



## ANNUAL GENERAL MEETING OF THE COUNCIL OF THE COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

**June 28-29, 2022**

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

## Strategic Plan 2022-2026

### Mission

To protect the public interest by ensuring physiotherapists provide competent, safe, and ethical care.



### Vision

Inspiring public confidence in the physiotherapy profession.

Purpose	Item	Annual General Council Meeting
9:00-12:00 Closed session		<b>Council Member Roles and Responsibilities- Refresher Session</b>
		<b>Council Meeting Day 1</b>
<b>1:00 pm</b>	*	<b>Welcoming Remarks and Roll Call – Theresa Stevens, President</b> Land Acknowledgement Statement
	<b>1 Motion</b>	<b>Approval of Agenda- T. Stevens</b>
<b>Governance</b>	<b>2</b>	<b>President’s Report – T. Stevens</b>



For Information		A written report of updates from the past quarter
<b>Governance</b> For Information	<b>3</b>	<b>Registrar's Report – Rod Hamilton, Registrar</b> A written report of internal and external updates from the past quarter
<b>Governance</b> For Decision	<b>4 Motion</b>	<b>2022-2026 Strategic Plan: Initiatives and Measures</b> Joyce Huang, Manager, Strategic Projects  Since September 2021, Council has been engaged in a strategic planning process. In March 2022, Council approved a new strategic plan for 2022-2026. At this meeting, Council is asked to approve a list of proposed strategic initiatives and measures.
<b>Break</b>		
<b>Presentation</b> For Information	<b>5</b>	<b>Financial Education</b> Zoe Robinson, Directors of Corporate Services
<b>Governance</b> For Decision	<b>6 Motion</b>	<b>Consent Agenda- T. Stevens</b> <ol style="list-style-type: none"> <li>1. Approval of March 23-24, 2022, and May 18, 2022 Council meeting minutes</li> <li>2. Acceptance of March 8, 2022, Executive Committee meeting minutes</li> <li>3. Acceptance of Quarterly Committee/Program Area Reports (January to March 2022) <ul style="list-style-type: none"> <li>➤ Registration Committee</li> <li>➤ Inquiries, Complaints, and Reports Committee</li> <li>➤ Quality Assurance Committee</li> <li>➤ Executive Committee</li> <li>➤ Finance Committee</li> <li>➤ Patient Relations Committee</li> <li>➤ Discipline / Fitness to Practice Committee</li> <li>➤ Compliance Monitoring</li> <li>➤ Practice Advice</li> <li>➤ Policy, Strategy and Governance</li> <li>➤ Communications</li> </ul> </li> <li>4. Canadian Alliance of Physiotherapy Regulators (CAPR)</li> </ol>
<b>Governance</b> For Information 3:00 pm	<b>7</b>	<b>Annual General Committee Report 2021-2022</b> Presentation by Committee Chairs <ul style="list-style-type: none"> <li>• Executive Committee</li> <li>• Registration Committee</li> <li>• Quality Assurance Committee</li> <li>• Patient Relations Committee</li> <li>• Inquiries, Complaints and Reports Committee</li> <li>• Discipline and Fitness to Practice Committee</li> <li>• Finance Committee</li> </ul>
<b>Adjournment</b>		



June 29, 2022 - Day 2		
<b>9:00 am</b> <b>Presentation</b> For Information	<b>8</b>	<b>Qualitative Research: The Internationally Educated Physiotherapist Experience</b> Dr. Rebecca Goldfarb
<b>Break</b>		
<b>Governance</b> For Decision	<b>9</b> <b>Motion</b>	<b>Proposed Council 2022-2023 Committee Slate</b> Joyce Huang, Strategic Projects Manager  Council is asked to consider the proposed committee slate
<b>Program/Operational</b> For information	<b>10</b>	<b>Ontario Clinical Exam</b> Amanda Pinch, Manager, Examinations <b>*Backgrounder</b> In December 2021, Council made several decisions and directed staff to undertake work in response to the ongoing unavailability of the PCE-Clinical exam. This is a status update on the work items.
<b>Lunch</b>		
<b>Governance</b> For Decision 1:00 pm	<b>11</b> <b>Motion</b>	<b>Audited Annual Financial Statements ending March 31, 2022</b> Geoff Clute, Auditor Hilborn LLP  Council is asked to review and approve the 2021-2022 Audited Financial Statements ending March 31, 2022.
<b>Policy/Operational</b> For Decision	<b>12</b> <b>Motion</b>	<b>Registration and Administrative Fee</b> Zoe Robinson, Director of Corporate Services  Council is asked to consider the registration-related fees.
<b>Break</b>		
<b>Presentation</b> For Information	<b>13</b>	<b>Practice Advisory Service Scoping review and needs assessment</b> Fiona Campbell, Senior Practice Advisor
	<b>14</b>	<b>Member's Motion/s- T. Stevens</b>
<b>ADJOURNMENT</b>		

#### Future Council Meeting Dates

- September 22-23, 2022
- December 12-13, 2022



## College of Physiotherapists Land Acknowledgement Statement

Before we begin, we would like to acknowledge with the respect that the land we are meeting on is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg (Awe – Nish – Nah – Beck), the Chippewa (Chip – A – Wah), the Haudenosaunee Hoe – De – Nah – Show – Nee), and the Wendat (When – Dat) peoples.

These lands are now home to many diverse First Nations, Inuit (ee – nu -eet), and Métis ( May – Tee ) peoples. We also recognize that the meeting place of Toronto, traditionally known as Tkaronto (Tka – Ron – Toe), 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



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 1.0**

**Council Meeting  
June 28-29, 2022**

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

It is moved by

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and seconded by

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that:

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

<b>Meeting Date:</b>	June 28-29, 2022
<b>Agenda Item #:</b>	2
<b>Issue:</b>	President's Report
<b>Submitted by:</b>	Theresa Stevens, President

### **Governance**

- A Special Meeting of Council was called in May. For the Ontario Clinical Exam, Council approved in principle the exam format of a structured interview with scenarios along with the updated blueprint. More information and updates will be provided by staff in the meeting.

### **Environment**

- In early May, the Registrar, Vice President, and I met with the Canadian Alliance of Physiotherapy Regulators (CAPR) Board of Directors to discuss the College's membership status. We collectively agreed to collaboratively work together.

### **External Representation for the College**

- In April 2022 the Registrar, Rod Hamilton, and I met with the Ontario Physiotherapy Association (OPA) Registrar and new President, Oren Cheifetz. The college continues to have ongoing discussions around entry to practice and Provisional Registration.
- Rod and I also met with the Ontario Physiotherapy Leadership Consortium in April for ongoing discussions about exam processes. They have requested a CPO webinar for students to answer exam process-related questions. The PT program academic chairs have provided the College with questions from their students to address in the webinars. These will take place in June.

### **Council Feedback from March 2022 meeting**

The feedback received by Council demonstrated consensus that:

- Council decisions continue to be grounded in the public interest
- there was an appropriate amount of time was spent engaging in governance work
- participation among the council was open, and members were given enough time to ask questions and express their opinion.

Individual feedback included a request for:

- more engagement in getting to know each other better (breakout rooms/attending meetings in person)
- more interactive and engaging education sessions
- board reporting and dashboards.

## **Council / Committee member performance review process**

As part of the performance review framework feedback has been collected by:

- Committee Chairs – an evaluation of committee members was conducted
- Committee members – an evaluation of committee Chairs was conducted
- Committee support staff – feedback was provided on Committee Chairs and committee members

The feedback collected helped to support the committee slate and the non-council committee member recruitment processes.

## **Executive Committee Report**

### **Council Education**

In Executive Committee's role to provide oversight on individual and general education of Council and Committee members, they considered Councillor conference attendance for the current fiscal year. This year, CNAR has been identified as a relevant conference.

The Committee used a scoring tool which considers relevance of the conference topics to the individual's role on Council and Committee, how the individual may contribute to Council performance and future College initiatives, length remaining in their term, and past educational opportunities.

Based on this framework, the Committee identified the President to attend CNAR in the fall; Executive determined her attendance will support upcoming work anticipated for Council.

Staff have been directed to consider an alternative conference attendance model to support Council learning. The outcome of this review will be brought back to the Executive Committee for consideration in the fall.

<b>Meeting Date:</b>	June 28-29, 2022
<b>Agenda Item #:</b>	3
<b>Issue:</b>	Registrar's Report
<b>Submitted by:</b>	Rod Hamilton, Registrar

## Environment

### End of COVID masking mandates and other directives

On June 11, the Ontario government ended the remaining masking mandates, with the exception of long-term care and retirement homes. The Ministry of Health also rescinded the directives that were in effect during the pandemic, and much of their health sector guidance documents. There remains general guidance around infection control and use of PPE. Public Health Ontario continues to provide guidance as well.

## STAKEHOLDERS AND SYSTEM PARTNERS

### 2022 OFC Risk Assessment

In 2021, the Ontario Fairness Commission issued a Risk Informed Compliance Framework and Policy to guide its oversight work with colleges.

According to the Commission, the document outlines the specific components of the Office of the Fairness Commissioner's Risk-informed Compliance Framework (the framework) and the procedures through which this framework will be implemented. The objectives of this framework are to:

- Enable regulators to more effectively comply with their legal obligations, and to adopt associated best practices, in order to achieve better registration outcomes for all applicants.
- Promote the identification of targeted risk factors to enable necessary mitigation and remediation efforts.
- Reduce unnecessary burdens on regulators and Office of the Fairness Commissioner (OFC) staff, recognizing that all public sector organizations operate with constrained resources.

A copy of this report is attached.

This year for the first time, the Commission undertook an assessment of each college in terms of the risks that College may have/not have in relation to their expectations.

Due to a number of factors that you as Councillors will be aware of including the cancellation of the national clinical examination and the relatively long time it took for the College to find an alternative registration process, the Commission rated the College non-compliance risk as 'medium'.



A copy of this letter is attached.

When this report was considered by staff, we concluded that the risk assessment ignored a number of salient factors, which we believe would have, if considered properly in context, reduced the risk assessment.

With this in mind, staff provided a detailed response to the analyst who conducted the assessment with a suggestion that these factors be included in further assessments, and perhaps reconsidering the outcome of this one.

Since that time staff have met with the Fairness Commissioner to discuss the report and once again stress the importance of a number of factors that were not included in the report.

A copy of the letter to the Commission is attached.

## LEGISLATIVE AND LEGAL

### Bill 106 – New requirements for Colleges

In April 2022, Bill 106, *Pandemic and Emergency Preparedness Act, 2022*, was passed by the Ontario legislature and received royal assent. Schedule 6 of this bill introduced a number of amendments to the *Regulated Health Professions Act (RHPA)*.

The amendments are focused on registration processes, in particular they:

- Require Colleges to comply with the regulations respecting their English or French language proficiency requirements,
- Prohibit Colleges from requiring Canadian experience as a qualification for registration, subject to any exemptions provided for in the regulations,
- Require the Councils of the Colleges to make regulations establishing an emergency class of registration that meets the requirements set out in the regulations, and
- Added regulation-making power that would allow for the establishment of time limits in which Colleges must make certain decisions related to registration.

Subsequent to the passage of Bill 106, the Ministry of Health began consultation on proposed regulations related to the above RHPA amendments. The proposed regulations are to implement the four items included in the bill. Specifically:

- *Canadian experience*: Unless an exemption is obtained, any requirement for Canadian experience as a qualification for registration with a health regulatory College would become void after implementation of these regulations.

- *Language proficiency:* Health regulatory Colleges would have to accept proof of completion of a language test accepted by Immigration, Refugees and Citizenship Canada for immigration purposes (with results satisfactory to the regulated profession) as proof of English or French language proficiency.
- *Timely registration decisions:* For domestic labour mobility applicants, Health regulatory Colleges would be required that initial registration decisions of the Registrar be made within 30 business days of receiving a complete application, and decisions by panels of the Registration Committee be made within 10 business days of the deadline for receiving an applicant's submission.
- *Emergency class of certificates of registration:* This regulation would prescribe the requirements that a regulation made by a College setting out an emergency class of registration must meet, namely, that regulations made by the Colleges set out the circumstances in which an emergency class of registration would be used; length of time an individual's registration in the emergency class would be valid; and process for individuals registered in the emergency class to seek registration in the general class(es).

The College has submitted a response to this regulation consultation, which is attached.

#### **FARPACTA: Registration and Foreign-Trained Professionals**

A copy of the article is attached.

#### **Law Society examination prep challenge**

In late May, of this year, the Law Society of Ontario commenced a civil action against a firm called NCA Exam Guru and its principal, Aamer Chaudhry.

NCA Exam Guru offers preparation courses for licensing examinations.

Aamer Chaudhry leads some of the courses. In the civil action, the Law Society of Ontario alleges that the company, without authorization, has been obtaining and providing examination questions to those enrolled in its preparation courses.

A copy of this press release is attached.

#### **Governance Trends**

The Ontario College of Social Workers and Social Service Workers recently shared a report it commissioned to obtain feedback on its current governance model.

This report, 'A report and recommendations on improving governance' was prepared by Harry Cayton and Deanna Williams, both of whom are well-known experts in the context of professional regulation and its governance.

The report in an interesting one and comes forward with a significant number of recommendations for changes in the college's processes. Readers of past governance reviews will see many issues that have been previously identified and which, based on the Ontario government's previous communications respecting the governance of regulatory colleges, may come to pass through legislation if they are not adopted voluntarily by regulators.

This report is attached.

## **COLLEGE INITIATIVES AND PROJECTS**

### **Regulation Amendment Proposal – Next Steps**

At its March meeting, Council agreed to forestall the regulation amendment proposal that Council approved in October 2021 based on the consultation feedback and directed staff to conduct a complete analysis and review of the General Regulation and return with a revised proposal for Council's consideration.

Staff have completed a preliminary assessment of the work that is required to develop a revised proposal. There are two key considerations at this time regarding the next steps for this work.

First, the Entry to Practice program review work will help inform what changes and updates are required for the Registration component of the General Regulation.

Second, the regulation amendment proposal is a significant project, and for the remainder of this year, staff resources will be focused on setting up the exam and supporting the Registration Committee Exemption process.

As such, staff suggests that most work on a revised regulation amendment proposal be deferred until the Entry to Practice program review is completed and the registration issues are resolved.

## **OPERATIONS / PROGRAM AREA UPDATES**

### **Staff updates**

- **Departures**

Arpit Mathur on familial leave for 3 months as of June 6, 2022

Maria Lopez Garcia, IT Lead – left the College for another opportunity

Justin R, Policy and Governance Manager – returned to the practice of law in New Zealand

- **Arrivals**

Amanda Pinch, Examination Manager

Katie Mac, Registration Administrator

Stacy Paul, Professional Conduct Administrator

Tatiana Arellano, Investigator

## **CPO June 2022 Analytics**

### **Office Space Lease**

### **Risks / Opportunities**

- **Committee Meetings**

Staff noted that in recent weeks, some scheduled Committee meetings have had to be cancelled due to the Committee not meeting quorum requirements. One factor that contributes to this challenge is that the College currently has one vacancy for public members, and as a result, the workload is heavier for our current pool of public members.

There also appear to be challenges for some committee members in terms of meeting the time obligations of their appointments. We are seeing some individuals cancel meeting attendance at short notice, or even more troublesome, failing to show up for pre-scheduled hearing dates resulting in significant hearing delays.

I have spoken to the President about this issue and staff are in the process of developing a detailed report on the issues, which will inform and require action.

As part of the normal member management strategy, staff does periodically reach out to the Public Appointments Secretariat to make them aware of our appointment issues, and to ask them to consider appointing one more public member to Council to help alleviate this situation.

### **Upcoming Webinars**

On June 20, the College will hold a webinar, hosted by Anita Ashton, Deputy Registrar and Amanda Pinch, Manager of Examinations, to provide information about the development and implementation of the Ontario Clinical Exam (OCE), the College's exam exemption policy, and what PT students and others can expect as they prepare to enter the physiotherapy profession in Ontario.

In September, the College, in partnership with [Future Ancestors](#) and other regulatory health colleges, also plans to host webinars related to equity, diversity and inclusion. The two-part workshop series will hold space for participants to build their capacity in critically articulating their worldviews and the

consequential relationships with work and self. As this self-reflective practice becomes naturalized, participants have the opportunity to more effectively and ethically contribute to fostering anti-racist work places and relationships. Key Concepts explored in the workshop series include worldview, intersectionality, identity, (micro)aggressions, bias, critical self-reflection.

## STATUS UPDATES ON ACTION ITEMS (ONGOING):

*A running list of action items from previous Council meetings; once items are marked complete, they will come off the list.*

Date of Meeting	Item	Action	Assigned to	Status	Required by Date
March 2022	Review of consent agenda	Send survey to Council to collect their feedback about the use of a consent agenda before June Council meeting	Governance	Complete – <i>feedback to be considered in September</i>	June 2022
March 2022	College's General Regulation Amendment Proposal- Consultation review	College staff to conduct a complete analysis and review of the General Regulation, considering the consultation review and introducing flexibility where possible and return with a revised proposal for Council's consideration	Policy	Tbc.	
March 2022	2022-2026 Strategic Plan	Solicit additional input from Council on potential initiatives and outcome measures and provide update	Strategic Projects	In progress	June 2022
		Plain language review of strategic plan document and post to the College's website	Strategic Projects	Complete	June 2022
March 2022	CPMF 2021 Report	Post approved CPMF report to the College website	Communications	Complete	
May 2022	Ontario Clinical Exam:	Staff to investigate an additional third model of	Examinations	Tbc.	

Date of Meeting	Item	Action	Assigned to	Status	Required by Date
	Recommendations regarding design	a purely in-person exam delivery			
		Council to receive update on how many registrants will be in a backlog for Independent Practice	Examinations		June 2022

**Attachments:**

- Office of the Fairness Commissioner Risk-informed Compliance Framework and Policy
- CPO RICF letter
- Letter to OFC re Risk
- Regulations under the Regulated Health Professions Act, 1991 (RHPA) - Registration Barriers for Regulated Health Professionals
- Bill 106 - Regulations consultation response
- FARPACTA: Registration and Foreign-Trained Professionals
- Law Society of Ontario sues NCA Exam Guru
- A report and recommendations on improving governance prepared for the Ontario College of Social Workers and Social Service Workers
- CPO June 2022 Analytics



FAIRNESS COMMISSIONER  
COMMISSAIRE À L'ÉQUITÉ

2021

# Office of the Fairness Commissioner

## Risk-informed Compliance Framework and Policy



**FAIRNESS** COMMISSIONER  
COMMISSAIRE À L'ÉQUITÉ

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**Effective Date:** April 1, 2021

**Version Number:** Version 1.0

**Replaces:** Continuous Improvement Strategy

**Responsible Area:** Policy and Program Unit, Office of the Fairness  
Commissioner

**Any questions about this policy or requests for alternate formats can be sent to  
the Office of the Fairness Commissioner by email at [ofc@ontario.ca](mailto:ofc@ontario.ca)**

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## Introduction

This document outlines the specific components of the Office of the Fairness Commissioner's Risk-informed Compliance Framework (the framework) and the procedures through which this framework will be implemented.

The objectives of this framework are to:

- Enable regulators to more effectively comply with their legal obligations, and to adopt associated best practices, in order to achieve better registration outcomes for all applicants.
- Promote the identification of targeted risk factors to enable necessary mitigation and remediation efforts.
- Reduce unnecessary burdens on regulators and Office of the Fairness Commissioner (OFC) staff, recognizing that all public sector organizations operate with constrained resources.

## The Context for Self-regulation

In Ontario, individuals must obtain a license or certification from an entity that oversees the practice of a regulated profession or compulsory trade in order to practice in the field and/or use a title. These entities are either described as regulated professions, health colleges or the Ontario College of Trades (hereinafter referred to as "regulators").

Regulators exist to protect the public interest by licensing only those professionals that are qualified and by holding their members accountable for meeting practice standards. These organizations are different from professional associations that exist to provide services to their members and to advocate for the interests of their professions and members.

To achieve this public protection mandate, various provincial statutes grant authority to these regulators to:

- Set standards for individuals who enter the profession or compulsory trade
- Licence these individuals
- Oversee how licenced members adhere to standards of practice.

This scheme is referred to as self-regulation.

## The Applicable Legislative Framework

In 2006, the Ontario legislature introduced the then *Fair Access to Regulated Professions Act, 2006* (FARPA). This legislation was designed to help ensure that the registration practices of regulated professions were transparent, objective impartial and fair. The legislation also established the OFC and gave it authority to oversee the registration practices of these professions.

FARPA received Royal Assent in December 2006 and it amended the *Regulated Health Professions Act* (RHPA) by incorporating similar, though not identical, provisions into the Health Professions Procedural Code (Schedule 2). In 2013, FARPA was amended to provide the OFC with oversight of the compulsory trades that fell under the authority of



the Ontario College of Trades. The legislation is now referred to as the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006* (FARPACTA). Schedule 2 to the RHPA and FARPACTA are collectively known as fair access legislation.

The regulators that are subject to fair access legislation are required to comply with a number of statutory obligations. These include:

- Meeting the general duty to develop registration practices that are transparent, objective, impartial and fair. [section 6 of FARPACTA and section 22.2 of Schedule 2 to the RHPA].
- Meeting the specific duties outlined in the statutes relating to the provision of information, the need to make timely decisions, along with responses and reasons, the provision of an internal appeal or review process, the basis for assessing applicant qualifications, staff training and the right of an applicant to obtain access to relevant records. [sections 7-12 of FARPACTA and sections 22.3-22.4 of Schedule 2 to the RHPA]
- Providing reports to the OFC. [sections 19-25 of FARPACTA and sections 22.6-22.11 of Schedule 2 to the RHPA<sup>1</sup>]

## The OFC's Modern Regulator Principles

Over the past decade, the public sector has moved towards modernizing its regulatory systems. This modernization trend is driven by research that traditional enforcement tools may not always be effective, efficient or agile enough to achieve public interest outcomes. Thus, it is important that oversight agencies, like the OFC, can rely on regulatory approaches that are proactive and innovative, and that engage a variety of compliance and educational tools.

Based on its review of approaches to regulatory compliance across jurisdictions, and building upon extensive consultation with stakeholders, the OFC has adopted the following six modern regulator principles to inform its Risk-informed Compliance Framework and other elements of its mandate. These principles are set out below:

1. *Our approach to regulatory compliance will be based on transparency, professionalism and collaboration.*

The Office of the Fairness Commissioner will:

- focus on achieving better outcomes through simpler and more straightforward compliance expectations.
- consult and collaborate with professions and trades when new approaches or changes to regulatory frameworks are proposed.
- be accountable for its decisions and open to public scrutiny.

2. *Our compliance approach will be evidence-based and risk-informed.*

We will consider both the historical performance of individual regulators, and their future risk profiles, in selecting appropriate compliance tools and our level of engagement with them.

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<sup>1</sup> The audit provisions in FARPACTA and Schedule 2 to the RHPA require the auditor to submit the report to the OFC, not the regulator.



The future-looking risk factors will be those that could materially impact the achievement of better outcomes for applicants and that achieve defined fairness-based public policy considerations. The most current set of historical and forward-looking considerations may be found here ([hyperlink](#)).

In any given period, the OFC's compliance activities may be geared towards individual regulators, more thematic/systemic issues across classes of regulators, or both.

We will take into account the distinct mandates of individual regulators and adjust our responses as needed, based on a regulator's profile, current situation, and how it is achieving compliance.

3. *We will apply a proportionate approach to improve and promote compliance.*

The resources that we will employ to monitor the activities of a regulator will be proportional to the historical experience, and level of risk, associated with that regulator's activities.

The OFC will focus its efforts on those regulators that have achieved less progress in meeting their compliance requirements than their peers and/or are considered to demonstrate an elevated forward-looking risk profile. Conversely, regulators that are meeting their specific compliance obligations, and/or making substantial progress in providing registration practices that are transparent, objective, impartial and fair, may be subject to less prescriptive reporting and related requirements.

4. *We will communicate, educate and offer guidance to regulators to promote and enhance compliance.*

The OFC will employ a suite of compliance tools and work with regulators to improve their registration and assessment processes. These approaches will include education, outreach, peer discussions, the dissemination of best practices materials and tool-kits, annual reporting requirements and more formal reviews of regulation practices designed to enhance compliance.

5. *We will monitor, measure, evaluate and report on our activities and outcomes in order to adapt and improve our compliance activities.*

To the extent possible, the data and evidence that the OFC collects will inform the determination of regulator risk profiles and associated compliance activity. The OFC will also work to employ modern technologies and pathways to simplify its data collection, reporting and information dissemination functions.

6. *We will share information and collaborate to reduce burdens and promote greater consistency.*

The OFC will work constructively with other regulatory oversight bodies to reduce the regulatory burden on individual regulators. In particular, the OFC acknowledges that both it and the Ontario Ministry of Health have a shared responsibility to work with health colleges to achieve fair registration practices.



To download the OFC’s modern regulator principles placemat, click here (hyperlink).

## The OFC’s Risk-informed Compliance Framework

The OFC’s compliance framework and allocation of associated resources will be guided by its Risk-informed Compliance Framework. The framework will rely on both the regulator’s historical performance, and forward-looking risk factors that could impact a regulator’s ability to achieve better registration outcomes for applicants. These two components are elaborated upon below.

### Historical Performance Indicators

The OFC will consider the following five historical performance indicators:

1. The nature and extent of material compliance recommendations that the OFC has issued to the regulator in the last compliance cycle.
2. The extent to which the regulator has complied with these recommendations and avoided new issues.
3. The regulator’s observed motivation to work with the OFC on defined compliance objectives.
4. The content of decisions issued by the courts or tribunals that discuss the regulator’s registration practices.
5. The degree to which the regulator’s registration processes exhibit the attributes of transparency objectivity, impartiality and fairness, as demonstrated, for example, by the number of OFC recognized “commendable practices” and/or other best practices and innovations that the regulator has instituted over time.

Once the OFC has analyzed the regulator’s performance against these factors, it will then place the regulator into one of three compliance categories, as described in Table 1 below:

**Table 1:  
 Compliance Categories**

<b><i>Full Compliance with the Objectives of the Legislation</i></b>	<b><i>Substantial Compliance with the Objectives of the Legislation</i></b>	<b><i>Performance Falls Short of Compliance with the Objectives of the Legislation</i></b>
The OFC has not issued any compliance-based recommendations to the regulator during the past assessment cycle.	The OFC’s compliance recommendations do not directly impact the regulator’s core decision-making role to either grant or deny application licences.	The OFC’s compliance recommendations relate to issues that directly impact the regulator’s decisions to either grant or deny licences to applicants. There may also be evidence of acts or omissions that contravene the legislation.



<p>The regulator has consistently implemented the OFC's advice and recommendations in a timely and collaborative manner.</p>	<p>Same as first column.</p>	<p>There are a number of material OFC recommendations that remain outstanding and/or the proposed implementation timeline that the regulator has proposed is unreasonable.</p>
<p>The regulator has taken substantial steps to improve the fairness and efficiency of its registration processes, through such mechanisms as investments in IT infrastructure, partnerships with other organizations, improving its processing time frames and working constructively with applicants to help them achieve their registration goals.</p>	<p>Same as first column but to a lesser extent.</p>	<p>The regulator's investment in IT infrastructure, partnerships and client-centered processes has lagged that of other regulators.</p>
<p>The regulator has proactively and consistently identified barriers to access by, for example, instituting OFC-endorsed commendable practices, other best practices and innovations, to mitigate such barriers.</p>	<p>Same as column one but to a lesser extent.</p>	<p>The regulator has failed to proactively identify barriers to access and to reasonably respond to these circumstances despite OFC's recommendations to do so.</p>

## Forward-Looking Risk Factors

The OFC has also identified five forward-looking risk factors to help determine the regulator's risk profile. These risk factors identify the existing and potential risks posed to fair registration access for Canadians and internationally trained individuals.

### 1. Organizational Capacity

#### 1.1 Description of the Risk Factor

A regulator that is, for example, newly established, relatively modest in size and/or inadequately staffed, may experience heightened challenges in meeting its compliance obligations or registration goals.

#### 1.2 Factors to Consider in Determining the Likelihood of the Risk Occurring

- Extent of the regulator's overall knowledge of, and experience with, fair access legislative requirements and how to achieve them.



- Extent to which the regulator has adopted a risk-based approach to its own decision-making framework.
- Extent of reliance on mature and agile IT systems and related business processes.

### 1.3 Factors to Consider in Determining the Impact of the Risk

- Where the size of the regulator's annual registration cohort is large, the overall impact would be more substantial.

## 2. Overall control that a regulator exerts over its assessment and registration processes.

### 2.1 Description of the Risk Factor

The regulator does not have robust processes in place to monitor and evaluate the work of its third-party service providers.

The regulator cannot demonstrate that it holds these service providers accountable to ensure that the delegated assessment or registration activity is undertaken in a way that is transparent, objective, impartial and fair.

Material changes regularly occur to the regulator's mandate, especially those imposed by legislation and/or external circumstances.

### 2.2 Factors to Consider in Determining the Likelihood of the Risk Occurring

- The number and nature of existing third-party arrangements.
- Extent to which a clear accountability framework is formalized and agreed upon between the regulator and its service providers.
- Extent to which the regulator is successfully overseeing the work of its third-party service providers upon whom the regulator relies for the delivery of these services.
- Whether an applicant's appeal rights are preserved with respect to the third party's decision-making processes.
- The dynamism of the regulator's industry or sector and the extent to which the regulator is subject to potential material changes to its assessment and registration systems.

### 2.3 Factors to Consider in Determining the Impact of the Risk

- Where the size of the regulator's annual registration cohort is large, the overall impact would be more substantial.





- The materiality of the delegated/outsourced registration activity to the licensing process.
- Extent to which the delegated registration activities are carried out in a timely manner and adhere to the regulator's articulated performance standards.

### **3. Response to emergency situations, such as the Covid-19 pandemic**

#### *3.1 Description of the Risk Factor*

The regulator's assessment and registration processes have been materially impacted by emergency situations, such as the Covid-19 pandemic, and/or it is not focused on re-engineering its processes to make them more resilient to disruptions.

#### *3.2 Factors to Consider in Determining the Likelihood of the Risk Occurring*

- Extent to which key aspects of the regulator's assessment and registration processes have been disrupted to date owing to the Covid-19 pandemic.
- Extent to which the regulator's regulatory framework, systems, processes and infrastructure allow for a flexible and agile response to emergency event disruptions such as the pandemic, including the provisional registration of candidates.
- Plans that the regulator has formulated to develop a more resilient and disruption-resistant registration process in the future.

#### *3.3 Factors to Consider in Determining the Impact of the Risk*

- Nature of anticipated registration delays, if any.
- Extent to which the regulator delivers essential services that are critical to the province's response to the pandemic and economic recovery.
- Whether the regulator has permitted applicants to begin to practice subject to completing any remaining registration requirements.
- Where the size of the regulator's annual registration cohort is large, the overall impact would be more substantial.

### **4. Over-reliance on Canadian experience requirements**

#### *4.1 Description of the Risk Factor*

The regulator requires Canadian work experience as part of its licensing/registration requirement in a way that leads to inappropriate exclusion of internationally trained applicants who do not possess, and find it difficult to secure, such experience.





#### *4.2 Factors to Consider in Determining the Likelihood of the Risk Occurring*

- Whether the regulator's governing statute contains Canadian work experience requirements and whether the regulator has the ability to waive the requirement.
- Extent to which the regulator can demonstrate how the Canadian work experience requirement is necessary and relevant to public health and safety and has searched for, and adopted, acceptable alternatives.
- Extent to which this approach has compromised the ability of internationally trained applicants to pursue their professions or trades in Ontario.

#### *4.3 Factors to Consider in Determining the Impact of the Risk*

- Criticality of the services that members of the profession/compulsory trade perform.
- Extent to which the number of internationally trained applicants applying to the profession/ compulsory trade are increasing/decreasing, and contributing/compromising broader immigration and labour market goals.
- Where the size of the regulator's annual registration cohort is large, the overall impact would be more substantial.

### **5. Public policy considerations**

#### *5.1 Description of the Risk Factor*

The OFC will initially consider two specific public policy issues:

##### Labour market considerations

The regulator's registration processes are inadequately helping to address critical labour shortages in the province.

##### Inclusion and anti-racism considerations

The regulator does not demonstrate a sufficient awareness of unconscious bias and commitment to apply inclusion and anti-racism principles to its assessment and registration processes.

#### *5.2 Factors to Consider in Determining the Likelihood of the Risk Occurring*

- Evidence of labour shortages coupled with inefficient, slow and/ unduly restrictive registration processes.
- Extent to which the regulator applies an inclusion/anti - racism lens to its registration processes and decisions, as demonstrated, for example, by its approach to the treatment of racialized and internationally trained professionals.



- Extent to which inclusion and anti - racism principles are embedded in the organizational culture, as demonstrated, for example, by the regulator's accountability structure and commitment to training.

### *5.3 Factors to Consider in Determining the Impact of the Risk*

- Oversupply/undersupply of the profession/trade in the labour market.
- Criticality of the services that the category of professional/skilled tradesperson performs.
- Historical performance in successfully registering racialized and internationally trained candidates.
- Where the size of the regulator's annual registration cohort is large, the overall impact would be more substantial.

Under the forward-looking component of the methodology, the five risk factors will be assessed according to a more traditional risk assessment matrix (i.e., by analyzing the potential impact of the risk and the likelihood of its occurrence). These factors will then be analyzed to arrive at an overall risk profile for the regulator.

## **Determining the Risk Category of a Regulator**

To determine a cumulative risk category for a regulator, the OFC will aggregate the risk profile of a regulator with the historical performance assessment. This may yield one of three possible risk categories:

1. Low
2. Moderately low
3. Moderate to high.

This risk category will, in turn, determine the degree of attention that the OFC will confer on the regulator and the associated compliance activities.

The OFC will typically reserve its more focused compliance processes for those regulators that it places in the moderate to high risk category.

## **OFC's Compliance Tools and Compliance Continuum**

The OFC has at its disposal a suite of tools to help ensure that regulators are complying with their legislative obligations and instituting fair and innovative registration practices. While the selection of compliance tools will be evidence-based, the OFC will also apply appropriate judgment to recognize factors that are outside the control of the regulators.

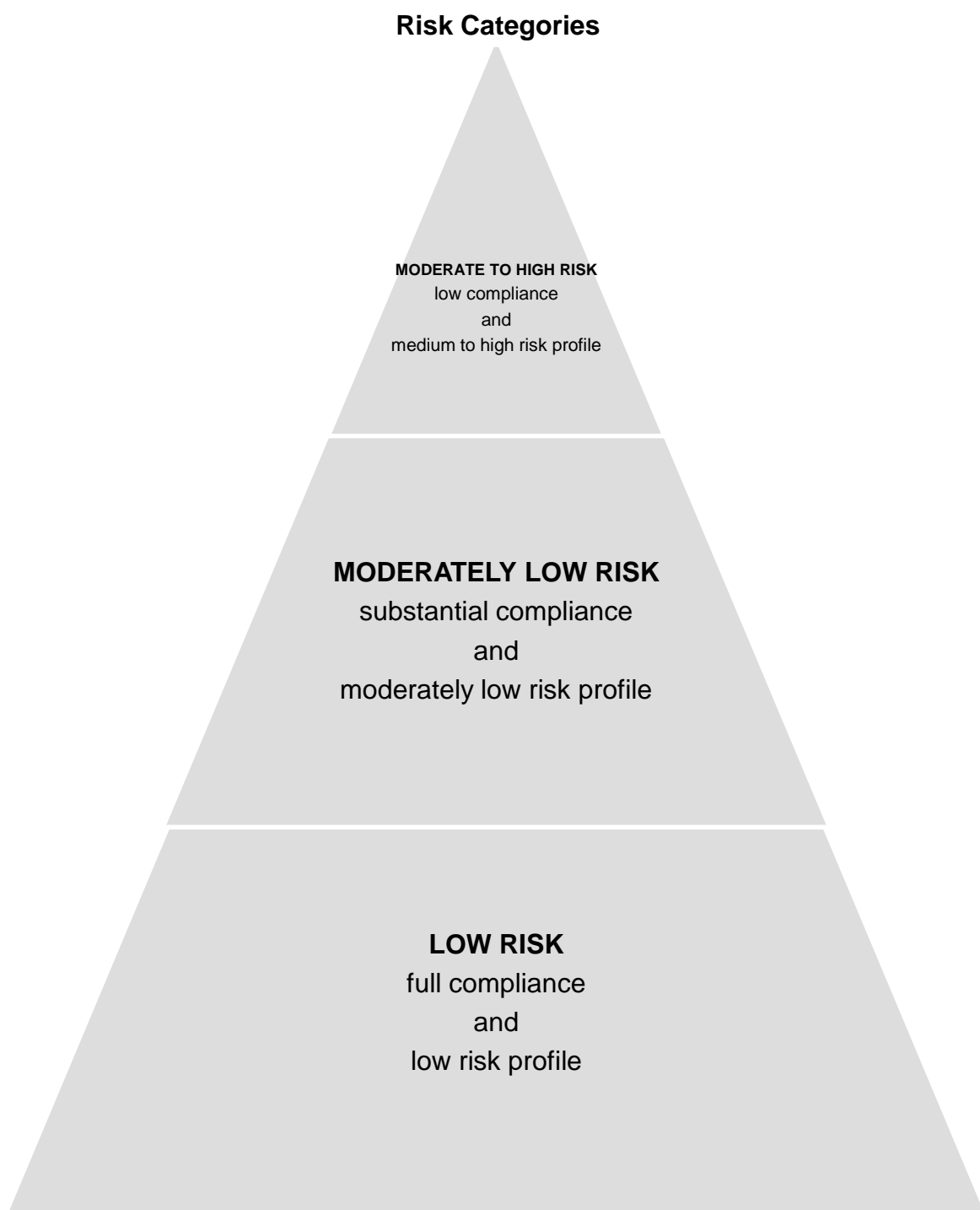
The extent of these tools, and the degree intervention, will be based on a compliance continuum. The compliance tools, and the circumstances by which they may be used, are described in Appendix 1.

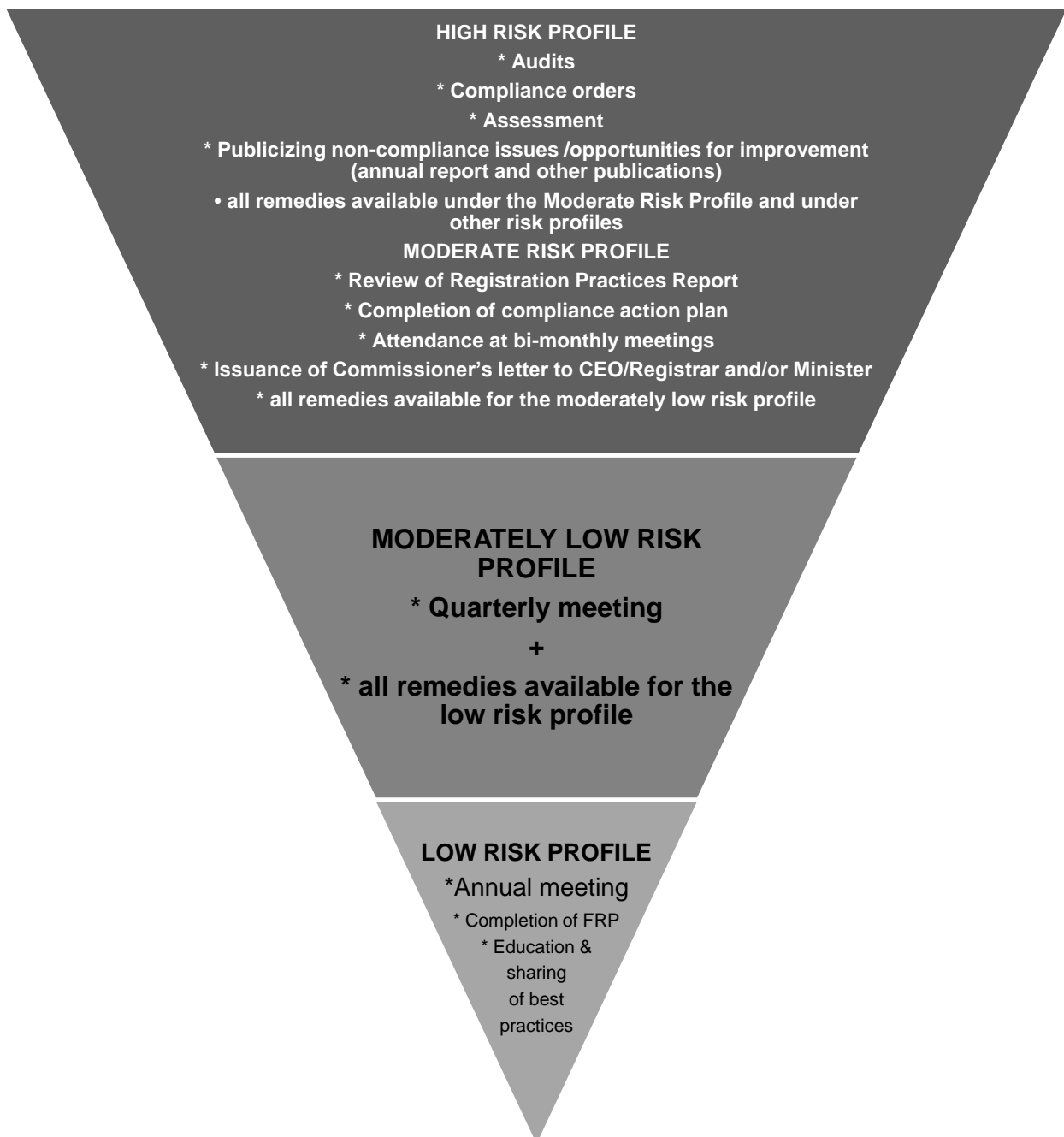


The continuum of compliance tools is presented in the two pyramids below. Actions at the top of the inverted pyramid reinforce, and build upon, actions at the bottom. The approach involves progressive escalation to promote compliance with the legislation.

