: <i>If yes, please insert a link to where they can be found, if not please list criteria.</i>
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
			<i>Additional comments for clarification (optional):</i>

		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:		
			<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics. 		
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		
			<i>Additional comments for clarification (optional):</i>		
		b. Statutory Committee candidates have:	The College fulfills this requirement:		
			<ul style="list-style-type: none"> • The competency and suitability criteria are public: • <i>If yes, please insert a link to where they can be found, if not please list criteria.</i> 		

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional):</i>	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement:	
			<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics for Statutory Committee. 	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional):</i>	

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional):</i></p>	

Measure	
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	
Required Evidence	College Response
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement: <ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: • <i>If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.</i>
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
	<i>Additional comments for clarification (optional)</i>

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> A third party has been engaged by the College for evaluation of Council effectiveness: <i>If yes, how often over the last five years?</i> Year of last third-party evaluation. 	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last year</u>. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional):</i></p>	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last year</u>. 	
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>				
<p><i>Additional comments for clarification (optional):</i></p>				

Measure	
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
Required Evidence	College Response
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p>
	<ul style="list-style-type: none"> • Please provide the year when Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the review.
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
	<p><i>Additional comments for clarification (optional)</i></p>

		ii. accessible to the public.	The College fulfills this requirement:	
			<ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved. 	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	
			<ul style="list-style-type: none"> Cooling off period is enforced through: Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the college define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; Insert a link to Council meeting where cooling of period has been discussed and decided upon; OR Where not publicly available, please describe briefly cooling off policy. 	

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the _____ completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: • Please insert a link to the most recent Council meeting materials that includes the questionnaire. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>		
			<ul style="list-style-type: none"> Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale. 		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
			<p><i>Additional comments for clarification (if needed)</i></p>		

		<p>e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please provide the year the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities. 	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
		<p><i>Additional comments for clarification (if needed)</i></p>		

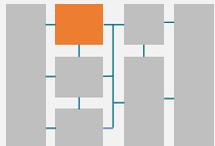
Measure	
3.1 Council decisions are transparent.	
Required Evidence	College Response
a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:
	<ul style="list-style-type: none"> • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted.
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
<i>Additional comments for clarification (optional)</i>	

		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes / meeting information are posted. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	

Measure				
3.2 Information provided by the College is accessible and timely.				
Required Evidence	College Response			
a. With respect to Council meetings: <ol style="list-style-type: none"> i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined. 	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 100px; vertical-align: top;"> <ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. </td> <td style="width: 20%;"></td> </tr> </table>	<ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. 		
	<ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. 			
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 30px;"></td> <td style="width: 20%;"></td> </tr> </table>			
<i>Additional comments for clarification (optional)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 100px;"></td> <td style="width: 20%;"></td> </tr> </table>				
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 100px; vertical-align: top;"> <ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. </td> <td style="width: 20%;"></td> </tr> </table>	<ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. 		
	<ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. 			

			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		
			Additional comments for clarification (optional)		
		Measure			
		3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.			
		Required Evidence	College Response		
		a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved. 		
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?				
	Additional comments for clarification (optional)				

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.</p>	<p>The College fulfills this requirement:</p>		
			<ul style="list-style-type: none"> Please insert a link to the Equity Impact Assessments conducted by the College OR please briefly describe how the College conducts Equity Impact Assessments. If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted. 		
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		
			<p><i>Additional comments for clarification (optional)</i></p>		



Measure

4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence

a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.

Further clarification:

A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.

College Response

The College fulfills this requirement:

Choose an item.

- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to most recent approved budget.
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

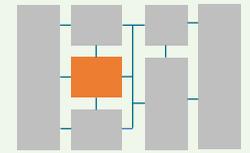
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (if needed)</i></p>	

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p>	The College fulfills this requirement:			
			<ul style="list-style-type: none"> Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. Please insert a link to Council meeting materials where the operational policy was last reviewed. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p>			
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			
			<i>Additional comments for clarification (optional)</i>			

		<p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>
			<ul style="list-style-type: none"> Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. 	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6

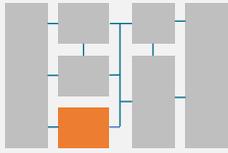


<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i>

Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*



Measure

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

- a. The College demonstrates how it:
 - i. uses policies and processes to govern the disclosure of, and requests for information;

College Response

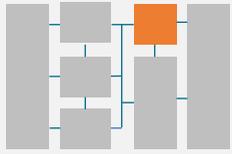
The College fulfills this requirement:

- Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Additional comments for clarification (optional)

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. 	
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>				
<p><i>Additional comments for clarification (optional)</i></p>				



Measure
 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

DOMAIN 5: REGULATORY POLICIES
STANDARD 8

Required Evidence
 a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.

College Response

The College fulfills this requirement:

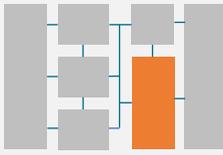
- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment **OR** please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Additional comments for clarification (optional)

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. 	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components OR please briefly describe the College’s development and amendment process. 		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
			<p><i>Additional comments for clarification (optional)</i></p>		

		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. 	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	

		Measure 9.1 Applicants meet all College requirements before they are able to practice.	
		Required Evidence	College Response
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)².</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).

² This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	

Measure	
9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	
c. A risk-based approach is used to ensure that currency ³ and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:
	<ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
<i>Additional comments for clarification (optional)</i>	

³ A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

Measure	
9.3 Registration practices are transparent, objective, impartial, and fair.	
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. Where an action plan was issued, is it:
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>
	<i>Additional comments for clarification (if needed)</i>

Measure 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
Required Evidence	College Response
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: <i>If not, please provide a brief explanation:</i>
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
	<p><i>Additional comments for clarification (optional)</i></p>

Measure:	
10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ⁴ .	
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found. • Is the process taken above for identifying priority areas codified in a policy: <i>If yes, please insert link to policy:</i>
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
	<p><i>Additional comments for clarification (optional)</i></p>

⁴ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - Public - Employers - Registrants - other stakeholders 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities OR list criteria. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	

			<i>Additional comments for clarification (optional)</i>
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.			
a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement: <ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. 	Choose an item.	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	<i>Additional comments for clarification (if needed)</i>

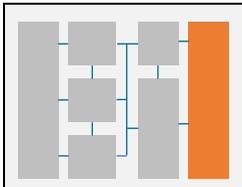
DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 11	Measure 11.1 The College enables and supports anyone who raises a concern about a registrant.	
	Required Evidence	College Response
	a. The different stages of the complaints process and all relevant supports available to complainants are: <ul style="list-style-type: none"> i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and 	The College fulfills this requirement: <ul style="list-style-type: none"> • Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
	<i>Additional comments for clarification (optional)</i>	

		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. 			
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			
			<p><i>Additional comments for clarification (optional)</i></p>			
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p>			
			<p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p>			
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			
			<p><i>Additional comments for clarification (optional)</i></p>			

	c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	
		<ul style="list-style-type: none"> • Please list supports available for public during complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. 	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		<i>Additional comments for clarification (optional)</i>	
Measure			
11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.			
	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	
		<ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process OR please provide a brief description. 	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	

			<i>Additional comments for clarification (optional)</i>		
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure 12.1 The College addresses complaints in a right touch manner.			
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:		
			<ul style="list-style-type: none"> • Please insert a link to guidance document OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). 		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
			<i>Additional comments for clarification (optional)</i>		

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

	<p>Measure 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.</p>		
	<p>DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT STANDARD 14</p>	<p>Required Evidence</p>	<p>College Response</p>
<p>a. Outline the College's KPI's, including a clear rationale for why each is important.</p>		<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included OR list KPIs and rationale for selection. 	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	

			<i>Additional comments for clarification (if needed)</i>
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e. the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>
			<p>Choose an item.</p>

Measure	
14.2 Council directs action in response to College performance on its KPIs and risk reviews.	
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:
	<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities.
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>
	<i>Additional comments for clarification (if needed)</i>
Measure	
14.3 The College regularly reports publicly on its performance.	
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:
	<ul style="list-style-type: none"> Please insert a link to the College's dashboard or relevant section of the College's website.
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>
	<i>Additional comments for clarification (if needed)</i>