The OFC currently anticipates that the vast majority of the regulators are in the low risk category.

**Diagram 1: Risk-based Continuum Categories with Associated OFC Compliance Tools**





### Associated OFC Compliance Tools

## Transition Strategy

The OFC will implement its Risk-informed Compliance Framework on a provisional basis on or about April 1, 2021. In the first year of operation, the assessment of a regulator's risk category will be based predominantly on historical performance. The regulator will then be placed in a provisional risk category. The OFC will inform the regulator of the risk category in which it has been placed.

In addition, the assessment will rely more on qualitative analysis in the early stage of the transition period until more precise and quantitative measures are developed and validated.



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COMMISSAIRE À L'ÉQUITÉ

During the transition period, the OFC will work with regulators towards implementing any outstanding compliance recommendations from the previous OFC assessment cycle, and to obtain information from the regulator on how the risk factors apply to them.

Towards the end of the transition period, the OFC Compliance Analyst assigned to the regulator will re-assess the risk categorization, in discussion with the regulator, taking into account the extent to which the regulator has made progress in implementing any outstanding compliance recommendations.

The full migration to the new system will commence on April 1, 2022.

At its discretion, the OFC may extend the transition period by a maximum of six months if it concludes that the impacts of the Covid-19 pandemic have materially impacted the ability of the regulator to align its risk mitigation processes and migrate to the new compliance framework.



## Appendix 1: OFC Compliance Tools

This section briefly describes each of the OFC's compliance tools and the circumstances in which it may be used.

### 1. *Advice and Promotion of Fair Registration Best Practices*

This tool incorporates a range of actions designed to promote compliance through education, advice, guidance and promotion of fair registration best practices. It is an appropriate tool to apply for all regulators and the OFC's focus will depend on observed gaps in the regulator's processes.

### 2. *Completion and Submission of Reports*

Pursuant to section 20 of FARPACTA, and section 22.7 of Schedule 2 to the RHPA, regulators are required to prepare and submit to the OFC a fair registration practices report annually or at such other times as the Fairness Commissioner may specify. As part of this obligation, the OFC asks that this report contain information on:

- The current size of the membership of the profession, college or compulsory trade,
- The number of total applicants,
- The number of internationally trained applicants,
- A demographics breakdown of both members and applicants (e.g., by gender and country of origin).

The OFC may seek additional information from regulators on a case-by-case basis according to their risk categories.

### 3. *Meetings with Regulators*

OFC staff will schedule regular meetings with regulators, the frequency of which will depend on the regulator's risk category. These meetings will constitute a platform to exchange information and for regulators in the low and moderately low risk categories to provide updates and share information, as well as innovative fair registration best practices. For regulators in the moderate to high risk category, the meetings will serve as compliance forums to address and resolve ongoing and/or persistent fair access issues.

### 4. *Compliance Action Plan*

The compliance action plan is a tool reserved for regulators in the moderate to high risk category. The OFC and regulator will use this tool to track how a regulator is addressing, and making progress on, compliance issues that the OFC has identified for further action. While the OFC will work with the regulator to develop a mutually agreed upon compliance plan, it will also have the discretion to formulate this document on a unilateral basis.

### 5. *Letter from the Fairness Commissioner to the CEO/Registrar, Board of Directors and/or Responsible Minister*

If the regulator does not institute corrective actions, or show meaningful progress against stated objectives, the Fairness Commissioner may choose to write to senior officials within the organization and/or the responsible minister



to outline his or her concerns. This approach would typically be reserved for regulators in the moderate to high risk category.

6. *Publicizing non-compliance issues /opportunities for improvement (annual report or other publications)*

If the compliance tools described above do not produce effective results, and the compliance issues persist, the OFC may choose to publicize its ongoing concerns regarding the regulator's registration practices, through a variety of media, such as the OFC's website, annual report and other publications.

The OFC will only use this compliance tool for regulators in the moderate to high risk category and provide prior notice of this action.

7. *Review of Registration Practices*

Under section 19 of FARPACTA, and section 22.6 of Schedule 2 to the RHPA, the OFC may also require that a regulator undertake a review of its registration practices to ensure that these practices are transparent, objective, impartial and fair. The OFC may mandate this review, on a case-by-case basis. While this report is required to canvass issues relating to the relevance or necessity of registration requirements, the timeliness of decision-making and the reasonableness of fees, the OFC can specify additional issues for review.

8. *Assessment*

Section 13(3)(a) of FARPACTA and section 22.5(1)(a) indicate that it is the function of the Fairness Commissioner to assess the registration practices of regulators based on their obligations under the statute and regulations. The assessment process is a compliance tool that the OFC may use for regulators in the moderate to high risk category. The OFC will conduct an assessment of a regulator's registration practices to determine the regulator's level of compliance. It will involve a review of relevant information to assess the extent to which the regulator is complying with its legal obligations and to develop informed conclusions on the appropriate corrective actions that the regulator should be taking.

9. *Audit*

The audit process is analogous to an independent investigation that is conducted by a third party that the OFC approves. It will typically involve a defined and targeted review of material and persistent deficiencies in a regulator's registration processes. The audit is expected to yield a report with findings and recommendations. Under section 21(2) of FARPACTA and section 22.8(2) of Schedule 2 to the RHPA, the cost of the audit is borne by the regulator and the final report must be filed with the Minister of Labour, Training and Skills Development for regulated professions and trades, and the Minister of Health for the health colleges.

Given the significant nature of the audit authority, the OFC will employ this tool sparingly and only where the circumstances so warrant. This tool is an available option for regulators in the moderate to high risk category.



### *10. Compliance Order*

If the Fairness Commissioner concludes that a regulated profession has contravened either the specific duties (Part III) and/or reporting obligations (Part VI) enumerated in FARPACTA, a compliance order may be issued against the regulator. The order may contain any actions that the Fairness Commissioner deems appropriate for the regulator to do, or to refrain from doing, in order to comply with the legislation.

FARPACTA outlines a specific process for issuing an order. This authority is not conferred to the Fairness Commissioner under Schedule 2 to the RHPA.





April 14<sup>th</sup>, 2022

Mr. Rod Hamilton,  
Registrar,  
College of Physiotherapists of Ontario,  
375 University Ave #800,  
Toronto, ON  
M5G 2J5

(Sent via e-mail)

Dear Mr. Hamilton:

Re: Cumulative Risk Rating for the College of Physiotherapists of Ontario

As you are aware, in April 2021, the Office of the Fairness Commissioner (OFC) launched its new Risk-Informed Compliance Framework (RICF), which fully came into effect on April 1, 2022. This framework relies both on the regulator's historical performance, and a series of forward-looking risk factors that could impact a regulator's ability to achieve better registration outcomes for applicants.

Our office has chosen to implement this initiative in a staged fashion, to include a 12-month transition period to allow regulators to migrate to the new system and to comply with any outstanding OFC recommendations.

During this transition period, which began on April 1, 2021, OFC compliance analysts reviewed each regulator's historical performance, the steps taken to implement any outstanding recommendations, and how the regulator has addressed each of our office's forward-looking risk factors. Our office gathered the necessary information through virtual meetings and the administration of a risk-assessment questionnaire.

As the compliance analyst responsible for the College of Physiotherapists of Ontario (the CPO or college), I then initiated an analysis of both the college's historical performance, and impact of the forward-looking risk factors, to identify an



appropriate cumulative risk rating for the CPO. In undertaking this work, I also consulted with the Fairness Commissioner and OFC management.

As you know, the OFC has established three cumulative risk categories, which have been categorized a low risk, moderately low risk and medium to high risk. Following a review of the relevant considerations, which I will outline more fully below, I have determined that the college should be placed in the “medium” risk category for the April 1, 2022, to March 31, 2023, assessment period. My analysis follows.

### *Historical Compliance*

I will start with my assessment of the CPO’s historical performance. The RICF outlines five indicators that our office takes into account to assess the historical performance of a regulator. These are:

- The nature and extent of material compliance recommendations that the OFC has issued to the regulator in the last compliance cycle.
- The extent to which the regulator has complied with these recommendations and avoided new issues.
- The regulator’s observed motivation to work with the OFC on defined compliance objectives.
- The content of decisions issued by the courts or tribunals that discuss the regulator’s registration practices.
- The degree to which the regulator’s registration processes exhibit the attributes of transparency objectivity, impartiality and fairness, as demonstrated, for example, by the number of OFC recognized “commendable practices” and/or other best practices and innovations that the regulator has instituted over time.

Under this scheme, a regulator can be placed into one of three *compliance* categories: full compliance with the objectives of the legislation, substantial compliance with the objectives of the legislation and performance that falls short of compliance with the objectives of the legislation.

In undertaking this analysis, I would note that the OFC did not issue any compliance recommendations to the college during the last assessment cycle, which took place in 2017, nor has the office written any new ones since that date. Hence, the college is not subject to any outstanding recommendations at this time.



I would also note that the CPO has shown a willingness to work constructively with our office on defined compliance objectives and has taken a number of innovative steps to enhance the transparency, objectivity, impartiality, and fairness of its processes. I would like to document a number of these initiatives below:

- The college’s decision(s) during the early stages of the Covid-19 pandemic to:
  - decrease the time to complete applicant requests for expedited reviews from a normal time standard of approximately 15 days to five days.
  - accept a statutory declaration where the applicant is experiencing difficulty in obtaining a letter of professional standing.
- The college’s decision to establish a policy to enable applicants in the provisional class to register as full independent class members, without the requirement to successfully complete a clinical skills examination.
- The college’s decision to initiate a review of its entry-to-practice registration program and to explore alternatives to its current objective structured clinical examination.

[Based on my assessment of these considerations, I would place the CPO in the category of “full compliance with the objectives of the legislation” category.]

#### *Forward-looking Risk Factors*

The OFC has also identified five forward-looking risk factors to help determine a regulator's risk profile. These risk factors identify the existing and potential risks posed to fair registration access for Canadians and internationally trained individuals. The considerations involve:

- Organizational capacity.
- The overall control that a regulator exerts over its assessment and registration processes.
- The regulator’s response to emergency situations, such as the Covid-19 pandemic.
- An over-reliance on Canadian experience requirements.
- Public policy considerations.



Once these factors are considered, the OFC will then perform a traditional risk assessment that considers both the probability that a risk will occur and the significance of the consequences.

In undertaking this risk assessment, I wish to focus on three of the considerations outlined in the OFC's Risk-informed Policy Framework and Policy. The descriptions of these risks and the salient factors to consider in determining the likelihood and impact of the risks are contained in the RICF Policy, appended to this letter.

The first relates to the overall control that a regulator exerts over its assessment and registration processes. The key consideration here relates to the strained relationship between the college and Canadian Alliance of Physiotherapy Regulators (CAPR or the alliance) and, particularly CAPR's recent decision to remove the college from its membership roster. There is now the risk that CAPR may refuse to provide assessment and testing services to CPO, unless a satisfactory commercial arrangement can be structured.

The second factor relates the CPO's organizational capacity. It has arisen because of CAPR's recent decision to no longer undertake clinical examinations for regulators. This is a material issue since, historically, CAPR has marshalled the financial resources and subject matter expertise to successfully deliver these in-person examinations.

To address this gap, and to its credit, the college is working on a new approach to evaluate the clinical skills of its applicants, which will be based on the CPO's current quality assurance framework. While this effort appears promising, there is still a risk that this work will not be completed successfully and/or in a timely fashion.

The third risk factor involves the college's ongoing response to the Covid-19 pandemic. This issue relates principally to the CPO's inability to find a registration solution for the approximately 100 internationally trained applicants who have been deprived of their ability to practice, on either a full or provisional basis, in circumstances where the college cannot say when they will be able to retake the new clinical examination.

This situation has been exacerbated by the college's prescriptive regulatory framework, which is characterized by an over-reliance on non-exemptible registration requirements. It is this lack of regulatory flexibility coupled with CAPR's inability to deliver a virtual, and more recently, an in-person, examination, that has contributed to this unfortunate situation.

The final step in the risk assessment process is to determine a cumulative risk category for the regulator. The policy indicates that the OFC will do so by



aggregating the derived risk profile of a regulator with its historical performance assessment.

I have undertaken this analysis and have concluded that a medium risk profile best portrays the college's situation for the next 12-months. I have reached this conclusion because of the potential outcomes of the three risk factors that I have previously described.

As a moderate risk regulator, the tools that the OFC may utilize to continue to work with you include completion of a compliance action plan and bi-monthly meetings.

I want to thank you again for your patience as the OFC transitioned to our new framework and look forward to continuing to support your organization.

Yours truly,

[Original signed by]

James Mendel, Compliance Analyst with the Office of the Fairness Commissioner

c.c.: Irwin Glasberg, Commissioner

c.c.: Hilary Forgie-Resnick, Director

c.c.: Stephanie Mah, Business and Operations Manager



James Mendel  
Compliance Analyst  
Office of the Fairness Commissioner  
Email: [james.mendel@ontario.ca](mailto:james.mendel@ontario.ca)

May 3, 2022

Dear James Mendel,

### **OFC Risk Rating for the College of Physiotherapists of Ontario – 2022**

Thank you for your letter which we received by email on April 14, 2022, advising us that the risk category for the College of Physiotherapists of Ontario for 2022-2023 is medium risk. We appreciate the careful consideration that you have given to this matter.

In reviewing the letter, we noted that there were some areas that might benefit from additional clarification given that this information and the resulting rating is in the public domain. While we are not writing with the intent of asking that the rating be revisited, if the following information prompts reconsideration, we would welcome the ongoing discussion.

#### **Context**

Individuals who wish to practice physiotherapy in Ontario are either Canadian educated or internationally educated.

Internationally educated individuals go through a credentialing process that is administered by the Canadian Alliance of Physiotherapy Regulators (CAPR). CAPR also ensures that the candidate can demonstrate language proficiency through a standardized assessment. At no time has there been any suggestion that the credentialing services would be unavailable to individuals who wished to practice physiotherapy in Ontario.

Both Canadian trained individuals and internationally educated individuals are required to attempt and successfully complete a written exam which is administered by the Canadian Alliance of Physiotherapy Regulators. Individuals have up to three attempts to successfully complete this exam. Once successful, they can apply for a Provisional Practice Certificate of registration in any province.

Anyone who holds a Provisional Practice Certificate in Ontario is referred to as a Physiotherapy Resident or Resident. Residents can practice the full scope of the profession and there are no restrictions on their practice. Residents work in association with a Practice Supervisor who may

or may not work at the same practice location. This Supervisor acts in the capacity of a resource and mentor to the Resident.

The written exam has been available to individuals throughout the entire pandemic. At no time have there been any concerns that individuals living in Ontario or who wished to practice in Ontario would not have the opportunity to attempt CAPR's written exam.

In the past, Provisional Practice Certificates were time limited as the person either went on to successfully complete the Physiotherapy Competency Exam – clinical and register for an Independent Practice Certificate, or they attempted the clinical exam and were unsuccessful.

### **Clinical Exam Management Since March 2020**

In March 2020, COVID caused organizations to assess how in-person and clinical exams would be carried out moving forward. At the time, no one anticipated that COVID would create a long-term health crisis requiring government intervention.

Typically, there were two clinical exam sittings each year - June and November. CAPR cancelled both the June 2020 and November 2020 clinical exams. As soon as the College was made aware of the cancellations, we extended the Provisional Practice Certificates indefinitely to the Residents at no cost.

During the early days of the pandemic, the College monitored the health human resource planning needs for the province. We encouraged physiotherapists to register with the Ontario government's health care services matching portal to provide services or to be redeployed to other areas of the health care system. Approximately 1,000 physiotherapists registered. To our knowledge, none of their services were required. In addition, there were no government requests to fast-track registration, unlike some other health professions.

In the interim, CAPR continued to plan for an in-person clinical exam to resume as soon as possible. The CAPR Board also directed staff to consider how to move the clinical exam to a virtual format. We know that if this initiative been successful, the OFC would have recognized it as a best practice in examinations.

While CAPR was able to develop exam content that could be delivered in a virtual format, the technology solution was not sufficient to support the exam in the spring of 2021. CAPR retained a second service provider, and the virtual clinical exam launched September 2021. The launch saw some success, but ultimately the CAPR Board determined that it would no longer administer clinical exams. Colleges were advised of this in early 2022.

## **College Response**

Prior to the unsuccessful administrations of the virtual exam in 2021, the College had already begun exploring alternative pathways to register applicants.

### **Council Consideration**

Council considered a broader College strategy to address this issue. Knowing that it takes years to develop and put into practice a licensure examination, it issued an RFP for the creation and implementation of a clinical exam. Due to the aggressive timelines, the College received no qualifying submissions.

The College also attempted to purchase the virtual examination questions from CAPR, which we hoped to have administered by a third party. Unfortunately, the fee to purchase CAPR's questions could not be supported by Council.

The College approached other provincial regulators to explore partnership opportunities on the development of licensure pathways. There was no collective interest to explore a partnership.

Council assessed other entry to practice exams available for physiotherapy candidates internationally and were unable to find an examination that was fit for purpose as a permanent solution.

Council also submitted a regulation change as it relates to an emergency category of registration. A second part of the proposed change would allow individuals who have attempted the clinical exam and been unsuccessful to apply for a second Provisional Practice Certificate.

## **College Initiatives**

### **Council-Approved Examinations**

Council approved the Université de Sherbrooke Final Comprehensive Exam as a clinical exam. The College explored other options and unfortunately there were no other examinations deemed to be fit for purpose. The option to attempt the Université de Sherbrooke exam made available to all French-speaking Residents.

Council also approved the development of the Ontario Clinical Exam (OCE). As you can appreciate, developing a licensure examination takes a significant amount of time. Council has ensured that the College has sufficient financial and human resources to carry out this work. An Examinations Manager joined the College earlier this year, and the College has added exam developers, item writers, psychometricians, examiners, and counsel to its exam team as required.



We anticipate that the examination format will not be based solely on the behaviour-based interview approach used by the College's Quality Assurance area. Instead, it will likely be a multi-pronged assessment approach. We anticipate this exam will be available by the end of the year. However, if it is not available, individuals can apply through the Registration Exemption Policy (see below) or submit an application to be reviewed by the College's Registration Committee. Every potential applicant in Ontario has a pathway to registration while the clinical exam is not available.

### **Review by the Registration Committee**

At this time, individuals have had the opportunity to submit an Independent Practice Certificate application to be reviewed by the Registration Committee. This applies equally to individuals who held Provisional Practice Certificates or had attempted CAPR's Physiotherapy Competency Exam – Clinical on previous occasions and were unsuccessful. To date, we have received applications from three individuals who had attempted the clinical exam on at least one occasion and were unsuccessful. These applications were reviewed by the Registration Committee.

### **Registration Committee Exemption Policy**

In December 2021, the Registration Committee created an Exemption Policy that allows Canadian educated physiotherapists and internationally educated physiotherapists the opportunity to move from a Provisional Practice Certificate to an Independent Practice Certificate if they meet a number of criteria.

Under this Exemption Policy, the College has received 401 applications thus far. To date, 260 certificates have been issued and the outstanding applications are under review. Individuals will continue to become eligible to apply under this Policy in an ongoing way.

The Committee further expanded the eligibility criteria for this Policy in March 2022.

At this time, we have an additional 235 individuals who may choose to apply under the expanded eligibility criteria, if they meet the criteria. If they do not meet the criteria, they can submit an application for registration which would be reviewed by the Registration Committee, or they may choose to remain in the Provisional Practice category until the Ontario Clinical Exam (OCE) is available. It should be noted that there are individuals who choose to remain in the Provisional Practice registration category.

There is currently no backlog of applications. Every application received is being processed.

## **Individuals Who Attempted the Clinical Exam One or More Times and Were Unsuccessful**

Individuals who fall into this category can submit an application for registration to be considered by the Registration Committee. The Committee reviews each application and supporting material on an individual basis and assesses if and how appropriate safeguards can be put in place to allow for the individual to transition to practice. These candidates also have the option to attempt the Ontario Clinical Exam when it is available.

## **Relationship with the Canadian Alliance of Physiotherapy Regulators (CAPR)**

We appreciated the opportunity to share updates about the College's relationship with CAPR. It is accurate that there were some concerns related to the College's ongoing CAPR membership which were related to administrative issues (fees and a loan request). Currently, there are no concerns about the College and CAPR's relationship and I can confirm the College is currently a CAPR member.

CAPR has determined that they will not offer a clinical exam moving forward and each province is developing their own clinical exams or alternative pathways to registration.

## **Forward Looking - Risk Factors**

While we believe that the information above addresses the elements of risk that have been raised, we would like to specifically address the comments captured in the analysis of forward-looking risk factors.

## **Canadian Alliance of Physiotherapy Regulators (CAPR) Relationship**

The College is a member of CAPR and CAPR continues to provide credentialing services and administers the written exam to all individuals who wish to practice as a physiotherapist in Canada.

## **Canadian Alliance of Physiotherapy Regulators (CAPR) Decision to Not Administer a National Clinical Exam**

Individuals who successfully complete the national written exam can apply for a Provisional Practice Certificate in Ontario. Nothing has changed in this regard.

Individuals who wish to practice in Ontario with an Independent Practice Certificate can continue to apply through the Registration Committee Exemption Policy, or if they do not qualify under the Policy, they can apply to have their application reviewed by the College's Registration Committee.

The Ontario Clinical Exam development is well underway, and Council has committed to ensure resources are available to support this initiative.

### **Barriers to Access for Anyone Who Previously Attempted the Exam and Was Unsuccessful**

It is correct that individuals who have previously attempted the clinical exam on one or more occasions and been unsuccessful cannot apply for a second Provisional Practice Certificate. This is an explicit provision in the Ontario Regulation.

That being said, individuals who have attempted the clinical exam on one to two previous occasions and been unsuccessful can submit an application for an Independent Practice Certificate to be considered by the Registration Committee. A global approach to licensure for this group cannot be taken given the specific circumstances of each candidate.

### **Conclusions**

The College appreciates that the last couple of years have been challenging for regulators who rely on exam administration. We are proud of the rigour behind the new path forward, as it has balanced the need to assess entry to practice level competencies and the public interest.

Every decision made by the College has addressed three important considerations: the safety of the public when receiving physiotherapy care, the quality of care being provided, and our commitment to ensuring that Canadian trained applicants and internationally trained applicants are treated in the same manner. The College has faced significant pressure from stakeholders, including our Canadian trained applicants to forgo examinations under the assumption that their academic program has successfully prepared them to practice. Decisions about licensure need to be made considering public safety, risk, and fairness to applicants. These key principles will continue to drive our conversations moving forward.

Thank you for your consideration of this information. We welcome ongoing discussions.

Sincerely,



Rod Hamilton  
Registrar

CC: Commissioner, Irwin Glasberg

**Act**

---

**Regulations under the Regulated Health Professions Act, 1991 (RHPA) - Registration Barriers for Regulated Health Professionals****Regulation Number(s):** N/A**Instrument Type:** Act**Bill or Act:** Pandemic and Emergency Preparedness Act; Regulated Health Professions Act**Summary of Proposal:** The proposed regulations would support the Ministry of Health's broader goal of increasing health human resource capacity to help Ontario respond and recover from the pandemic by enabling the implementation of amendments to the RHPA contained in Schedule 6 of Bill 106, Pandemic and Emergency Preparedness Act, 2022, should that Act be passed.

Canadian experience

Canadian experience would be defined as: "Any period of work experience or experiential training in Canada".

Unless an exemption is obtained, any requirement for Canadian experience as a qualification for registration with a health regulatory College would become void after implementation. Exemptions would be granted through a regulation made under the RHPA.

A health regulatory College may continue to accept Canadian experience in satisfaction of an experience-related qualification for registration if it also accepts international experience as a viable alternative to Canadian experience.

Language proficiency

Health regulatory Colleges would have to accept proof of completion of a language test accepted by Immigration, Refugees and Citizenship Canada for immigration purposes (with results

satisfactory to the regulated profession) as proof of English or French language proficiency. Regulated professions may also accept (but not require) other tests or demonstrations of proficiency of their choosing.

Language test results that are valid at the time an application is received will be deemed to remain valid for the duration of the time it takes an applicant to complete the registration process.

#### Timely registration decisions

The proposed regulation would prescribe the following time-limits to make and communicate registration decisions with respect to domestic labour mobility applicants.

- Initial registration decisions of the Registrar be made within 30 business days of receiving a complete application.
- Decisions by panels of the Registration Committee be made within 10 business days of the deadline for receiving an applicant's submission.

The Ministry is also seeking input and advice on appropriate time-limits for decisions of the Registrar and panels of the Registration Committee for applicants who are not domestic labour mobility applicants.

#### Emergency class of certificates of registration

- This regulation would prescribe the requirements that a regulation made by a College setting out an emergency class of registration must meet. The proposed regulation would require that regulations made by the Colleges set out the:
  - circumstances in which an emergency class of registration would be used;
  - length of time an individual's registration in the emergency class would be valid; and
  - process for individuals registered in the emergency class to seek registration in the general class(es).

**Analysis of Regulatory**

**Impact:**

There are no anticipated compliance costs as a result of the proposed regulations. Updates to any College regulations, by-laws and processes to come into compliance with the legislation and proposed regulations are expected to be undertaken as part of regular College operations. The proposals may improve the competitiveness of Ontario's health care sector by streamlining registration processes.

**Further Information:**

 [Pandemic and Emergency Preparedness Bill](#)

**Proposal Number:**

22-HLTC021

**Posting Date:**

April 21, 2022

**Comments Due Date:**

June 10, 2022

**Contact Address:**

Health Workforce Regulatory Oversight Branch  
438 University Ave, 10th Floor  
Toronto, ON M7A 1N3

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|



Health Workforce Regulatory Oversight Branch  
438 University Ave, 10th Floor  
Toronto, ON M7A 1N3

June 8, 2022

To whom it may concern,

**Re: Proposed regulations related to Schedule 6 of Bill 106, *Pandemic and Emergency Preparedness Act*, 2022**

Thank you very much for the opportunity to provide feedback on the proposed regulations made under Schedule 6 of Bill 106, *Pandemic and Emergency Preparedness Act*, 2022 to enable the implementation of amendments to the RHPA.

We understand that the proposed regulations support the Ministry of Health's broader goal of increasing health human resource capacity to help Ontario respond and recover from the pandemic and end hallway healthcare. We are in support of these goals and look forward to working with the Ministry to implement the proposed regulations once they are approved.

However, it is our impression that the regulations described in the proposal have the potential to impose problems with the way that colleges manage the entry to practice process, not only at the provincial level, but also with the way that some colleges work with regulators from other provinces at the national level, to meet the requirements of the Federal mutual recognition obligations.

As a result of these potential problems, the College would also like to suggest that the statement in the regulatory proposal which suggests that there are no anticipated compliance costs for the proposed regulations, may not be fully accurate.

We would like to offer the following comments related to the implementation of the four components of the proposed regulations.

Canadian experience

This College does not currently require candidates to have work experience in Canada in order to register as a physiotherapist. As such the College has no comments with respect to this issue.



## Language proficiency

Currently, in order to promote national labour mobility and credential recognition, physiotherapy regulators in Canada make use of the Canadian Alliance of Physiotherapy Regulators (CAPR), which is an organization established by the provincial and territorial physiotherapy regulators across Canada. The CAPR provides common and consistent evaluation services to assess the qualifications and competence of physiotherapy applicants in Canada, including the determination of language proficiency for internationally trained physiotherapy applicants.

One of the College's main concerns with the proposed regulation is that the English and French language proficiency tests currently accepted by CAPR are different than those accepted by Immigration, Refugees and Citizenship Canada (IRCC).

Therefore, in order for this College to comply with the proposed new requirements, the College would likely need to take one of two approaches.

The first approach might be for the College to request that CAPR change their language proficiency requirements to align with the new requirements in Ontario, however that will have unintended impact on other provincial regulators who also use CAPR credentialing services.

The second approach might be for the College to depart from CAPR's processes regarding the assessment of language proficiency and apply the Ontario-specific requirements to Ontario applicants, however that would impair the goal of national regulatory consistency within the labour mobility provisions in the Canadian Free Trade Agreement (CFTA).

Both of these approaches will require a significant investment of effort and financial resources on the part of the College and potentially CAPR and will ultimately undermine national unity respecting physiotherapy regulation.

A further concern associated with the proposed regulations is that CAPR notes that in order to accept the score for any language proficiency test, they require the result to come directly from the testing agency itself, as opposed to a copy of the results shared by IRCC or sent directly from the candidate. This is a fundamental requirement to ensure the legitimacy and accuracy of test results and failure to maintain it will erode the capacity of regulators to regulate in the public interest.

A third concern relates to the fact that the proposed regulation appears to intend to specify that language test results that are valid at the time an application is received will be deemed to





remain valid for the duration of the time it takes an applicant to complete the registration process.

However, CAPR notes that most language testing agencies indicate that their results are only valid for two years, and CAPR defers to the language testing agency in determining the validity of the results.

CAPR notes that the two-year validity window is based on evidence that if someone is not using a language, their skill level deteriorates. Many of the internationally education physiotherapy applicants are not in Canada and not speaking English during time in which their credentialing assessment is completed.

Therefore, the implication of this proposed requirement is that a candidate's language proficiency test results are potentially stale by the time they complete the registration process, and their level of language proficiency is no longer assured, which may impact the candidate's ability to practice the profession safely and competently. This would have an adverse impact on public interest and safety.

In addition, this College has considered research in recent years which highlighted the potential limitations to using generic language proficiency tests to determine language proficiency in the context of practicing physiotherapy.

The key issue here is that generic language proficiency tests may not be able to determine a candidate's ability to communicate effectively in English or French while practicing the profession, which may impact their ability to practice safely and competently. In other words, generic language tests have little or no capacity to assess the highly technical clinical language which is often needed in interactions with patients and other health professionals.

The College plan is to explore a move towards profession-specific language proficiency assessment which may be a better way to ensure that candidates are able to practice the profession safely and competently and ensure the public is protected. The proposed language proficiency requirements under Bill 106 would be contrary to that goal.

For reasons such as these, the College believes that the provisions to be included in the proposed language regulation need careful reconsideration.

### Timely registration decisions

The proposed regulation indicated an intention to require that for domestic labour mobility applicants, decisions by the registrar are to be made within 30 days of an application, and



decisions made by panels of the Registration Committee be made within 10 business days of the deadline for receiving an applicant's submission.

While, generally speaking, in most cases of domestic labour mobility applications, the registrar approves the registration well within the 30 day timeline, there are some circumstances where these application are referred to the Registration Committee, and it is this domain that the College has concerns about the practicality of the proposal.

Referrals to the Registration Committee in this context are generally restricted to individuals who have past conduct history or who do not have enough practice hours to meet the College's minimum requirements.

As you are no doubt aware, if the registrar refers a registration application to the Registration Committee for review the applicant has 30 days to send a submission to the Registration Committee.

If the College understands the proposed regulation requirement correctly, once the applicant submits their application, the Registration Committee would be required to review this material and make a decision within 10 days.

While as noted above, referrals to the Registration Committee of domestic labour mobility applicants is relatively uncommon, the College is concerned about this proposed process as it is difficult to predict when such applications will be submitted to the College. As such, it would be difficult to schedule meetings of the Registration Committee and distribute the relevant materials for review and consideration within ten days of the submission deadline. The College typically schedules Committee meetings months in advance to ensure that Committee members are available to attend.

In order to meet the 10 day decision timeline proposed in the regulation, the College would essentially need to have Registration Committee members on call and available to meet on short notice. This has a potential to impose cost on colleges and the government to support frequent meetings of the Committee scheduled with short notice.

While it is not entirely clear in the discussion of the regulation as to whether the 10 day decision timeline includes it, the College is also concerned about the ability of the Registration Committee to write decisions and reasons. If the proposed regulation assumes that committees will be able to both make decisions on matters that come before it AND develop written decisions and reasons within the 10 day timeline, then the College suggests it might be necessary to reconsider this obligation, particularly in light on the additional costs it would impose on the process.



### Emergency class registration

Our understanding is that the proposed regulations would define the required elements of regulations regarding an emergency class of registration, and then each College would incorporate those provisions into their profession specific Act and/or regulations. This College is supportive of this approach and looks forward to working with the Ministry to develop the necessary prescribed required and to enact these regulations in a timely way.

However, when considering the content of these regulations, this College would like to suggest that a critical condition for an emergency class of registration is that the registration must expire at the time that the emergency ends.

In other words, it should be made clear that once the emergency ceases a college can only accept individuals who have been working in the emergency class into the general registration pool after the normal assessment of qualifications process being undertaken. To do otherwise has the potential to create a backdoor to registration into the profession by bypassing the typical registration process and requirements.

We would like to thank the Ministry again for the opportunity to provide input on the proposed regulations under Bill 106, and we would welcome the opportunity to work with the Ministry to implement the new requirements once the proposed regulations are approved to help improve the health human resource capacity in Ontario.

Please do not hesitate to reach out should you have any questions or require additional information.

Sincerely,

Theresa Stevens  
President

Rod Hamilton  
Registrar

# FARPACTA: Registration and Foreign Trained Professionals

*By: Aly Háji*

On February 11, 2022, I found myself rushing to a hospital in Ottawa. Fortunately, it was not due to some tragic accident or alphanumeric virus. My wife was in labor, and we were about to have our first baby (who was born shortly thereafter on February 12).

Throughout our short time at the hospital, the strain on the healthcare system was palpable: over-filled waiting rooms, long lines, exhausted healthcare workers. It was therefore with great interest that I read about the amendments to the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006* ("FARPACTA") which received Royal Assent in December 2021 as part of Bill 27, the *Working for Workers Act, 2021*. The amendments have the overarching effect of pressuring regulators to remove barriers

to registration faced by internationally trained professionals.

While I was personally disappointed to learn that *FARPACTA* would not apply to healthcare professionals, its impact on a significant number of other professions is clear. They also provide a glimpse into avenues of change which might be pursued with respect to other regulators and professions in the future.

Here are 5 things that all regulators should know about the amendments to *FARPACTA*:

### **1. Its effects are far-reaching.**

The amendments to *FARPACTA* impact numerous regulated professions named in Schedule 1 of the *Act*. Namely, these include:

- The Association of Professional Engineers of Ontario;
- The Association of Professional Geoscientists of Ontario;
- The Association of Ontario Land Surveyors;
- The College of Early Childhood Educators;
- The College of Veterinarians of Ontario;
- The Law Society of Ontario;
- The Ontario Association of Architects;
- The Ontario Association of Certified Engineering Technicians and Technologists;
- The Ontario College of Social Workers and Social Service Workers;
- The Ontario College of Teachers;
- The Ontario Professional Foresters Association;
- The Human Resource Professionals Association; and
- The Chartered Professional Accountants of Ontario.

### **2. It does not apply to healthcare professionals.**

Healthcare professionals governed by the *Regulated Health Professions Act* are not impacted by the legislation. This is both surprising and disappointing given both the nature of the changes effected by the amendments and the current strain on Ontario's healthcare system.

While overly optimistic, perhaps the amendments might set the groundwork for similar changes in the context of healthcare professions where such changes are sorely needed.

### **3. It effectively eliminates Canadian experience requirements.**

The amendments to *FARPACTA* aim to lower the significant barriers to entry faced by foreign trained professionals. Regulators are now prohibited from requiring international professionals to have Canadian experience to become registered, unless an exemption can be granted on the basis of public health and safety by the Fairness Commissioner and, ultimately, the Minister of Labour, Training and Skills Development (the "Minister").

Absent an exemption, a regulator's requirement that an international professional have Canadian experience before being registered in Ontario is void as of December 2, 2023. Should a regulator refuse to comply, the Minister has the power to issue a compliance order requiring the regulator to change relevant regulations or by-laws.

### **4. It opens the door for expedited registration processes.**

*FARPACTA* creates the possibility that, in cases of emergency, a regulated profession must comply with regulations made by the government respecting expedited registration processes. To this end, the act requires regulators to implement expedited

regulation processes in cases of emergency. Of note is the fact that “emergency” is not defined anywhere in the legislation.

Regulators may, therefore, be forced to rapidly shift and accelerate registration processes and procedures based on the social context and political milieu in which they find themselves. Perhaps more importantly, government oversight and a continued threat of government intervention will almost certainly lead regulators to review and revise their ongoing registration practices and normalize more streamlined processes.

### **5. It changes language proficiency requirements.**

*FARPACTA* requires regulators to ensure they comply with English and French language proficiency regulations set by the government; both now and in the future, as they relate to registration of their members. The legislation provides authority to the Fairness Commissioner to oversee the implementation of language proficiency requirements.

The result of these changes will likely be the implementation of more uniform language proficiency requirements across regulators. This will make registration processes more easily navigable for internationally trained and educated professionals, especially those for whom English or French are second languages.

Overall, it seems that the amendments to *FARPACTA* will make professional registration processes fairer and more easily navigable for candidates; in particular, those who are internationally trained. With this come significant challenges for regulators, who will need to make significant changes to their by-laws, regulations, registration processes and the rules and procedures of their Registration Committees.

Regulators should brace for these changes and take pre-emptive steps to make their

registration processes adaptive and nimble; not only in response to immediate changes but also to sporadic need to adapt in the future, such as with regard to expedited registration processes. While *FARPACTA* only amends registration requirements for certain enumerated professions, other regulators (such as health professional regulators) should also consider whether the amendments to *FARPACTA* foreshadow similar changes to come.



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## News Releases

# Law Society of Ontario sues NCA Exam Guru

May 25, 2022

**TORONTO, ON** — The Law Society of Ontario has commenced a civil action against NCA Exam Guru and its principal, Aamer Chaudhry.

NCA Exam Guru offers preparation courses for licensing examinations. Aamer Chaudhry leads some of the courses.

In the civil action, the Law Society of Ontario alleges that the company, without authorization, has been obtaining and providing to those enrolled in its preparation courses documents containing questions from the licensing examinations. The company has also been providing documents containing answers to questions. These documents were provided improperly to clients of the company to allow them to cheat on the licensing examinations.

In the civil action, the Law Society of Ontario is seeking monetary damages for breach of confidence, conspiracy, inducing breach of contract and copyright infringement. It is also seeking a return of the examination content from the defendants and an injunction prohibiting its further use and distribution. The Law Society of Ontario is also asking for a full accounting and disgorgement of all profits earned directly or indirectly from the use and disclosure of the examination content, as well as an award of punitive and exemplary damages. A copy of the statement of claim is available [here](#).

“The Law Society is committed to protecting the public interest and actively responding to conduct that threatens the integrity of the licensing process and the professions. As regulator, we will take strong action against alleged wrongdoers,” said Diana Miles, Chief Executive Officer. “This action also serves as a reminder to candidates of their responsibilities and obligations around examination conduct, and the need to be on guard against any third-parties who may be organizing activities to facilitate cheating on licensing examinations.”

Licensing examinations are an integral aspect of ensuring the entry-level-competence of lawyers and paralegals in Ontario. The Law Society is committed to ensuring that its licensing examinations are administered fairly, defensibly, in the public interest, and are free from improper behaviour, unlawful activity, and misconduct.

*The Law Society regulates lawyers and paralegals in Ontario in the public interest. The Law Society has a mandate to protect the public interest, to maintain and advance the cause of justice and the rule of law, to facilitate access to justice for the people of Ontario, and to act in a timely, open and efficient manner.*

-30-

**Media contact:** Wynna Brown, Director, External Relations and Communications, [wbrown@lso.ca](mailto:wbrown@lso.ca). Follow us on [LinkedIn](#), [Instagram](#), [Twitter](#) and [Facebook](#)

# **A report and recommendations on improving governance**

prepared for the

**Ontario College of Social Workers and Social Service Workers**

Harry Cayton

*Professional Regulation and Governance*

Deanna Williams

Dundee Consulting Group Ltd

May 2022



Harry Cayton  
*Professional Regulation and  
Governance*

Mukesh Kowlessar  
President  
Ontario College of Social Workers and Social Service Workers  
250 Bloor Street East, Suite 1000  
Toronto,  
Ontario  
M4W 1E6

May 3, 2022

Dear Mukesh,

We are pleased to submit our review and recommendations for the governance of the College.

It has been a pleasure working with the Governance Committee and Governance Working Group and with Council members; we are grateful for everyone's cooperation, patience with our endless questions and for the experiences and knowledge people have shared. Despite the valuable information and insights we have gained from many people the conclusions in this report are ours and ours alone.

We would like in particular to thank Amy Vranichidis, Senior Executive Assistant and Council and Committee Liaison, who has been unfailingly helpful, well organised and prompt in her support for our work.

As you are aware the short timeframe in which this review was required to be carried out has been challenging. If we had had longer we may have been able to explore some issues in greater depth and detail. Nevertheless, we believe that we have met the requirements of our contract and that the judgements we have made and the recommendations we offer are well founded.

As we say in our Conclusions there is much to respect in the commitment, intelligence and hard work of both Council members and staff but the College is hampered by an over reliance on rules, procedures and policies which result in a bureaucratic and cautious style of governance. We urge you to be more confident in making decisions based on common sense and respect for others.

We hope that the Council as a whole will discuss and agree on the actions to be taken in response to this report.



Harry Cayton  
Professional Regulation and Governance



Deanna Williams  
Dundee Consulting Group Ltd

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# 1 Executive Summary

- 1.1 The Ontario College of Social Workers and Social Service Workers commissioned a review of its governance structure and practices, to be conducted between February and May 2022.
- 1.2 The review was to be in two distinct phases; the first phase of the review included an initial assessment of governance training needs based on feedback from Council and the Governance Working Group and the planning and delivery of two carefully tailored training sessions for the College's Council and senior staff, which were held on March 22 and 25 respectively.
- 1.3 Phase 2 of the review was informed by the initial findings from the first phase and a comprehensive review of the effectiveness of the College's overall governance policies and practices, identifying opportunities for improvement and recommendations for change.
- 1.4 The review finds that the College follows a number of identified good practices, as demonstrated in its: commitment to providing ongoing education and training opportunities for its Council and committee members; its Strategic Plan, its commitment to diversity, equity and inclusion and Truth and Reconciliation; its commitment to facilitate the induction of new Council members through a mentoring program; its development and maintenance of the corporate risk register; and its commitment to a Council evaluation process, with annual results provided to Council for discussion and learning.
- 1.5 The review finds weaknesses in: the lack of dialogue and engagement with the users of social service and social work services; in a failure to include on the risk register identified risks of harm to clients from poor professional practice; in observed challenging behaviours by Council members that focus attention and resources away from the College's mandate of professional regulation in the public interest; in an observed lack of understanding and respect for the respective roles, responsibilities and authorities of the Council, the Committees, the President/Chair and the Registrar/CEO; and in a lack of evidence that Council considers the anticipated regulatory impact or public interest rationale when making decisions or taking actions.
- 1.6 While this is not a legislative review, the review finds that a number of the existing legislative requirements, particularly those mandating the current size and composition of Council; its electoral system, the functions assigned to the Executive Committee; and the requirement that College must hold an Annual Meeting of Members, do not align with contemporary good regulatory governance practices and accordingly challenge effective governance.

- 1.7 The review finds that, with respect to effective governance, the College is hampered by an over reliance on rules, procedures and policies which result in a bureaucratic and cautious style of governance.
- 1.8 The review assessed the College's governance against the Standards of Good Governance, and finds that the College meets three of the nine standards, partially meets three and does not meet three.
- 1.9 A total 21 recommendations are made in this report and are set out in Section 6.

## 2 How we prepared this report

- 2.1 In February 2022, after an open procurement process, the Ontario College of Social Workers and Social Service Workers<sup>1</sup> commissioned Harry Cayton and Deanna Williams to provide governance training for the College council and to present a report on governance with recommendations for improvements as necessary.
- 2.2 The Statement of Work required the consultants to carry out an initial assessment of the governance training needs based on feedback from Council members, senior staff and the Governance Working Group. The first phase informed the planning and delivery of carefully tailored governance training modules, designed to address both the needs identified by the Governance Working Group, as well as general principles of good governance. The second phase of the review would build on findings that informed the initial governance training sessions/modules by conducting a more in-depth and comprehensive review of the effectiveness of the College's overall governance policies and practices, identifying opportunities for improvement and recommendations with respect to change.
- 2.3 The agreed Statement of Work, further specified that the report should include:
- The findings from the interviews conducted with members of Council and senior management staff, and observations of Council, the Executive Committee and other governance related committees (Governance, Elections, Finance and Nominating Committees);
  - Consideration of similar reviews undertaken by other regulatory bodies in Ontario, across Canada and internationally;
  - A summary of current good practice in regulatory governance;
  - An assessment of the College's governance against the Standards of Good Governance;<sup>2</sup> and
  - Recommendations for improvements in the governance structures and processes of the College, taking account of the College's legislation and rules, and those changes which are within the College's power to make and those which require government support.
- 2.4 A total of 22 personal interviews were conducted between February 10 and 25 with members of the College Council, as well as senior staff. All of the interviews, which were conducted virtually, followed a predetermined line of questioning but informants were free in addition to say what ever they wished. We also spoke with representatives of the Office of the Fairness Commissioner for Ontario and the Ontario Ministry of Children, Community & Social Services.

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<sup>1</sup> For the purpose of this report, the Ontario College of Social Workers and Social Service Workers (OCSWSSW) is referred to as "the College."

<sup>2</sup> The Standards of Good Governance, as agreed to for this review, were developed by the Professional Standards Authority (UK) and have been adapted for this review.



- 2.5 Meetings of both Council and committees relevant to governance were observed ; these included the Council; the Governance Committee; the Diversity, Equity and Inclusion Task Group; the Election Committee; the Governance Working Group; the Finance Committee; and the Executive Committee
- 2.6 The reviewers met with the Council President; the Registrar/CEO; the Chair of the Governance Committee and the Chair of the Governance Working Group to keep the College up to date with progress throughout the review period.
- 2.7 Through the College's BoardEffect portal, which is used to store and share papers internally, we had confidential access to all relevant policy papers, meeting agendas, meeting papers and minutes. We also reviewed the College's founding legislation<sup>3</sup>, current regulations, its bylaws and its public facing website.
- 2.8 Although we had limited time, a little over two months, in which to carry out this work we believe that the assessments that we make of the College's governance and the recommendations we offer are sound. We are grateful to all those who spoke freely and frankly to us, in particular the members of Council. We have of course benefitted from their observations and insights but the findings in this review are ours and ours alone.<sup>4</sup>
- 2.9 In reporting as fairly as we can what individuals told us in the interviews without identifying anyone, and in our observations as non-participants in seven meetings, there are obviously things said and observed which are contradictory; we found individuals to have different perspectives on the same issue, different levels of knowledge and different relationships within the College. We have tried to report what we heard and saw objectively but do of course make judgements of our own when assessing the College against the Standards of Good Governance and in making recommendations.

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<sup>3</sup> *Social Work and Social Service Work Act, 1998*, <https://www.ontario.ca/laws/statute/98s31>.

<sup>4</sup> One member of Council was unavailable to speak to us throughout the period and they were also unable to attend the governance workshops.

### 3 What we found

#### *Legislation*

- 3.1 The Ontario College of Social Workers and Social Service Workers regulates two professions- both of which provide, plan or administer a variety of services to a range of vulnerable people in the community. There are around 26,500 people on the register, of whom 22,500 are Social Workers and 3,600 are Social Service Workers. There is a small number of members (also referred to as ‘registrants’ in this report) who hold dual registration.
- 3.2 These registrants work in a wide number of roles and provide care and services in a broad range of health and social service settings, ranging from counselling, psychotherapy and advocacy, to education, community development and administration.
- 3.3 The College operates under the Social Work and Social Service Work Act, 1998. The “Duty and Objects” of the Council are set out in s.3 of the Act and composition of the Council in s.4. The Act provides for the College to make regulations (s. 36 (1)), although these are subject to the approval of the Minister and the Lieutenant Governor in Council. The College may make its own bylaws “relating to the administrative and domestic affairs of the College.” Section 37(1) of the Act lists 35 categories of bylaws that may be made. The College currently has, it seems, 332 separate bylaws grouped into seven consolidated bylaw documents.<sup>5</sup>
- 3.4 The Act specifies (s.14) five statutory committees as well as the composition of those committees. Contrary to the contemporary best regulatory practice of ensuring independence of the disciplinary committee to eliminate potential conflicts of interest, members of the College Council must serve on the Discipline Committee.<sup>6</sup> The Act allows the College to establish other committees and it currently has seven non-statutory committees and one task group in addition to the five statutory committees (see para. 3.29 below).
- 3.5 The College is subject to extensive powers of oversight by the Minister. It must report annually to them and otherwise if requested. The Minister may require the College to do anything that the Minister “believes is necessary or advisable” and may require the College to make, amend or revoke regulations and the College must comply.<sup>7</sup>

#### *The Council*

- 3.6 The College Council generally meets four times a year, usually for a day and sometimes for two days. We observed two Council meetings, a special meeting

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<sup>5</sup> By our count, there are 7 By-laws, Numbers 1, 21, 36, 44, 46, 66 and 103, that include 155, 52, 46, 3, 36, 6 and 34 by-laws respectively.

<sup>6</sup> The Statutory Committees are; the Executive Committee, Complaints Committee, Registration Appeals Committee, Discipline Committee, Fitness to Practise Committee.

<sup>7</sup> *Social Work and Social Service Work Act, 1998*, S 11(1)-(3).

of Council in February and the scheduled Council meeting in March. We found the agendas and accompanying papers to be well prepared and circulated an appropriate time in advance. Attendance at Council meetings was generally good although not all members attended for the full meeting. The primary governance concern which we drew from our observation of Council and from our engagement with Council members was a lack of trust and consequent tension between members and between members and senior staff. We address this under Standard 9 (para. 5.10 below).

- 3.7 As set out under the Act, the College Council must be composed of 21 members, including 14 professional members (seven social workers and seven social service workers) elected by the professions and seven public members, appointed by the Ontario government. Currently, after two recent resignations, there are five public members appointed to the Council.<sup>8</sup>
- 3.8 All five of the current public members appointed to the Council describe themselves as coming from fields related to social work or social service work; one originally graduated from a social work program but is not currently registered with the College, and the other four individuals told us they currently work or have recently worked in fields related to community and social services.
- 3.9 A majority of informants said they believe the current Council size of 21 members is too large and should be reduced to eight to ten members. It was also suggested that a smaller Council would only work if the need for Council members to serve on the committees is reduced or eliminated.
- 3.10 There was no consensus amongst informants as to whether the current two-thirds professional majority on Council should change or how. Some informants believed that at least half of Council should be public appointees and one said a public majority would be appropriate in alignment with the College's mandate to put the public's interests above all others.
- 3.11 It is apparent that there is tension between the two professions regulated by the College. There are 26,500 registrants of which nearly 22,500 are Social Workers and 3,600 are Social Service Workers. A few Council members questioned the equal representation of the two professions on Council given the smaller numbers of social service workers on the register. This suggests that they believe that the Council should be representative of the professions rather than united in the public interest.

#### *Elections of Professional Members onto Council*

- 3.12 Elections of professional members are held annually on a rotating basis based on five geographical districts. Professional members of Council are elected for three-year terms and may serve a maximum of ten consecutive years on Council. Although the Act says that no member may serve more

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<sup>8</sup> At the time of writing, two public member positions are unfilled by the Ministry of Community, Children and Social Services.

than “ten consecutive years,” the inclusion of the word “consecutive” means there is nothing that prohibits a professional member from seeking re-election to the Council after they have sat out one electoral cycle. This seems to be contrary to the spirit of the legislation. Indeed, four current members of Council have previously each served ten-year terms and sitting or long-standing members of Council are regularly unopposed when seeking re-election.

- 3.13 In practice, this electoral process limits the turnover of elected Council members. Since 2018, only one of the current professional members was elected for the first time (in 2020) and two more were declared “elected” in 2021 in accordance with the Election by-law, replacing others who had resigned. The remaining 11, including the four Council members who each served ten years before being re-elected at later dates, have served 101 years between them.
- 3.14 There are currently a number of individuals who are “dual registered” with the College as both social workers and social service workers. Dual registrants may seek election to Council as either a social worker or as a social service worker and must advise the Registrar in advance of an election of the category in which they intend to vote. Except for those who hold dual registration in both professions, registrants may only vote for those who are in the same profession in which they are registered. It seems that those with dual registration have some advantage in both deciding in which category they will vote, and in choosing the category in which they will stand for election should they wish to do so.
- 3.15 In the event of a vacancy in an elected position, the College’s by-law stipulates that the Elections Committee shall declare the person with the most votes of all unsuccessful candidates in the last election in that district to be elected.
- 3.16 Members of the professions who seek election onto Council must complete and submit forms included within the College’s nomination package and satisfy the Registrar that they meet approved “eligibility for election” criteria. Professional members seeking election to Council are also required to view the ‘3 Rs- Roles, Responsibilities and Requirements’ video series developed by the College, subsequently to take a quiz and to submit their certificate of successful completion with their submission.
- 3.17 We welcome that the College, by introducing eligibility requirements, is attempting to have some control over the competence and knowledge of prospective candidates for election. However, contemporary best governance practice for regulators internationally is that all Council members are selected through open competition; appointed based on demonstrated competence and skill, and that geographical or demographical representation are not necessary for effective regulatory governance.<sup>9</sup> The

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<sup>9</sup> See for example, *Fit and Proper? Governance in the Public Interest*, Professional Standards Authority, 2013.

Act currently prevents the College from selecting council members based purely on merit.

- 3.18 The College is not involved in the appointment of its public members by the Ontario government acting through the Lieutenant Governor. While prospective public appointees are not required to view the College's video, all newly appointed public members are expected to participate in the College's orientation and induction training along with any newly elected members. The background of "public" members also lacks diversity; as previously noted, (see para. 3.8 above) all the current members appointed by the Ontario Government have professional backgrounds in community or social services and one is a former social worker. While not in any way a reflection of their competence or suitability to serve, we do find it interesting that not one of the current public appointees identified themselves as service users.

#### *Members and Representation*

- 3.19 Social workers and social service workers who are registered with the College are referred to as 'members' rather than 'registrants', which is common in Canada, where many professional regulatory Colleges have developed out of professional associations. Although unusual amongst other professional regulators, we note that registration with this College is optional for some with social work qualifications, for instance those working in academia. The members' power to elect council members to the Council is widely seen by council members to contribute to a representative mindset resulting in some Council members feeling beholden to those who elected them onto the Council. This model, despite claims to the contrary, does not naturally result in diversity and as observed in Para 3.13 (above) turnover amongst Council members is low reducing the opportunity for younger registrants to join the Council.
- 3.20 There remains a strong belief amongst professional members of Council that geographical representation from across the province is critical; most support for this position related to an alleged need for ensuring inclusion of professionals from Indigenous, racialized, remote or otherwise under-served areas of Ontario. Most informants could not see how the College would understand or respond to unique needs or perspectives in the absence of such representation. We consider the validity of this belief in para. 5.8.4 below.

#### *Meeting of Members*

- 3.21 The Act (s.12) requires that the College hold an Annual Meeting of Members, and in our view, this enforces the idea that the College is an association not a regulator. The College currently fulfils this requirement to inform members of the College of activities of the Council and the College through its 'annual meeting and education day', which also includes a selection of educational sessions on a number of topics. The educational sessions are intended as an incentive for registrants to attend the Annual Meeting, since they can be attributed towards members' continuing competence requirements.

## *Functioning of Council*

- 3.22 The Council meets four times a year, on occasion for two days. Agendas are clear and papers available appropriately in advance. Attendance is generally good, although sometimes members are present for only part of a meeting, arriving late or leaving early. Council members told us that during the period of Covid restrictions, both Council and the committees adapted well to virtual meetings and that their work has not been compromised.
- 3.23 The Council meetings that we observed were well-attended. A small number of members appeared content to be present but not to participate, a few were outspoken and dominated discussions and a few strayed from the agenda raising whatever happened to be on their mind. Many members of Council believe that the processes and reporting mechanisms that assure accountability between staff and Council, or Council and committees are good. Others feel that the practice of reading out written reports is repetitive, time consuming and unnecessary and that Council members should be expected to read papers in advance. This is indeed an expectation set out in the College's Code of Conduct.<sup>10</sup>
- 3.24 A common belief amongst Council members that relations amongst Council and staff had generally been working well was shaken in 2021 in response to an internal disagreement. Many informants believed this disagreement and its consequences were handled poorly. A lack of openness and transparency but more importantly a lack of clarity as to why information was not or could not be shared led to mistrust and a sense that Council's foundational relationships were not as strong or functional as many had previously believed.<sup>11</sup>
- 3.25 The way the matter was handled is widely considered to have given rise to ongoing lack of trust and discontent, particularly amongst a few members of Council who had taken sides in the disagreement based on partial information and were initially unwilling to change their view even when presented with evidence that their positions were unfounded.
- 3.26 Many informants said there was a different feel at Council following the disagreement and subsequent independent inquiry in 2021 which was affecting Council's ability to function collectively. Specific comments related to the sense that emotions were getting in the way of good governance; and that an apparent desire from a few members to revisit negative events from the past had weakened Council's ability to be collectively effective and forward looking.
- 3.27 A majority of informants told us that there needed to be greater clarity about roles, responsibilities and the respective authorities of: the Registrar/CEO and the Council Chair; the Council and staff; the Council and the Executive

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<sup>10</sup> Code of Conduct, By-law No. 1 (General), Schedule 1,

<sup>11</sup> There have also been three resignations due to internal disagreements in the last two years.

Committee; and the Council and the other committees. These roles and responsibilities are in fact set out in the Governance Framework and policies.

- 3.28 A number of individuals said that tensions between the Council President and the CEO are palpable. Notwithstanding the clarity provided in the bylaws about the duties of the Registrar and the President and their respective authority, these informants said they believed the root causes for the disagreement in 2021 were directly related to a lack of clarity and importantly, a failure to understand and respect the responsibilities and assigned authority for each role. Six individuals said they believed a lack of clarity about the President's role and authority and a lack of understanding and respect for the Registrar/CEO's role and responsibilities remain issues of concern.
- 3.29 Some Council members said they feel less trustful of staff and of the President, when they are told that information they ask for 'cannot be shared'. They said when they are told 'it's operational' or 'we can't share that because of confidentiality', they feel that they are being intentionally shut out. However, many other Council members said that when the Registrar/CEO, or the President says that 'we are not able to provide details, and this is why....' Council, individually and collectively, needs to trust that this is the case and accept it.
- 3.30 While all those we interviewed said they understand the College exists to protect the public interest, many Council members confirmed that the question, 'How is this issue (before Council, or a committee) aligned with our mandate to serve the public interest?' is rarely asked or discussed.

### *The Executive Committee*

- 3.31 The College has a statutory Executive Committee that, according to the bylaw, is composed of six members of Council: two social workers, two social service workers, and two public members. Of the six members on Executive Committee, three of the members must be the President and the two Vice-Presidents. Many of the Council members questioned the need for the two Vice-President positions and also said these requirements limit the range of Council members who can serve on the Committee. The Executive Committee usually meets five to six times a year, once for two days.
- 3.32 In accordance with the bylaws, the purpose of the Executive Committee is to act on Council's behalf between Council meetings.<sup>12</sup> The Executive Committee may exercise all the powers of Council, with the exceptions that it cannot make, amend or revoke regulations or bylaws. There is clearly some tension between the duplicative powers of the Executive Committee and of the Council.
- 3.33 Some Council members believe there is a need for greater clarity about why there is an Executive Committee and what it does. These individuals said that they believe the Executive Committee's reach goes far beyond acting on

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<sup>12</sup> Executive Committee, Bylaw No. 21 (Statutory Committees),

behalf of Council between Council meetings, as evidenced in the past year when during the internal disagreement the Executive Committee made decisions that were not shared with Council even though the overall impact of the decisions on Council was significant. This is seen to have given rise to concerns about two-tiered governance and the sense that the Executive Committee has too much power. An executive committee is a requirement of the Act; its powers, however, are set out in the bylaws and therefore able to be changed. We make recommendations about the College Committees in Section 6 below.

- 3.34 Our observation of the Executive Committee suggests that it has a duplicative function discussing matters which have already been discussed by other committees or discussing matters which would be referred on to the Council. It was not obvious as to how or why particular items were on the Executive Committee's agenda or why they had to be dealt with between Council meetings. It is unfortunate that the College's legislation requires the Executive Committee to decide on matters that should move forward to investigation. In effect it is acting as an Investigation Committee which is inappropriate for an Executive Committee. The Ontario *Regulated Health Professions Act* removed this arrangement for the health professions in 2009.<sup>13</sup> Retaining this would, in our view, not be considered contemporary good practice.

#### *Other Committees*

- 3.35 Under the Act the College is required to have five statutory committees: the Executive Committee; the Registration Appeals Committee; the Complaints Committee, the Discipline Committee; and the Fitness to Practise Committee.
- 3.36 In addition to the required statutory committees, the College Council has established non-statutory committees, working groups and task groups. These are the Finance Committee, the Nominating Committee, Election Committee, the Governance Committee, the Standards of Practice Committee, the Corporations Committee, the Titles and Designations Committee, the Governance Working Group and the Diversity, Equity and Inclusion (DEI) Task Group.
- 3.37 The reporting relationships between committees and Council, and vice versa, are not clear to some Council members who said that policies are commonly referred back and forth between committees, the Executive Committee and Council, rather than having Council deal with them directly. Currently members of Council chair, or at minimum, sit on the committees, and Council members see this to be of value, as they say it helps to ensure two-way communication and reporting.

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<sup>13</sup> *Regulated Health Professions Act, 1991*, <https://www.ontario.ca/laws/statute/91r18>



## *Policies, Procedures and Rules*

- 3.38 When asked about their understanding of policies, procedures and rules, a majority of Council members said that there is too heavy a reliance on policies and procedures, and that there are far too many. Some individuals said there is a tendency to create a new policy or procedure every time some new problem arises; there is some uncertainty as to whether this practice is meant to ensure issues are covered in the event of a recurrence or to delay the need to address the matter at the time.
- 3.39 Not one Council member could say how many policies there are or that they were familiar with the respective contents of each.<sup>14</sup> A number said that many policies seem to only be referred to if something happens and/or if the Registrar/CEO brings them to Council's attention.
- 3.40 With the exception of staff and two long standing members of Council, no one could confirm that the Council actually follows *Wainberg's Society Meetings Rules of Order* what these entail or why it has chosen them.<sup>15</sup> Some suggested that all of Council would benefit on some education on rules; specifically, what the purpose of a rule is and what happens if a rule is not followed. Wainberg's Rules are a rarely used Canadian set of parliamentary meeting rules. We find their use curious, since a regulatory board or Council is most definitely not a parliament. Again, this suggests that the College's governance is closer to that of an association than a professional regulator.
- 3.41 Most individuals admitted that they do not regularly look at the governance policies, but learn as they go and rely mostly on staff and legal counsel to guide them in the right directions as required or requested and to help ensure that Council individually and collectively follow the rules. We were told that in fact legal counsel do not generally attend meetings (although they may have done in the early days of the College and only do so now when a particular topic requires it). It would indeed be unusual to have legal counsel in attendance at every meeting.

## *Risk management*

- 3.42 Not all Council members were aware that the College has a corporate risk register, but a majority said that they believe risk is on the agenda of Council and every committee meeting. However, our review of minutes of past meetings on BoardEffect revealed that Risk Management was found on the agendas of some meetings of the Finance, Elections and Governance Committees but not every meeting.<sup>16</sup> In fact, the College's Risk Management Framework and Protocol, requires the Risk Register to updated by the

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<sup>14</sup> On our count there are 31 separate policies relating to governance, including a policy for writing governance policies. They add up to over 250 pages.

<sup>15</sup> *Wainberg's Society Meetings Including Rules of Order, Second Edition, 2001*

<sup>16</sup> As example, risk management was included as an agenda item for the Finance Committee meeting in April 2022 (but not in November 2021); for the Election Committee meeting in March 2022 (but not in December 2021) and for the Governance Committee meeting in March and June 2021 (but not in September or October 2021 or February 2022)

Management Team each August for the September Council meeting. It is then revised prior to and reviewed at each Executive and Council meeting. Risk management is intended to be a standing agenda item on committee meeting agendas.

- 3.43 Most individuals said they believe risk management is important, but some members who said they are relatively new to Council admitted that they don't really know what they are supposed to do when risk comes up on the agenda of a Council or committee meeting.
- 3.44 There is general agreement that Council relies on the Registrar/CEO or other staff to bring concerns about risk to their attention. A few longer-serving Council members offered the view that the risk reports that come to Council are more purposeful and intentional now than they were in the past, and that both Council and committees are slowly getting into the habit of looking at their work through a risk lens.
- 3.45 More than half of those we spoke to agreed that training about risk management would be beneficial to members of the Council and also to the committees.
- 3.46 Some members of Council questioned whether the College is overly risk-adverse, as evidenced by the fact that one or more legal opinions are frequently sought before Council can take a position on a matter.
- 3.47 We note that there is no consideration of the risks to the public from unethical or unprofessional practice by Social Workers or Social Service Workers which are and should be the primary concern of the College. The risk that the College will fail to protect the public does not appear in its corporate risk register.

## 4. Good governance in regulators

### *The purpose of governance*

- 4.1 This section considers governance in general and the changes taking place in regulatory governance both in Canada and other jurisdictions. It provides the context with which the College's governance can be compared.
- 4.2 A great deal has been written about governance, not all of it helpful and not all of it clear. It may be useful therefore to consider two definitions of governance which are applicable in a regulatory context. The first is from the National Council of Voluntary Organisations in the UK:

Governance is the systems and processes concerned with ensuring the overall direction, effectiveness, supervision and accountability of an organization.<sup>17</sup>

This definition has the merit of being brief and understandable, but it begs the question of exactly what "systems and processes" constitute good governance.

- 4.3 A fuller definition is given in the Journal, *Not-for-Profit Governance*; '

Non-profit governance has a dual focus: achieving the organization's social mission and ensuring the organization is viable. Both responsibilities relate to fiduciary responsibility that a board of trustees (sometimes called directors, or Board, or Management Committee-the terms are interchangeable) has with respect to the exercise of authority over the explicit actions the organization takes. Public trust and accountability are an essential aspect of organizational viability, so to achieve the social mission in a way that is respected by those whom the organization serves and the society in which it is located.<sup>18</sup>

The value of this definition is its focus on the dual role of governance in maintaining the viability of the organization and also delivering its social role. Understanding of dual roles in the governance of professional regulators is one of the key challenges facing board members. This definition goes on to highlight that "public trust and accountability is an essential aspect of organizational viability." In other words, the dual roles are linked; an effective well-run organization builds trust and public trust contributes to viability.

- 4.4 In this report we consider that good governance is the effective, efficient, transparent and accountable delivery of an organization's objectives thus creating confidence and trust in its members, clients and the public. Good governance is as much about behaviours and their outcomes as structures.

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<sup>17</sup> National Council of Voluntary Organisations, <https://www.ncvo.org.uk/practical-support/information/governance>

<sup>18</sup> "What is Governance?", *Not-for-Profit Quarterly*, June 9, 2017

## *Separation of roles*

- 4.5 Understanding the roles of a professional regulator and of its governing body is an essential first step to effective governance. Many professional regulators in Canada had a dual mandate as an “association” of professionals as well as a “regulator” of professionals. Some still do although, for instance, Alberta has recently determined that the roles should separate. To promote the interests of a profession and to promote the interests of service users are not compatible. Although created as a regulator less than 25 years ago, the College’s legislation has many features of a professional association.
- 4.6 Internal roles need to be kept separate, too. Perhaps most important in terms of trust is the handling of complaints inquiries and discipline. If this process is not independent of the interests of the board, free from bias and partiality, neither registrants, nor complainants, nor the public can have confidence in the regulator.
- 4.7 Another important distinction internally is that between strategy and oversight and delivery and management. In business governance an important distinction is made between ‘executive officers or directors’ (the CEO and most senior staff) and the non-executive directors, (who are appointed or elected to the board). Non-executive board members are not there to run the regulator; they are there to set the direction of its work, oversee the delivery of its strategy and to hold the CEO accountable for running the organization within that strategy and the values the board has set. Within the structure of the College, the Council members are non-executive directors, and the Registrar is also the Chief Executive Officer.
- 4.8 The relationship between the registrar/chief executive officer and the chair is crucial. The separation of responsibility between operational delivery and strategic oversight is fundamental to success, as is a respectful partnership in decision making. Without a respectful and constructive partnership and good communication between the chair and CEO, organizational leadership will fail.

## *Contemporary thinking on governance*

- 4.9 Contemporary thinking about effective governance is focussed on outcomes rather than structures and procedures. It looks for informed decision-making and delivery of results. It doesn’t care for *Robert’s Rules of Order*, first published in 1876, nor for Wainberg’s Rules, first published in the 1920s,<sup>19</sup> since an effective board is not a parliament. Contemporary non-executive boards are small; they are skill based not “representative;” they use performance data and outcome measurement to monitor the delivery of their objectives; they limit committees and working groups in favour of well-researched papers by competent staff; and they call in external expertise as required. They do not interfere in operational matters but oversee the implementation of their objectives and strategy. Boards ensure that the

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<sup>19</sup> *Robert’s Rules of Order (12th Edition)*, Hatchette Books, 2020; J M Wainberg, *Company Meetings and Rules of Order (2nd edition 2021)*

organization's resources are used to deliver its goals rather than allowing its goals to be determined by the available resources. As well, boards assess their own performance and seek to learn and improve. Boards are externally accountable, whether it be to the public, to shareholders or to members, but they should not be subservient to external pressures or to professional or self-interest. (see A Checklist for Regulatory Boards, Annex 1.)

### *Clarity of purpose*

- 4.10 The governing councils of regulators need to be very clear to themselves and to others that their purpose is to promote good standards of professional practice, to protect service users from harm and to act in the public interest. They may also have other wider responsibilities. Board members may have been elected or appointed for the first time with no knowledge of the functions of a regulator and very little, if any, experience of serving on a board. It is essential that a comprehensive, supportive induction process is in place. Of great importance is that board members have read and understood the legislation under which they operate and from which they receive their mandate on behalf of the public. Board members should discuss and agree on their purpose and role; there must be a common understanding of the public's interests if they are to be protected. Decisions should be challenged and checked by the board to ensure they are in line with the regulator's agreed purpose and with their own strategic plan and objectives.
- 4.11 Neither election nor appointment guarantees competence, nor does it guarantee a balance of skills on a board. In Canada, regulatory bodies are hampered by legislation which limits their ability to have board members chosen on merit and against published competencies. That this is so implies no disrespect for the individuals who are elected or appointed to boards. Where possible boards should use any powers available to them to ask for appointed members to be chosen to compensate for deficiencies, for instance an identified lack of financial or regulatory expertise. Some regulators have set up screening processes or committees to identify and recommend candidates standing for election; others have introduced mandatory training for potential board members. Effective boards will have an annual appraisal of board members providing an opportunity to review an individual's contribution and the performance of the board as a whole. Increased diversity of membership will also contribute to diversity of skills.

### *Chair or President?*

- 4.12 Being chair of a regulatory body is an important role, but not an honour; a Responsibility, not a reward. Sometimes, particularly in organizations with elected boards and a "president," we see ambition and politics drive the election of a chair who may have won strong support from the membership or the board but lacks the competence and skill to lead the organization or to chair meetings effectively. Chairs need to prepare themselves for this important role, be conscious of their own strengths and weaknesses, seek support where needed and be open to regular feedback from other board members. The relationship between the chair and Registrar/CEO is

fundamental to organizational success. A mutually respectful partnership, open and regular communication, an understanding of each other's different roles and responsibilities and an agreement to challenge each other constructively are essential for success.

### *Conflicts of interest*

- 4.13 Conflicts of interest amongst board members, or indeed staff, are detrimental to good governance.<sup>20</sup> The principles around conflicts of interest are well understood; when a board member knows that they have a personal, professional or financial interest in a decision they should declare it and withdraw their involvement. Declaring an interest is only a first step; it does not of itself remove the interest and board members must absent themselves from the meeting or activity if a direct interest or bias exists. "Perceived" conflicts of interest are as potentially damaging as direct conflicts. A board member may sincerely believe that they are able to make an objective decision on a matter, but others may perceive that they are conflicted and if so, their involvement will undermine the integrity of the decision. All boards should keep and publish a register of interests and any new interests should be declared and recorded at the start of each meeting. The importance of identifying and reporting conflicts of interest extends to committees and disciplinary panels. Failure to declare any personal or professional or financial knowledge or relationship may result in a failure of probity or even, in the latter, a miscarriage of justice.

### *Representation or credibility*

- 4.14 There has been much debate over recent years as to whether regulatory boards should or should not be "representative" of their professional membership. There is often confusion between the concept of representativeness on a board and equity and inclusion. Elected boards are only representative of those who are willing to stand and those who vote for them. They are often likely to be drawn from a narrow socio-economic group and from older members of a profession. It has been observed that when boards believe they are representing the "democratic" interests of members they fall into error and lose sight of their primary purpose of protecting the public.<sup>21</sup> The UK's Professional Standards Authority has proposed that the concept of credibility with registrants and the public should replace that of representativeness. While acknowledging professions must remain engaged and committed to their own regulation and regulators must retain the confidence of the profession, it says:

Nevertheless the time is right to break away from the idea that individual members of regulatory boards are representative of the interests of any particular group or constituency... Board members

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<sup>20</sup> See for example, *Fit and Proper? Governance in the public interest*, Professional Standards Authority, 2013.

<sup>21</sup> See for example, *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act*, Professional Standards Authority, 2018.

need to set aside their special interests and work together on the effective governance of the regulator.<sup>22</sup>

Regulatory boards should not be beholden to the profession they regulate but to the public they serve. Good governance, as observed above, by delivering transparent, fair, effective and efficient regulation, will build confidence and trust in all stakeholders. A board that is only interested in its shareholders or members and not its customers or its public duty will inevitably fail.

### *Meetings, meetings, meetings*

- 4.15 Not-for-profit bodies seem obsessed with committees and working groups and taskforces. The meetings and administration that these committees generate consume considerable resources, postpone decisions, and rarely add value to performance commensurate to the voluntary, staff and financial resources expended on them. It is often suggested that because committees are comprised of unpaid volunteers, they are a cost-effective way of making decisions, but in fact they involve many costs; each committee must have staff dedicated to it, travel and accommodation expenses build up and committees tend to generate a life of their own- often living on well beyond the period of their usefulness.
- 4.16 Many regulatory bodies are hampered in achieving efficiency by a legal requirement for statutory committees that they must establish and on which board members must sit. The functions of some of these committees may be desirable, even essential but whether a committee is needed to carry them out is another matter. Boards should carefully consider the establishment of additional committees; are they necessary, will they add something the board cannot do itself, how will they be resourced, will they be advisory or decision-making, will they be time-limited, how will they report to the board?
- 4.17 The direction of reform in regulation of professions is clear across numerous jurisdictions and professions. In all leading jurisdictions except for Canada, elections onto regulatory boards have been replaced by appointments based on merit. In the UK, regulatory boards have been reduced in size and the proportion of public members is being increased to half or more. Chairs of boards are appointed separately, and public members may be chair. Terms of office may be three or four years, and renewable once only. Board members may be paid an appropriate fee for their work. Board members are no longer responsible for disciplinary decision-making and, to eliminate potential for conflicts, disciplinary tribunals are increasingly being established as independent of the regulator. Many of these changes will soon be implemented in the health regulatory Colleges in BC and have been proposed by the Ministry of Health for all health regulatory Colleges in Ontario. The requirements of transparency, accountability and public benefit are coming under greater scrutiny. Self-regulation, it is often said, is a

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<sup>22</sup> *Op. cit.* PSA 2013 p. 13.

privilege not a right. The terms on which that privilege is granted are ever more demanding.

### *Personal ethics and conduct*

4.18 The true key to successful governance is not rules and procedures but personal values and behaviour, although of course rules are necessary to govern those whose behaviour does not reflect proper values. The values of courtesy, honesty, openness, objectivity, and respect for others should be the common culture of boards and committee meetings. Most regulatory boards have (and all should have) a Code of Conduct for board members.<sup>23</sup> That code of conduct must be adhered to by members individually and enforced by members collectively. Members must politely challenge colleagues who behave inappropriately. Bad behaviour unchallenged becomes acceptable. Ultimately it is the responsibility of the chair to ensure the code of conduct is observed, a quiet word outside the meeting may be sufficient or an immediate intervention during a meeting may be necessary. Being a professional person requires self-discipline. Regulators expect those they regulate to behave to the highest standards both professionally and personally. Why should registrants have respect for their regulator if its board members do not themselves observe the same high standards?

### *Reflection and self-assessment*

4.19 Just as a registrant needs to demonstrate their competence to practise their profession, those seeking a leadership role within a regulator should demonstrate their competence to lead. Some regulators have introduced induction days for potential candidates prior to elections to ensure they are aware of the responsibilities and requirements of the role of a council member. A nominations committee may review candidates, assessing knowledge and competence before recommending a candidate for election. In other jurisdictions, a nominations committee may be independent of an existing board and fulfils a similar role to the short-listing process for candidates who apply for a job.

4.20 Good governance is not a static state. Good governance is a process, It requires reflection, revision, and renewal. Just as we ask the professionals we regulate to reflect on their own performance, learn from their successes and mistakes and continually improve, so we should do ourselves. Good governance should include an annual assessment of the performance of the board as a whole and of each of its individual members. This will identify strengths and weakness and allow for both group and individual learning.

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<sup>23</sup> The College has a Code of Conduct and also a comprehensive Conflict of Interest policy, but it is not clear how consistently they are understood or applied.



## 5. Assessment against the Standards of Good Governance

This assessment against the Standards of Good Governance is based on our observation of meetings and the two training days; our discussions with individual Council members and senior staff and our reading of the College's legislation, bylaws, policies and meeting papers. Many of the Standards concern both process and outcome and for this reason it is possible to meet part of a Standard but not all.

5.1 Standard 1: *The regulator has an effective process for identifying, assessing, escalating and managing risk of harm, and this is communicated and reviewed on a regular basis by the executive and board.*

5.1.1 The College's risk register, which is well constructed, is only concerned with corporate risk. There is no consideration of risk of harm to social service or social work service users or to the public. The management and mitigation of the risk of harms caused by a profession is the primary function of a regulator. Even in terms of corporate risk we would expect to see "failure to protect the public" as a high-level corporate risk. As a professional regulator we would expect to see that the College has a strategic plan in which the top five risks of harm from incompetent or unethical practice have been identified and plans to mitigate them had been put in place.<sup>24</sup> The College's Strategic Plan does not have any mention in its objectives of the mitigation of risk of harm to vulnerable people.<sup>25</sup>

5.1.2 Several Council members who said they were relatively new to the College said they knew little about risk or how to approach discussions about it. While a number of council members said that they believed risk was a standing agenda item on both Council and committees, we noted that the Risk Management Framework appeared as a designated item on the agendas of some committee meetings, whose minutes were reviewed but not on the agendas of all committees. At its April 2021 meeting, the Finance Committee's discussion about risk was focused on the potential financial risk of decreased applications for registration due to COVID-19 and included a staff report that numbers remained stable and assurances that they were monitoring the situation. At the Executive Committee we observed in April 2022, month the brief discussion of the Risk Management Framework was about recruitment of staff.

5.1.3 The College has a good corporate risk register although few Council members are well equipped to understand or challenge it. The Risk Management Framework is inward looking, concerned with the interests of the College and appears to have no interest in the protection of social work and social service clients from the risks to them posed by incompetent or unethical registrants which should be the College's main focus. We understand it is the College's intention

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<sup>24</sup> See, for example, the Ontario Electrical Safety Authority, <https://esasafe.com/>.

<sup>25</sup> OCSWSSW Strategic Plan 2020-2223.

to establish a separate regulatory risk register going forward, and strongly support its doing so.

5.1.4 This Standard is partially met.

5.2 Standard 2: *The regulator has clear governance policies that provide a framework within which decisions can be made in line with its statutory responsibilities and in the interests of clients and the public.*

5.2.1 The College has more than 270 pages of governance policies, in 31 separate documents. This is an excessive number which the majority of Council members admit they haven't read. (see para 3.35 above). The policies may individually be clear, but they are not applied consistently or enforced. This is not surprising; they seem to have been developed piecemeal in response to particular problems that have arisen over time and while covering almost every eventuality from the "Credit Card Policy" to the "Role of the Registrar" and from "New Council Orientation" to "Procurement," they are not gathered together in a coherent way or presented consistently.