Part 2: Context Measures

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

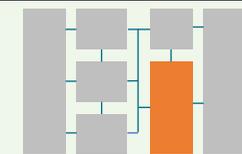
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
Statistical data collected in accordance with the recommended method or the College's own method: <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2021. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13.1(a) of Standard 11.</i></p>
Type of QA/QI activity or assessment:	#	
i. <Insert QA activity or assessment>		
ii. <Insert QA activity or assessment>		
iii. <Insert QA activity or assessment>		
iv. <Insert QA activity or assessment>		
v. <Insert QA activity or assessment>		
vi. <Insert QA activity or assessment>		
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.

[NR](#)

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

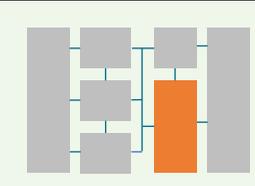
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
	#	%	What does this information tell us? <i>If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i>
CM 2. Total number of registrants who participated in the QA Program CY 2021			<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2021, understanding that some cases may carry over.</i>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.			
<u>NR</u> <i>Additional comments for clarification (if needed)</i>			

Table 3 – Context Measure 4

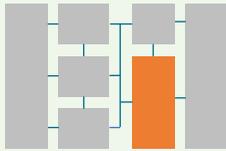
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College’s own method: <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2021:**	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation*			
II. Registrants still undertaking remediation (i.e. remediation in progress)			
NR * This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021. **This number may include any outcomes from the previous year that were carried over into CY 2021.			
Additional comments for clarification (if needed)			

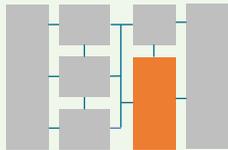
Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
Standard 13				
Statistical data is collected in accordance with the recommended method or the College’s own method: Choose an item.				
<i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2021	Formal Complaints received		Registrar Investigations initiated	
Themes:	#	%	#	%
I. Advertising				
II. Billing and Fees				
III. Communication				
IV. Competence / Patient Care				
V. Intent to Mislead including Fraud				
VI. Professional Conduct & Behaviour				
VII. Record keeping				
VIII. Sexual Abuse				
IX. Harassment / Boundary Violations				
X. Unauthorized Practice				
XI. Other <please specify>				
Total number of formal complaints and Registrar’s Investigations**		100%		100%

***What does this information tell us?** This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.*

<p>Formal Complaints NR Registrar's Investigation</p> <p><i>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2021			<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee.</i>
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2021			
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2021			
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2021**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)			
II. Formal complaints that were resolved through ADR			
III. Formal complaints that were disposed of by ICRC			
IV. Formal complaints that proceeded to ICRC and are still pending			
V. Formal complaints withdrawn by Registrar at the request of a complainant			
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious			

<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>			
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</p> <p># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year. ** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</p>			
<p>Additional comments for clarification (if needed)</p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13							
Statistical data collected in accordance with the recommended method or the College’s own method: <i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021							
Distribution of ICRC decisions by theme in 2021*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care							
V. Intent to Mislead Including Fraud							
VI. Professional Conduct & Behaviour							
VII. Record Keeping							
VIII. Sexual Abuse							
IX. Harassment / Boundary Violations							

X.	Unauthorized Practice						
XI.	Other <please specify>						
<p>* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2021.</p> <p>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.</p> <p>NR</p>							
<p>What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</p>							
<p>Additional comments for clarification (if needed)</p>							

Table 7 – Context Measure 11

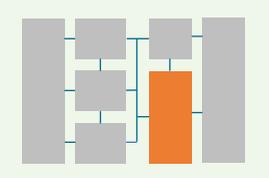
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
<p>Statistical data collected in accordance with the recommended method or the College own method:</p> <p><i>If College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	<p><i>What does this information tell us?</i> This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</p> <p><i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i></p>
I. A formal complaint in working days in CY 2021		
II. A Registrar’s investigation in working days in CY 2021		
<p>Disposal</p> <p><i>Additional comments for clarification (if needed)</i></p>		