5.2.2 The College has a Code of Conduct for Council and Committee members which sets out "standards of conduct governing the professional and ethical responsibilities of members of Council and committees of the College, from the beginning of their term and ongoing obligations."<sup>26</sup> Although the Code includes the expectation that individuals will behave appropriately and treat each other with respect, many Council members expressed concerns that there are problematic behaviours observed at Council that are not addressed well or in a timely manner. We personally observed a meeting where a prejudicial comment was made by about a staff member's appointment to their current position and yet the comment passed without challenge by any Council member at the time. It was raised subsequently by the staff member in question and addressed by the President after the fact. Failure on the part of the Chair, or Council, to address this matter at the time, suggests a lack of commitment to the Council's approved codes or policies.

5.2.3 The incoherence of the governance policies is reflected in the lack of clarity about the relationship between the many committees and the Council. This results in the same topic being discussed in several committees, sometimes several times, without a decision being made. Reaching a decision on even an administrative matter, let alone a controversial one, seems to paralyse Council Members. For example, the Executive Committee, following a recommendation from the Governance Committee, felt obliged to seek legal advice before deciding to add a new public holiday to the College's list of recognized holidays subject to the decision of the Council at its next meeting.<sup>27</sup>

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<sup>26</sup> Schedule 1, Code of Conduct, s.1.0 Purpose and Application.

<sup>27</sup> As this decision related to a bylaw why was the Executive Committee discussing it at all?

The Diversity, Equity and Inclusion Task Group discussed how to engage with Indigenous and First Nations people “a number of times,” then referred the matter to the Executive Committee, which referred the matter back to the Council and also requested a perspective from this governance review. (see Recommendation 18 below.)<sup>28</sup>

- 5.2.4 The role of the Executive Committee is problematic in terms of a framework for decision making. The Act grants certain statutory powers to the Executive Committee, specifically as they relate to receiving and processing reports from the Registrar; approving the appointment of an investigator; receiving reports of investigations and deciding whether to refer allegations of incapacity to the Fitness to Practise Committee, or allegations of professional misconduct or incompetence to the Discipline Committee for a hearing. Finally, the Executive Committee also decides whether to make an interim order directing the Registrar to suspend a member’s certificate of registration or to impose terms, conditions or limitations on a member’s certificate of registration. These are the functions of an investigation committee and should be carried out independently of the management of College business, which is the usual role of an executive committee.
- 5.2.5 The problem of the role of the Executive Committee is compounded by the bylaws relating to it, which give it all the powers of the Council except over rules and bylaws.<sup>29</sup> The effect of this in practice is that the Executive Committee duplicates the role of Council with the added responsibility of dealing with the first stage of part of the complaints and discipline process. The Executive Committee, therefore, discusses an enormous range of topics, some of them technical (amendments to requirements for registration), some fiduciary (the annual audit report), some managerial (corporate risk register), some external (communications strategy) and some internal (appointments to committees). It also receives questions and suggestions from other committees. At the end of all this it frequently refers matters on to the Council. In this merry-go-round of discussions and deferred decision making, it is no wonder Council members are confused and that even simple decisions require months of discussion in multiple meetings.
- 5.2.6 Although papers presented to Council or committees often refer to the public interest, there is little if any discussion of what this means in practice and no apparent concern with the impact of the College’s decisions on service users in particular or the public in general.
- 5.2.7 The College has governance policies in abundance, but it cannot be said that they “provide a framework within which decisions can be made in line with its statutory responsibilities and in the interests of clients and the public.”

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<sup>28</sup> Executive Committee, Minutes of the meeting held on January 26, 2022.

<sup>29</sup> Consolidated Bylaw No. 21, 2.2.06.

5.2.8 This Standard is not met.

5.3 Standard 3: *The board sets strategic objectives for the organization. The regulator's performance and outcomes for clients and the public are used by the board when reviewing the strategic plan.*

5.3.1 The College's Strategic Plan for 2020-23 has already been mentioned. (see para. 5.1.3 above.) The plan sets out four priorities:

- Uphold ethical and professional practice
- Strengthen stakeholder engagement and Government relations
- Increase diversity, equity and inclusion
- Enhance regulatory effectiveness

The Strategic Plan sets out the College's mission and values and sets out 12 'key objectives' under the four priorities. None of those objectives mention the public or the needs of service users. Similarly, while almost all of the policies reviewed on BoardEffect included a "Purpose," none mentioned the public's interests or how these would be served through the relevant policy.<sup>30</sup>

5.3.2 Progress on the Strategic Plan is regularly reported on by the Registrar/CEO and monitored by the Council. The Strategic Plan is not always, however, used as a way of focussing the College's initiatives by ensuring that everything the College does is directed to the delivery of its four priorities.

5.3.3 The Strategic Plan does not include outcome measures but is focussed on the delivery of activities, so success is presumably measured by the completion of an activity such as, "Review standards of practice and revise as necessary" or "Make registration processes available online," rather than measuring the change which comes about from the activity. The Strategic Plan is, however, clear, brief and practical. It is a pity it lacks "outcomes for clients and the public" as measures for success.

5.3.4 This Standard is partially met.

5.4 Standard 4: *The regulator demonstrates a commitment to transparency in the way it conducts and reports on its business.*

5.4.1 The College has some areas of strength in its approach to transparency; its website, although hard to read and navigate with its small, grey typeface and wordy text, does contain a lot of information and has an adequate search function. It is not at all obvious from the homepage how to raise a concern about practice. You have to navigate through four pages and a lot of discouraging and

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<sup>30</sup> Of note is the Ontario Ministry of Health's College Performance Management Framework introduced in late 2020, which expects that all regulatory policies clearly include their proposed public interest rationale.

complicated text; and even then the complaints form is hard to find. It is likely that clients with poor English or learning disabilities or those from different cultural backgrounds would find this almost impossible. Most regulators have a “How to Complain” link on their homepage.

5.4.2 The College publishes disciplinary hearings in full and its public register includes “Terms, conditions and limitations” as well as “notations” (although ‘Notations’ is unlikely to be a word the public will understand). This level of publication is in line with good practice. The website’s transparency would benefit from a direct link between the register and disciplinary hearings so that anyone can move directly between the two.

5.4.3 The College’s Annual Report is well designed and readable. It contains useful statistics, clearly presented, but would be improved by an explanatory commentary and comparison with previous years to show trends in performance.

5.4.4 Curiously, it is internally that transparency seems a challenge. We heard many concerns expressed by Council members about information not being shared and are surprised by the apparent policy of not providing minutes of committees to all Council members. All committees are established by Council and act on Council’s behalf. Council members should know what these committees are doing and why.

5.4.5 We noted, too, that the Procurement Policy currently being revised contains the positive statement, “There shall be openness and clarity as regards the College procurement policy and its delivery.”<sup>31</sup> It is not, however, published on the College website and although we went through a procurement process before being appointed to carry out this review, we were not given a copy of the policy. We are not sure, therefore, what the statement about openness and clarity refers to.

5.4.6 The College, we believe, does have a commitment to transparency but the translation of the commitment into practice is uneven. With the caveat that there are areas of both internal and external communication which need considerable improvement we conclude that this Standard is met.

5.5 Standard 5: *The regulator engages effectively with clients and the public.*

5.5.1 The College has an extensive programme of communications directed towards the public and this is a specific objective in the Strategic Plan; ‘continue employer and public campaigns and other stakeholder outreach initiatives.’ It may be noted, however, that “the public” are only one target and that service users are not mentioned specifically.

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<sup>31</sup> OCSWSSW, Procurement Policy, 2020 (revised), para. 2.3.

- 5.5.2 The communications programme is extensive, including online advertisements and advertisements on CP24 (a 24-hour news station). The College tells us it has also placed advertisements in over 80 medical offices across Ontario, and measures awareness through omnibus surveys of Ontarians. The College also makes extensive use of social media. The communications programme is primarily concerned with telling the people that they should check the College register.
- 5.5.3 These communications are focussed on telling the public about the College, a worthy objective in itself, but there is no evidence that the College wants to hear from the public or learn from them about what they need. There is nothing on the website that invites the public or service users to “tell us what you think.” There is, in the Strategic Plan, an objective to “Explore the opportunity to partner with other regulators in the establishment of a public advisory group.” This is an important objective but “exploring an opportunity” hardly conveys a sense of urgency in delivering it.
- 5.5.4 This Standard requires a regulator to engage effectively with its public; that is to listen and learn, not merely to provide information to clients and the public.
- 5.5.5 This Standard is not met.
- 5.6 *Standard 6: The regulator engages appropriately with the profession.*
- 5.6.1 The College’s engagement with the professions is very much more extensive than its communication with service users and the public. It communicates with members through its website and through email bulletins and newsletters.
- 5.6.2 The College runs educational programmes for members and an annual education day to coincide with the Annual Meeting. The Professional Practice Department provides practice advice to registrants.
- 5.6.3 There are consultations with members on a range of professional and College issues such as Covid-19 impacts on practice or the review of Standards of Practice.<sup>32</sup> There is also an occasional member survey; the last was 2018 and another is planned for 2022.
- 5.6.4 Other stakeholders are not forgotten. There is active engagement with professional associations such as the Ontario Association of Social Workers, Ontario Social Service Worker Association, the Ontario Association of Children’s Aid Societies, and the Association of Social Work Boards. The College also communicates with employers, with educators and with prospective registrants.

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<sup>32</sup> Why are service users not consulted on the review of Standards of Practice? Standards exist for the client’s benefit.

5.6.5 This Standard is met.

5.7 *Standard 7: The board takes account of equality and diversity in its decision making.*

5.7.1 There is no doubt that the College intends to tackle racism, inequality and to welcome diversity. 'Increase Diversity, Equity and Inclusion' is one of the College's four priorities. There is however, a certain hesitancy in the language used; the College has 'a commitment to moving forward' on anti-racism and to 'proceeding thoughtfully' on truth and reconciliation with Indigenous peoples.<sup>33</sup>

5.7.2 In June 2021 the College established the Diversity, Equity and Inclusion Task Group. Since then, it has made two recommendations to Council; the first, that the College should collect race-based and other demographic data on registrants<sup>34</sup> was approved by Council at its meeting in December; a decision on the second, that a First Nations, Métis and Inuit group be established has been put on hold pending this governance review.

5.7.3 The acronym 'DEI' is so often used and waved as a banner of righteousness in discussions that we wonder if Council has lost touch with the tough reality of the words diversity, equity and inclusion. As noted in para 5.2.2 (above) Council members do not always observe the high standards that they promote. Indeed the reduction of the powerful words, equality, diversity and inclusion, each with different meanings, to a single acronym is another way of using language to exclude those who are not insiders.

5.7.4 As reported in para 3.12 (above) many Council members assert that regional representatives being elected to Council promotes diversity and awareness of the particular needs of disadvantaged groups. We have seen no evidence to support this assertion and it is clear from the discussion recorded in minutes of the March 2022 Council meeting that not all Council members hold this view.<sup>35</sup> It is not apparent either that the unique needs and perspectives of minorities are actively responded to in the College's policies or how they might be. The Code of Ethics and Standards of Practice documents do not indicate any differentiation based on geography nor have we seen any evidence that the unique needs or perspectives of clients in rural or underserved areas are addressed in any of the College's policies. Arguing that elections create diversity, while allowing individuals to be re-elected multiple times, is merely one way of maintaining the influence of those already in position.

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<sup>33</sup> OCSWSSW, "Why isn't anti-Black racism specifically mentioned in the College's 2020-2023 Strategic Plan?" <https://www.ocswssw.org/ocswssw-faq/why-isnt-anti-black-racism-specifically-mentioned-in-the-colleges-2020-2023-strategic-plan/>.

<sup>34</sup> Minutes of Council meeting, December 2, 2021.

<sup>35</sup> Item 9.3 Recommendations to Council: Indigenous Engagement Strategy and Indigenous/FNMI Task Group/Advisory Group/Committee.

- 5.7.5 We do not doubt the sincerity of the College's commitments to diversity, equity and inclusion, but it needs to turn good intentions into changed practice with more urgency and action.
- 5.7.6 This Standard is partially met.
- 5.8 Standard 8: *The board has effective oversight of the work of the executive.*<sup>36</sup>
- 5.8.1 Although it is clear that the Council members individually and the Registrar/CEO and senior staff are all competent and expert professional people, the relationship between some Council members and staff remains problematic. Some of this may arise from the persistence of the traits of an association because of the way the College is structured. It may be that some Council members think that they 'own' the College on behalf of its members and that staff should defer to them. As a regulator, the College is truly owned by the public so staff and Council members should act in partnership for the public interest.
- 5.8.2 Many members of the Council told us that they personally have a good and positive relationship with the Registrar/CEO and College staff whom they meet at Council and at committee meetings. Several Council members said they see the role of the CEO as important in providing leadership and guidance to the Council, based on her regulatory experience, knowledge and expertise. A few Council members said they believe the CEO exceeds her authority when providing advice to the President and Council; this of course is a fundamental misunderstanding of the CEO's role which includes giving advice to Council.
- 5.8.3 We do not consider that, in practice, there is anything amiss in the roles of the CEO, senior staff and the Council. What is amiss is a difference in expectations and some misunderstanding by some members of Council of the role of the CEO and their own role.
- 5.8.4 The written reports to Council and committees are complete, detailed and clear and form the basis on which Council can make valid decisions. There is ample opportunity for Council to scrutinize the work of the CEO and staff, and it does so. The financial and corporate risk reports that come to Council enable it to exercise its fiduciary and reputational oversight, and it does. The College has an appraisal process to review the performance of the CEO.
- 5.8.5 We conclude that despite some residual personal tensions, which should be resolvable with good will, the Council has effective oversight of the Registrar/Chief Executive Officer and her delivery, along with her team, of the Council's strategy and objectives.

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<sup>36</sup> The word "executive" here, as throughout the report, refers to the Chief Executive Officer and senior staff team who deliver the Council's objectives (see para. 4.6 above) and not to the Executive Committee.



5.8.6 This Standard is met.

5.9 Standard 9: *The board works corporately, with an appropriate understanding of its role as a governing body and of members' individual responsibilities.*

5.9.1 A thread running through this review has been the observed internal struggle within the Council and between Council members and staff around roles and responsibilities, internal communication and trust and mistrust. Recognition and acknowledgement of this is the basis for change and improvement. We believe that even during the course of this short review we have begun to see tensions reduce and attitudes change.

5.9.2 Council members need to work harder to make corporate decisions and to accept properly made decisions that they may not personally agree with. Any suggestion that if you are not present at a meeting, which you should have attended, you are not responsible for what was decided there must be rejected. Stress on the differences between Social Workers and Social Service Workers or between professional and public members is divisive and unhelpful to the unity of the Council. Diversity, equity and inclusion should be valued and encouraged within the Council; all Council members have the same value.

5.9.3 Our initial impressions across the observed meetings of Council and the committees were of meetings where each member attended and acted as individuals promoting their own issues rather than acting together for the good of the College and its public interest mandate. However, we saw a great potential for change in a number of the Council members, particularly during our governance training sessions.

5.9.4 The Council continues to be significantly challenged by a lack of understanding, and in some cases, a lack of respect for the respective roles, responsibilities and authorities of the President/Chair and the Registrar/CEO. Some members of Council believe that the Registrar/CEO and staff are there to 'do their bidding' and when requests for information are declined, albeit with reasonable explanations, allege that this leads to distrust.

5.9.5 The role of the President/Chair must also be clearly understood, especially by the President/Chair themselves. The current bylaw provision sets out the duty of the President as follows: "to preside at meetings of members, Council and the Executive Committee and Subject to the authority of Council, shall have the general supervision of the affairs and business of the College."<sup>37</sup> These words are unhelpful in that they may be interpreted as providing the President/Chair of the Council with sweeping authority or powers that they do not or should not have. During this review, we observed that

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<sup>37</sup> OCSWSSW Bylaw No. 1 (General Bylaw), s. 16, March 2, 2022.

on a few occasions the President, without first consulting the Registrar/CEO or Council members, but believing it was an appropriate thing to do, made decisions unilaterally.

5.9.6 Consideration of what is best for the collective good, be it the Council, the College, clients and the public is not yet always evident. Council members' difficulty in letting go of representation issues, of obsession with talking in the abstract about 'DEI' instead of living diversity, equity and inclusion and of past issues and grievances, all contribute to why the Council has difficulty meeting this Standard.

5.9.7 This Standard is not met.

5.10 The College meets three of the Governance Standards, partially meets three and does not meet three. Weaknesses in its governance do not arise from lack of intention but from a lack of understanding and respect for the roles, responsibilities and respective authority of the President/Chair and the Registrar/CEO and a lack of implementation and action related to excessive caution, indecisiveness and overly-bureaucratic procedures. If Council members can address their personal relationships, focus on outcomes in the interests of service users and the public rather than process and rules, then work together as a team with their staff colleagues, all matters are remediable. The recommendations we set out below are intended to assist.

## 6 Recommendations

- 6.1 In this section of our report, we set out 21 recommendations which we hope will address the weakness in governance identified above and help move the College forward. Recommendations are just that; they are not instructions. It is for the Council and the senior staff to decide which are valuable, which have priority and how to implement them. Nevertheless, we hope the College will give serious consideration to our recommendations for change.
- 6.2 Some of the difficulties for the College are baked into its legislation. It is not within our remit to recommend specific changes to the law but in considering this review the College should ask where it is restricted by the *Social Work and Social Service Work Act* and engage with government officials and Ministers about the possibility of legislative change. In our view, key areas which the College may wish to review are the size of the Council; the elections to the Council; the requirement that the Executive Committee must deal with reports made about members by employers and other professionals to the College; the requirement that the College must hold an Annual Meeting of Members and the lack of independence of the Complaints, Fitness to Practise, Registration Appeals and Discipline Committees from the Council.
- 6.3 There is much that can be done and should be done to improve the governance of the College without legislative change. These actions include amending the bylaws, revising policies, removing the bureaucratic obstacles to decision making and changing behaviours. Our recommendations are about the achievable now.

### *Governance structures*

- 6.4 *Recommendation 1*  
The bylaw covering the Executive Committee and any consequent policies should be revised to make clear that it is not intended to duplicate the Council agenda and discussions. Matters relevant to Council should only be on the Executive Committee agenda if they must be dealt with between Council meetings. In those cases, the Executive Committee should make decisions and report those decisions to Council. Advisory committees should make recommendations direct to Council not through the Executive Committee.
- 6.5 *Recommendation 2*  
Oversight of the annual audit should pass from the Executive Committee to the Finance Committee which should be renamed the Finance and Audit Committee. Independent people with financial or audit qualifications should be brought on as appointed members of the Finance and Audit Committee.
- 6.6 *Recommendation 3*  
All committees should be categorised as either decision making, advisory or consultative and their relationship to Council clearly defined. All advisory committees and groups should justify their value at an annual review or be

discontinued. New groups should not be established unless their role is directly contributing to the College's Strategic Plan.

6.7. *Recommendation 4*

The College should open the membership of advisory committees and groups to suitably knowledgeable, experienced and diverse members of the professions and the public. The College should actively engage the public and social service and social work service users in developing its policies.

6.8 *Recommendation 5*

The papers and minutes of all Committees (except for committees and matters subject to confidentiality provisions) should be available to all members of Council.

6.9 *Recommendation 6*

Council members in Council meetings or on committees should be intent on making decisions not on deferring them. They should take corporate responsibility for the powers that have been bestowed on them and see their legislation as enabling them to act in the public interest. Legal advice should not be sought except when necessary and Council members should remember that whatever the legal advice it is only advice; they are responsible for the decision.

*Governance rules and policies*

6.10 *Recommendation 7*

There should be a complete review of governance policies with the aim of organizing them by topic, avoiding duplication, reducing their number and gathering them together into a single governance manual. This review should include the use of Wainberg's Rules.

6.11 *Recommendation 8*

The College should use the word 'registrant' rather than 'member' to make clear it is a regulator and not an association. The 'president' should become the 'chair' to stress that this is a role with responsibility for effective chairing of meetings and not an honour. The ceremonial titles and positions of vice-president should be abolished.

6.12 *Recommendation 9*

Bylaw 1 s.16.01 states that 'the President, subject to the authority of Council shall have general supervision of the affairs and business of the College'. This is unhelpful, outmoded in the light of the professionalization of regulation and gives rise to confusion about the proper separation of the roles of the chair and Chief Executive Officer. This provision should be revoked, and replaced with clear expectations that the primary duty of the President/Chair is effectively to chair meetings of the Council and provide leadership to it.

6.13 *Recommendation 10*

The Eligibility for Election criteria in the Elections By-law should be revised to include the requirement that professional candidates seeking to stand for election must go through a defined and accountable screening process using a skills matrix with a view to identifying the desired skills and competencies that each would bring to Council and to ensuring a collectively skilled Council. The College should share their skills matrix with the Ministry for its consideration when appointing public members.

6.14 *Recommendation 11*

Before implementing any policy change affecting social service or social work or the public's interests the College should carry out a Regulatory Impact Assessment, covering three areas; economic impact (including cost to service providers and the College), diversity, equity and inclusion impact and public benefit. Council members must take these impacts into account in making their decisions. This broader Impact Assessment should replace the 'Public Protection' statement that currently appears on many policy proposals.

6.15 *Recommendation 12*

In the practice of governance the College should give priority to outcomes not to procedures or rules. When there are disagreements and dissent, the focus should be on discussion and resolution at the time. Checking rules and policies after the event is not helpful.

*Risk management*

6.16 *Recommendation 13*

The College should place the risk of harm to clients and the public as the most important priority in its Risk Management Framework.

6.17 *Recommendation 14*

The College should carry out a comprehensive audit of the risks of harm to social service and social work service users and the public from failures by registrants to meet the standards in the College's Code of Ethics and Standards of Practice.

6.18 *Recommendation 15*

The College should identify the most frequent and most severe risks of harm from poor professional practice and agree on specific actions to mitigate them and should measure the result.

*Promoting diversity, equity and inclusion*

6.19 *Recommendation 16*

The College should consider diversity, equity and inclusion as three separate challenges within three areas needing action; within the Council, within the professions and for and on behalf of Social Work and Social Service clients.

6.20 *Recommendation 17*

In order to increase the diversity of Council, Bylaw 36 should be amended to ensure that members of Council cannot seek a further term after a break once they have already served ten years.

6.21 *Recommendation 18*

The College should recognize that reconciliation and cultural safety for Indigenous, First Nations, Métis and Inuit peoples raise their own particular issues. The College should seek to engage with representatives of First Nations and Indigenous communities to gain their advice and involvement with the College's work.<sup>38</sup> The Diversity, Equity and Inclusion Task Group has much to get on with and should not decide how to move forward on reconciliation and cultural safety until it has consulted with the people who have direct knowledge and lived experience of disadvantage. They will know how best they wish to be engaged.

6.22 *Recommendation 19*

The College should ensure that service users and the public, particularly those from disadvantaged communities, are actively engaged in the current review of Standards of Practice. Talking about 'DEI' is not good enough.

*Governance behaviours*

6.23 *Recommendation 20*

The Council should abandon the use of anonymised feedback surveys at the end of every meeting. They serve no useful purpose and encourage pettiness. Council members should review their own practice annually in an identifiable and accountable survey and should discuss the results together and be prepared individually to be responsible for what they have said and for what improvements should be made. Anonymity is not transparency.

6.24 *Recommendation 21*

No professions know better than Social Workers and Social Service Workers that interpersonal relationships and social interactions are necessary for harmony in life. Our final recommendation is the simplest of all: treat each other with respect and courtesy and put common sense and the benefit of service users and the public at the centre of your decision-making.

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<sup>38</sup> The work of regulatory colleges in BC is worthy of note. See for example new standards from the British Columbia College of Nurses and Midwives, <https://www.bccnm.ca/bccnm/Announcements/Pages/Announcement.aspx?AnnouncementID=337>.

## 7 Conclusions

- 7.1 The mission of the College is that “The Ontario College of Social Work and Social Service Workers protects the interest of the public by regulating the practice of social workers and social service workers and promoting ethical and professional practice.”<sup>39</sup> There is no doubt from our review that the College’s commitment to this mission is sincere but more needs to be done to make it explicit in the policies that the College adopts, in the decisions that it makes and in its impact on the professions it regulates.
- 7.2 The College’s governance is too internally focussed. Council meetings need to give much greater priority to thinking about the needs and wishes of social service and social work service users and on its mandate to act in the public interest.
- 7.3 The College is highly bureaucratic. Council and its Committees process thousands of pages of detailed reports produced to a high quality by diligent staff but not always to any clear purpose. As we have reported the majority of Council members understandably have not read and cannot refer to all the governance policies that have been produced. Council members need to be clear about what they need to know in order to make effective decisions and not ask for information just for the sake of it.
- 7.4 Council members need to be more corporate in their thinking and actions. They need to see themselves as a team along with the staff working for the public interest and for safe, ethical and effective practice by the professionals they regulate. When disagreements arise they should be dealt with there and then through respectful discussion.
- 7.5 The College needs to talk less and act more. It should be less cautious and more determined to make decisions and to take action when action is needed. In its approach to strategic planning, it needs to be clear about the outcomes it seeks not merely its intentions.
- 7.7 We have seen much in the way of good intentions, much hard work and much self-reflection from Council members and senior staff. We hope that this review will provide insights on which to reflect and some guidance on which to act to enable the College to build on its successes and to challenge itself to do better in the future.

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<sup>39</sup> OCSWSSW, Annual Report 2020.

## Appendix 1: The Reviewers

*Harry Cayton* CBE BA BPhil DipAnth DipHA FFPH, is an advisor on professional regulation and governance and is internationally recognized for his work with regulators in the UK, Ireland, Canada, Australia and New Zealand. He has advised governments on regulatory issues in Hong Kong, Australia, Ontario, British Columbia, and The Yukon as well as the UK. In 2018, he was appointed by the Minister of Health of British Columbia to conduct a statutory enquiry into the College of Dental Surgeons and to make recommendations on the reform of the Health Professions Act. He has recently completed a governance review for the Law Society of British Columbia.

Harry Cayton was chief executive of the Professional Standards Authority in the UK from 2007 to 2018. Before that he was National Director for Patients and the Public at the Department of Health. He has written extensively about professional regulation and created the approach to regulatory decision-making, *Right-touch regulation*, which has been influential on regulators around the world. He was also the lead author for *Rethinking Regulation* (PSA 2015). With colleagues at the Professional Standards Authority he developed the Standards of Good Regulation and the Standards of Good Governance, against which regulatory performance can be assessed. Harry is experienced in reviews and public inquiries.

He is a member of the Press Regulation Panel in the UK and advisor to Thentia Global Systems Inc and to the Australian Health Practitioners Regulatory Agency. He received the CBE from Her Majesty the Queen in 2014, for services to health and regulation reform.

*Deanna Williams* BScPhm, R.Ph, CAE, C.Dir is known nationally and internationally for her work in professional and occupational regulation. She spent 18 years at the Ontario College of Pharmacists, Canada's largest pharmacy regulatory authority, retiring as its Registrar in 2011. The Minister of Health and Long-Term Care appointed Deanna as Supervisor to the College of Denturists of Ontario during the loss of its regulatory privileges in 2012 and 2013 and she also served as Risk Officer, for the Retirement Homes Regulatory Authority (RHRA) from 2014 through 2018.

Since 2011, Deanna has provided consulting services in areas relating to professional and occupational regulation in Canada, the US and abroad through Dundee Consulting Group Ltd. In 2017-2018 Deanna served as Expert Technical Advisor to Ontario's Minister of Health and Long Term Care, providing advice on best regulatory practices across professions and international jurisdictions, with a particular focus on processes for complaints, investigations and discipline related to the sexual abuse of patients by regulated health care practitioners.

Deanna was recognized by the international regulatory community in 2010 as the recipient of the CLEAR International Award for Regulatory Excellence, and in 2019, as the recipient of the CLEAR Lifetime Achievement Award. Deanna received her designation as a Certified Association Executive (CAE) from the Canadian Society of Association Executives (CSAE) and her Corporate Director (C. Dir.) designation from the Chartered Director program, DeGroot School of Business, McMaster University. She has served on the Finance and Audit Committee of the University of St Michael's College, University of Toronto and the Board of Directors of Haldimand War Memorial Hospital and currently serves as a director on the board of the Vistana Spas Condominium Association, in Orlando and on the Board of Joseph Brant Hospital in Burlington, ON.



## Appendix 2: The Standards of Good Governance<sup>40</sup>

1. The regulator has an effective process for identifying, assessing, escalating and managing risk of harm, and this is communicated and reviewed on a regular basis by the executive and board
2. The regulator has clear governance policies that provide a framework within which decisions can be made in-line with its statutory responsibilities and in the interests of clients and the public
3. The board sets strategic objectives for the organisation. The regulator's performance and outcomes for clients and the public are used by the board when reviewing the strategic plan
4. The regulator demonstrates a commitment to transparency in the way it conducts and reports on its business
5. The regulator engages effectively with clients and the public
6. The regulator engages appropriately with the profession
7. The board takes account of equality and diversity in its decision-making
8. The board has effective oversight of the work of the Executive
9. The board works corporately, with an appropriate understanding of its role as a governing body and of members' individual responsibilities

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<sup>40</sup> These Standards of Good Governance were developed by the Professional Standards Authority. They have been adapted for this review.

### **Appendix 3: People we spoke with**

Amanda Bettencourt  
Lise Betteridge  
Denitha Breau  
Chisanga Chekwe  
Charlene Crews  
Angèle Desormeau  
John Fleming  
Sanjay Govindaraj  
Shelley Hale  
Frances Keogh  
Mukesh Kowlessar  
Carrie McEachran  
Christopher McIntosh  
Sue-Ellen Merritt  
Pam Murphy  
Alexia Polillo  
Lisa Seburn  
Déirdre Smith  
Elayne Tanner  
Beatrice Traub-Werner  
Amy Vranchidis  
Durel Williams

The Office of the Fairness Commissioner  
The Ministry of Children, Community and Social Services

## Annex 1: A checklist for Regulatory Boards

- Be clear about your purpose as a regulator; keep the public interest as your unremitting focus
- Set long-term aims and shorter-term objectives
- Agree how to deliver and monitor those aims and objectives
- Have competencies for board members whether elected or appointed and apply them to everyone through a selection or nominations process, induction and regular appraisal
- Have a code of conduct for board members and enforce it
- Declare conflicts of interest, keep a register of interests, and ensure that decisions are not tainted by partiality or bias
- Behave with respect and courtesy towards board members and others
- Commit to corporate decision-making and to corporate responsibility for decisions made
- Appoint a competent CEO and trust them
- Ask for reports that include what you need to know not everything you might want to know
- Make clear decisions and follow-up on their implementation
- Provide the resources needed to deliver your objectives
- Make independence, fairness, and justice for the public and registrants the core values of registration and complaints and discipline
- Continue to keep the public interest as your unremitting focus

## Analytics: March 1, 2022 – June 16, 2022

### Collegept.org

*The website is used by all stakeholders including PTs, PT Residents, patients/caregivers, employers, PTAs). The statistics below encompass our website in its entirety including the Public Register/PT Portal.*

*College staff pull monthly statistics related to the website to see how stakeholders are accessing information and interacting with the site. These statistics are used to identify improvements and help inform broader engagement/communication tactics.*

#### **General website stats:**

**Users:** 120,283 (all site visitors)

**Sessions:** 334,206 (time that a user is on the site)

**Pageviews:** 1,129,338 (number of times one of our pages was loaded in a browser)

**Bounce Rate:** 45.49% (Users who are visiting a single page on the site and doing nothing else before leaving. Average bounce rates are generally 41 to 55%)

**Average Pages/Session:** 3.38 (This includes everything on the website including the Public Register/PT Portal)

**Average Session Duration:** 3:00 minutes

**Majority of web traffic is coming from Canada (73%), followed by India, USA and UK.**

**Slight decrease in traffic over previous reporting period possibly due to the following:**

- Not as many updates regarding the clinical exam
- Beginning of summer – traffic starts to slow

#### **Top 5 Content Pages:**

*Top content pages change from month to month and are often reflective of current happenings at the College (e.g. PISA, Jurisprudence, Annual Renewal). Top pages can also be influenced by ad spends and other forms of communication like Perspectives or direct emails to stakeholders.*

- Rules and Resources
- What is Physiotherapy
- Patients Landing Page (Google Ads landing page – see stats below)
- Applicants
- Exam Exemption

## **Social Media**

*The College is active on Facebook, Twitter, LinkedIn and YouTube. The posts mentioned below are top posts from Facebook and Twitter where we are most active and post 3 – 5 times per week.*

**Facebook Followers: 2,333    Twitter Followers: 2,281    LinkedIn Followers: 2,468**

### **Social Facebook/Twitter Posts:**

- Exam Exemption Policy Metrics and Updates
- Job Postings
- PTA & Physiotherapy Month
- Council Elections

## **Advertising**

*The College advertises consistently using a daily budget on Google Analytics. This budget can be adjusted as required. We also advertise on Facebook and LinkedIn as needed.*

### **Google Ads (patient focused):**

55,046 impressions (how many people see the ads)

13,459 clicks (how many people interact with the ad)

24.45% clickthrough rate (average for health & medical is 3.27%)

\$0.11 average cost per click

### **In this period, we also ran LinkedIn ads to recruit for the following roles:**

- OCE Examiners
- Committee Members
- Examinations Coordinator



COLLEGE OF  
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of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 4.0**

**Council Meeting  
June 28-29, 2022**

**Agenda # 4: 2022-2026 Strategic Plan: Initiatives and Measures**

**It is moved by**

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**and seconded by**

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**that:**

Council approve the proposed initiatives for the 2022-2026 strategic plan and the proposed measures for year 1.

<b>Meeting Date:</b>	June 28-29, 2022
<b>Agenda Item #:</b>	4
<b>Category</b>	Strategic
<b>Issue:</b>	2022-2026 Strategic Plan: Initiatives and Measures <i>For Decision</i>
<b>Submitted by:</b>	Rod Hamilton, Registrar Joyce Huang, Strategic Projects Manager

**Issue:**

Since September 2021, Council has been engaged in a strategic planning process. In March 2022, Council approved a new strategic plan for 2022-2026. At this meeting, Council is asked to approve a list of proposed strategic initiatives and measures.

**Background:**

The College's previous strategic plan ended in 2021. Since September 2021, Council has been engaging in a process to identify a new strategic plan and strategic priorities for the next few years. This process includes a review of the College's mission, vision, and values.

The College engaged with the consulting firm Optimus SBR to facilitate this process. Optimus helped to ensure that all relevant stakeholders were engaged and had opportunity to provide input during this process. The following activities were completed:

- A survey to the Citizens' Advisory Group to understand the public's perspective on the College's strategic priorities
- Targeted interviews with key stakeholder groups (i.e. association, other health regulators, Committee members, academic community) to gather comments on the College, environmental trends and strategic priorities
- A survey to physiotherapists to understand registrants' perspective on the College's strategic priorities
- A facilitated discussion with Council in September 2021 to generate ideas for strategic priorities, areas of focus, and activities
- A facilitated discussion with Council in December 2021 to explore key questions to help shape the identity of the College and validate the strategic planning priorities developed in the September 2021 session

- Discussions with College staff to identify potential initiatives to support the strategic priorities
- A facilitated discussion with Council in March 2022 to review and collect initial feedback on a draft strategic plan document

At its March 2022 meeting, Council approved a new strategic plan for 2022-2026 that includes an updated mission statement, an updated vision statement, value statements, and four strategic priorities. The new strategic plan is attached as Appendix 1. Information about the new strategic plan has since been posted to the College website.

At that meeting, Council also directed staff to do additional work to identify potential strategic initiatives and potential measures for tracking and reporting on progress and bring that information back to Council for consideration.

### **Development of Initiatives and Measures**

Staff have completed additional work to identify a list of proposed strategic initiatives and measures. We engaged an evaluation and measurement consultant to assist with this work. The consultant facilitated a series of working sessions with the Management Team to discuss:

- What initiatives can we pursue to accomplish the strategic priorities and goals established by Council?
- What are the desired outcomes in each of the identified strategic priority areas?
- What does success look like?
- How will we know that we have achieved our goals? How do we measure success?

Over the course of these discussions, the team noted that two initiatives – governance and EDI – are ones that support all four strategic pillars rather than belonging to any one pillar specifically.

Based on those discussions, staff have identified a proposed list of initiatives to support the strategic priorities and goals established by Council. The initiatives are shown in Appendix 2.

### **Projects for Year 1**

Our current approach to strategic project planning is an iterative one where the overall strategic direction, priorities, and initiatives are established at the beginning of the strategic plan period (2022-2026), while the specific projects will be planned on an annual basis as part of the operational and budget planning process. This approach allows the College to be flexible in adjusting its approach to the work in response to changes in the environment, in the organization, and build on work and learnings from previous years' work.



Based on the identified list of strategic initiatives, staff identified a list of specific projects to pursue in year 1 of the strategic plan (April 2022 – March 2023). Many of the year 1 projects are foundational work where we complete assessments and planning to inform how we complete the work in year 2 and beyond. The list of proposed projects for year 1 are included in Appendix 3 for information.

In the fall, staff will begin planning strategic projects for year 2 (April 2023 – March 2024), including a consideration of the resources required to support those projects, so that it can be included in the proposed budget for next fiscal year.

### Proposed Measures for Year 1

Given that many of the projects in year 1 are foundational and will inform future work, we are using a similar iterative approach to measurement. It is proposed that in year 1, we measure and report on progress of the projects, and in year 2 and beyond, we refine the measures to consider the intended impact or outcome of our actions. This reflects the fact that for many of the initiatives in the plan, it is necessary to first do the assessment and establish a baseline before we are able to define longer-term objectives and outcomes.

The proposed measures for year 1 are shown in Appendix 2.

### Public Interest Assessment:

The College's strategic plan identifies areas of focus that are intended to help the College better fulfill its public protection mandate. Elements of the strategic priorities touch on all domains of public interest: equity, equality, accessibility, protection, accountability, and quality care.

### Decision Sought:

That Council approve the proposed initiatives for the 2022-2026 strategic plan and the proposed measures for year 1.

### Related Action Items:

Action item description	Required by date
Provide quarterly reports to Council on the year 1 measures through a dashboard.	Starting in September 2022 and ongoing

### Attachments:

- Appendix 1: College of Physiotherapists of Ontario 2022-2026 Strategic Plan
- Appendix 2: Strategic Plan with Proposed Initiatives and Year 1 Measures
- Appendix 3: Projects for Year 1 (April 2022 – March 2023)

## Appendix 1: College of Physiotherapists of Ontario 2022-2026 Strategic Plan

# Strategic Plan 2022-2026



## Mission

To protect the public interest by ensuring physiotherapists provide competent, safe, and ethical care.



## Vision

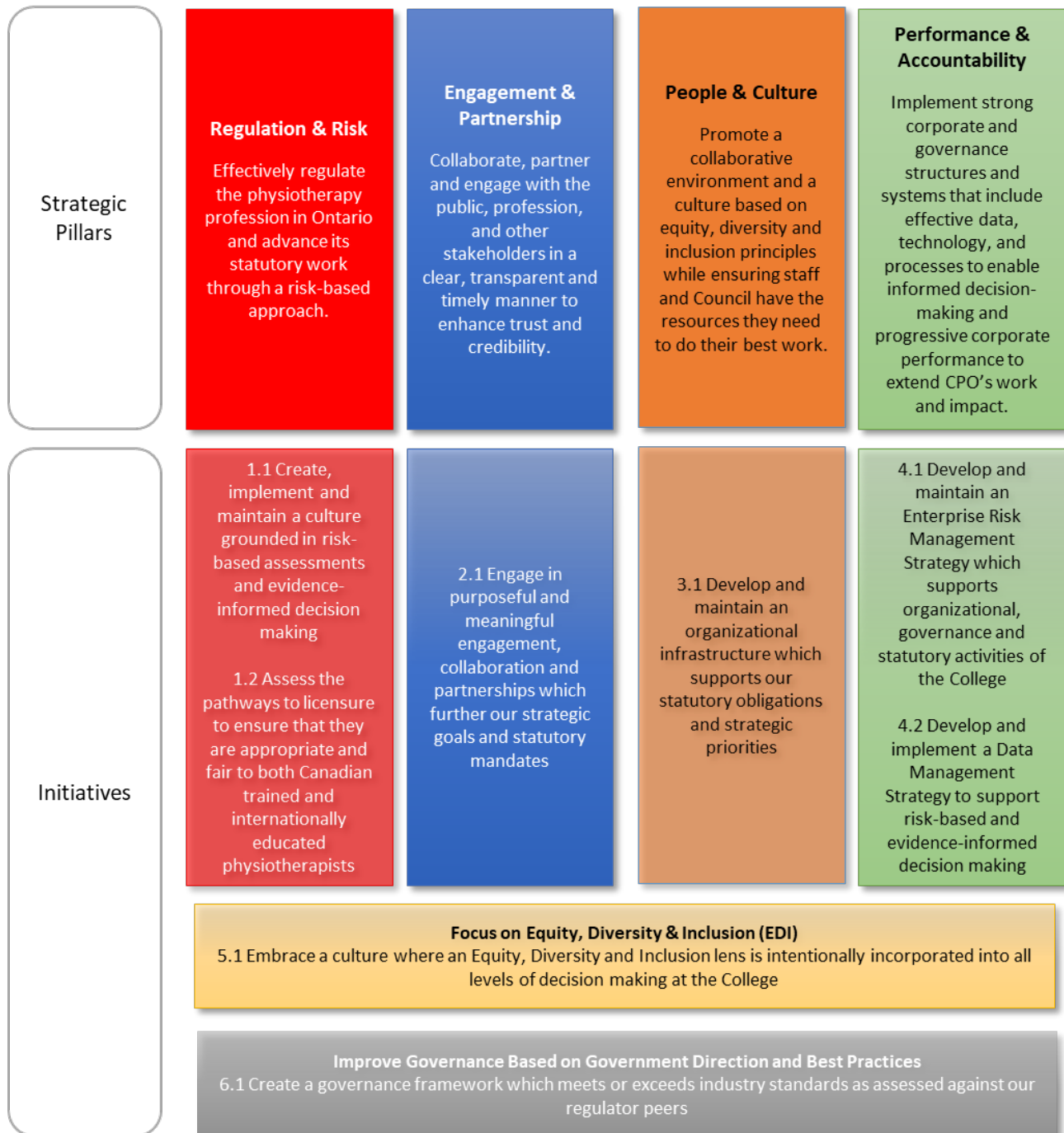
Inspiring public confidence in the physiotherapy profession.

**Appendix 2: Strategic Plan with Proposed Initiatives and Year 1 Measures**

**Strategic Plan 2022-2026**

**Mission:** To protect the public interest by ensuring physiotherapists provide competent, safe, and ethical care.

**Vision:** Inspiring public confidence in the physiotherapy profession.



Year 1  
Measures

- Completed organizational capacity assessment and implement recommendations
- Completed psychological health and safety assessment for staff that identifies areas of strengths and improvement; develop an action plan approved by Registrar
- Completed third-party independent assessment of the College's governance practices and policies
- Completed strategy and work plan to implement governance improvements approved by Registrar
- Completed work plan to assess the pathway to licensure requirements for Canadian and internationally educated physiotherapists and present to Council
- Completed risk registries by departments and for Council, including identification of highest risk categories; present strategic and key organization risks to Council
- Completed plan of initiatives and collaborative partnerships to support registrants through registration and early years of practice and approved by Registrar
- Completed equity impact assessment
- Developed EDI strategy and action plan and present to Council
- Completed review and revisions to the first group of Standards related to business practices and present to Council for approval

### Appendix 3: Projects for Year 1 (April 2022 – March 2023)

**Note regarding the exam:** While the work to develop and deliver the Ontario Clinical Exam does not appear on the list of strategic projects, it remains an important priority for the College and is work that will take place and will require substantial resources.

Projects	Related Initiatives
<b>Projects that will be completed in year 1</b>	
1. Conduct an organizational capacity assessment to ensure that College operations are fit for purpose and scalable	1.1; 3.1
2. Conduct a psychological health and safety assessment to inform a strategy to promote and support staff well being	1.1; 3.1; 5.1
3. Develop a work plan for a comprehensive governance review to address current issues and gaps identified in the CPMF report	1.1; 3.1; 5.1; 6.1
<b>Projects that will begin in year 1 but will span more than one year</b>	
4. Develop a work plan to assess the pathway to licensure requirements for Canadian and internationally educated physiotherapists	1.1; 1.2; 5.1
5. Develop and adopt an Enterprise Risk Management Strategy which addresses organizational, governance, and statutory activities of the College	1.1; 1.2; 3.1; 4.1; 5.1; 6.1
6. Engage in initiatives and collaborative partnerships aimed at supporting Canadian and internationally educated physiotherapists through the initial years of their careers both pre and post registration	1.1; 2.1; 5.1
7. Conduct an equity impact assessment of practices and processes and develop an Equity, Diversity and Inclusion (EDI) strategy and action plan	1.1; 1.2; 2.1; 3.1; 4.1; 5.1; 6.1
8. Ensure that the standards of practice for the profession are reflective of current practice, and nimble enough to address emerging trends and risks to the public	1.1; 2.1; 4.1; 5.1

## **Agenda # 5**

### Financial Education

Presentation by Zoe Robinson, Director of Corporate Services



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**Motion No.: 6.0**

**Council Meeting  
June 28-29, 2022**

**Agenda # 6: Consent agenda**

It is moved by

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and seconded by

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that:

Council approves the Council meeting minutes of March 23-24, 2022, and May 18, 2022.

## **Agenda # 6**

### Consent Agenda

1. Council meeting minutes of March 23-24, 2022 and May 18, 2022
2. Acceptance of March 8, 2022, Executive Committee Minutes
3. Acceptance of Quarterly Committee/Program Area report (Jan-March 2022)
4. CAPR





## MEETING OF THE COUNCIL OF THE COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

### MINUTES March 23-24, 2022

College Boardroom and Virtually via Zoom and YouTube

#### **In-person Attendees**

Theresa Stevens, Physiotherapist, President  
Jennifer Clifford, Physiotherapist, Vice-President  
Anna Grunin, Physiotherapist  
Nitin Madhvani, Public  
Carole Baxter, Public (virtual March 24)

#### **Virtual Attendees**

Tyrone Skanes, Public  
Jesse Finn, Public  
Richard O'Brien, Public  
Laina Smith, Public (regrets March 24)  
Janet Law, Physiotherapist  
Dennis Ng, Physiotherapist  
Karen St. Jacques, Physiotherapist  
Hervé Cavanagh, Physiotherapist  
Paul Parikh, Physiotherapist, Academic  
Sharon Gabison, Physiotherapist, Academic  
Katie Schulz, Physiotherapist (regrets March 24)

#### **Staff**

Rod Hamilton, Registrar  
Anita Ashton, Deputy Registrar (March 23)  
Zoe Robinson  
Justin Rafton  
Shelley Martin (March 24)  
Joyce Huang  
Evguenia Ermakova (March 23)  
Elicia Persaud

#### **Recorder:**

Barbara Hou

#### **Zoom Guests:**

Jason Wong, Optimus (March 23)  
John Whincup, Optimus (March 23)  
Leanne Worsfold, IComp (March 24)  
Gary Rehan, Physiotherapist (March 24)  
Jim Wernham, Physiotherapist (March 24)  
Antoinette Megens, Physiotherapist (March 24)

### March 23, 2022

#### **9:00 am. Welcome**

The President welcomed all members and opened the meeting with the College's Land Acknowledgement Statement and College's commitment to the Public Interest mandate. Members were asked to declare any conflict of Interest; none were declared.



**1.0 Approval of the Agenda**

**Amended 1.0**

**Motion** The Chair proposed an additional agenda item 1.1 Motion to go in-camera pursuant to Section 7(2)(b) of the Health Professions Procedural Code.

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

The agenda be accepted as presented with the possibility for changes to the order of items to address time constraints (with an additional in-camera session)

**CARRIED.**

**Motion to go *in-camera* pursuant to Section 7(2)(b) of the Health Professions Procedural Code**

**Motion 1.1**

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

Council moves *in-camera* pursuant to section 7 (2)(b) of the Health Professions Procedural Code for discussion of 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.

Council moved *in-camera* at 9:10 am and moved back into the public portion of the meeting at 9:57 am.

**CARRIED.**

**Motion to Amend Agenda Item**

**Motion 1.2**

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

Agenda items 14.1 and 14.2 be changed to for information items.

**CARRIED.**

**2.0 President's Report**

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

- Council has received a new public member Laina Smith; the public appointment of Myles MacLeod has expired; and public member Carole Baxter has been reappointed for a three-year term ending in 2025.
- The Executive Committee has approved the Council Education Strategy and has selected *Principles in Governance* and *Public Interest* as education topics for the 2022-23 Council year.
- The Executive Committee has deferred conference attendance selection until June.



- There are ongoing discussions with Ontario Physiotherapy Leadership Consortium (OPLC)- PT academic Chairs and CEO of Ontario Physiotherapy Association (OPA) related to Entry to Practice.
- Input has been provided on the governance process for the Canadian Alliance of Physiotherapy Regulators (CAPR).
- Update on the Emergency Amendment proposal to the General regulation.
- Overview of the Council feedback from the December 2021 Council meeting.

### **3.0 Registrar's Report**

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

- Governance reform in the regulation of health professionals.
- College of Traditional Chinese Medicine and Acupuncture remaining a regulated profession.
- Notice of an application made by a registrant to the Human Rights Tribunal of Ontario (HRTO).
- College Initiatives and Projects: Governance process improvements based on recommendations in the College Performance Measurement Framework (CPMF).
- Strategic planning sessions completed by Council.
- Practice Advisory Service review, research report about Internationally educated physiotherapist's transition to practice.
- Staffing updates- Amanda Pinch Credentialing & Exams Manager has arrived, and Justin Rafton, Policy and Governance Manager is departing.
- College office space sublease – the process of finding a tenant is continuing.
- Website and Social Media Analytics report November 2021- February 2022.
- Draft Risk registry under review by management.

### **4.0 Consent Agenda**

#### **Motion 4.0**

The consent agenda was brought forward in the materials for review and approval. The Executive Committee minutes and Q3 Committee Reports for October to December 2021 were accepted with no comments.

It was moved by K. Schulz and seconded by D. Ng that:



The Council approves the meeting minutes of December 15-16, 2021, and February 2, 2022.

**CARRIED.**

## **5.0 Background about the Canadian Alliance of Physiotherapy Regulators (CAPR) and the College's Registration Process**

J. Huang, Strategic Projects Manager, provided a summary of CAPR and the impact Covid has had on their ability to deliver the PCE Clinical exam and the resulting impact on the College's registration process.

## **6.0 Entry to Practice Update**

In December 2021, Council directed staff to undertake work in response to the ongoing unavailability of the Physiotherapy Clinical Exam (PCE) exam.

J. Huang provided a status update on the following:

- Sherbrooke Exam
- Development of an alternative clinical exam
- Contingency plans for delivery of credentialing and written exam services
- Written Exam
- Registration Committee Exemption Policy

## **7.0 College's General Regulation Amendment Proposal- Consultation review**

In October 2021, to address the ongoing unavailability of the clinical examination, Council approved in principle the preliminary revisions to the registration requirements under the College's General Regulation.

J. Rafton, Governance and Policy Manager, and E. Ermakova, Policy Analyst, presented Council with an overview of the work required at the regulatory and policy level for regulation amendments.

Council directed staff to conduct a complete analysis and review of the General Regulation. Where possible, staff are to consider flexibility in the consultation review while preserving the duty to the public interest and return with a revised proposal for Council consideration.

N. Madhvani joined the College boardroom at 11:15 am.



**8.0 Annual Budget Fiscal Year 2023**  
**Motion 8.0**

Z. Robinson, Director of Corporate Services, presented the 2023 budget for Councils review and approval. It was reported that the recommended operating budget for 2023 is a deficit of \$ 1.289 million.

The main reasons for the proposed deficit are:

- Lower revenues due to the impact of Covid-19.
- Higher expenses related to the development of the Ontario Clinical Exam.
- Higher legal costs for Inquiries, Complaints, Reports Committee (ICRC), and Discipline and Fitness to Practice Committee matters.
- Increased staff required to meet the College's growing regulatory work.

While the College has the cash flow to manage this loss in FY 2023, the long-term projections and financial sustainability of the College will be considered in the near future.

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

Council approves the fiscal year 2023 annual operating budget.

**CARRIED.**

**9.0 Strategic Plan 2022-2026**  
**Motion 9.0**

T. Stevens introduced John Whincup and Jason Wong from Optimus SBR, the company that facilitated the development process of the new strategic plan.

T. Stevens provided an overview of the strategic planning process and reviewed the four elements of the strategic plan (Appendix 1) which include:

- an updated Mission Statement,
- an updated Vision Statement,
- a Value Statement, and
- four Strategic priorities.

It was noted that the specific initiatives and measures for the Strategic Plan will be brought forward to Council in June.



It was moved by C. Baxter and seconded by A. Grunin that:

Council approves the 2022-2026 Strategic Plan.

**CARRIED.**

S. Gabison joined virtually at 1:15 pm

#### **10.0 Council Education: Quality Assurance Program**

S. Martin, Manager of Quality Assurance, provided Council with an overview of the Quality Assurance Program.

#### **11.0 Motion College Performance Measurement Framework (CPMF) 2021 Submission**

In 2020, the Ministry of Health developed and released a College Performance Measurement Framework (CPMF) designed to strengthen accountability and oversight and improve College performance.

Colleges are required to complete the CPMF annually.

For Year 2 of reporting, J. Huang presented an overview of the College's 2021 report highlighting three new areas of focus: Equity, Diversity, and Inclusion, Risk Management, and the Use of Technology.

It was noted that many Standards and Evidence items have changed, and the College was required to report on new activities that occurred during the year.

Council acknowledged all of the staff work and time that went into developing the CPMF report.

It was moved by N. Madhvani and seconded by T. Skanes that:

Council approves the 2021 CPMF Report for publication.

**CARRIED.**

#### **12.0 President, Vice President, and Executive Committee Election**

In keeping with the responsibilities of the Registrar, R. Hamilton facilitated the President, Vice-President, and Executive Committee election. R. Hamilton provided an overview of the elections process which was supported by the electronic online voting system, Poll Everywhere.



**Election of the President:**

The following nomination for President was received:

- T. Stevens, Physiotherapist

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

T. Stevens was acclaimed President.

**Election of the Vice-President:**

The following nominations for Vice-President were received:

- J. Clifford, Physiotherapist

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

J. Clifford was acclaimed Vice-President.

**Election of the Executive Committee: members-at-large**

The following nominations were received for the remaining three positions for the Executive Committee member at large:

- N. Madhvani, Public Member
- C. Baxter, Public Member
- K. Schulz, Physiotherapist
- A. Grunin, Physiotherapist

R. Hamilton called for additional nominations from the floor;

- H. Cavanagh, Physiotherapist, self-nominated and was added to the ballot.

**The following individuals were elected to the Executive Committee as members-at-large for the 2022-2023 year.**

- N. Madhvani, Public Member
- C. Baxter, Public Member
- H. Cavanagh, Physiotherapist

**The following councillors will make up the Executive Committee for the 2022-2023 year:**

- T. Stevens (President)
- J. Clifford (Vice President)
- N. Madhvani, Public Member
- C. Baxter, Public Member
- H. Cavanagh, Physiotherapist



Day one of the Council meeting was adjourned at 2:33 p.m.

**9:00 am.**

**March 24, 2022**

**13.0 Committee Role Orientation**

The Committee Chairs presented a high-level overview of each of the College's Committees to assist Council members in their consideration of committee interests for the upcoming year.

R. Hamilton addressed Council's inquiry that committee meetings will be offered as a hybrid to provide flexibility for members participating virtually. As for members designated as Chairs, the College will continue to provide facilitation training resources to support members in the role.

**14.0 Development of an Alternative Exam: Ontario Clinical Exam**

J. Huang and consultant Leanne Worsfold presented an update on the work in progress required to develop an alternative Ontario Clinical exam. R. Hamilton noted that the exam development process will be contingent on external factors as the College is working with different vendors and what was presented was the best estimate of deliverable timelines.

**15.0 FY 2022 Q3 Financial Management Report**

Z. Robinson presented Council with the Q3 Financial Report for information.

The Q3 financial report was received by Council.

**16.0 Committee Slate Amendment**  
**Motion 16.0**

E. Persaud, Governance Analyst, provided Council with a proposed revised committee slate in response to the departure of public member M. MacLeod and the appointment of public member L. Smith.

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

Council approves the following proposed amendments to the committee slate:





- Appoint Laina Smith to the Discipline and Fitness to Practise Committees and Quality Assurance Committee;
- Appoint Anna Grunin to the Finance Committee; and
- Remove Richard O'Brien from the Inquiries, Complaints, and Reports Committee.

**CARRIED.**

**17.0 Members' Motion/s**

None

It was moved by K. Schulz that the Council meeting be adjourned. The meeting was adjourned at 12:50 pm.

**CARRIED.**

**Adjournment**

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Theresa Stevens, President

# Strategic Plan Framework

## Mission

To protect the public interest by ensuring physiotherapists provide competent, safe, and ethical care.





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

**MINUTES  
May 18, 2022**

College Boardroom and Virtually via Zoom and YouTube

**In-person Attendees**

Theresa Stevens, Physiotherapist, President

**Virtual Attendees**

Jennifer Clifford, Physiotherapist, Vice-President

Anna Grunin, Physiotherapist

Katie Schulz, Physiotherapist

Nitin Madhvani, Public

Carole Baxter, Public

Tyrone Skanes, Public

Jesse Finn, Public

Richard O'Brien, Public

Janet Law, Physiotherapist

Dennis Ng, Physiotherapist

Karen St. Jacques, Physiotherapist

Hervé Cavanagh, Physiotherapist

Paul Parikh, Physiotherapist, Academic

Sharon Gabison, Physiotherapist, Academic

**Staff**

Rod Hamilton, Registrar

Anita Ashton, Deputy Registrar

Amanda Pinch

Joyce Huang

Elicia Persaud

**Recorder:**

Barbara Hou

**Regrets**

Laina Smith, Public

**May 18, 2022**

**12:00 pm. Welcome**

The President welcomed all members and opened the meeting with the College's Land Acknowledgement Statement and College's commitment to the Public Interest mandate. Members were asked to declare any conflict of Interest; none were declared.

**1.0 Approval of the Agenda**

**Motion 1.0**

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

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

**CARRIED.**

**2.0 Ontario Clinical Exam (OCE) Recommendation Regarding Exam Design**



Council previously approved work to develop an Ontario Clinical Exam based on a behaviour-based interview (BBI) format in December 2022. However, in early March 2022, the College identified risks associated with utilizing a BBI exam format alone for entry to practice examination.

Amanda Pinch, Manager of Examinations presented Council with an enhanced exam format that builds on the existing BBI framework with an additional scenario-based structured interview component. The Ontario Clinical Exam will compose of a two-part examination. While the College explores the financial and operational implications of a hybrid and a fully remote virtual exam delivery model, Council also directed staff to look into a fully in-person exam delivery model as a contingency. Further exam implementation plans such as costs and timelines will be presented at the June 2022 Council Meeting.

The three main streams of exam development work will continue:

- The development of the assessment tool which will be a structured scenario-based interview based on entry-level competencies
- The development of the program infrastructure, policies, and procedures required to support the exam operationally
- The development of a technology platform to assist with the administration of the exam, which includes registration, exam delivery, scoring, and data analysis and reporting

**Motion 2.1**

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

Council approves the exam format of a structured interview with long and short scenarios in principle.

**CARRIED.**

**Motion 2.2**

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

Council approves the associated blueprint for the Ontario Clinical Examination

**CARRIED.**

The Council meeting was adjourned at 1:30 pm.

**Adjournment**

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Theresa Stevens, President





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

The Executive Committee meeting minutes from November 22, 2021, December 6, 2021, January 14, 2022, January 20, 2022, January 24, 2022, and January 27, 2022, be approved.

**CARRIED.**

### **3.0 Committee Slate Amendment**

#### **Motion**

E. Persaud, Governance Analyst, provided the Executive Committee with a proposed revised committee slate in response to the departure of public member Myles MacLeod and the appointment of public member Laina Smith.

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

The Executive Committee recommends that Council approves the following proposed amendments to the committee slate:

- Appoint Laina Smith to the Discipline and Fitness to Practise Committees and Quality Assurance Committee;
- Appoint Anna Grunin to the Finance Committee;
- Remove Richard O'Brien from the Inquiries, Complaints, and Reports Committee.

**CARRIED.**

### **4.0 President's Report**

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

- New public member Laina Smith joining the Council, and the re-appointment of Carole Baxter for a three-year term ending 2025.
- Deregulation of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.
- Ongoing discussions with the Ontario Physiotherapy Leadership Consortium (OPLC) PT Academic Chairs, CEO of the Ontario Physiotherapy Association (OPA) related to Entry to Practice and exam processes.
- Provided insight into the review of the CAPR governance process.
- Proposed the Emergency Amendment to the General Regulation.
- Council feedback from the 2021 December meeting.
- Ongoing discussion with CAPR leadership.

### **5.0 Registrar's Report**

R. Hamilton, provided an update on the following:



- Governance Reform and Regulatory Modernization (Ministry of Health).
- Deregulation of the College of Traditional Chinese Medicine and Acupuncture.
- Notice of an application made by a registrant to the Human Rights Tribunal of Ontario (HRTO).
- Provincial Offenses Prosecution.
- College Initiatives and Projects: Governance process improvements based on recommendations in the College Performance Measurement Framework (CPMF).
- Strategic planning completed, Council to approve the final plan in March
- Practice Advisory Service review, research report about Internationally educated physiotherapist's transition to practice.
- Staffing update: the arrival of Amanda Pinch, Credentialing & Exams Manager arrived, and the departure of Justin Rafton, Policy & Governance Manager.
- Office space leasing, the process of finding a tenant is continuing.

## **6.0 Annual Budget Fiscal Year 2023**

Z. Robinson, Director of Corporate Services presented the 2023 budget for the Executive Committee's consideration. It was reported that the proposed operating budget for FY 2023 is a deficit of \$1.289 million dollars.

The main reasons for the proposed deficit are:

- Lower revenues due to the impact of the Covid-19 pandemic.
- Higher expenses related to the development of the Ontario clinical exam
- Increase in caseload within professional conduct with higher legal costs for Inquiries, Complaints, Reports Committee, and Discipline and Fitness to Practice Committee matters.
- Increased staff required to support the College's expanding regulatory work.

The Executive committee discussed the financial sustainability of the projected deficit on the College reserve. It was suggested that a re-evaluation of membership fees may be necessary for the near future to offset the large costs. The Executive Committee recommend that Council approve the proposed FY 2023 annual operating budget.

J. Clifford left the meeting at 9:56 am.



## **7.0 Q3 Financial Management Report**

Z. Robinson presented on Q3 Financials with financial projections.

## **8.0 Entry to Practice Updates**

In December 2021, Council directed staff to undertake work in response to the ongoing unavailability of the Physiotherapy Clinical Exam (PCE).

J. Huang, Strategic Projects Manager provided an update on the following work in progress:

- Sherbrooke Exam
- Development of an alternative clinical exam
- Developing contingency plans for the delivery of credentialing and written exam services
- Registration Committee Exemption Policy

## **9.0 Development of an Alternative Exam**

The Executive Committee was provided with an overview of the ongoing work and activities for the development of the Ontario Clinical Exam projected to be administered in October – December 2022.

J. Huang highlighted the status of work in progress for the Exam tool development, Program and Policy Development, and the Technology infrastructure required to support the exam.

## **10.0 Council Education Plan 2022-2023**

### **Motion**

In keeping with the responsibilities of the Executive Committee, a Council education plan was brought forward for review and approval. To align with the expectations of the Ontario Ministry of Health's College Performance Measurement Framework (CPMF), E. Persaud, Governance Analyst, presented a new multi-year Education Strategy.

It was also recommended that the decision for Council conference attendance be deferred to June to ensure that the Committee had enough information to assess the suitability of the conference with the goals of Council this year.

It was moved by T. Skanes and seconded by N. Madhvani that:





The Executive Committee approve the Council Education Strategy confirming the *Principles in Governance* and *Public interest* as the two in-service education sessions as the Council education plan for 2022-2023 and defer the decision around conference attendance until June 2022.

**CARRIED.**

K. Schulz joined the meeting at 11:42 am

### **11.0 College's General Regulation Amendment Proposal – Consultation Review**

In October 2021, to address the ongoing unavailability of the clinical examination. Council approved in principle the preliminary revisions to the registration requirements under the College's General Regulation.

J. Rafton, Governance and Policy Manager, and E. Ermakova, Policy Analyst presented the Executive committee with an overview of the consultation review with feedback from the public, and stakeholders. It was noted for long-term regulation amendments, more work still needed to be done.

The Executive Committee recommends that Council direct staff in conducting a fulsome analysis and review of the General Regulation, considering the consultation review and introducing flexibility where possible while preserving the duty to serve and protect the public interest and return with a revised proposal for Council's consideration.

J. Clifford re-joined the meeting at 1:12 pm.

### **12.0 College Performance Measurement Framework (CPMF) Report review 2021**

In 2020, the Ministry of Health developed and released a College Performance Measurement Framework (CPMF) is designed to strengthen accountability and oversight and improve College performance. Colleges are required to complete the CPMF annually.

For Year 2 of reporting, J. Huang presented an overview of the Draft 2021 report highlighting three new areas of focus: Equity, Diversity, and Inclusion, Risk Management, and the Use of Technology.

It was noted that many Standards and Evidence items have changed, and the College was required to report on new activities that occurred during the year.



The Executive Committee was informed that while there were a number of measures where the College did not meet or partially met the Standard, it was a reflection of the fact that the College is currently focused on addressing the clinical exam situation, which required the re-allocation of resources.

The Executive Committee considered the report and recommend that Council approve the 2021 CPMF Report for publication.

### **13.0 Canadian Alliance of Physiotherapy Regulators (CAPR)**

The President provided the committee with a brief overview of the ongoing discussion with CAPR leadership regarding the College membership.

### **14.0 Alternative meeting times for evenings and weekends**

R. Hamilton informed the committee of an alternative schedule proposed by Councillor Jesse Finn in the December Council meeting.

The Executive Committee considered and discussed the option of weekend and evening meeting dates for Council and committee meetings. At this time with the various demands of College activities, it was proposed that maintaining a regularly occurring schedule for meetings was necessary for regulatory effectiveness.

### **15.0 Adjournment**

The meeting was adjourned at 3:14 pm.

Theresa Stevens, Chair

## Registration Committee Report

Committee or Department	Registration Committee
<b>Timeframe:</b>	January to March 2022
<b>Purpose:</b>	To provide Council with an overview of College's registration activities over the past quarter and to highlight areas of opportunity and risk.
<b>The Public Interest:</b>	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.
<b>Meeting Dates (if applicable):</b>	<ul style="list-style-type: none"> <li>• January 20, 2022</li> <li>• February 1, 2022</li> <li>• February 10, 2022</li> <li>• February 23, 2022</li> <li>• March 29, 2022</li> </ul>
<b>Highlights of Work Undertaken Over the Past Quarter:</b>	<p>The Registration Committee undertook the following activities:</p> <ul style="list-style-type: none"> <li>• Considered 2 applications for an Independent Practice Certificate of Registration</li> <li>• Amended the Registration Committee Policy for Exempting Provisional Class Registrants [Residents] from the required Clinical Examination) that would allow some</li> </ul>



	individuals who currently hold a Provisional Practice Certificate of Registration to apply for an Independent Practice Certificate of Registration
<b>Work Ongoing:</b>	The Registration Committee continues to work on: <ul style="list-style-type: none"><li>• The Exemption Policy is to be reviewed by the Committee every 90 days</li></ul>
<b>Areas of Risk:</b>	The following areas are being monitored and considered potential organizational risk: <ul style="list-style-type: none"><li>• There is no clinical exam available at this time</li></ul>

<b>The Numbers</b>	
2 cases considered in this timeframe	<ul style="list-style-type: none"><li>• One application was approved with Terms, Conditions, and Limitations.</li><li>• One application was denied.</li></ul>
Registration Committee Exemption Policy (to June 14 2022)	<ul style="list-style-type: none"><li>• Applications received 454</li><li>• Applications in progress 138</li><li>• Certificates issued 306</li></ul>

## Inquiries, Complaints and Reports Committee (ICRC)

Committee or Department	Inquiries, Complaints and Reports Committee (ICRC)
<b>Timeframe:</b>	January to March 2022
<b>Purpose:</b>	To provide Council with an overview of College’s ICRC activities over the past quarter and to highlight areas of opportunity and risk.
<b>The Public Interest:</b>	The College’s ICRC reviews concerns about physiotherapists related to professional misconduct, incapacity and incompetence and decides whether any action should be taken to ensure physiotherapists are able to practice safely and competently.
<b>Meeting Dates (if applicable):</b>	January 18, 2022 February 1, 2022 March 1, 2022
<b>Highlights of Work Undertaken Over the Past Quarter:</b>	<p>The ICRC undertook the following activities:</p> <ul style="list-style-type: none"> <li>• Met on 3 occasions</li> <li>• Delivered 3 Cautions</li> <li>• 4 HPARB Decisions Upheld, 1 Returned for Further Investigation <ul style="list-style-type: none"> <li>○ <a href="#">C. Lanni</a></li> <li>○ <a href="#">A. Dharaskar</a></li> </ul> </li> </ul>



	<ul style="list-style-type: none"><li>○ <a href="#">P. Patel</a></li><li>○ <a href="#">A. Huo</a></li></ul>
<b>Areas of Risk:</b>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"><li>● Committee continues to see significant concerns regarding the supervision of PTAs in practice and would encourage Council to prioritize this standard for review</li><li>● Committee continues to see an increase in the number of cases involving sexual abuse and would encourage Council to review the Boundaries and Sexual Abuse standard and separate the boundaries component from the sexual abuse component</li><li>● Due to Residents being in Provisional Practice longer we have seen an increase in the number of residents being terminated from their positions in hospitals due to concerns about the resident's readiness to practice in that setting.</li></ul>
<b>Common Themes:</b>	<ul style="list-style-type: none"><li>● Sexual abuse and boundaries</li><li>● Patients being left in treatment rooms without the ability to signal distress</li><li>● Communication challenges and unprofessional language, including the use of social media as a form of communication with patients</li><li>● Group Exercise Classes being billed as physiotherapy</li></ul>



<b>Number of #</b>	
<b>Appointment of Investigators (75a and 75c) investigations</b>	10
<b>Number of open Intake files on the date the report was prepared (May 24)</b>	47
<b>Number of Cases being Investigated (Feb 8)</b>	134
<b>Cases Reviewed by the ICRC in the Quarter</b>	19
Referrals to Discipline	6
Caution	0
SCERP and Caution	1
SCERP, Caution and A&U	0
Undertakings	2
Caution and Undertaking	0
Advice and Recommendations	2
Frivolous and Vexatious	1
No Action	7

## Quality Assurance Committee Report

Committee or Department	Quality Assurance Committee
<b>Timeframe:</b>	January to March 2022
<b>Purpose:</b>	To provide Council with an overview of Quality Assurance Committee activities over the past quarter and to highlight areas of opportunity and risk.
<b>The Public Interest:</b>	The College's QA Committee reviews reports about a physiotherapist's practice following an assessment and screening interview. The Committee identifies gaps in the PT's practice and prescribes a learning plan to address the gaps.
<b>Meeting Dates (if applicable):</b>	January 17, 2022 February 17, 2022
<b>Highlights of Work Undertaken Over the Past Quarter:</b>	<ul style="list-style-type: none"> <li>• Review of four cases resulting in one proposed SCERPs</li> <li>• Received orientation to the Extension and Deferral Program policy for consideration of the committee's first request for a deferral</li> <li>• The Committee made three decisions about the Quality Assurance Program               <ol style="list-style-type: none"> <li>1. Virtual assessments will be the primary approach to assessments recognizing that on-site assessments would be occur in request for an accommodation</li> <li>2. The Committee approved the updated</li> </ol> </li> </ul>





	<p>Assessment Program Policy</p> <p>3. The Committee approved the draft decision-making tool being used to support Committee decision making</p>
<b>Work Ongoing:</b>	<p>The QA Committee continues to work on:</p> <ul style="list-style-type: none"><li>• Monitoring the program data that would inform program changes, if needed.</li><li>• Reviewing and approving program policies, as needed</li></ul>
<b>Areas of Risk:</b>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"><li>• Availability of assessors to conduct screening interviews and assessments has increased due to interviews needed for the PT Resident group</li><li>• Exemption policy for PT Residents was implemented in this quarter and the selection of QA participants was reduced as a result</li><li>• Carrying out screening interviews for PT Residents has created additional demand on the Quality Assurance Team. This extra demand results from the creation of separate tracking, monitoring and creating assignments outside of the usual QA process. Focus on this additional work has resulted in less time for other QA Program activities (e.g. completing the hiring process for new assessors, program evaluation plan, etc.)</li><li>• One QA Team member was seconded to the Registration team part time to assist with the additional work-load.</li></ul>



Number of #	
Screening Interviews completed in Q4	264
Number of screening interviews as a part of the QA program	126
Number of screening interviews as a part of the Registration Exemption policy	143
Assessments completed in Q4	10
Number of cases considered by the committee in Q4	4
Number of cases closed by the Committee with no further action	0
Number of cases closed with advice and recommendations	3
Number of proposed SCERPS	1

## Executive Committee Report

Committee or Department	Executive Committee
<b>Timeframe:</b>	January to March 2022
<b>Purpose:</b>	To provide Council with an overview of the College’s Executive Committee activities over the past quarter and to highlight areas of opportunity and risk.
<b>The Public Interest:</b>	The College’s Executive Committee is designated by Council to serve as the College’s Governance Review Committee.
<b>Meeting Dates (if applicable):</b>	January 14, 2022 January 20, 2022 January 24, 2022 January 27, 2022 March 8, 2022
<b>Highlights of Work Undertaken Over the Past Quarter:</b>	The Executive Committee undertook the following activities: <ul style="list-style-type: none"> <li>• Reviewed Annual Budget for Fiscal Year 2023</li> <li>• Approved Council Education Plan for 2022-2023</li> <li>• Appointed new Public member Laina Smith to various committees</li> <li>• Reviewed Financial Report Fiscal Year 2022 Q3</li> <li>• Considered Canadian Alliance of Physiotherapy Regulators (CAPR) Funding request and College</li> </ul>



	<p>membership</p> <ul style="list-style-type: none"><li>• Considered Emergency Regulation Submission (Second Provisional Practice Certificate)</li><li>• Proposed a committee slate amendment</li><li>• Considered the College’s General Regulation Amendment proposal — Consultation Review</li><li>• Reviewed draft College Performance Measurement Framework (CPMF) 2021 Report</li><li>• Considered conference attendance for 2022</li></ul>
<p><b>Areas of Risk:</b></p>	<p>The following areas are being monitored and considered potential organizational risks:</p> <ul style="list-style-type: none"><li>• Ongoing unavailability of clinical examination</li><li>• College membership with CAPR</li></ul>

## Finance Committee Report

Committee or Department	Finance Committee
<b>Timeframe:</b>	January to March 2022
<b>Purpose:</b>	To provide Council with an overview of the College's financial activities over the past quarter and to highlight areas of opportunity and risk.
<b>The Public Interest:</b>	The College's Finance Committee strives to ensure the CPO's finances are managed to enable the College to achieve its regulatory requirements.
<b>Meeting Dates (if applicable):</b>	February 28, 2022 March 4, 2022
<b>Highlights of Work Undertaken Over the Past Quarter:</b>	<p>The Finance Committee undertook the following activities:</p> <ul style="list-style-type: none"> <li>• Review of FY 2023 Annual Operating Draft Budget</li> <li>• Review of Q3 Financial Management report</li> <li>• Office space lease</li> <li>• Discussion on Ontario Clinical Exam Fee</li> </ul>
<b>Work Ongoing:</b>	<p>The Finance committee continues to work on:</p> <ul style="list-style-type: none"> <li>• Preparation of the Fiscal Year 2022-2023 Budget</li> <li>• Developing financial model for the Ontario</li> </ul>



	Clinical Exam (OCE)
<b>Areas of Risk:</b>	<p>The following areas are being monitored and considered potential financial risk:</p> <ul style="list-style-type: none"><li>• Lease costs for the College's office space</li><li>• Financial impact of the OCE</li><li>• Impact of registration fees on the long-term financial sustainability of the College.</li></ul>

## Patient Relations Committee Report

Committee or Department	Patient Relations Committee
<b>Timeframe:</b>	January to March 2022
<b>Purpose:</b>	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.
<b>The Public Interest:</b>	<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>
<b>Meeting Dates (if applicable):</b>	February 2, 2022
<b>Highlights of Work Undertaken Over the Past Quarter:</b>	<p>The Patient Relations Committee undertook the following activities:</p> <ul style="list-style-type: none"> <li>• Approved one request for funding for therapy and counselling</li> </ul>
<b>Work Ongoing:</b>	<ul style="list-style-type: none"> <li>• The Committee continues to consider applications for funding for therapy and counseling.</li> </ul>



	<ul style="list-style-type: none"> <li>• Review and update public facing information for funding for therapy and counseling</li> <li>• The Committee set three goals to guide their education and support related activities.             <ol style="list-style-type: none"> <li>1. Reduce the number of complaints identified as boundary and sexual abuse violations.</li> <li>2. Highlight a culture of patient safety and professional boundaries for PTs in Ontario.</li> <li>3. Support patient safety when attending a physiotherapy appointment.</li> </ol> </li> <li>• The Committee reviewed other regulatory Colleges Patient Relations Committees activities and options for actions to take to address the number of boundary violations by registrants</li> <li>• Staff were directed to create a blog post called <i>A Concerning Trend: Addressing and Preventing All Forms of Sexual Abuse</i> to be shared on the College website and distributed through the Perspectives e-newsletter.</li> </ul>
<p><b>Areas of Risk:</b></p>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"> <li>• None were identified this quarter</li> </ul>

Number of applications/requests approved at the committee level	Number of applications approved at the staff level	Number of recipients of funding for therapy and counselling (as of March 31, 2022)
0	1	11



## Discipline & Fitness to Practise Committee Report

Committee or Department	Discipline & Fitness to Practise
<b>Timeframe:</b>	January to March 2022
<b>Purpose:</b>	To provide Council with an overview of College's Discipline and Fitness to Practise Committee activities over the past quarter and to highlight areas of opportunity and risk.
<b>The Public Interest:</b>	<p>The Discipline Committee is the statutory Committee that holds public hearings and considers serious allegations about physiotherapists' practice, conduct or competence.</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 where the condition is affecting their ability to practice the profession safely.</p>
<b>Meeting Dates (if applicable):</b>	<p>There were four hearings held in this timeframe.</p> <ul style="list-style-type: none"> <li>• Patricia Vogel – January 12, 2022 (contested)</li> <li>• Mohammad Saeed Kollari – January 26, 2022</li> <li>• Mahmood Kalbasy – March 8, 2022</li> <li>• Michael Cunanan – March 25, 2022</li> </ul>
<b>Highlights of Work Undertaken Over the Past Quarter:</b>	<p>The Discipline &amp; Fitness to Practise Committee:</p> <ul style="list-style-type: none"> <li>• The first contested matter in over a year was held in this quarter</li> </ul>



	<ul style="list-style-type: none"><li>• Two of the committee members in the Panel Chair group, chaired their first hearings this quarter</li><li>• One committee member in the Decision Writer group wrote reasons for their first hearing this quarter</li><li>• The decision and reasons for all hearings this quarter were released within the targeted timeline (within 30 days of uncontested hearing date and within 60 days of the penalty decision in contested matters)</li><li>• Development of a Panel Chairs guide and a Decision Writers guide</li><li>• Introduced the inclusion of a summary of the matter in their decision and reasons</li></ul>
<b>Work Ongoing:</b>	<p>The Discipline &amp; Fitness to Practice Committee continues to:</p> <ul style="list-style-type: none"><li>• Hear uncontested discipline hearings remotely via Zoom</li><li>• Identify opportunities for ongoing training</li><li>• Establish a shared space for panels to facilitate drafting and editing their written decisions</li><li>• Develop new and update existing templates and resources as needs arise or are anticipated</li><li>• Make HPRO education sessions available for new Committee members</li></ul>
<b>Areas of Risk:</b>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"><li>• Committee members are not as available to participate on hearing panels. This is having an impact on scheduling for contested hearings.</li></ul>



Number of #	
Discipline hearings pending at the time the report was prepared	12
Fitness to Practise Hearings pending	0
Discipline Hearings completed	6
Pre-Hearing Conferences held	2
Uncontested Hearings held	5
Contested Hearings held	2
Hearing Days	7
Decisions Released	6
Appeals	0

## Compliance Monitoring Report

Committee or Department	Compliance Monitoring
<b>Timeframe:</b>	January to March 2022
<b>Purpose:</b>	To provide Council with an overview of College's Compliance Monitoring activities over the past quarter and to highlight areas of opportunity and risk.
<b>The Public Interest:</b>	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.
<b>Highlights of Work Undertaken Over the Past Quarter:</b>	<p>Compliance Monitoring:</p> <ul style="list-style-type: none"> <li>• Held remote training sessions for coaches that were two-hours in length in January, February and March</li> <li>• A coaches newsletter was distributed in March</li> <li>• Hosted a networking meeting for individuals supporting compliance monitoring activities at other health regulatory colleges in February</li> <li>• Implemented a new practice enhancement coaching report template as well as a coaching action plan template</li> </ul>
<b>Work Ongoing:</b>	The Compliance Monitoring department continues to:



	<ul style="list-style-type: none"> <li>• Hold remote training sessions for coaches, the next scheduled sessions are in April, May and June</li> <li>• Develop a coaches FAQ to assist in the onboarding of new coaches and for coaches to reference in future</li> <li>• Create an FAQ for physiotherapists who are required to participate in a coaching program</li> <li>• Create an FAQ for physiotherapists who are required to serve a suspension as part of a Discipline Order</li> <li>• Support coaches with the coaching programs</li> <li>• Recruit new practice enhancement coaches to ensure there is a diverse roster: gender, practice settings, and ethnic diversity</li> <li>• Develop new templates and resources as needs arise or are anticipated</li> <li>• Review and develop Standard Operating Procedures</li> </ul>
<p><b>Areas of Risk:</b></p>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"> <li>• None were identified this quarter</li> </ul>

The Numbers (January – March 2022)	
Total number of files in Compliance Monitoring as of March 31, 2022	42
Quality Assurance Compliance Monitoring Files in Progress	5
New Quality Assurance Compliance Monitoring Files Opened	3
Quality Assurance Compliance Monitoring Files Closed	0



ICRC Compliance Monitoring Files in Progress	14
New ICRC Compliance Monitoring Files Opened	6
ICRC Monitoring Files Closed	8
Registration Compliance Monitoring Files in Progress	4
New Registration Compliance Monitoring Files Opened	1
Registration Compliance Monitoring Files Closed	0
Discipline Compliance Monitoring Files in Progress	19
New Discipline Compliance Monitoring Files Opened	4
Discipline Compliance Monitoring Files Closed	0
Registrar's Inquiry Compliance Monitoring in Progress	0
New Registrar's Inquiry Compliance Monitoring Opened	0
Registrar's Inquiry Compliance Monitoring Files Closed	0

## Practice Advice Report

<b>Committee or Department</b>	<b>Practice Advice Team</b>
<b>Timeframe:</b>	January to March 2022
<b>Purpose:</b>	To provide Council with an overview of College's Practice Advice activities over the past quarter and to highlight areas of opportunity and risk.
<b>The Public Interest:</b>	The role of the College is to protect the public by setting and upholding the rules and standards of the physiotherapy profession. To this end, members of the public, or other stakeholders e.g., PTs, insurers, students, and employers can contact the Practice Advice (PA) service if they have question(s) with respect to these rules and standards and how they apply in practice. The PA (Practice Advice) service is staffed by Practice Advisors, physiotherapist staff members who respond to stakeholder inquiries primarily by phone or email. The Service also supports other activities aimed at supporting awareness of the various standards, tools, and resources.
<b>Meeting Dates (if applicable):</b>	N/A
<b>Highlights of Work Undertaken Over the Past Quarter:</b>	<p>The Practice Advice team undertook the following activities:</p> <ul style="list-style-type: none"> <li>• Practice Advice Program review</li> </ul>



	<ul style="list-style-type: none"><li>• Development of program policies</li><li>• Presentations to MSc PT students at U of T on Standard expectations related to the Fees Billing &amp; Accounts, Boundaries &amp; Sexual Abuse</li><li>• Presentation to a PTA educational program of the Working with PTA Standards</li><li>• Collecting and sharing data from other provinces and identifying risks in practice. (Incentives)</li></ul>
<b>Work Ongoing:</b>	<p>The Practice Advice team continues to work on:</p> <ul style="list-style-type: none"><li>• Ongoing responses to more than 2200 contacts each year from members of the Public, PTs, employers related to the College Standards and Rules</li><li>• PA provides support to other areas of the College</li><li>• Feb, March 2022 consults with other regulatory Colleges around Covid precautions</li><li>• Meetings with external stakeholders March 2022 CLHIA.</li><li>• Quarterly meetings to collaborate with Advisors in four provinces across Canada to share trends and issues</li></ul>
<b>Areas of Risk:</b>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"><li>• Increase in volume of inquiries related to expanded PT Scope — e.g. cortisone/Botox injections, breast health, pessary fittings.</li></ul>



## Policy, Strategy & Governance

Committee or Department	Policy, Strategy & Governance
<b>Timeframe:</b>	January to March 2022
<b>Purpose:</b>	To provide Council with an overview of College’s activities related to our strategy plan, governance, and policy work.
<b>The Public Interest:</b>	The College’s strategic plan and governance practice enable us to work effectively to meet our mandate to protect the public interest, and our standards and policies help communicate clear expectations to registrants and define how the organization works.
<b>Meeting Dates (if applicable):</b>	n/a
<b>Highlights of Work Undertaken Over the Past Quarter:</b>	<p>The Strategy, Governance and Policy team undertook the following activities:</p> <ul style="list-style-type: none"> <li>• Worked with consultant Optimus SBR to conduct facilitated discussions with Council and staff to develop a new strategic plan for 2022-2026, which was approved at the March 2022 Council meeting.</li> <li>• Supported work on the set of proposed Regulation amendments related to the College’s registration process, including compiling and presenting the consultation feedback and recommended next steps, and preparing an</li> </ul>



	<p>emergency regulatory submission.</p> <ul style="list-style-type: none"><li>• Supporting the compilation and drafting of the College’s 2021 College Performance Measurement Framework (CPMF) report, which was approved for publication in March 2022.</li><li>• Provided project management support for the various streams of work to address the ongoing unavailability of the CAPR PCE—Clinical exam.</li><li>• Supported the effective operations of Council by developing a Council education plan for 2022-23 and facilitating the evaluation and consultation processes to provide input for the development of the Committee slate.</li></ul>
<b>Work Ongoing:</b>	<p>The Strategy, Governance and Policy team continues to work on:</p> <ul style="list-style-type: none"><li>• The further refinement of a list of proposed strategic initiatives and tactics, and development of a set of measures to track and report on progress of the strategic plan.</li><li>• Development of a work plan for a comprehensive review of the College’s regulations.</li><li>• Continuing to provide project management support to the entry to practice work, particularly the development of the Ontario Clinical Exam.</li><li>• Development of a Committee slate for 2022-23 for approval at the June 2022 Council meeting.</li><li>• Implementation of the Council education plan for 2022-23.</li></ul>
<b>Areas of Risk:</b>	<p>The following areas are being monitored and</p>



	<p>considered potential organizational risk:</p> <ul style="list-style-type: none"><li>• The need to develop a valid, reliable and defensible exam that can be delivered by the end of 2022 to restore a pathway to licensure for physiotherapy applicants.</li><li>• Collaborate with program areas to ensure Committee slate development process addresses known issues and challenges.</li></ul>
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## Communications Report

Committee or Department	Communications
<b>Timeframe:</b>	January to March 2022
<b>Purpose:</b>	To provide Council with an overview of College’s communications activities over the past quarter and to highlight areas of opportunity and risk.
<b>The Public Interest:</b>	The College strives to ensure our communications promote and address areas such as equity, equality, accessibility, protection, accountability, and foster quality care.
<b>Highlights of Work Undertaken Over the Past Quarter:</b>	<p>The Communications Team undertook/supported the following activities:</p> <ul style="list-style-type: none"> <li>• Annual renewal — creating videos, social media posts, reminder emails and calls to ensure PTs completed renewal on time.</li> <li>• PISA — creating videos, social media posts, reminder emails and calls to ensure PTs completed PISA on time.</li> <li>• Created 12 months of social media posts for <a href="#">Ontario Health Regulators</a> as part of our commitment to collaborating with other colleges.</li> <li>• Monthly Perspectives e-newsletter — featured Cases of the Month, Top Practice Questions, Myth vs Fact, featured standards and included a bias article as part of a series of education related to equity, inclusion and diversity.</li> </ul>



	<ul style="list-style-type: none"><li>• Sent out 1 employer e-newsletter</li><li>• Sent out 1 academic e-newsletter</li><li>• Updated sexual abuse awareness materials</li><li>• Updated how to make a complaint in multiple languages for website</li><li>• Completed monthly online advertising campaigns</li><li>• Updated College’s FAQs on website</li><li>• Assisted other colleges by sharing e-learning module content and providing training on how to use the software.</li></ul>
<b>Work Ongoing:</b>	<p>The Communication team continues to work on:</p> <ul style="list-style-type: none"><li>• Finalizing Supervising a Physiotherapy Resident: Everything You Need to Know as Their Supervisor Module</li><li>• Completing 2021–2022 Annual Report</li><li>• Updating all Committee and Council orientation modules in preparation for new Committee appointments</li><li>• Communicating about the Ontario Clinical Exam and the Registration Committee Exemption Policy</li><li>• Organizing a series of webinars on equity, inclusion and diversity, with our partner organization Future Ancestors</li><li>• Organizing a webinar on the Ontario Clinical Exam and other pathways for all stakeholders</li><li>• Working on plan and activities related to supporting new PTs (those educated outside and inside of Canada)</li></ul>



	<ul style="list-style-type: none"><li>• Producing monthly Perspectives e-newsletters and quarterly (or as needed) employer and academic e-newsletters</li></ul>
<b>Areas of Risk:</b>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"><li>• Website and online security</li><li>• Social media and media</li><li>• Managing misinformation related to the Ontario Clinical Exam and Registration Committee Exemption Policy</li></ul>

Canadian Alliance of Physiotherapy Regulators (CAPR)

## **Agenda # 7**

### Annual General Committee Reports 2021-2022

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





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## **ANNUAL COMMITTEE REPORT EXECUTIVE COMMITTEE**

**April 1, 2021, to March 31, 2022**

### **Committee Membership and Number of Meetings in 2021/2022 Fiscal Year:**

Darryn Mandel, Professional Representative (Chair until June 2021)  
Theresa Stevens, Professional Representative (Chair as of June 2021)  
Sharee Mandel-Benyacar, Professional Representative (until June 2021)  
Jennifer Clifford, Professional Representative (as of June 2021)  
Katie Schulz, Professional Representative (as of June 2021)  
Tyrone Skanes, Public Representative  
Nitin Madhvani, Public Representative (as of June 2021)

Total Number of Meetings in 2021/2022 Fiscal Year: 14

Hybrid (In-person and Virtual): 14

### **Issues of Note**

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

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

- Draft College Performance Management Framework (CPMF) 2021 Report
- Proposed academic appointment of Paul Parikh from the University of Western and Sharon Gabison from the University of Toronto to the Council
- Proposed Annual Budget for FY 2022/2023
- Proposed revisions to the 2021-2022 Committee Slate
- Proposed a Standards Review Process - 2021 Revised Proposal
- Considered College Auditor Request for Proposal for FY 2022
- Bylaw and Governance Review: considered consultation feedback and recommended Final Approval
- Considered issues related to the Canadian Alliance of Physiotherapy Regulators (CAPR) cancellation of virtual Clinical exam in September 2021 and subsequent cancellation of the clinical exam
- Proposed the exploration of contingency plans for credentialing and examination services

- Entry to Practice – considered short term Alternative Examination Options:
  - Université de Sherbrooke Final Comprehensive Exam as an approved clinical exam for registration in Independent Practice
  - Development of an alternative clinical exam
- Interviewed and selected a strategic planning consultant (Optimus SBR)
- Discussion of Corporate Office Space lease
- Reviewed the Fiscal Year 2022 Financial Management Reports
- Proposed the use of a Consent Agenda
- Proposed the use of an Indigenous Land Acknowledgement Statement
- Proposed the adoption of College position statement on Equity, Diversity, and Inclusion (EDI)
- Discussed the Memorandum of Understanding regarding Licensure as it relates to Cross Border Care
- Considered Canadian Alliance Physiotherapy Regulators (CAPR) Funding Request
- Proposed Canadian Institute of Health Information (CIHI) Data Sharing Contract renewal
- Received updates regarding the status of CAPR Funding request and College membership
- Consideration of Emergency Regulation Submission (Second Provisional Practice Certificate)
- Consideration of an Alternative meeting schedule for Council
- Approved the Council Education Plan for 2022-2023
- Received updates regarding the development of an alternative exam (Ontario Clinical Exam)
- College's General Regulation Amendment Proposal- Consultation Review



## **ANNUAL COMMITTEE REPORT REGISTRATION COMMITTEE**

**April 1, 2021 to March 31, 2022**

### **Committee Membership and Number of Meetings in 2021/2022 Fiscal Year:**

Tyrone Skanes, Public Representative (Chair)

Anastasia Newman, Professional representative

Katie Schulz, Professional representative

Sharon Gabison, Professional representative (from October 2021)

Jesse Finn, Public representative

Carol Baxter, Public representative (from June 2021)

Martin Bilodeau, Professional representative (until June 2021)

Paul Parikh, Professional representative (from June 2021 until October 2021)

Total Number of Meetings in 2021/2022 Fiscal Year: **12**

Hybrid (In-person and Virtual): **0**

Virtual meeting: **12**

### **Trends and/or Issues of Note**

- Increase in the number of applicants who are returning to the profession and cannot meet the practice hour requirements
- Increase in the number of applicants with professional conduct history in Ontario or in another jurisdiction
- Increase in the number of applicants seeking an Independent Practice certificate of registration after having been unsuccessful at the PCE – clinical

### **Statistics**

The Committee considered twelve cases.

One applicant was granted an Independent Practice certificate of registration. Eight applicants were granted Independent Practice certificates of registration with terms, conditions and limitations, and two applicants were denied certificates. There were zero new appeals to the Health Professions Review and Appeal Board.

## ANNUAL COMMITTEE REPORT QUALITY ASSURANCE COMMITTEE

April 1, 2021 to March 31, 2022

### Committee Membership and Number of Meetings in 2021/2022 Fiscal Year:

1. Theresa Stevens, professional member (Chair) – until June 18, 2021
2. Beth Bergmann
3. Antoinette Megens (appointed Chair starting in July 29, 2021)
4. Tom McAfee, public representative (until June 18, 2021)
5. Nitin Madhvani, public representative (until June 18, 2021)
6. Herve Cavanagh, professional member
7. Myles Macleod, public representative (started in February 2021 – until January 17, 2022)
8. Jesse Finn, Public Member (Started in July 2021)
9. Dennis Ng, professional member (started in July 2021)

Total Number of Meetings in 2021/2022 Fiscal Year: **7**

Hybrid (In-person and Virtual): **1**

Virtual meeting: **6**

- June 18, 2021 – 12 pm – 12:30 pm Committee Meeting
- August 5, 2021 – 12 pm – 2 pm - Committee Meeting
- September 9, 2021 – 12 – 1 pm Committee Meeting
- October 21, 2021 – 12:00 pm to 3:00 pm Committee Meeting
- December 2, 2021 – 9 am to 11 am Committee Meeting
- January 17, 2022 – 11 am to 12 pm Committee Meeting
- February 17 – 9 am to 11 am Committee Meeting

### Trends and/or Issues of Note

Cases resulting in SCERPs identified the following issues; from most to least frequent

- Record keeping
- Competency and Patient Care - clinical decision making
- Practice Management – infection prevention and control
- Practice Management – equipment maintenance
- Competence and Patient – using a controlled act (acupuncture)

### Policy Decisions

1. The Committee approved a revised program policy for assessments that would allow virtual assessments to continue going forward.
2. A draft decision-making tool to assist the Committee.

## Statistics

### **Number of matters considered + breakdown of outcomes**

Number of screening interviews reviewed by QA Staff: 676

*\*Number of screening interviews for PT Residents: 143*

Number of quality assurance files closed following the screening interview: 655

Number of physiotherapists referred to participate in an assessment based on results of the screening interviews: 18 in Quality Assurance, 3 from the PT Resident Group

Number of on-site assessments completed between April 1, 2021 – March 31, 2022: 18

Number of assessments considered by the QA Committee: 15

Number of requests for extension or deferral: 1 – request denied

Number of decisions issued by QA Committee: 15

The Committee considered 14 new cases in 2021-2022

- 6/15 were ordered as a SCERP
- 6/15 were closed with advice or recommendations
- 3/15 were closed with no further action



## **ANNUAL COMMITTEE REPORT PATIENTS RELATIONS COMMITTEE**

**April 1, 2021 to March 31, 2022**

### **Committee Membership and Number of Meetings in 2021/2022 Fiscal Year:**

Karen St. Jacques, Professional Representative (Chair)

Antoinette Megens, Professional Representative

Anna Grunin, Professional Representative (from June 2021)

Sharee Mandel, Professional Representative (Chair until June 2021)

Nitin Madhvani, Public Representative (from June 2021)

Myles MacLeod, Public Representative (until June 2021)

Total Number of Meetings in 2021/2022 Fiscal Year: **4**

Hybrid (In-person and Virtual): **0**

Virtual meeting: **4**

### **Statistics**

During the period of April 1, 2021 to March 31, 2022 the Patient Relations Committee met on four occasions. At three of these meetings, the committee considered requests for funding for therapy and counseling. A summary of the requests can be found below. In these meetings, the committee also:

- 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
- considered and provided direction for a policy regarding defining “therapy” for the purpose of funding for therapy and counseling, and
- discussed the current scope of work for the Committee and confirmed that it would begin work on program-specific initiatives.

The committee met once in this timeframe to provide direction to staff on program-specific initiatives.

The Committee set three goals to guide their education and support related activities.

1. Reduce the number of complaints identified as boundary and sexual abuse violations.
2. Highlight a culture of patient safety and professional boundaries for PTs in Ontario.
3. Support patient safety when attending a physiotherapy appointment.

A review of activities at other regulatory Colleges by their Patient Relations Committees was presented, and options for actions to take to address the number of boundary violations by registrants of the CPO were considered and ranked by each committee member. Staff were directed to create a blog post called *A Concerning Trend: Addressing and Preventing All Forms of Sexual Abuse* to be shared on the College website and distributed through the Perspectives e-newsletter. Staff also began work on a series of short videos aimed at raising awareness around boundary violations and avoiding misunderstandings in a clinical setting.

## Case Overviews

The College received four separate applications for funding for therapy and counselling between April 1, 2021 to March 31, 2022. In each matter, the former patient of the physiotherapist filed a formal complaint with the College. All of the complaints related to interactions the patients had with their physiotherapist and included allegations of sexual abuse. All of these applications were approved.

The College also received one request for additional funds from a patient who was already accessing the fund for therapy and counselling. This request was approved by the committee.

Applications approved by the committee	1
Applications approved at the staff level (policy in place since August 2021)	3
Applications denied	2 * In two applications the applicants were submitting requests for physiotherapy coverage in addition to mental health support services. The mental health services coverage was approved but the physiotherapy coverage was not. The Committee is open to considering requests for coverage of physiotherapy services on an individual basis.
Requests for additional funding approved by the committee	1
Requests for extension to access the fund approved by the committee	0
Requests for additional funds for time denied	0

## Budgetary Considerations

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

## Council

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

The College is currently supporting ten patients who are seeking funding for therapy and counseling. Not every patient involved in an investigation at the College related to concerns of sexual abuse or boundary violations seeks coverage for funding.





**ANNUAL COMMITTEE REPORT  
INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE**

**April 1, 2021, to March 31, 2022**

**Committee Membership and Number of Meetings in 2021/22 Fiscal Year:**

Gary Rehan, Chair, Professional Representative

Carole Baxter, Public Representative (from June 2021)

Monica Clark, Professional Representative

Jennifer Clifford, Professional Representative

Tom McAfee, Public Representative (until June 2021)

Rick O'Brien, Public Representative (from October 2021) Tyrone

Skanes, Public Representative

Theresa Stevens, Professional Representative (until June 2021) Dennis Ng,

Professional Representative (from June 2021)

Number of Meetings in 2020/2021 Fiscal Year: **24**

In Person: **0**

Hybrid Meeting (In-person and Virtual): **7**

Virtual Meeting: **17**

**Trends and/or Issues of Note**

- Continued high number of cases involving:
  - allegations of sexual abuse, boundary violations
  - Inadequate communication
  - Fraudulent billing
  - Falsification of records and incomplete records
  - Inappropriate use of support personnel

**Statistics**

**Number of matters considered + breakdown of outcomes**

Number of decisions issued: **96 (ICRC)**

Breakdown- number of specific outcomes:

- 1 Withdrawal
- 30 No Action
- 9 Acknowledgement and Undertaking
- 13 Advice and Recommendation
- 4 Caution
- 4 Acknowledgement and Undertaking and Caution
- 2 Specified Continuing Education and Remediation Program
- 8 Specified Continuing Education and Remediation Program and a Caution

- 1 Specified Continuing Education and Remediation Program and Caution and Acknowledgement and Undertaking
- 0 Refer to Incapacity Proceedings
- 20 Refer to Discipline Committee (15 registrants)
- 4 Frivolous and Vexatious

Number of times an investigator was appointed: **41**

**Number of appeals + outcomes**

Number of appeals:

6 complaint matters (HPARB)

0 Registrar's Initiated Investigations (Divisional Court)

Health Professions Appeal and Review Board (HPARB)

6 appealed to HPARB

Outcomes: the College received 10 decisions from HPARB:

8 ICRC decisions upheld by HPARB

1 ICRC decision returned for reconsideration

1 matter withdrawn by registrant



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## **ANNUAL COMMITTEE REPORT DISCIPLINE & FITNESS TO PRACTISE COMMITTEE**

**April 1, 2021 to March 31, 2022**

### **Committee Membership and Number of Meetings in 2021/2022 Fiscal Year:**

#### **Professional Members:**

Jim Wernham, Chair, Professional Representative  
Daniel Negro, Professional Representative  
Sue Grebe, Professional Representative  
Nicole Graham, Professional Representative  
Angelo Karalekas, Professional Representative  
Richa Rehan, Professional Representative  
Janet Law, Professional Representative  
Katie Schulz, Professional Representative  
Herve Cavanagh, Professional Representative  
Karen St. Jacques, Professional Representative  
Theresa Kay, Professional Representative (as of June 2021)  
Felix Umana, Professional Representative (as of June 2021)  
Paul Parikh, Professional Representative (as of June 2021)  
Anna Grunin, Professional Representative (as of June 2021)  
Sharon Gabison, Professional Representative (as of October 2021)  
Martin Bilodeau, Professional Representative (until June 2021)  
Sharee Mandel, Professional Representative, Chair (Until June 2021)  
Theresa Stevens, Professional Representative (until June 2021)  
Jennifer Clifford, Professional Representative (until June 2021)  
Sharon Switzer-McIntyre, Professional Representative (until April 2021)

#### **Public Members:**

Jesse Finn, Public Representative  
Nitin Madhvani, Public Representative  
Carole Baxter, Public Representative (as of June 2021)  
Richard O'Brien, Public Representative (as of October 2021)  
Laina Smith, Public Representative (as of March 2022)  
Myles MacLeod, Public Representative (until January 2022)  
Tom McAfee, Public Representative (until June 2021)

**Trends and/or Issues of Note:**

<b>Fiscal Year</b>	<b>Number of Referrals from the ICRC</b>
2013/2014	1
2014/2015	6
2015/2016	6
2016/2017	4
2017/2018	9
2018/2019	11
2019/2020	6
2020/2021	6
2021/2022	20 involving 15 registrants

Total Number of Hearings Completed in 2021/2022 Fiscal Year: **9**

Hybrid (In-person and Virtual): **0**

Virtual Hearing Days: **9**

<b>Matter</b>	<b>Contested/Uncontested</b>
CPO and Taddeo	Uncontested
CPO and Mathews	Uncontested
CPO and Afkari	Uncontested
CPO and Yee	Uncontested
CPO and Wang	Uncontested
CPO and Vogel	Contested
CPO and Khollari	Uncontested
CPO and Kalbasy	Uncontested
CPO and Cunanan	Uncontested

Decisions of the Discipline Committee can be found on Canlii: [www.canlii.org](http://www.canlii.org)

Cases Pending/In Progress on April 1, 2022

<b>Matter</b>	<b>Date Referred</b>	<b>Hearing Dates</b>
CPO and Bararian	09-Dec-20	Contested started May 30, October 17-21
CPO and Spremulli	11-May-21	TBD
CPO and Woronowicz	23-Aug-21	TBD
CPO and Wayling	31-Aug-21	Contested September 15, 19 and 20 2022
CPO and Shahbad	16-Nov-21	TBD
CPO and Trambulo	18-Nov-21	TBD
CPO and Whelan	08-Dec-21	TBD
CPO and Roscala-Bonilla	09-Dec-21	October 14, 2022
CPO and Thomas	19-Jan-22	TBD
CPO and Lapierre	02-Mar-22	TBD
CPO and Mannella	02-Mar-22	TBD

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

The Chair of the Discipline Committee is having difficulty appointing panels for specific matters due to the lack of availability of panel members.

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



## **ANNUAL COMMITTEE REPORT FINANCE COMMITTEE**

**April 1, 2021, to March 31, 2022**

### **Committee Membership and Number of Meetings in 2021/2022 Fiscal Year:**

Darryn Mandel, Professional Representative (Chair until June 2021)

Janet Law, Professional Representative (Chair, from June 2021)

Theresa Stevens, Professional Representative

Jennifer Clifford, Professional Representative

Nitin Madhvani, Public Representative

Anna Grunin, Professional Representative (from March 2022)

Myles MacLeod, Public Representative (from June 2021 to December 2021)

Total Number of Meetings in 2021/2022 Fiscal Year: **7**

Via Teleconference: **7**

### **Issues of Note**

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

- Quarterly Review of the College Financial Results
- Annual Budget Review and Recommendation for Approval
- Financial model for the Ontario Clinical Exam (OCE)
- Recommended the Audited financial statements for 2021/2022

### **Work Completed:**

The Finance Committee prepared for the audit of the College's financial statements for the year ending March 31, 2021, during the meeting on April 19, 2021, meeting and during May 31, 2021, meeting recommended to Council the audited financial statements for the fiscal year 2021, ending March 31, 2021, be accepted.

The Finance Committee reviewed the draft annual operating budget for FY 2023, ending March 31, 2023, on February 28, 2022, during which the Committee recommended changes to the presented budget. The updated budget for FY 2023 was reviewed during the meeting on March 4, 2022, at which the Committee recommended to Council the budget be approved.

## Council

The annual financial audit is complete as of May 31, 2022, and will be presented to the Council for its review and acceptance at the June 28-29, 2022, meeting. The College received clean audit opinion for the year ending March 31, 2022.

## **Agenda # 8**

Internationally Educated Physiotherapists Research Project

Presentation by Rebecca Goldfarb





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**Motion No.: 9.0**

**Motion**

**Council**  
**June 28-29, 2022**

**Agenda # 9: 2022-23 Committee Slate**

It is moved by

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and seconded by

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that:

Council approves the 2022-2023 Committee Slate.

<b>Meeting Date:</b>	June 28-29, 2022
<b>Agenda Item #:</b>	9
<b>Category:</b>	<i>Governance</i>
<b>Issue:</b>	2022-2023 Committee Slate
<b>Submitted by:</b>	Elicia Persaud, Governance Analyst

**Issue:**

Council is asked to approve the proposed committee slate for the 2022-2023 Council year.

**Background:**

Each year, the development of the committee slate occurs prior to the Annual General Council Meeting in June. Council will recall that to make the process for developing the slate as objective as possible, information such as the following is considered:

- The Committee composition requirements as set out in the Bylaws
- Eligibility criteria as set out in the Bylaws
- The balance between experienced Committee members and newer members
- Assessment of committee members' performance – Information on committee members' performance is collected from the committee Chairs by the President (preparedness, attendance, value of contributions)
- Assessment of committee Chairs' performance by committee members
- Feedback on committee Chairs and committee members from committee support staff
- Committee preference – Councillors and non-Council committee members are asked to confirm their preference and identify up two alternatives
- Interest in Chairing – Councillors and non-Council committee members are asked to indicate if they are interested in chairing a committee.
- Consideration of diversity in committee membership where possible (Canadian educated physiotherapists and Internationally Educated Physiotherapists)
- Consideration of practice sector diversity where this may be appropriate
- Consideration of gender balance
- Succession planning
- Allowing Council members to participate on different Committees
- Ensuring that the Committee will have enough members in attendance to ensure quorum
- Distribution of Committee workload among Council members

This year Councillors and non-Council committee members were asked to confirm their satisfaction with their current committee appointments and to provide any alternative preferences rather than identify their first, second and third choice; this change in process is to support succession planning for committees.

When developing the slate, the criteria used for succession planning included:

- Balancing each committee with experienced and newer Council and committee members. This includes moving committee members between committees and the need to retain knowledge within committees. Some movement is needed as the College invests in education and training to allow for growth while maintaining some stability in membership to support consistency.
- Consideration of time left in a Council and non-Council committee member's term. This was particularly relevant to the proposals for around committee Chairs.

## Workload Assessment

An assessment of the workload distribution of Councillors and non-Council committee members is provided below. Council will note that Councillors are typically proposed for two to three committees allowing for an equal distribution of work except for public appointee Carole Baxter\* and Academic member Sharon Gabison. This will be Carole's last year appointed to the Discipline and Fitness to Practise Committees; she has been appointed to two hearings in the fall and keeping her on the committee is needed. She will not be asked to participate in any additional hearings after these ones have been completed. This is the Sharon's last year on Council as her appointment ends in June 2023; distribution of workload among the other professional and academic Council members was considered to allow for continuity of experience. Non-Council committee members are appointed to one committee.











	Current appointment and proposed to continue to serve on this committee
	New appointment for 2022-2023
	Elected by Council

Table 1: Councillor Workload Distribution Assessment										
Name	Practice Sector	Term Ends <sup>1</sup>	# of Com	Exec	ICRC	Dis/Fit	Reg.	PRC	QAC	FC
<b>Professional Council Members</b>										
1. Theresa Stevens	Administration	2025	2							
2. Jennifer Clifford	Hospital	2023	3							
3. Janet Law	Administration - WSIB	2024	2							

<sup>1</sup> Public members are appointed for term lengths that are determined by the Minister of Health

Table 1: Councillor Workload Distribution Assessment										
Name	Practice Sector	Term Ends <sup>1</sup>	# of Com	Exec	ICRC	Dis/Fit	Reg.	PRC	QAC	FC
4. Herve Cavanagh	Hospital	2023	2							
5. Anna Grunin	Hospital	2024	3							
6. Dennis Ng	Private	2024	2							
7. Karen St. Jacques	Hospital	2023	2							
8. Katie Schulz	Hospital - teaching	2025	3							
Academic Council Members										
9. Paul Parikh	Academic	2024	2							
10. Sharon Gabison	Academic	2023	1							
Public Members										
11. Carole Baxter		2025	4							
12. Tyrone Skanes		2023	2							
13. Richard O'Brien		2024	3							
14. Nitin Madhvani		2023	3							
15. Jesse Finn		2024	3							
16. Laina Smith		2025	2							

Table 2: Non-Council Committee Members Workload Distribution Assessment										
Name	Practice Sector	Last Term <sup>2</sup>	# of Com	Exec	ICRC	Dis/Fit	Reg.	PRC	QAC	FC
1. Daniel Negro	Private	2026	1							
2. James Wernham	Administration	2026	1							
3. Sue Grebe	Hospital	2027	1							
4. Angelo Karalekas	Private	2028	1							
5. Antoinette Megens	Hospital	2028	1							
6. Richa Rehan	Private	2028	1							

<sup>2</sup> Non-Council committee members are appointed for one-year renewable terms and cannot exceed nine consecutive years. The information provided is the last term during which they will reach the nine-year maximum.

Table 2: Non-Council Committee Members Workload Distribution Assessment										
Name	Practice Sector	Last Term <sup>2</sup>	# of Com	Exec	ICRC	Dis/Fit	Reg.	PRC	QAC	FC
7. Anastasia Newman	Hospital	2028	1							
8. Nicole Graham	Hospital	2029	1							
9. Gary Rehan	Patient Care	2029	1							
10. Felix Umana	Private	2030	1							
11. Theresa Kay	Hospital	2030	1							

In keeping with the process this year, Council members were asked to provide up to two alternative committee choices; the table below outlines these. Where possible, changes were made to reflect these preferences.

Table 3: Alternative Committee Selections from Council Members										
Name	Practice Sector	Term Ends <sup>3</sup>	# of Com	Exec	ICRC	Dis/Fit	Reg.	PRC	QAC	FC
<b>Professional Council Members</b>										
17. Theresa Stevens	Administration	2025	2							
18. Jennifer Clifford	Hospital	2023	3							
19. Janet Law	Administration - WSIB	2024	2							
20. Herve Cavanagh	Hospital	2023	2							
21. Anna Grunin	Hospital	2024	2							
22. Dennis Ng	Private	2024	2							
23. Karen St. Jacques	Hospital	2023	2							
24. Katie Schulz	Hospital - teaching	2025	3							
<b>Academic Council Members</b>										
25. Paul Parikh	Academic	2024	2							
26. Sharon Gabison	Academic	2023	1							
<b>Public Members</b>										
27. Carole Baxter		2025	4							

<sup>3</sup> Public members are appointed for term lengths that are determined by the Minister of Health

Table 3: Alternative Committee Selections from Council Members										
Name	Practice Sector	Term Ends <sup>3</sup>	# of Com	Exec	ICRC	Dis/Fit	Reg.	PRC	QAC	FC
28. Tyrone Skanes		2023	2							
29. Richard O'Brien		2024	3							
30. Nitin Madhvani		2023	3							
31. Jesse Finn		2024	3							
32. Laina Smith		2025	2							

### Changes to the Slate from 2021-2022

The proposed draft slate is in Appendix 1.

As noted above, this year the slate considered succession planning as a focus and that was reflected in the change to the committee interest process. However, we did consider the feedback received by councillors who both wanted to explore new committees and for those who felt their contributions would be better served on different committees. Councillor preferences were honored while balancing committee needs.

Staff considered the diversity of practicing setting, experience, workload distribution and term length as means to identify where changes to the slate would be warranted. The table below outlines these changes.

Committees	Proposal for removal:	Proposal for addition:
Inquiries, Complaints and Reports Committee	Jennifer Clifford	Katie Schulz
Registration Committee	Sharon Gabison	Paul Parikh
Patient Relations Committee	Nitin Madhvani	Richard O'Brien
Quality Assurance Committee	Herve Cavanagh Jesse Finn	Jennifer Clifford Richard O'Brien
Finance Committee	N/A	Jesse Finn

**Note:** It is being proposed that the Finance Committee composition be increased from 5 to 6 committee members; specifically, it is being proposed that Jesse Finn, public appointee, be appointed to the Finance Committee. With Janet Law's term ending next year, appointing an additional Councillor to this committee will help with retaining experience and succession planning.

### Recruitment of Non-Council Committee Members

In the workload distribution table above Council has been provided with the practice sector experience for all professional Councillors and non-Council committee members.

One of the challenges with developing the committee slate is that lack of diversity among practice settings of professional Councillors. As professional Councillors are elected, the flexibility of the recruitment of non-Council committee members allows discretion for the selection of non-Council committee members to fill the practice setting gaps where needed. It was identified that some changes to the existing pool of non-Council committee members was necessary to balance the representation at the committee tables; this includes representation in diversity and practice setting.

A recruitment was conducted for the following committees:

- Inquiries, Complaints and Reports Committee (ICRC)
- Registration Committee (RC)
- Quality Assurance Committee (QAC)
- Patient Relations Committee (PRC)

The College received six applications for committee interest; this is significantly lower than the last full recruitment that was conducted in 2019.

Staff conducted a preliminary review of the applicates which include an eligibility assessment followed by phone interviews. At this point in the process, the following individuals are being proposed to the following committees:

Committee	Proposed:	Rationale
Quality Assurance Committee	Venkadesan Rajendran	Ven is an IEPT; many cases coming through QA are IEPTs. Ven brings diversity and has a good balance of varying work experience.
Registration - Committee Shalini	Shalini Lobo	Shalini is an IEPT; Shalini has worked in worked in variety of settings and is a clinical instructor. Adds a good balance of experience to the committee.
Inquiries, Complaints and Reports Committee	Tammy Morrisey	Tammy has a wide range of experience in different practice settings, is an experienced practitioner and is bilingual.
Patient Relations Committee	Greg Heikoop	Greg has demonstrated an ongoing interest in getting involved with the College for years; he ran in the last election and is an experienced practitioner.

Resumes are available upon request.

**Please note:**

- It is being proposed that for ICRC there be three non-Council committee members; Gary Rehan, an individual who is an existing non-Council committee member, Anastasia Newman (hospital sector) who currently serves on the Registration Committee. Anastasia noted her interest in serving on the ICRC.
- It is being proposed that there be two non-Council committee members on QAC. This is to support the needs of the work and ensure some diversity in committee membership. The current Chair is a non-Council Committee appointee, Antoinette Megens. One vacancy will be filled through recruitment.
- With Anastasia being moved to ICRC, a new non-Council committee member will be recruited for Registration.
- A new non-Council committee member will be appointed to PRC, replacing Antoinette Megens.
- As engagement for College related positions are lower than in the past, the two remaining candidates that submitted an interest for committee positions will be forwarded open opportunities to apply to such as examiners.

## Committee Chairs

Council and committee members were provided with an opportunity to self-identify an interest in chairing a committee. Their interest combined with their level of experience, feedback received and remaining length of time on Council/max term lengths were built into the committee Chair proposals.

The following Council and non-council committee members identified an interest in Chairing the following Committees:

- **Inquiries, Complaints and Reports Committee**
  - Gary Rehan, Non-council committee member
- **Discipline and Fitness to Practise Committees**
  - James Wernham, Non-council committee member
  - Daniel Negro, Non-council committee member
- **Registration Committee**
  - Katie Schulz, Professional Member of Council
  - Tyrone Skanes, Public Member of Council
- **Patient Relations Committee**
  - Karen St. Jacques, Professional Member of Council
- **Quality Assurance Committee**
  - Antoinette Megens, Non-council committee member
- **Finance Committee**
  - Janet Law, Professional Member of Council

## Proposed Committee Chairs for 2022-2023

ICRC – Gary Rehan

Discipline and Fitness – James Wernham

Quality Assurance – Antoinette Megens



Registration – Co- chairs Tyrone Skanes and Katie Schulz

Patient Relations – Karen St. Jacques

Finance – Janet Law

For the Committees where more than one person identified an interest, the rationale is noted below.

Committees	Interested in Chairing:	Proposed for Chair:	Rationale
Discipline and Fitness to Practise Committees	James Wernham Daniel Negro	James Wernham	<ul style="list-style-type: none"> <li>• While James and Daniel have been on the Discipline and Fitness to Practice Committees for the same amount of time, James has been the Chair since 2021</li> <li>• James has received very positive feedback and he is highly engaged in the work of the Committee and its success</li> <li>• Significant resources were invested into the personal development of the James as the Chair this past year</li> </ul>
Registration Committee	Tyrone Skanes Katie Schulz	Tyrone Skanes and Katie Schulz as Co-Chairs	<ul style="list-style-type: none"> <li>• While Tyrone is the most experienced Committee member, with his current appointment ending in March 2023 there would be a change in Chair part way through the year; this would result in additional orientation and training</li> <li>• Katie has just been re-elected for her second three-year term and has received positive feedback as a registration committee member</li> <li>• As Co-chairs, Katie will ensure continuity during the</li> </ul>

Committees	Interested in Chairing:	Proposed for Chair:	Rationale
			<p>transitional period from now to March 2023 while Tyrone would be available to support Katie in her growth</p> <ul style="list-style-type: none"> <li>• Katie is an experienced committee member that would benefit from the opportunity to Chair</li> <li>• While there has been discussion about another public member replacing Tyrone when his term ends, no public member has expressed an interest in chairing</li> </ul>

**Please note:** Co-chairs is a concept that Council has not officially adopted. It is being proposed to support current circumstances; at this time no other co-chair opportunities are being investigated.

### Additional Considerations

The public member representation on Council remains below the statutory threshold (one vacancy).

For the first time, we are experiencing a problem with attendance at committee meetings and hearings. Committee members are attending some of the day or perhaps only half of the meeting. In some cases, they are not attending at all. In some circumstances meetings can continue however recently staff have had to cancel meetings and hearings as quorum could not be met. The biggest concern in this regard is the cancellation of hearings as there are significant efforts made to coordinate the schedules of all parties and witnesses. In some cases, the allegations are related to the sexual abuse of a patient, and these should be dealt with in a timely manner.

It is anticipated that staff will be evaluating committee needs and the recruitment process for next year, while exploring options to ensure that moving forward committees can continue to function effectively.

### Outcome from Executive Committee Meeting

The Executive Committee reviewed the proposed committee slate and is recommending that Council approve the slate as presented.

During the discussion of the committee slate succession planning and the concept of co-chairs/vice chairs was raised as a potential future consideration by Council. Staff will consider how these items can be addressed in future work on governance review.

### **Public Interest Assessment:**

To effectively engage in statutory work of the College, committees must be constituted, and a slate selection process must ensure that committees have the relevant representation and experience needed to make decisions to protect the public and ensure that physiotherapists are meeting standards.

### **Decision Sought:**

Council is asked to approve the proposed committee slate for the 2022-2023 Council year.