Table 8 – Context Measure 12

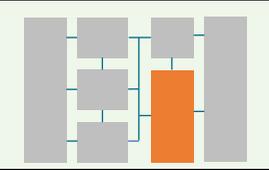
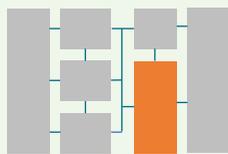
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<p>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</p> <p>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</p>
I. An uncontested discipline hearing in working days in CY 2021		
II. A contested discipline hearing in working days in CY 2021		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
<i>Additional comments for clarification (if needed)</i>		

Table 9 – Context Measure 13

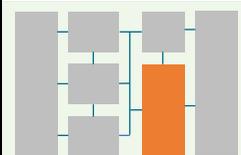
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	<p><i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i></p>
I. Sexual abuse		
II. Incompetence		
III. Fail to maintain Standard		
IV. Improper use of a controlled act		
V. Conduct unbecoming		
VI. Dishonourable, disgraceful, unprofessional		
VII. Offence conviction		
VIII. Contravene certificate restrictions		
IX. Findings in another jurisdiction		
X. Breach of orders and/or undertaking		
XI. Falsifying records		
XII. False or misleading document		
XIII. Contravene relevant Acts		

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

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method: <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
Type	#	
I. Revocation		
II. Suspension		
III. Terms, Conditions and Limitations on a Certificate of Registration		
IV. Reprimand		
V. Undertaking		
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR </p>		
Additional comments for clarification (if needed)		

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

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

Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professionals Act, 1991* (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

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

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: [Table 10](#)

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

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 13.0

Motion

**Council Meeting
December 15-16, 2021**

Agenda #13: Contract Renewal: Canadian Institute for Health Information (CIHI) Data Sharing

It is moved by

and seconded by

that:

Council approves the contract renewal of the CIHI data sharing agreement.

Meeting Date:	December 15-16, 2021
Agenda Item #:	13
Issue:	Contract Renewal: Canadian Institute for Health Information (CIHI) Data Sharing
Submitted by:	Rod Hamilton, Registrar

Issue

The College's current contract through which we share College registrant information with the Canadian Institute for Health Information (CIHI) expires this year. CIHI has sent an updated contract for the College to consider approving.

Background

Since 2007, the College has had a formal contract with the Canadian Institute for Health Information under the terms of which the College has provided CIHI with defined demographic and employment information on College registrants. The other physiotherapy regulators in Canada have similar agreements.

As you may be aware, Canadian Institute for Health Information (CIHI) has an important role in the collection, compilation and distribution on health human resource data in Canada that is used to plan and make improvements in health care, health system performance and population health across Canada.

CIHI collects and compiles the health professional information it collects into a broad range of health system databases, measurements and standards and publishes evidence-based reports and analyses so that this information can be used by system managers in their decision-making processes. CIHI also protect the privacy of Canadians by ensuring the confidentiality and integrity of the health care information they provide. Please see their website for further detail: <https://www.cihi.ca/en>.

The current data sharing agreement between the College and CIHI expires in December 2021 and CIHI has requested a continuation of the partnership and in keeping with this proposal, has sent the College an updated agreement. There are only two changes of note.

First, in keeping with CIHI's current standard practice, they are proposing an agreement in perpetuity, instead of 5-year term as was previously done.

I have requested advice from the College's lawyers as to whether the agreement in perpetuity places the College at any risk on being trapped in an ongoing obligation. Mr. Steinecke indicates that he does

not have a concern about the indefinite nature of the contract because the College has the ability to end it at any time without cause by giving 90 days notice.

Second, CIHI has also changed any mentions of CIHI's "Data Quality Framework" to "Information Quality Framework" and modified the definition. The [Information Quality Framework \(PDF link\)](#) is CIHI's current approach to quality framework and has replaced the previous Data Quality Framework. The Information Quality Framework is a useful document that provides context for how CIHI goes about its work and this change is essentially an update that does not appear to impact the College's arrangements with CIHI.

In terms of benefit to the public, the College's arrangement with CIHI appears to have public interest benefit as it permits system managers to obtain accurate and up to date information on physiotherapy HR resources which benefits the public from a resources planning perspective.