The Annual meeting calendar is presented for information.

### **Attachments:**

- **Appendix 1:** 2022-2023 Proposed Committee Slate
- **Appendix 2:** 2022-2023 Meeting Calendar



### Appendix 1: 2022-2023 Committee Slate **DRAFT**

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

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	PROPOSED MEMBERSHIP	BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES	Staff Support
	<ul style="list-style-type: none"> <li>• 3 Public Appointees</li>   <li>• 1 Non-Council</li> </ul>	<p>Nitin Madhvani Jesse Finn Laina Smith Carole Baxter Richard O'Brien</p> <p><b>James Wernham, Chair</b> Daniel Negro Sue Grebe Angelo Karalekas Nicole Graham Richa Rehan Felix Umana Theresa Kay</p>		
QUALITY ASSURANCE (QA)	<p>At least 5 people, at least:</p> <ul style="list-style-type: none"> <li>• 2 Professional Members of Council</li>   <li>• 2 Public Appointees</li>   <li>• 1 Non-Council</li> </ul>	<p>Dennis Ng Jennifer Clifford</p> <p>Richard O'Brien Laina Smith</p> <p><b>Antoinette Megens, Chair</b> Venkadesan Rajendran</p>	<p>The Quality Assurance Committee is to administer the College's Quality Assurance program as defined in section 80.1 of the Code that is intended to assure the quality and safety of professional practice and promote continuing competence among the registrants.</p>	<p>Shelley Martin Victoria Lo</p>
REGISTRATION	<p>At least 5 people, at least:</p> <ul style="list-style-type: none"> <li>• 1 Professional Member of Council</li>   <li>• 1 Academic Member</li>   <li>• 2 Public Appointees</li>   <li>• 1 Non-Council</li> </ul>	<p><b>Katie Schulz, Co-chair</b></p> <p>Paul Parikh</p> <p><b>Tyrone Skanes, Co-chair</b> Jesse Finn Carole Baxter</p> <p>Shalini Lobo</p>	<p>The Registration Committee makes decisions on registration applications that do not meet the criteria for issuance of a certificate of registration by the Registrar and to ensure that processes related to entry are fair, transparent and objective.</p>	<p>Melanie Liu</p>
PATIENT RELATIONS	<p>At least 4 people, at least:</p> <ul style="list-style-type: none"> <li>• 2 Professional Members of Council</li> </ul>	<p><b>Karen St. Jacques, Chair</b> Anna Grunin</p>	<p>The Patient Relations Committee is to advise Council with respect to the patient relations program and to administer the program to provide funding for therapy and counselling.</p>	<p>Lisa Pretty Mary-Catherine Fraser Saxena</p>

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

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## 2022-2023 Council & Committee Meeting Schedule

COUNCIL 9:00 AM – 4:00 PM	FINANCE COMMITTEE 9:00 AM – 12:00 PM	QUALITY ASSURANCE COMMITTEE 9:00 AM – 11:00 AM	PATIENT RELATIONS COMMITTEE Times TBD	REGISTRATION COMMITTEE 12:00 PM – 3:00 PM	INQUIRIES, COMPLAINTS & REPORTS COMMITTEE 9:00 AM – 4:00 PM
September 22 & 23	August 18	August 12 (Orientation 9:00 am – 12:00 pm)	August 17 (Orientation)	July 20 (Orientation)	August 3 (1/2 day orientation, ½ regular meeting)
December 12 & 13	November 7	October 7	November 16	August 24 (full day meeting - 9:00 – 4:00)	September 14
March 23 & 24	February 1	December 2	February 15	September 28	November 2
June 26 & 27	February 21	January 27	May 17	November 9	December 7
EXECUTIVE COMMITTEE Times TBD	April 18	March 10		December 16	January 18
September 1	June 5	April 28		January 25	March 1
November 22		June 9		February 24	April 12
March 7				March 29	May 24
June 12				May 3	June 21
				June 14	

# 2022-2023 Council & Committee Meeting Schedule

JULY							AUGUST							SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER							
M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	
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18	19	20	21	22	23	24	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	
25	26	27	28	29	30	31	29	30	31					26	27	28	29	30			24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31		
																					31																					

JANUARY							FEBRUARY							MARCH							APRIL							MAY							JUNE							
M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	
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30	31																																									

<b>COUNCIL</b>	<b>PATIENT RELATIONS COMMITTEE</b>
<b>EXECUTIVE COMMITTEE</b>	<b>REGISTRATION COMMITTEE</b>
<b>FINANCE COMMITTEE</b>	<b>INQUIRIES, COMPLAINTS &amp; REPORTS COMMITTEE</b>
<b>QUALITY ASSURANCE COMMITTEE</b>	<b>KNOWN DISCIPLINE HEARINGS</b>



<b>Meeting Date:</b>	June 28-29, 2022
<b>Agenda Item #:</b>	10
<b>Category</b>	Program/Operational
<b>Issue:</b>	Ontario Clinical Exam <i>For Information</i>
<b>Submitted by:</b>	Joyce Huang, Strategic Projects Manager Amanda Pinch, Examinations Manager

### Issue:

In December 2021, Council made several decisions and directed staff to undertake work in response to the ongoing unavailability of the PCE-Clinical exam. This is a status update on the work items.

### Background:

For a detailed history and background on CAPR and their role in the College's registration process, please refer to the backgrounder Appendix 2.

In December 2021, in response to the ongoing unavailability of the CAPR clinical exam, Council made a number of decisions and directed staff to undertake work related to the pathway to licensure for Ontario applicants

- Council approved the Université de Sherbrooke's final comprehensive exam as an approved practical / clinical exam for registration in independent practice;
- Council approved the operational work and funding requirements to establish a clinical exam based on a behaviour-based interview tool similar to the one used in the QA program;

Also in December 2021, the Registration Committee considered and approved an exam exemption policy that would allow current holders of a Provisional Practice Certificate to apply for an Independent Practice Certificate if they meet the requirements outlined in the policy. The eligibility criteria were expanded in February 2022.

In January 2022 the Canadian Alliance of Physiotherapy Regulators (CAPR) announced that it would no longer offer a clinical national exam. The decision made by Council in December 2021 related to the exam development was intended to be a short-term solution; however, the decision made by CAPR in January 2022 required that the College ensure that any exam it developed would now be sustainable in the long-term.

In May 2022, Council approved a change to the proposed exam design for the Ontario Clinical Exam (OCE) to a structured interview with long and short scenarios, to address the requirement for a long-term solution and certain risks identified with using a behaviour-based interview tool in isolation as a high stakes assessment long-term. Council also approved the exam blueprint at their May 2022 meeting.

The current status of these activities are as follows.

## Status Updates

### 1. *Sherbrooke Exam*

The College communicated the availability of the Sherbrooke Exam to perspective candidates in January 2022. Six candidates expressed their interest and registered to take the Sherbrooke Exam. The exam was held in-person on April 21 and 22, 2022. All six candidates were successful in the exam and are eligible to apply for their Independent Practice Certificate, four have since applied.

### 2. *Development of the Ontario Clinical Exam (OCE)*

In December 2021 Council approved work to develop a clinical exam for Ontario based on the Behavioural Based Interview (BBI) format and in January 2022, the College began working with iComp Consulting Inc. to develop content for the Ontario Clinical Exam (OCE). Council had originally approved the BBI format exam as a short-term solution until the Canadian Alliance of Physiotherapy Regulators (CAPR) was able to resume the clinical component of their exam. In January 2022, CAPR advised its provincial partners that it would no longer be offering the clinical component.

In early March 2022, the College became aware of information that suggested that there were certain risks to using a behaviour-based interview tool in isolation as a high stakes exam long-term which could compromise the reliability, validity, and defensibility of the exam. Staff immediately began exploring alternative exam designs to address identified risks. In May 2022, staff brought forward a proposed exam design which expanded on the behavioural based interview framework by incorporating a structured interview format to examine candidates using long and short scenarios. Council approved this new exam design in principle at their May 2022 meeting. The change in design format will also be more accessible to all applicants including those who have recently graduated to those who have been out of practice for a period of time.

iComp completed work to develop a blueprint for the Ontario Clinical Exam, which was originally presented to Council in March 2022, and a slightly revised version was presented again to Council in May 2022 to review change in the exam design. Council approved the blueprint at their May 2022 meeting.

After exploration of potential exam delivery models, it is expected that the exam will be delivered at specific sittings throughout the year (anticipated to be 4-6 sittings per year), and that the volume will be able to match the number of new applicants wishing to register as physiotherapists each year (approximately 500-550). At this time the College has not considered making this option available to applicants who reside / practice in other provinces.

As per direction from Council at their May 2022 meeting, staff conducted feasibility studies on three delivery models:

1. A purely virtual model where candidates and examiners interact remotely through a virtual exam platform.
2. A partially remote (hybrid) model where candidates present to a testing site and examiners interact with the candidate remotely through a virtual exam platform.
3. A full in-person model where candidates and examiners present to a testing site (as a contingency should there be any disruptions to the ability to use a virtual exam platform).

After significant review it has been determined that the first administrations of the Ontario Clinical Exam (OCE) will be delivered through a hybrid format where the candidates and College staff will be collocated at a testing venue in Toronto and examiners will be connected to candidates from their location (home or offices) through an online exam platform. Candidates and examiners will be able to interact via audio and video. Hardware, such as laptops, will be provided to candidates and technical support will be available onsite to assist should assistance be required. Examiners will have access to technical support remotely and be trained prior to the exam on the procedure for how to manage a technical issue with a candidate.

After delivering the first few exam administrations using a hybrid model, it is anticipated that the College would transition to a fully virtual exam by the mid-point of 2023. This approach would allow the College to refine our processes, use the technology during the first few exam administrations, and then be able to deliver the exam in a fully virtual format with greater confidence that the processes and technology are capable of supporting a fully virtual exam.

An in-person model where candidates and examiners both present to a testing site is no longer being investigated for several reasons. The model presents significant logistics and financial implications both in the short and long term. The cost of hotel, travel and other incidentals to bring examiners to the exam venue inflates the total cost per delivery of the exam even when used as a short-term solution. Additionally, requiring candidates to travel to a designated exam venue places additional financial challenges on the candidate. The hybrid model does require candidates to travel in the short term but presents an opportunity for individuals to self-select later exam dates, when the exam is expected to

be virtualized fully, if travel presents significant barriers. Travel for examiners to a dedicated testing site may reduce the number of examiners available to examine candidates or reduce the number of exams that they are able to participate in which increases the recruitment needs of the examiner pool. The hybrid model serves to build capacity to move to the virtual model whereas the in-person delivery does not provide the same opportunities. In-person delivery also does not support COVID precautions, and it is known that the fall and winter months typically have seen an increase in cases as well as variant transfer. Additionally, an in-person delivery underutilizes current technology available which is expected to simplify the delivery process in the long term. Lastly, the use of an in-person delivery system limits accessibility of the exam to a centralized venue and does not create the opportunity to build capacity to launch a virtualized exam long term.

As the delivery format was investigated, the College continues to carry out work to prepare for the implementation of the exam, which includes the creation of exam content, the development of the exam program infrastructure, and the implementation of a technology platform. At the time of writing, the status of the exam development work is as follows:

**Technology:**

- The technology vendor selection is in the final phases with a preferred vendor identified. Over the next several weeks the College will work with the preferred vendor to finalize project requirements, complete workload planning, and finalize costing as well as a contract. While we are unable to disclose details of the vendor at this time, we can assure the Council that the selected vendor has a proven track record of hybrid-remote and virtual exam deliveries nationally and internationally with candidate numbers that far surpass our projected volumes per session.

**Exam delivery:**

- An environmental scan of physical testing locations is complete, and the College is working with a preferred testing venue to determine location availability and exam timing.. The exam will be delivered from a site in Toronto in a hybrid format with further details being available as soon as elements of the contract are finalized.
- Since we are still finalizing the contract with the exam venue to include all hybrid dates, we are unable to disclose the exact exam dates at the moment. However, in 2022 it is expected that the Pilot will occur in late October and the first full administration will occur in late November.
- The Pilot exam is an exam delivery using real, valid exam material that is applied to a smaller cohort of candidates (between 25-30). The purpose of the Pilot is to:
  1. Provide Examiners with additional time to calibrate their scoring
  2. Review the performance of exam question structure and determine if small changes must be made to core phrasing for clarity.
  3. Trial the effectiveness of exam day logistical procedures and verify timing of logistics activities.
  4. Practice live exam procedures with the support of the exam platform vendor.

- The first full administration and all hybrid administrations after are anticipated to accommodate a minimum of 100 candidates over a 2-day period.

### **Program development:**

- The recruitment of Examiners for the OCE continues. The College will be recruiting up to 60 examiners to prepare for the first few administrations and is anticipated that the total examiner pool after one year will be between 120-180 to support the intended exam delivery frequency. We recognize that it is unrealistic to assume that Examiners will be available for all 4-6 administrations of the exam and projections for recruitment are based on an estimated attendance to 2-3 sessions per year.
- The College is also recruiting for an Examination Coordinator role. This individual will support the Manager, Examinations with the administration and delivery of the OCE. An Exams Administrator has also been appointed from another College position to assist candidate inquiries, exam eligibility, registration and delivery.

### **Examination content development:**

- Item writing has begun. An orientation for item writers occurred in early June and three writing sessions have already been completed. Although the OCE uses some of the framework of the QA Program's Behavioural Based Interview, initial feedback from our test developer, iComp, indicates the content is vastly different and will be very much unique to the OCE.
- Item writers are continuing to contribute content for long and short scenarios which will be reformatted into paragraph form by iComp. These final versions will be provided to a plain text editor to ensure that wording is clear and easily understandable. In addition, a review will occur to ensure that there are no unintentional biases in terms of exam structure, expectations and practice nuances and that our Canadian trained and internationally educated PTs will be able to participate equally regardless of their practice frames of reference. Further, accommodation protocols will be established to ensure that individuals with disabilities or different learning abilities can participate in this exam. Item reviewers and select College staff will have the opportunity to review the final versions of the content for exam forms are created.
- Content is still on track to be developed and reviewed by the early Fall.
- As a reminder each exam will have its own unique exam form. This is one of the steps that we are putting in place to ensure exam integrity.

### **Exam Communications:**

- An education webinar with up-to-date information about the OCE occurred on Monday June 20, 2022, and is the first of several expected webinars. As more information is available to be publicly released, the exams team will be able to host additional sessions to cover new content. The next exam webinar is anticipated to be in July or August. Information will be added to the College website as it becomes available. Candidates will know several weeks in advance before registration for the exam opens and several reminders will be sent out as the date approaches. It should be noted that at this time the eligibility criteria has not been finalized nor has the fee

to take the exam. Link to the webinar: [Becoming a Licensed PT: The Ontario Clinical Exam and the Exam Exemption Policy](#)

All exam development activities remain aligned with the exam being delivered in late 2022. Please see Appendix 1 for an updated project overview with estimated timelines.

### 3. *Registration Committee Exemption Policy*

On December 7, 2021, the Registration Committee approved a policy that allowed some individuals who currently hold a Provisional Practice Certificate of Registration to apply for an Independent Practice Certificate of Registration. Applicants needed to meet a number of [requirements](#) in order to qualify for this exemption. The College began accepting applications under this new policy in January 2022.

On February 23, 2022, the Registration Committee made a decision to [expand the eligibility criteria](#) under this exemption policy. The College made this information available to applicants on March 7, 2022 and began accepting applications from newly-eligible Provisional Practice Certificate holders on March 14, 2022.

To date, a total of 491 candidates applied for an Independent Registration Certificate under the exemption policy, of which 343 have been approved, 138 are in progress, and the remainder withdrew their applications because they did not meet the eligibility requirements.

The Registration Committee met in June 2022 to discuss the status of the policy. At this time, they determined that the Exam Exemption policy will be revoked on March 31, 2023 assuming that the OCE launches as anticipated. This means that any Resident who received their Provisional Practice certificate of registration after April 1, 2022 will be required to go through the Ontario Clinical Exam. Initially staff in other program areas were seconded to the Registration Team to support this work. This is no longer sustainable. The College has hired an associate to join the registration team on a contract basis and we will be looking to add another associate to the Quality Assurance team to assist with the screening interviews.

#### **Public Interest Assessment:**

- *Protection:* Ensuring that the College has a robust entry to practice process is a critical step in ensuring that only qualified applicants are registered as physiotherapists, which ensures that the procession delivers safe, competent and ethical care to patients.
- *Quality Care:* Ensuring that applicants meet entry-level competency requirements help to ensure that care provided by physiotherapists are of high quality and meets the standard of care.

**Decision Sought:**

None, this item is for information only.

**Related Action Items:**

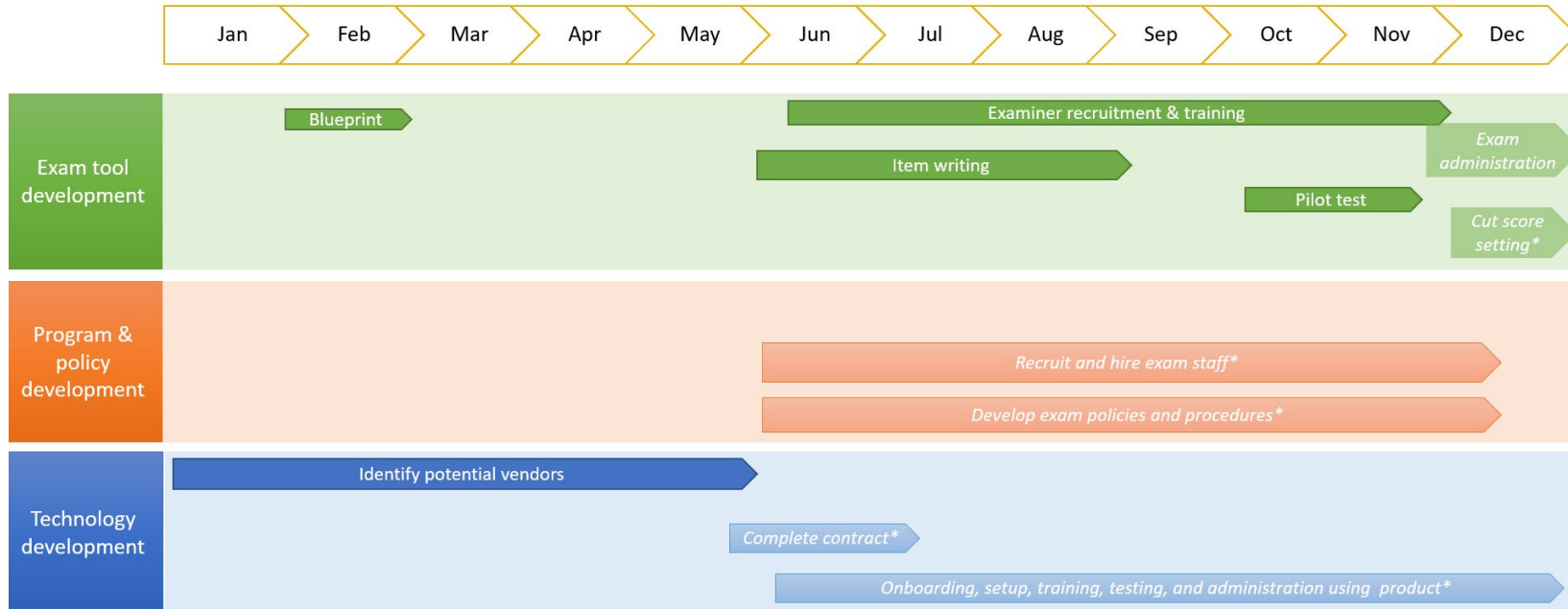
None.

**Attachments:**

- Appendix 1: Exam Development Project Overview and Estimated Timelines
- Appendix 2: Backgrounder to Ontario Clinical Exam



## Appendix 1: Exam Development Project Overview and Estimated Timelines



\* Timing is estimate only.





## Background Information to Support the Discussion About the Ontario Clinical Exam

### Pathway to Licensure Overview

Individuals who wish to practice as a physiotherapist in Ontario are required to successfully complete the national Physiotherapy Competency Exam (PCE), which until recently was a two part exam administered by the Canadian Alliance of Physiotherapy Regulators (CAPR).

Individuals who successfully complete the Written Exam (part one) can apply for a Provisional Practice Certificate with the College which allows them to practice as a Physiotherapy Resident under the supervision of a College-approved Practice Supervisor.

According to the College's Regulation, Residents are required to register for the next available sitting of the Clinical Exam. Historically, the College has used the national Physiotherapy Competency Exam-Clinical, which was administered by CAPR to meet this requirement.

The exam, which was an Objective Structured Clinical Examination or OSCE was typically administered twice a year.

With the onset of COVID in March 2020, CAPR was unable to administer the Clinical Exam (OSCE) in 2020 due to public health directives that initiated restrictions like the number of people who could gather in one room. CAPR made significant efforts to transition the OSCE to a virtual format. However, these efforts were unsuccessful.

Stakeholders, including the College, assumed CAPR would be able to resume the administration of the Clinical Exam in 2022. In January 2022 CAPR advised its stakeholders that it would no longer administer a clinical exam.

### College's Response – Short Term and Long Term

1. Development of the Ontario Clinical Exam – Short Term
2. Registration Committee Exemption Policy
3. Applications Considered by the Registration Committee
4. Development of the Ontario Clinical Exam – Long Term



## Development of the Ontario Clinical Exam – Short Term

While Council was hopeful that CAPR would be able to successfully administer the Clinical Exam in 2022, it was also sensitive to the fact that CAPR would be faced with a significant backlog of candidates.

In December 2022, Council approved the development of an Ontario Clinical Exam (OCE) based on a Behavioral Based Interview (BBI) format to be used in the interim while CAPR resumed operations. Knowing that exam design, development, and administration is a lengthy process Council initially chose this tool because the College had experience with it through the Quality Assurance Program.

At the time, Council believed this would be a **short-term solution** given that the exclusive use of the BBI format as an entry to practice exam over the long term had not been well researched. The decision reflected Council's attempt to balance the public interest, patient safety, the plight of the individuals who could not take a clinical exam, and the need to quickly have a solution in place.

At the time this decision was made numerous options had been considered. An overview of the options and the status update can be found in appendix A.

## Registration Committee - Exemption Policy

In January 2022, CAPR advised its stakeholders that it would no longer offer the Clinical Exam and there was no replacement available. This resulted in the provinces having to produce their own pathways to licensure while CAPR works through their Innovation Agenda which is focusing on best practices in entry to practice assessment. It is anticipated that there will be no national exam available for at least 4 to 5 years.

By this time, the Registration Committee had already approved an Exemption Policy which allows some Residents to move to an Independent Practice registration class if they meet certain eligibility criteria. The Policy's first version was approved in December 2021 and was amended to expand the eligibility criteria in February / March 2022.

To date:

- 491 applications have been received under this Policy
- 343 Residents have successfully completed all of the requirements and have been issued an Independent Practice Certificates
- 138 Residents are in progress completing the last phase of the process – the screening interview



To date, 3.1% of individuals who have attempted the screening interview have been unsuccessful.

As we look to the remainder of the year, Residents will continue to become eligible to apply under the Exemption Policy each month if they meet the eligibility criteria. The Policy requires Residents be in Provisional Practice for a 12-month period before they can move to the Independent Practice class.

# Eligible Each Month	Resident received their Provisional Practice Certificates in
22 – in June 2022	June 2021
39 – in July 2022	July 2021
26 – in August 2022	August 2021
76 – in September 2022	September 2021
147 – in October 2022	October 2021
86 – in November 2022	November 2021
16 – in December 2022	December 2021

The Registration Committee met in June 2022 to discuss the status of the policy. At this time, they determined that the Exam Exemption policy will be revoked on March 31, 2023 assuming that the OCE launches as anticipated. This means that any Resident who received their Provisional Practice certificate of registration after April 1, 2022 will be required to go through the Ontario Clinical Exam. Initially staff in other program areas were seconded to the Registration Team to support this work. This is no longer sustainable. The College has hired an associate to join the registration team on a contract basis and we will be looking to add another associate to the Quality Assurance team to assist with the screening interviews.

It should also be noted that some Residents are not interested in going through the Exemption Policy process even if they are eligible to do so.

### **Registration Committee Review Process**

The College is aware that there are approximately 80 individuals who have attempted the PCE – Clinical on one occasion and been unsuccessful. While the Regulation does not permit the College to issue a second Provisional Practice Certificate, these individuals can apply for an Independent Practice Certificate which will be considered on a case-by-case basis. This is not a new process, and the Committee is considering these applications in an ongoing way.

### **Development of the Ontario Clinical Exam (OCE) - Long Term**



When Council initially approved (in principle) the development of the OCE based on a Behavior Based Interview format in December 2021, it was believed that it would be a short-term solution and not one that the College would rely on over an extensive period. As research was undertaken, some risks were identified related to the integrity of the approach and the long-term sustainability of resources that would be required to sustain an item bank if exams were to be made available “on demand”.

The exam development team carefully considered the research, advice from the exam development company, legal counsel and a psychometrician, and believe that additional safeguards are required to ensure that the exam and its delivery are fit for purpose and sustainable over the long term.

The decisions made to date have been intended to balance the public interest, exam integrity and security, timeliness, and fiscal responsibility, while not creating an unintentional barrier to becoming a member of the physiotherapy profession.

The exam structure for the OCE as approved by Council at its meeting in May 2022 is outlined below:

- A structured interview with pre-written scenarios borrows testing components from exams where clinical skills are observed and a Behavioural Based Interview exam where a candidate would describe what they have done in a particular situation.
- When ready for administration, the OCE’s format will likely begin as a partially remote (or hybrid) delivery model where candidates are located at a testing center. Over time it will likely transition to a fully remote, virtual model if a reasonable level of exam security can be maintained. This is made possible by moving the exam delivery from an on-demand approach (candidates taking the exam one at a time) to a cohort approach (where a larger group of candidates take the exam at the same time).
- We anticipate that at least one cohort-based administration of the exam will occur prior to the end of 2022 taking into account that we need to provide candidates with sufficient notice to study before they take the exam.
- It is projected that there will be 4 to 6 administrations of the OCE each year to meet candidate demand and allow candidates to predictably plan for the timing of their exam.



**APPENDIX – A**  
**Options Considered to Date**

<b>Currently In Progress</b>
The College submitted a proposed regulation to the Government which would address the situation where an entry to practice licensure exam is not available
Council approved the Final Comprehensive Exam from the Université de Sherbrooke as an exam acceptable to the College
Registration Committee - Exemption Policy
Development of the Ontario Clinical Exam (OCE)
<b>Considered But No Longer an Option</b>
Purchasing the CAPR OSCE exam questions or the OSCE virtual exam questions and retaining a third party vendor to deliver those options
Using the Quality Assurance Program to assess entry to practice level competencies
Partnering with the Ontario University programs to develop an exam
Adopting an entry to practice exam from another jurisdiction
Met with Ministry of Health and OFC officials to discuss possible resolution options
Explored if the University of Toronto Bridging Program could provide an alternative exam
Explored if the University of Alberta or the University of British Columbia could host a clinical exam for Ontario candidates
Considered whether the Assessment of Clinical Performance assessment tool (ACP) used for students in PT programs could serve as an entry to practice exam
Using the College’s Jurisprudence Education Module as an entry to practice exam
Discussed the opportunity to create a clinical exam with other Canadian PT regulators
Asked CAPR if they could second their exam staff to the College to run an Ontario-based exam



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 11.0**

**Council Meeting  
June 28-29, 2022**

**Agenda #11: Audited Annual Financial Statements**

It is moved by

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and seconded by

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that:

the Council approve the 2021 – 2022 Audited Financial Statements ending March 31, 2022.

<b>Meeting Date:</b>	June 28-29, 2022
<b>Agenda Item #:</b>	11
<b>Issue:</b>	Audited Financial Statements for the year ending March 31, 2022
<b>Submitted by:</b>	Janet Law, Chair, Finance Committee

**Issue:**

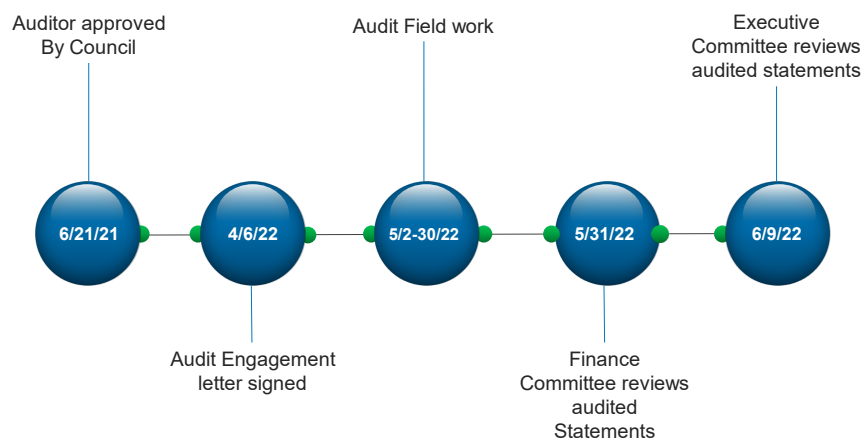
Council is asked to review the College’s annual audit of the financial statements for the year ending March 31, 2022 and the Finance Committee’s recommendation for Council to accept these statements.

**Background**

The College is required to complete a financial audit every year which is conducted by an external auditor approved by Council. The audit’s purpose is to independently assess the quality of the College’s financial statements and express an opinion related to risks of material misstatement of the financial statements, whether due to fraud or error.

Figure 1 provides an overview of the audit process.

*Figure 1 - Audit Process*



## **Discussion by Finance Committee**

The Auditors presented a draft of the audited financial statements for the year ending March 31, 2022 to the Finance Committee on May 31, 2022.

## **Decision by the Finance Committee**

The Finance Committee approved the following motion:

*“To recommend the Council accept the audited financial statements for the year ending March 31, 2022.”*

## **Decision Sought**

Council is asked to consider the Finance Committee’s recommendation to accept the audited financial statements for the year ending March 31, 2022.

## **Appendices:**

Appendix A: Financial Statements for the year ending March 31, 2022.



***College of Physiotherapists of Ontario  
Audit Findings Communication for the year ended March 31, 2022***



## A message from Blair MacKenzie to the Finance Committee

I am pleased to provide you with the findings of our audit of the financial statements of the College of Physiotherapists of Ontario (“the College”) for the year ended March 31, 2022.

Our audit findings communication is designed to highlight and explain key issues, which we believe to be relevant to the audit and to continue effective two-way communication with you regarding our audit. This will assist the Finance Committee in fulfilling your responsibility of overseeing the financial reporting process of the College.

This communication has been prepared to comply with the requirements outlined in Canadian Auditing Standard 260, *Communication with those Charged with Governance*. The information in this document is intended solely for the use of the Finance Committee, Council and management and should not be distributed to others without our consent.

We look forward to discussing our audit findings with you in detail as well as any other matters that you may wish to address at our meeting scheduled for May 31, 2022 with the Finance Committee.



Blair MacKenzie CPA, CA  
Managing Partner  
Hilborn LLP  
May 26, 2022

**“Our  
commitment  
to quality is  
reflected in  
every aspect  
of our work.  
If you have  
any questions  
or comments,  
please contact  
me.”**



# Contents

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<b>Significant Qualitative Aspects of the College’s Accounting Practices</b>	<b>4</b>
<b>Other Significant Matters</b>	<b>6</b>

## Your client service team

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**“At Hilborn, we are committed to audit quality and strong client service. Audit quality is integral to our business and is an overarching consideration in our training, our processes, and our systems and controls.”**

## Executive Summary



### Audit status

We have completed our audit of the financial statements of the College for the year ended March 31, 2022, with the exception of the following procedures:

- Completion of subsequent events procedures
- Receipt of the signed management representation letter
- Council's approval of the financial statements
- Review of the annual report

These procedures require completion before we may issue our auditor's report. If we become aware of significant matters after completing these procedures, we will bring them to your attention.



### Auditor's report and representations from management

We expect to issue an unmodified opinion. The expected form and content of our report is included in the draft financial statements issued.

The management representation letter is expected to be consistent with that issued in our pre-audit communication. We ask management to sign and return this letter to us before we issue our auditor's report.



### Independence

We are independent and have been so throughout the audit process. We have complied with all relevant ethical requirements regarding independence.

We have not performed any non-audit related services.



### Significant difficulties encountered

There were no significant difficulties encountered while performing the audit.



### Changes from the audit plan

Our audit approach was consistent with the approach communicated to you in our audit plan dated April 11, 2022.

Final materiality is consistent with preliminary materiality set at \$250,000.

## Significant Qualitative Aspects of the College’s Accounting Practices

**Canadian Auditing Standards require that we communicate with you about significant qualitative aspects of the College’s accounting practices, including accounting policies, accounting estimates and financial statement disclosures.**

<b>Accounting policies, accounting estimates and financial statement disclosures</b>	<b>Hilborn’s response and views</b>
<p>Management is responsible for the appropriate selection and application of accounting policies under the financial reporting framework of Accounting Standards for Not-for-Profit Organizations.</p> <p>Our role is to review the appropriateness and application of these policies as part of our audit. The accounting policies used by the College are described in Note 1, Significant Accounting Policies, in the financial statements.</p>	<ul style="list-style-type: none"><li>- There were no significant changes in the previously adopted accounting policies or their application.</li><li>- Based on the audit work performed, the accounting policies are appropriate for the College and applied consistently.</li></ul>
<p>Management is responsible for the accounting estimates included in the financial statements. Estimates and the related judgments and assumptions are based on management’s knowledge of the business and past experience about current and future events.</p>	<ul style="list-style-type: none"><li>- Based on the audit work performed, we are satisfied that the estimates made by management are reasonable in the context of the financial statements taken as a whole.</li></ul>

Accounting policies, accounting estimates and financial statement disclosures	Hilborn’s response and views
<p>Management has considered the impact of the COVID-19 pandemic on the College’s financial statements and concluded that note disclosure is appropriate to describe that the impact to the future operations of the College, if any, cannot be estimated.</p>	<ul style="list-style-type: none"> <li>- We worked with management to understand the implications of COVID-19 on the College.</li> <li>- The financial statement disclosures related to COVID-19 (note 13) are clear and transparent and meet the requirements of the financial reporting framework under which the College reports.</li> </ul>
<p>Annual report</p>	<ul style="list-style-type: none"> <li>- We acknowledge that a copy of the College’s summary financial statements for the year ended March 31, 2022 and a copy of our audit report related to the summary financial statements will be included in the College’s annual report. As agreed in our engagement letter, we will review the annual report prior to it being finalized to ensure that there are no inconsistencies with the audited financial statements.</li> <li>- If, based on the work we will perform on the annual report, we conclude that there is a material inconsistency in the annual report, we will communicate that fact to you.</li> </ul>

## Other Significant Matters

In accordance with Canadian Auditing Standards, there are a number of required communications between the auditor and those charged with governance related to the oversight of the financial reporting process. Those communications will primarily be written in the form of our audit plan and audit findings communication. We may also communicate orally through discussions. The table below summarizes the communications required at the conclusion of the audit.

Significant Matter	Discussion
<b>Summary of uncorrected misstatements</b>	We did not identify any misstatements that remain uncorrected in the financial statements.
<b>Corrected misstatements</b>	During the course of the audit, management and Hilborn LLP worked collaboratively to identify adjustments required to the financial statements. All adjustments recorded were reviewed and approved by management.
<b>Significant deficiencies in internal control</b>	An increased risk profile is inherent in an organization of this size relative to the lack of segregation of incompatible duties. Segregation of incompatible duties is a key internal control intended to minimize the occurrence of errors or fraud. The principle of segregating incompatible duties encompasses the division of responsibilities of a key process such that no one individual performs two or more of the functions related to custody, initiation, authorization, execution, recording and reporting.

<b>Significant Matter</b>	<b>Discussion</b>
<b>Fraud and non-compliance with laws and regulations</b>	<p>No fraud or non-compliance with laws and regulations came to our attention during the course of the audit.</p> <p>We would like to reconfirm with the Finance Committee that you are not aware of any fraud or non-compliance with laws and regulations not previously discussed with us.</p>
<b>Significant difficulties encountered</b>	<p>No difficulties were encountered while performing the audit and there are no unresolved disagreements. We received full cooperation from management during our audit.</p>
<b>Related party transactions</b>	<p>We did not identify any related party transactions.</p>
<b>Subsequent events</b>	<p>No subsequent events, which would impact the financial statements have come to our attention.</p>
<b>Cybersecurity risk</b>	<p>The cyber risk profile of many entities has increased recently. Consider consulting with your IT service provider or other cyber security experts to obtain a better understanding of the cyber risk exposure of the College and what actions may be undertaken to reduce and mitigate the risk.</p>



**HILBORN**

LISTENERS. THINKERS. DOERS.

**COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO**

FINANCIAL STATEMENTS

MARCH 31, 2022

## **Independent Auditor's Report**

To the Council of the College of Physiotherapists of Ontario

### **Opinion**

We have audited the financial statements of the College of Physiotherapists of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2022, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2022, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

### **Basis for Opinion**

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Other Information**

Management is responsible for the other information. The other information comprises the information, other than the financial statements and our auditor's report thereon, in the annual report.

Our opinion on the financial statements does not cover the other information and we will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

The annual report is expected to be made available to us after the date of our auditor's report. If, based on the work we will perform on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact to those charged with governance.

### **Responsibilities of Management and Those Charged with Governance for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

## Independent Auditor's Report (continued)

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario  
Date to be determined

Chartered Professional Accountants  
Licensed Public Accountants

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Statement of Financial Position

March 31	2022 \$	2021 \$
<b>ASSETS</b>		
Current assets		
Cash and cash equivalents (note 3)	7,344,177	6,960,600
Investments (note 4)	1,656,056	1,105,217
Amounts receivable	26,092	41,509
Prepaid expenses	87,699	281,075
	<b>9,114,024</b>	<b>8,388,401</b>
Investments (note 4)	3,207,895	4,039,924
Capital assets (note 5)	461,785	627,275
Intangible assets (note 6)	36,913	73,827
	<b>3,706,593</b>	<b>4,741,026</b>
	<b>12,820,617</b>	<b>13,129,427</b>
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities (note 7)	965,546	1,109,696
Deferred registration fees and examination exemption charges	5,664,022	5,544,922
	<b>6,629,568</b>	<b>6,654,618</b>
Deferred lease incentives (note 8)	137,796	164,903
	<b>6,767,364</b>	<b>6,819,521</b>
<b>NET ASSETS</b>		
Invested in capital and intangible assets	360,902	536,199
Internally restricted for complaints and discipline (note 10)	1,000,000	1,000,000
Internally restricted for sexual abuse therapy (note 11)	100,000	100,000
Unrestricted	4,592,351	4,673,707
	<b>6,053,253</b>	<b>6,309,906</b>
	<b>12,820,617</b>	<b>13,129,427</b>

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Statement of Operations

Year ended March 31	2022 \$	2021 \$
Revenues		
Registration fees	5,872,447	5,904,910
Examination exemption charges	175,200	-
Investment income	106,519	125,559
	<u>6,154,166</u>	<u>6,030,469</u>
Expenses		
Salaries and benefits	3,907,754	3,579,710
Administration and office (note 8)	953,659	982,678
Programs	251,720	77,432
Communications	102,947	95,226
Professional fees (note 9)	353,855	396,890
Organizational effectiveness	136,677	53,232
Committee fees and expenses	209,960	139,469
Information technology	281,194	323,866
Networking, representation and travel	4,941	194
Amortization	208,112	202,672
	<u>6,410,819</u>	<u>5,851,369</u>
Excess of revenues over expenses (expenses over revenues) for year	<u>(256,653)</u>	<u>179,100</u>

The accompanying notes are an integral part of these financial statements

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Statement of Changes in Net Assets

Year ended March 31

	Invested in capital and intangible assets \$	Internally restricted for complaints and discipline \$	Internally restricted for sexual abuse therapy \$	Unrestricted \$	2022 Total \$
Balance, beginning of year	536,199	1,000,000	100,000	4,673,707	<b>6,309,906</b>
Excess of expenses over revenues for year	-	-	-	(256,653)	<b>(256,653)</b>
Amortization of capital and intangible assets	(208,112)	-	-	208,112	-
Amortization of deferred lease incentives	27,107	-	-	(27,107)	-
Purchase of capital assets	5,708	-	-	(5,708)	-
Balance, end of year	<u>360,902</u>	<u>1,000,000</u>	<u>100,000</u>	<u>4,592,351</u>	<b><u>6,053,253</u></b>

	Invested in capital and intangible assets \$	Internally restricted for complaints and discipline \$	Internally restricted for sexual abuse therapy \$	Unrestricted \$	2021 Total \$
Balance, beginning of year	506,609	1,000,000	100,000	4,524,199	6,130,808
Excess of revenues over expenses for year	-	-	-	179,098	179,098
Amortization of capital and intangible assets	(202,672)	-	-	202,672	-
Amortization of deferred lease incentives	27,107	-	-	(27,107)	-
Purchase of capital assets	94,415	-	-	(94,415)	-
Purchase of intangible assets	110,740	-	-	(110,740)	-
Balance, end of year	<u>536,199</u>	<u>1,000,000</u>	<u>100,000</u>	<u>4,673,707</u>	<b><u>6,309,906</u></b>

The accompanying notes are an integral part of these financial statements

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Statement of Cash Flows

Year ended March 31	2022 \$	2021 \$
Cash flows from operating activities		
Excess of revenues over expenses (expenses over revenues) for year	(256,653)	179,100
Adjustments to determine net cash provided by (used in) operating activities		
Amortization of capital assets	171,198	165,759
Amortization of intangible assets	36,914	36,913
Interest capitalized on investments	(81,934)	(95,891)
Interest received on investments capitalized in prior years	116,248	32,872
Amortization of deferred lease incentives	(27,107)	(27,107)
	(41,334)	291,646
Change in non-cash working capital items		
Decrease (increase) in amounts receivable	15,417	(31,595)
Decrease in prepaid expenses	193,376	56,054
Increase (decrease) in accounts payable and accrued liabilities	(144,150)	186,907
Increase in deferred registration fees and examination exemption charges	119,100	2,213,314
	142,409	2,716,326
Cash flows from investing activities		
Purchase of investments	(752,395)	(982,675)
Proceeds from disposal of investments	999,271	934,343
Purchase of capital assets	(5,708)	(94,415)
Purchase of intangible assets	-	(110,740)
	241,168	(253,487)
Net change in cash and cash equivalents	383,577	2,462,839
Cash and cash equivalents, beginning of year	6,960,600	4,497,763
Cash and cash equivalents, end of year	7,344,177	6,960,602

The accompanying notes are an integral part of these financial statements



# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

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## Notes to Financial Statements

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March 31, 2022

### **Nature and description of the organization**

The College of Physiotherapists of Ontario (the "College") was incorporated as a non-share capital corporation under the Regulated Health Professions Act, 1991 ("RHPA"). As the regulator and governing body of the physiotherapy profession in Ontario, the major function of the College is to administer the Physiotherapy Act, 1991 in the public interest.