The arrangement also has a very specific benefit for the College. While it may not seem obvious on the face of the agreement, the process that CIHI and the College use to share the data serves an important data quality control function within the organization. The College has a set query to pull the data that CIHI requires and when it submits this data to CIHI, CIHI then engages in a detailed quality control review of this data. Any inconsistencies in the data are then identified and the College is informed, which gives it an opportunity to engage in data quality improvement prior to resubmitting the data. This is an important tool in the College's ongoing efforts to improve its data quality.

After reviewing the current terms of the proposed contract, the Executive Committee considers recommending to Council that the College continue the data sharing agreement with CIHI.

However, if you have any concerns about the proposed terms, CIHI appears willing to make changes or hold discussions that will facilitate an ongoing data sharing agreement.

Decision Sought

Council is asked to approve the CIHI data sharing agreement.

Attachments

CIHI-CPO Data Sharing Agreement

PHYSIOTHERAPISTS DATA SHARING AGREEMENT

This agreement is between the Canadian Institute for Health Information, a not-for-profit corporation with its principal place of business at 495 Richmond Road, Suite 600, Ottawa, Ontario, K2A 4H6 (“**CIHI**”) and the **College of Physiotherapists of Ontario**, with offices at Suite 800 - 375 University Avenue, Toronto, ON, M5G 2J5 (the “**Data Provider**”, as further defined below). It is effective as of January 1, 2022 (the “**Effective Date**”).

- A. CIHI operates the Health Workforce Database, a national database which provides accurate and timely information concerning selected health professions across Canada.*
- B. CIHI supports policy-making, health human resource planning, and related research and analysis by providing demographic, education, employment, and other information about selected health professions through the Health Workforce Database.*
- C. The Data Provider wishes to provide data to and collaborate with CIHI with respect to the Health Workforce Database and CIHI is agreeable to this.*

The Data Provider and CIHI therefore agree as follows.

Definitions

1. Certain terms used in this agreement have specific meanings. They are capitalised when used to identify them. These terms are defined below in section 13, with the exception of those defined where they are first used.

Term

2. This agreement commences on the Effective Date and will remain in effect unless it is terminated in accordance with paragraphs 11(a) or (e).

Provision and Use of Data

3. (a) The Data Provider will provide CIHI with Health Workforce Data for the relevant registration years in accordance with the timing specified in the Health Workforce Database Data Dictionary. CIHI may request and the Data Provider may at its discretion provide other reasonably requested data on an ad-hoc basis.

- (b) CIHI will protect and only store, transmit, disclose, and otherwise use the Health Workforce Data in accordance with the terms of this agreement, Privacy Legislation, and CIHI’s Privacy Policies.

- (c) The Data Provider will make all reasonable efforts to provide CIHI with data corresponding to each of the Data Elements for each Registrant and to comply with the definitions as outlined in the Health Workforce Database Data Dictionary.
- (d) CIHI will edit and process the Record-Level Data and will provide a copy of the resulting Aggregate Data to the Data Provider.
- (e) The Data Provider will make every effort to follow the data transmission instructions CIHI makes available to the Data Provider for the purpose of providing Health Workforce Data to CIHI in a secure manner.
- (f) CIHI will use Health Workforce Data to develop Analytical Products, develop educational products, undertake analyses and share these with Third Parties or the Data Provider, and respond to *ad-hoc* requests from Third Parties or the Data Providers for data and information, among other things.
- (g) CIHI will respond to data requests from the Data Provider at no cost to the Data Provider.
- (h) CIHI may request and the Data Provider may at its discretion provide, reasonable contextual information relating to Health Workforce Data for inclusion in an Analytical Product and any analyses, among other things.
- (i) CIHI will not disclose Registrant registration numbers to Third Parties except in accordance with paragraphs 8(c) and (d) below.

Data Provider Meeting

4. CIHI may at its option hold data provider meetings from time to time to discuss the Health Workforce Database Data Dictionary and Analytical Products, among other things. The meetings may be held in-person, by teleconference, by web conference or in any other reasonable manner CIHI elects.

Representations and Warranties

- 5. (a) The Data Provider represents and warrants it will only disclose Record-Level Health Workforce Data to CIHI in compliance with applicable law, including but not limited to Privacy Legislation.
- (b) CIHI represents and warrants that its employees sign a confidentiality agreement as a condition of employment and that CIHI's President and Chief Executive Officer is responsible for managing CIHI's compliance with CIHI's Privacy Policies.
- (c) The Data Provider represents that it has the proper legal authority to disclose Record-Level Health Workforce Data to CIHI for CIHI's use as described in this agreement.

Data Quality

- 6. (a) The parties will work collaboratively to identify and resolve data quality issues.
- (b) CIHI will operate and maintain the HWDB in accordance with the Information Quality Framework.

Registrant Data Access

7. CIHI will refer any request by a Registrant for amendment of any of their data with the Record-Level Data to the Data Provider.

Disclosure of Health Workforce Data

8. (a) CIHI is authorized to disclose Aggregate Data and De-identified Record-Level Data to Third Parties, without the written authorization of the Data Provider.
- (b) CIHI may, in its sole discretion, disclose knowledge obtained by CIHI through analysis and/or interpretation of Health Workforce Data to Third Parties.
- (c) CIHI may disclose Record-Level Data to Statistics Canada, if requested to do so by Statistics Canada.
- (d) CIHI may disclose Record-Level Data to the Data Provider's provincial or territorial government if requested to do so by that government and with Data Provider's written authorization.

Analytical Products

9. (a) CIHI will make all reasonable efforts to provide the Data Provider with a copy of any Analytical Products, with associated press documentation, in advance of their public release by CIHI and in accordance with CIHI's embargo distribution policy.
- (b) The Data Provider will keep confidential pre-release copies of Analytical Products and associated documentation, together with any additional associated information CIHI may provide in confidence prior to their public release, except as required by law, until CIHI provides express written authorization or releases these to the public itself.
- (c) CIHI will distribute the Analytical Products in a format or formats and by distribution means reasonably selected by CIHI.

Data Retention

10. (a) CIHI will retain and maintain the Health Workforce Data for as long as it deems necessary to meet the requirements of the HWDB and its users. CIHI will inform the Data Provider of any changes to its relevant retention practices.
- (b) When required, CIHI will employ secure data disposal and destruction mechanisms to dispose of or destroy the Record-Level Health Workforce Data in accordance with CIHI's Privacy Policies.

Termination

11. (a) A party may terminate this agreement without cause at any time upon giving not less than 90 day's written notice of the intention to terminate to the other party. Such termination will be without liability to the terminating party, excluding obligations already incurred, or to be incurred, up to the date of termination.
- (b) CIHI may use all Health Workforce Data submitted to it pursuant to this agreement during the term of this agreement and after the expiry or termination of this agreement.
- (c) A party discovering a breach of any term or condition contained in this agreement will promptly report it to the other party.
- (d) CIHI will promptly report any theft, loss, or unauthorized use or disclosure of Record-Level Health Workforce Data to the Data Provider.

(e) A party may terminate this agreement immediately if the other party is in breach of a material obligation under this agreement and that breach continues without being corrected in a reasonable manner for a period of 30 days after the party in breach has received notice from the other party clearly setting out the nature of the breach and specifying this agreement may be terminated within 30 days of the date of the notice if the breach is not corrected in a reasonable manner.

Special Circumstances

12. This is a standard agreement and provisions in its main body describe the usual relationship between CIHI and HWDB data providers. Appendix A sets out any exceptions to or variations in the usual relationship that local legislation or other factors make necessary for particular data providers.

Defined Terms

13. In this agreement:

(a) **Aggregate Data** means Record-Level Data that has been summarized and presented at a level which ensures that the identity of individuals cannot be determined by reasonably foreseeable methods;

(b) **Analytical Product** means a data table or a statistical report pertaining to Health Workforce Data prepared and released by CIHI and which typically presents comparable demographic, geographic, education, and employment data;

(c) **CIHI's Privacy Policies** means CIHI's relevant internal privacy practices and policies, as amended from time to time, which are incorporated by reference and form part of this agreement, and which include (i) CIHI's *Privacy Policy on the Collection, Use, Disclosure and Retention of Health Workforce Personal Information and De-identified Data*, and (ii) the policies, standards procedures and protocols described in the CIHI publication entitled the *Privacy and Security Framework* (which is available online at www.cihi.ca);

(d) **Data Elements** means those minimum data set data elements relevant to the Data Provider's health profession and set out and defined in the Health Workforce Database Data Dictionary;

(e) **Data Provider** means the college of a health profession or group of professions, the association or similar organisation representing a health profession, or the ministry or department of health that, together with CIHI, is a party to this agreement;

(f) **De-Identified Data** means Record-Level Data modified such that the identities of individuals whose personal information is included in the Record-Level Data cannot be determined by reasonably foreseeable methods;

(g) **Health Workforce Data** means any one or more of the Record-Level Data, Aggregate Data and De-identified Health Workforce Data, as the case may be;

(h) **Health Workforce Database Data Dictionary** means the profession-specific CIHI data dictionary, database manual, or reference guide which sets out the Data Elements, as updated from time to time;

- (i) **HWDB** means CIHI's national health workforce database which contains data relating to the selected Canadian health professions such as registered nurses, licensed practical nurses, registered psychiatric nurses, occupational therapists, pharmacists and physiotherapists;;
- (j) **Information Quality Framework** means the overarching structure for all of CIHI's quality management practices and includes the tools developed by CIHI to assess and document the data quality of CIHI's data holdings;
- (k) **Privacy Legislation** means any relevant and applicable Canadian federal, provincial, or territorial legislation and regulations dealing with privacy and data protection, as amended from time to time;
- (l) **Record-Level Data** means data (i) collected by the Data Provider in respect of Registrants, (ii) which correspond to the Data Elements, and (iii) in which records relate to a single individual;
- (m) **Registrant** means a health professional who is or was a member of, or is or was registered with, the Data Provider at the submission date for the relevant registration year, as set out in the Health Workforce Database Data Dictionary.
- (n) **Third Party** or **Third Parties** mean one or more persons or entities other than CIHI and the Data Provider.

General Terms and Conditions

14. (a) This agreement, its appendix, and any documents referenced in it form the entire agreement between CIHI and the Data Provider and its execution has not been induced by any representations not incorporated into the agreement.
- (b) The following provisions survive the termination or expiry of this agreement and continue in full force and effect: 3(b), 3(f), 5(c), 8, 9(b), 10, and 11(b).
- (c) This agreement will be subject to the laws in force in the Province of Ontario and the applicable laws of Canada.
- (d) If any provision (in whole or in part) of this agreement is deemed void, invalid, illegal or unenforceable by a court or other lawful authority, the agreement will continue in force with the void, invalid, illegal or unenforceable provision, eliminated to the extent permitted by law.
- (e) Rights and obligations under this agreement may only be waived by written consent of the parties. A party's failure or delay to exercise any such right or obligation will not preclude that party from exercising them in the future.
- (f) This agreement may not be assigned or transferred by one party without the written consent of the other, and the other will not unreasonably withhold such consent.
- (g) This agreement will be binding on the parties and, if any, their successors and permitted assigns.
- (h) This agreement may only be amended by the mutual agreement of the parties in writing.
- (i) For clarity, any written consent, authorization, or notice called for in this agreement may be delivered by mail, courier, or electronic mail.

(j) This agreement may be executed in counterparts, each of which when executed will be considered an original. These counterparts will constitute one and the same instrument. For clarity, delivery by electronic mail (including pdf or any electronic signature) or other transmission method of an executed counterpart is as effective as delivery of a signed paper counterpart.

Agreed to and signed by the duly authorized representatives of the parties.

**COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO
Data Provider**

Per: _____
Name: _____
Title: _____
Date: _____

**CANADIAN INSTITUTE FOR HEALTH
INFORMATION**

Per: _____
Name: Brent Diverty
Title: Vice President, Data Strategies and Statistics
Date: _____

APPENDIX A

PROVISIONS FOR THE DATA PROVIDER'S SPECIAL CIRCUMSTANCES

[Insert jurisdiction-specific modifications/requirements, if any, here.]



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

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de l'ONTARIO

Council

Agenda # 14

Member's Motion/s