The College is a not-for-profit organization, as described in Section 149(1)(l) of the Income Tax Act, and therefore is not subject to income taxes.

### **1. Significant accounting policies**

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

#### **(a) Revenue recognition**

##### **Registration fees**

Registration fees are recognized as revenue in the fiscal year to which they relate. The registration year of the College coincides with that of the fiscal year of the College, being April 1 to March 31. Registration fees received in advance of the fiscal year to which they relate are recorded as deferred registration fees.

##### **Examination exemption charges**

Revenue from examination exemption charges is recognized on completion of the services. A portion of the charge is recognized at the time the certificate of registration is granted with the balance of the charge being recognized on the completion of the screening interview. Examination exemption charges received in advance of the services being completed are recorded as deferred examination exemption charges.

##### **Investment income**

Investment income comprises interest from cash and cash equivalents and investments and realized gains and losses from the disposal of investments.

Revenue is recognized on an accrual basis. Interest on investments is recognized over the terms of the investments using the effective interest method.

#### **(b) Cash and cash equivalents**

Cash and cash equivalents consist of cash and investments which are readily convertible into cash, are not subject to significant risk of changes in value and have a maturity date of three months or less from the date of acquisition.

#### **(c) Investments**

Investments consist of guaranteed investment certificates and fixed income investments whose term to maturity is greater than three months from date of acquisition. Investments that mature within twelve months from the year-end date are classified as current.

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2022

### 1. Significant accounting policies (continued)

#### (d) Capital assets

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, otherwise, costs are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, upon commencement of the utilization of the assets, on a straight-line basis at rates designed to amortize the cost of the capital assets over their estimated useful lives. The annual amortization rates are as follows:

Furniture and fixtures	5 years
Computer equipment	3 years

Amortization of leasehold improvements is provided for on a straight-line basis over the remaining term of the lease.

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital asset to its fair value. Any impairment of the capital asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

#### (e) Intangible assets

The costs of intangible assets are capitalized upon meeting the criteria for recognition as an intangible asset, with the exception of expenditures on internally generated intangible assets during the development phase, which are expensed as incurred. The cost of a separately acquired intangible asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Intangible assets are measured at cost less accumulated amortization and accumulated impairment losses.

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2022

### 1. Significant accounting policies (continued)

#### (e) Intangible assets (continued)

Amortization is provided for, upon the commencement of the utilization of the assets, on a straight-line basis at rates designed to amortize the cost of the intangible assets over their estimated useful lives. The annual amortization rate is as follows:

Computer application software	3 years
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An intangible asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, then the amount of the impairment is quantified by comparing the carrying value of the intangible asset to its fair value. Any impairment of the intangible asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the intangible asset subsequently increases.

#### (f) Deferred lease incentives

Lease incentives consist of tenant inducements received in cash used to purchase capital assets.

Lease incentives received in connection with original leases are amortized to income on a straight-line basis over the terms of the original leases. Lease incentives received in connection with a re-negotiated lease are amortized to income on a straight-line basis over the period from the expiration date of the original lease to the expiration date of the re-negotiated lease.

#### (g) Net assets invested in capital and intangible assets

Net assets invested in capital and intangible assets comprises the net book value of capital and intangible assets less the unamortized balance of tenant inducements used to purchase capital assets.

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

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## Notes to Financial Statements (continued)

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March 31, 2022

### 1. Significant accounting policies (continued)

#### (h) Financial instruments

##### Measurement of financial assets and liabilities

The College initially measures its financial assets and financial liabilities at fair value adjusted by the amount of transaction costs directly attributable to the instrument.

The College subsequently measures all of its financial assets and financial liabilities at amortized cost.

Amortized cost is the amount at which a financial asset or financial liability is measured at initial recognition minus principal repayments, plus or minus the cumulative amortization of any difference between that initial amount and the maturity amount, and minus any reduction for impairment.

Financial assets measured at amortized cost include cash and cash equivalents, investments and amounts receivable.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

##### Impairment

At the end of each year, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the College, including but not limited to the following events: significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; and bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the year in the expected timing or amount of future cash flows from the financial asset.

When the College identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the financial asset to the greater of the following:

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and
- the amount that could be realized by selling the financial asset at the statement of financial position date.

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

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## Notes to Financial Statements (continued)

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March 31, 2022

1. **Significant accounting policies (continued)**

(h) **Financial instruments (continued)**

**Impairment (continued)**

Any impairment of the financial asset is recognized in income in the year in which the impairment occurs.

When the extent of impairment of a previously written-down financial asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, but not in excess of the impairment loss. The amount of the reversal is recognized in income in the year the reversal occurs.

(i) **Management estimates**

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the current year. Actual results may differ from these estimates, the impact of which would be recorded in future years.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2022

### 2. Financial instrument risk management

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure and concentrations.

The financial instruments of the College and the nature of the risks to which those instruments may be subject, are as follows:

Financial instrument	Risks				
	Credit	Liquidity	Market risk		
Currency			Interest rate	Other price	
Cash and cash equivalents	X			X	
Investments	X			X	
Amounts receivable	X				
Accounts payable and accrued liabilities		X			

#### Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss.

The maximum exposure of the College to credit risk is as follows:

	2022	2021
	\$	\$
Cash and cash equivalents	7,344,177	6,960,600
Investments	4,863,951	5,145,141
Amounts receivable	26,092	41,509
	<u>12,234,220</u>	<u>12,147,250</u>

The College reduces its exposure to the credit risk of cash and cash equivalents by maintaining balances with a Canadian financial institution.

The College manages its exposure to the credit risk of investments through its investment policy which restricts the types of eligible investments.

#### Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due.

The liquidity of the College is monitored by management to ensure sufficient cash is available to meet liabilities as they become due.

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2022

### 2. Financial instruments risk management (continued)

#### Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

#### Currency risk

Currency risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in foreign exchange rates.

The College is not exposed to currency risk.

#### Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates.

#### Other price risk

Other price risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual instrument or its issuer or factors affecting all similar instruments traded in the market.

The College is not exposed to other price risk.

#### Changes in risk

There have been no significant changes in the risk profile of the financial instruments of the College from that of the prior year.

### 3. Cash and cash equivalents

	2022 \$	2021 \$
Cash	6,969,328	6,960,600
Mutual funds - Investment savings account	374,849	-
	<u>7,344,177</u>	<u>6,960,600</u>

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2022

### 4. Investments

	2022 \$	2021 \$
Current	1,656,056	1,105,217
Long-term	3,207,895	4,039,924
	<u>4,863,951</u>	<u>5,145,141</u>

Investments have effective interest rates ranging from 0.73% to 2.66% (2021 - 0.73% to 3.55%) and maturity dates ranging from April 2022 to September 2026 (2021 - June 2021 to March 2026).

### 5. Capital assets

	Cost \$	Accumulated Amortization \$	2022 Net \$
Furniture and fixtures	377,049	350,991	26,058
Computer equipment	104,255	75,629	28,626
Leasehold improvements	793,263	386,162	407,101
	<u>1,274,567</u>	<u>812,782</u>	<u>461,785</u>

	Cost \$	Accumulated Amortization \$	2021 Net \$
Furniture and fixtures	377,049	282,178	94,870
Computer equipment	98,547	53,527	45,020
Leasehold improvements	793,263	305,878	487,385
	<u>1,268,859</u>	<u>641,584</u>	<u>627,275</u>

### 6. Intangible assets

	Cost \$	Accumulated Amortization \$	2022 Net \$
Computer application software	110,740	73,827	36,913

	Cost \$	Accumulated Amortization \$	2021 Net \$
Computer application software	110,740	36,913	73,827



# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2022

### 7. Accounts payable and accrued liabilities

	2022 \$	2021 \$
Trade payables and accrued liabilities	502,609	442,279
Accrued liabilities - complaints and discipline	462,937	667,417
	<u>965,546</u>	<u>1,109,696</u>

### 8. Deferred lease incentives

	Cost \$	Accumulated Amortization \$	2022 Net \$
Tenant inducements	271,073	133,277	137,796

	Cost \$	Accumulated Amortization \$	2021 Net \$
Tenant inducements	271,073	106,170	164,903

Pursuant to the lease agreement for the College's office premises (note 12), lease incentives comprised of tenant inducements in the amount of \$271,073 were received in the year the lease commenced.

Amortization of lease incentives in the amount of \$27,107 (2021- \$27,107) was credited to administration and office expense in the current year.

### 9. Professional fees

	2022 \$	2021 \$
Complaints and discipline	206,578	382,274
Cost recoveries	(30,057)	(84,511)
	<u>176,521</u>	<u>297,763</u>
Other professional	177,334	99,127
	<u>353,855</u>	<u>396,890</u>

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2022

10. **Net assets internally restricted for complaints and discipline**

The College makes best efforts to anticipate the costs associated with complaints and discipline matters based on past experience and current caseload. However, in the event that the College incurs costs beyond the normal scope of such matters, the Council of the College has internally restricted net assets to fund expenditures related to these matters.

The internal restriction is subject to the direction of the Council upon the recommendation of the Finance Committee.

11. **Net assets internally restricted for sexual abuse therapy**

The Council of the College has internally restricted net assets to meet the anticipated future requirements of the College for sexual abuse therapy.

The internal restriction is subject to the direction of the Council upon the recommendation of the Finance Committee.

12. **Commitment**

The College is committed to lease its office premises until February 28, 2027. The future annual lease payments, including an estimate of premises common area expenses, are as follows:

	<u>\$</u>
2023	518,284
2024	529,579
2025	530,606
2026	541,900
2027	<u>496,742</u>
	<u><u>2,617,111</u></u>

13. **Impact of COVID-19**

The global pandemic of the virus known as COVID-19 has led the Canadian Federal government, as well as provincial and local governments, to impose measures, such as restricting foreign travel, mandating self-isolations and physical distancing, and closing non-essential businesses. Because of the high level of uncertainty related to the outcome of this pandemic, it is difficult to estimate the future financial effect, if any, on the College.

# HILBORN

LISTENERS. THINKERS. DOERS.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 12.0**

**Council Meeting  
June 28-29, 2022**

**Agenda # 12: Registration and Administrative Fees**

It is moved by

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and seconded by

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that:

Council approve an increase in Independent Practice Certificate registration fee to \$635 and all other registration-related fees by 10.5% effective April 1, 2023.

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<b>Meeting Date:</b>	June 28-29, 2022
<b>Agenda Item #:</b>	12
<b>Issue:</b>	Registration & Administrative Fees
<b>Submitted by:</b>	Zoe Robinson, Director, Corporate Services

**Issue**

The Finance Committee has made a recommendation that the College’s registration fees be reviewed

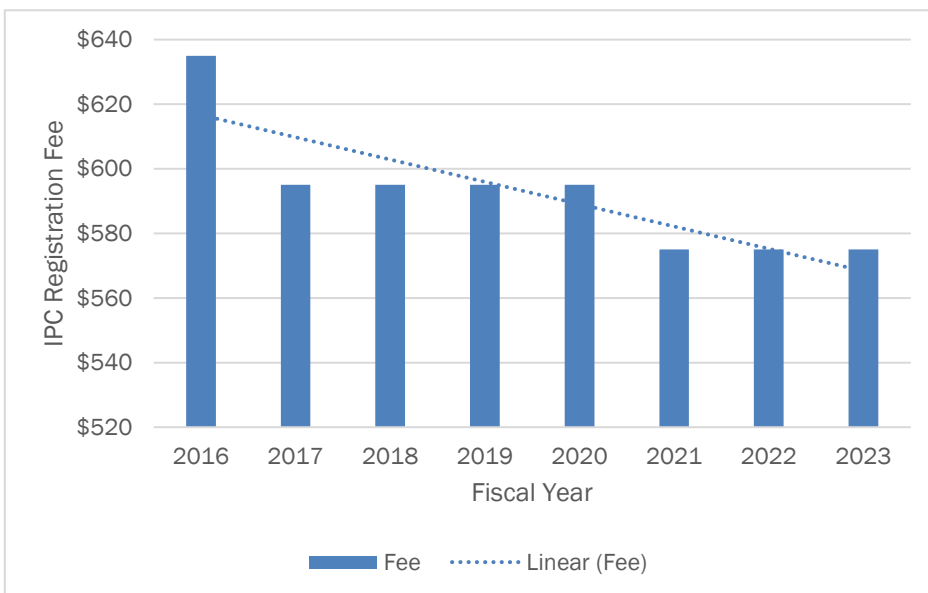
**Background**

*Independent Practice Certificate Registration Fees*

The College has reduced the Independent Practice Certificate (IPC) registration fee twice since 2015. The registration fee was reduced from \$635 to \$595 as of fiscal year 2015-2016 and reduced again to \$575 as of fiscal year 2020-2021.

The IPC registration fee has since remained at \$575 for 3 years. IPC registration fees make up 80% of the College’s revenue in the FY 2023 budget and is the College’s major source of revenue.

Figure 1 - IPC Registration Fees FY 2016 to FY 2023



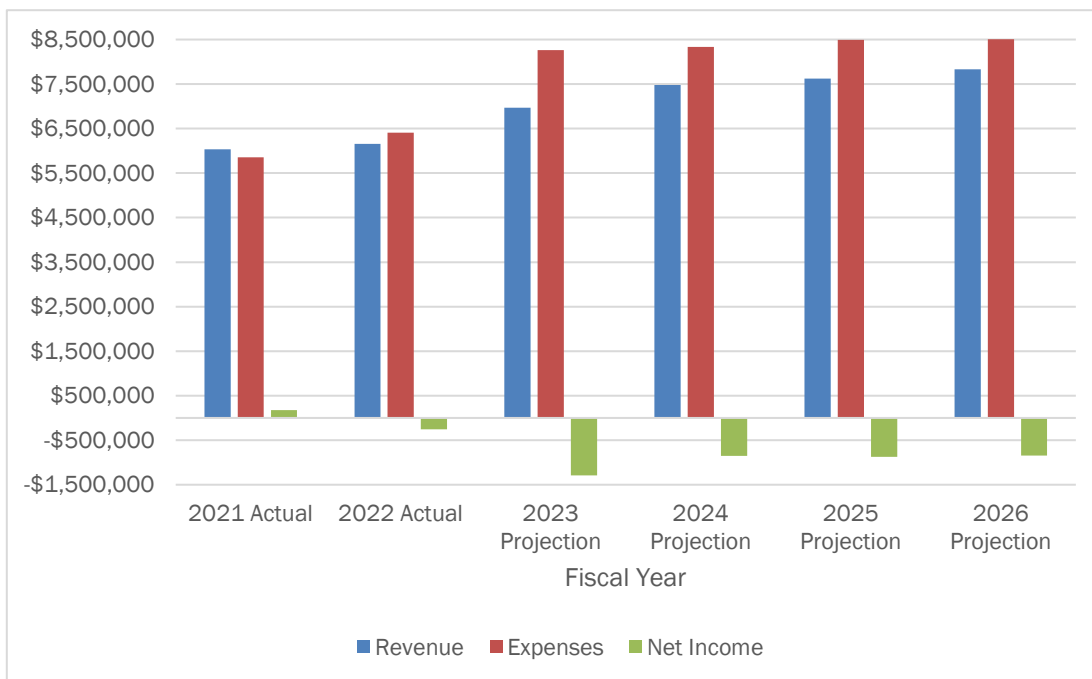
Increasing cost pressures on the College from factors including increased demand for services and inflationary cost increases suggest a review of the IPC registration fees may be warranted.

Using the FY 2023 budget as a base, and using the projections to FY 2026 developed with the FY 2023 budget, and keeping the registration fee steady at \$575 per member to the end of FY 2026, the College is projected to have annual deficits of:

- \$855,325 for FY 2024,
- \$871,182 for FY 2025
- \$847,531 for FY 2026 (see Appendix 2).

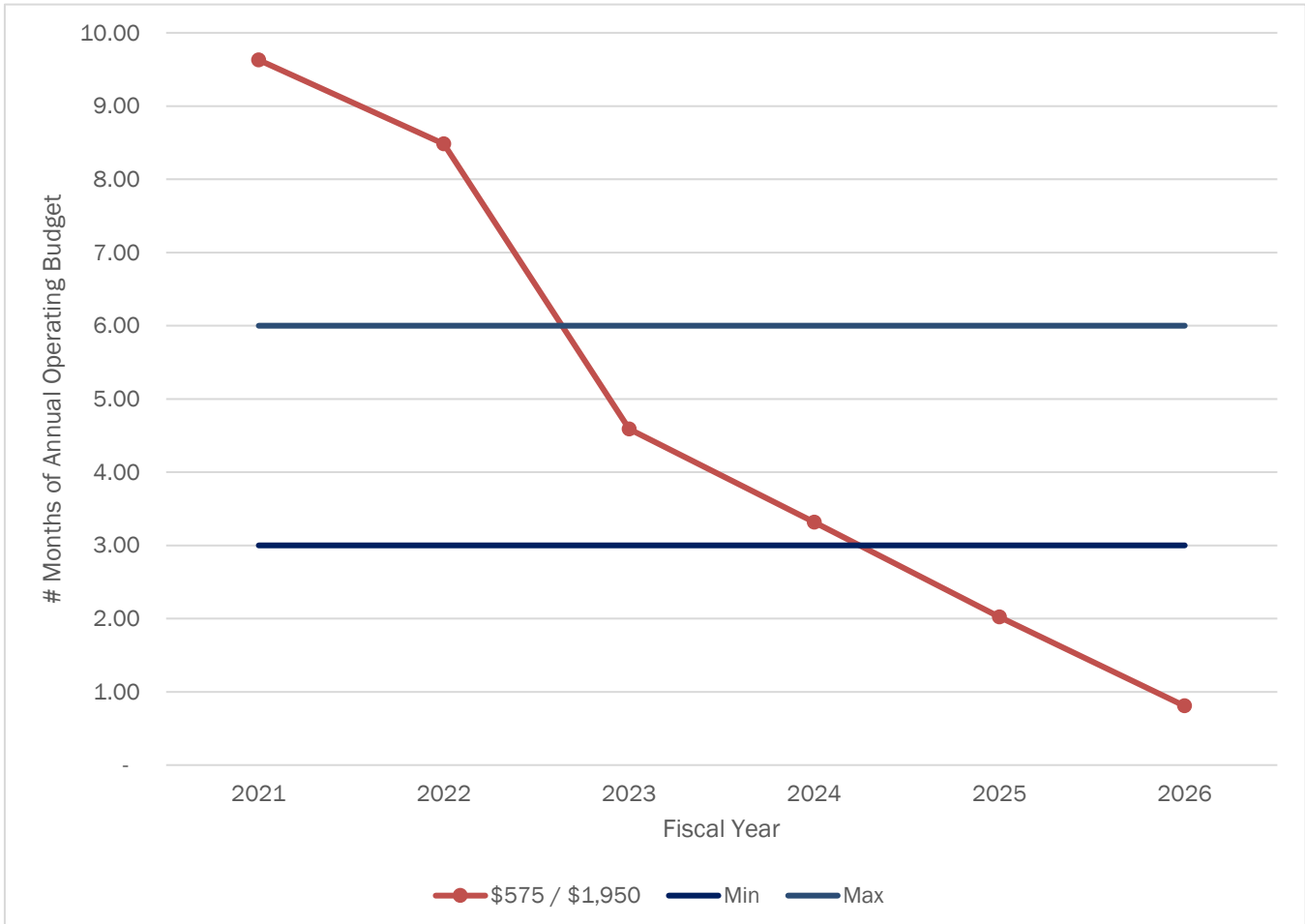
The projections include a 3% annual increase in IPC registrants, with an associated increase in income for the College.

Figure 2 - Financial Projection to FY 2026



The financial projections in Table 2 will have a significant impact on the College's operating reserve (i.e. unrestricted net assets) over the next 4 years.

Figure 3 - Projection Operating Reserve to FY 2026



Some Councillors will recall that the College has a governance policy in place that requires the College to maintain money in its reserves to ensure it has adequate resources to deal with unforeseen circumstances. The Council has determined that the reserve must be at least 3 to 6 months of the College’s annual operating costs. You will note that this is a sliding scale so that changes in the College’s operating costs will have an impact on the reserve required by the policy.

Based on current projections, if the College maintains the current \$575 IPC registration fee, the College’s operating reserve will dip below the minimum 3-month level by the end of FY 2025.

*Provisional Practice Certificate Fees*

The College charges each registrant \$75 registration fee for a Provisional Practice Certificate (PPC). This fee is paid one time, not annually. The PPC registration fee has not increased since 2015.

The PPC registration is less than 1% of the College’s overall revenue.

*Administrative & other Registration Fees*

The College charges fees for a variety of registration related administrative services:

Table 1 - FY 2024 projections

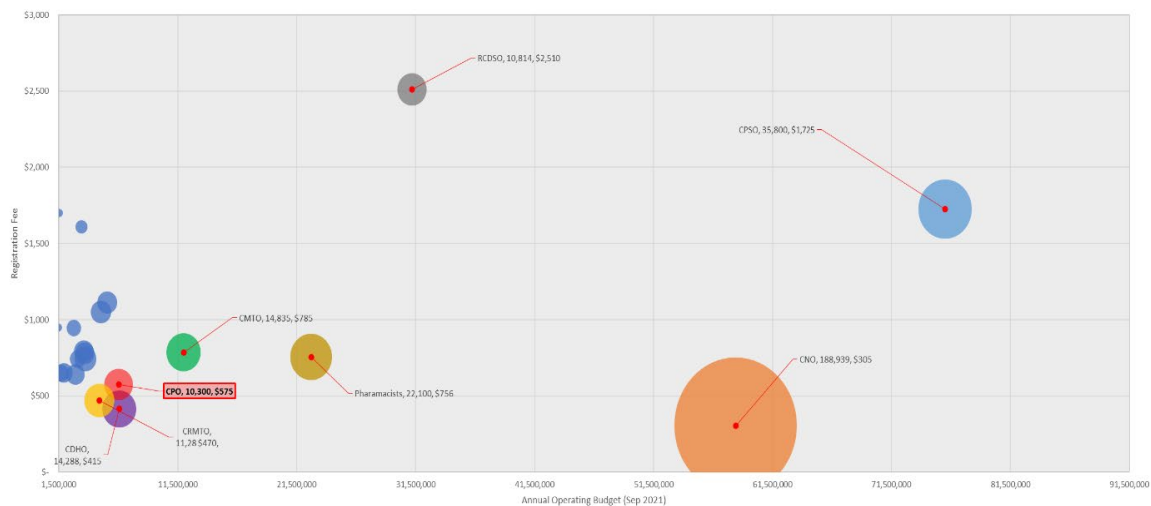
Service	Current Fee	Total Revenue	% of Budget
Professional Corporation Registration Fee	\$250	\$102,500	1.2
Application Fees – IPC and PPC	\$100	\$81,000	1.0
Letters of Professional Standing	\$50	\$8,500	0.1
Wall Certificates	\$25	\$2,250	<0.0
Late Fee (applied to IPC)	\$225	\$2,250	<0.0
Professional Corporation Application Fees	\$700	\$14,000	0.2
<b>Total</b>		<b>\$210,500</b>	<b>2.5</b>

The various other registration related administrative fees equal approximately 2.5% of the total revenue in the College’s annual operating budget.

**Where do the College’s budget and registration fees stand in relation to its peers?**

The CPO has the 7<sup>th</sup> highest annual operating budget among the 22 colleges reported by upon by the Ontario College of Teachers.

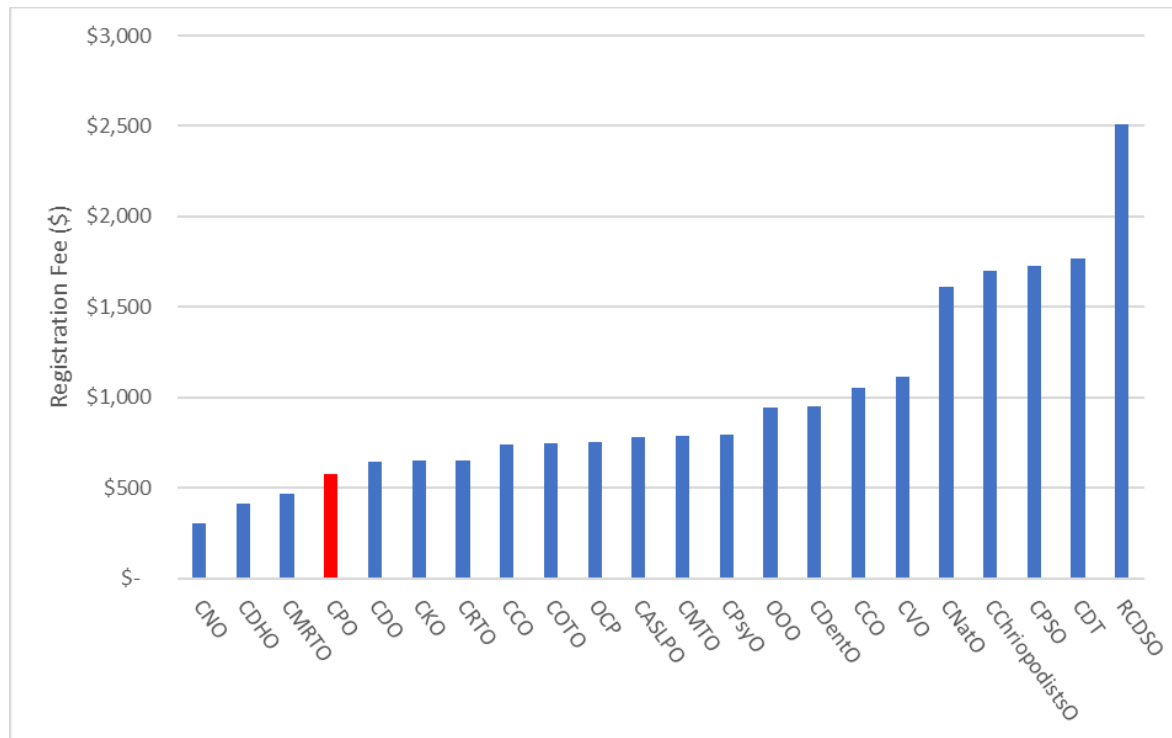
Figure 4 - Ontario Regulatory Health Colleges - Registration fees x Annual Budget x Membership size (Sep 2021)





It should be noted that 17 of the 22 annual operating budgets are below \$10,000,000. Figure 4 provides a summary of the colleges' registration fees (vertical axis) compared to the annual operating budget (horizontal axis) and size of membership (size of bubble).

Figure 5 - Registration Fees by College (Sep 2021)



With respect to registration fees, Figure 5 demonstrates that the CPO's registration fee of \$575 is the 4<sup>th</sup> lowest among 22 Ontario health regulatory colleges as of September 2021 reported by the Ontario College of Teachers (OCT).<sup>1</sup>

**How do other College manage the determination of their registration fees?**

While many, if not most, colleges adjust their registration fees on the basis of their projected income and expenses (much like the College has done in the past) to achieve the requirement of the budgets approved by their Councils, some colleges have come up with an alternative. This is a model where

<sup>1</sup> Source: Ontario College of Teachers - <https://www.oct.ca/members/college-fees/ontario-regulatory-body-fees> (accessed May 26, 2022).

several regulatory health colleges adjust their registration fees by a cost-of-living adjustment on an annual basis.

If the CPO wish to consider information on the use of this alternative, it may be worthy of note that Table 2 demonstrates that the cost of living in Ontario, as measured by the Consumer Price Index (CPI), has increased by 12.3% since between December 2016 and December 2021 and 5.6% between December 2019 and December 2021<sup>2</sup>.

During this same time period, the CPO's registration fee decreased by 8.9%.

Table 2 - Cost of Living between December 2016 and December 2021

Month	Years	CPI	Variance YoY	Variance Since 2016	Variance Since 2019
December	2016	130.0	0.0%	0.0%	-
December	2017	132.0	1.5%	1.5%	-
December	2018	135.0	2.3%	3.8%	-
December	2019	137.8	2.1%	6.0%	0.0%
December	2020	138.8	0.7%	6.8%	0.7%
December	2021	146.0	5.2%	12.3%	5.6%

Should Committee member desire it, Appendix 1 provides a detailed summary of the data reported by the Ontario College of Teachers in September 2021.

## Discussion

Two options will be discussed:

1. Change IPC registration fees only.
2. Change all registration and administration fees by the same percentage.

The College costs to deliver regulatory services are forecast to increase until FY 2026. These anticipated cost increases are driven by a number of factors, including inflationary increases, increased staffing costs required to manage increases in work volume, particularly in the investigations and hearings area, and costs to address the development and implementation of the Ontario Clinical Exam.

While exam-related costs may be offset through exam-related fees, other costs generally need to be covered by the College's registration fees.

<sup>2</sup> In Ontario, CPI December 2016 was 130.0 vs. CPI in December 2021 of 146.0. This is a 12.3% increase over 6 years. Between December 2019 and December 2021, CPI increased from 137.8 to 146.0 or 5.6% (source: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1810000411&pickMembers%5B0%5D=1.14&cubeTimeFrame.startMonth=12&cubeTimeFrame.startYear=2019&referencePeriods=20191201%2C20191201>).

In terms of the anticipated costs, projections indicate that College expenses will increase from \$8.26 million to \$8.68 million between FY 2023 and FY 2026.

We anticipate that the College's revenues will increase from \$6.97 million in FY 2022 to \$7.83 million in FY 2026 if the College maintains its existing IPC registration fee at \$575 per registrant.

Based on these projections, without consideration of fees, the College is forecasting significant deficits in Fiscal Years 2024, 2025, and 2026 of \$855,325, \$871,182, and \$847,531, respectively.

While College members have benefitted from the reduction in the IPC registration fee for the previous 7 years, the \$575 IPC registration fee is not financially sustainable into the future.

### *Change IPC Registration Fees only*

Table 2 and Figure 6 provide a sensitivity analysis of different IPC registration fees on net income for FY 2023, FY 2024, FY 2025, and FY 2026. The sensitivity analysis adjusts only the amount of the IPC Registration fee, keeping all other revenues and expenses static, and the shows the **resulting net income** (red numbers) because of the adjusted IPC registration fee. The starting net income amount used for each fiscal year is drawn from the financial projections in Appendix 2 and based on an IPC registration fee of \$575 per member

Table 3 - Sensitivity Analysis Net Income based on Registration Interview FY 2024 to FY 2026

IPC registration Fee	Net Income					
	FY 2024 Projection	FY 2025 Projection	FY 2026 Projection	FY 2024 Projection	FY 2025 Projection	FY 2026 Projection
\$ 575	-\$ 855,325	-\$ 871,182	-\$ 847,531	\$ 575	\$ 575	\$ 575
\$ 585	-\$ 749,505	-\$ 762,233	-\$ 735,359	\$ 585	\$ 585	\$ 585
\$ 595	-\$ 643,685	-\$ 653,284	-\$ 623,187	\$ 595	\$ 595	\$ 595
\$ 605	-\$ 537,865	-\$ 544,335	-\$ 511,015	\$ 605	\$ 605	\$ 605
\$ 615	-\$ 432,045	-\$ 435,386	-\$ 398,843	\$ 615	\$ 615	\$ 615
\$ 625	-\$ 326,225	-\$ 326,437	-\$ 286,671	\$ 625	\$ 625	\$ 625
\$ 635	-\$ 220,405	-\$ 217,488	-\$ 174,499	\$ 635	\$ 635	\$ 635
\$ 645	-\$ 114,585	-\$ 108,539	-\$ 62,328	\$ 645	\$ 645	\$ 645
\$ 655	-\$ 8,765	\$ 410	\$ 49,844	\$ 655	\$ 655	\$ 655

The sensitivity analysis demonstrates that in order to achieve a balanced budget in fiscal years 2025 and 2026, the IPC registration fee would need to **be increased to \$655** per registrant, a 13.9% increase from the FY 2023 (i.e. current year) IPC registration fee of \$575.

If the Council is willing consider reasonable annual deficits, they may consider a range of IPC registration fees **between \$635 to \$655 per registrant**.

Figure 6 6- Revenue and Expenses with various IPC registration fees FY 2021 to FY 2026

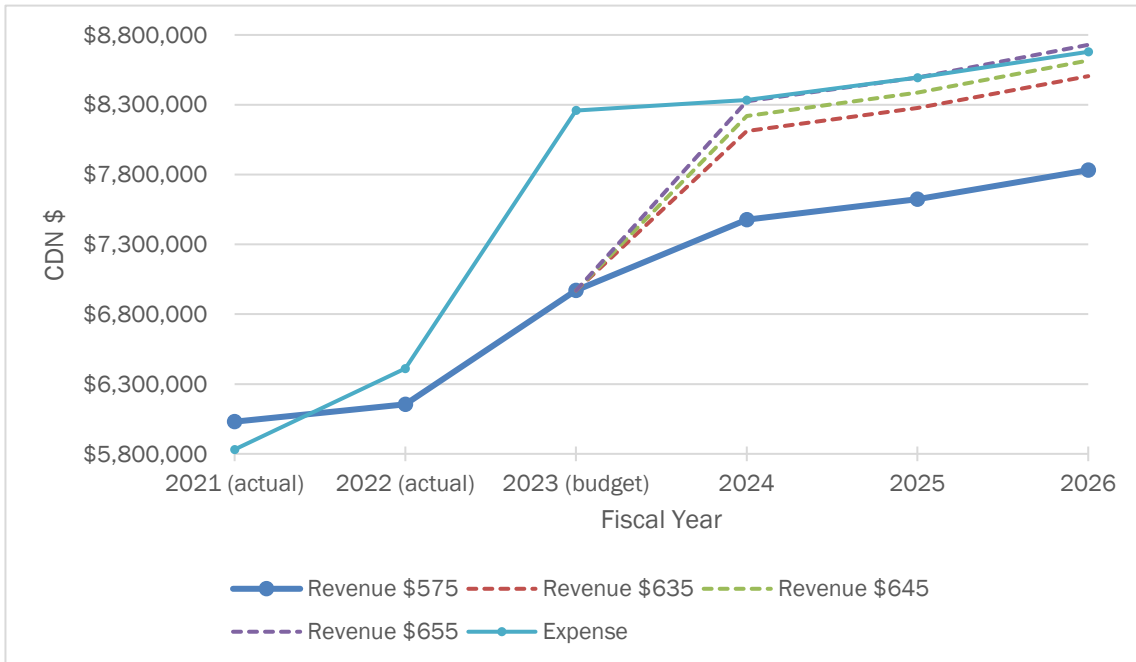
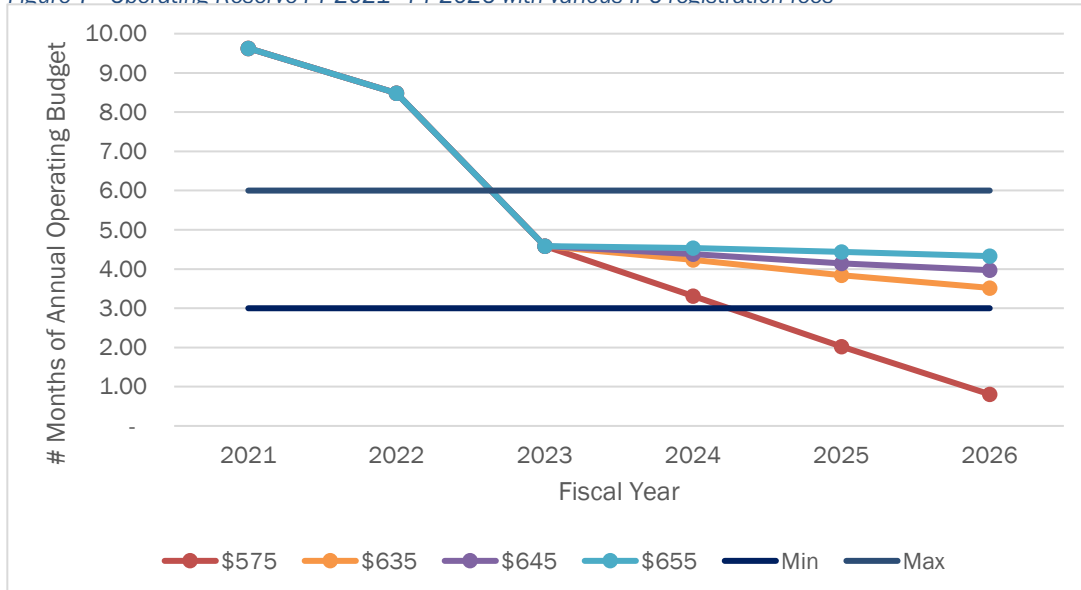


Figure 6 demonstrates the College would only achieve a balanced budget by FY 2025 with an IPC registration fee of \$655. Deficits of \$217,000 or lower would be achieved with the registration fees set at \$635 or \$645.

Figure 7 demonstrates the College’s operating reserve between FY 2023 and FY 2026 will remain within the 3-month to 6-month range of annual operating budget if the IPC registration fee is increased to \$635, \$645, or \$655 per registrant beginning in FY 2024.

Figure 7 - Operating Reserve FY 2021 - FY 2026 with various IPC registration fees



*Change to all registration related administrative fees by similar percentage*

Increases to the registration related administrative fees, excluding the IPC registration fee, have minimal impact on the College's revenue. Taken together, these fees, less the IPC registration fee, make up 2.9% of the overall revenue.

Increasing all registration related administrative fees, including the IPC and PPC registration fees, by a similar percentage is a separate option that will spread the revenue increase across a variety of revenue categories.

Table 4 represents the Net Income generated from a common percentage increase across all revenue categories, including IPC registration fees

*Table 4 - Fees with Consistent Percentage Increase for all categories*

% Increase	IPC Fee / registrant	Net Income					
		FY 2024		FY 2025		FY 2026	
Base	\$ 575.00	-\$	855,325	-\$	871,182	-\$	847,531
5%	\$ 603.75	-\$	503,923	-\$	510,784	-\$	477,867
6%	\$ 609.50	-\$	440,622	-\$	445,684	-\$	410,914
7%	\$ 615.25	-\$	377,322	-\$	380,585	-\$	343,961
8%	\$ 621.00	-\$	314,021	-\$	315,485	-\$	277,008
9%	\$ 626.75	-\$	250,721	-\$	250,385	-\$	210,055
10%	\$ 632.50	-\$	187,420	-\$	185,286	-\$	143,102
11%	\$ 638.25	-\$	124,120	-\$	120,186	-\$	76,150
12%	\$ 644.00	-\$	60,819	-\$	55,086	-\$	9,197
13%	\$ 649.75	\$	2,481	\$	10,013	\$	57,756
14%	\$ 655.50	\$	68,236	\$	77,567	\$	127,163
15%	\$ 661.25	\$	129,082	\$	140,213	\$	191,662

A balanced budget in FY 2024 is projected to be achieved with a **minimum of 13% increase** across all revenue categories.

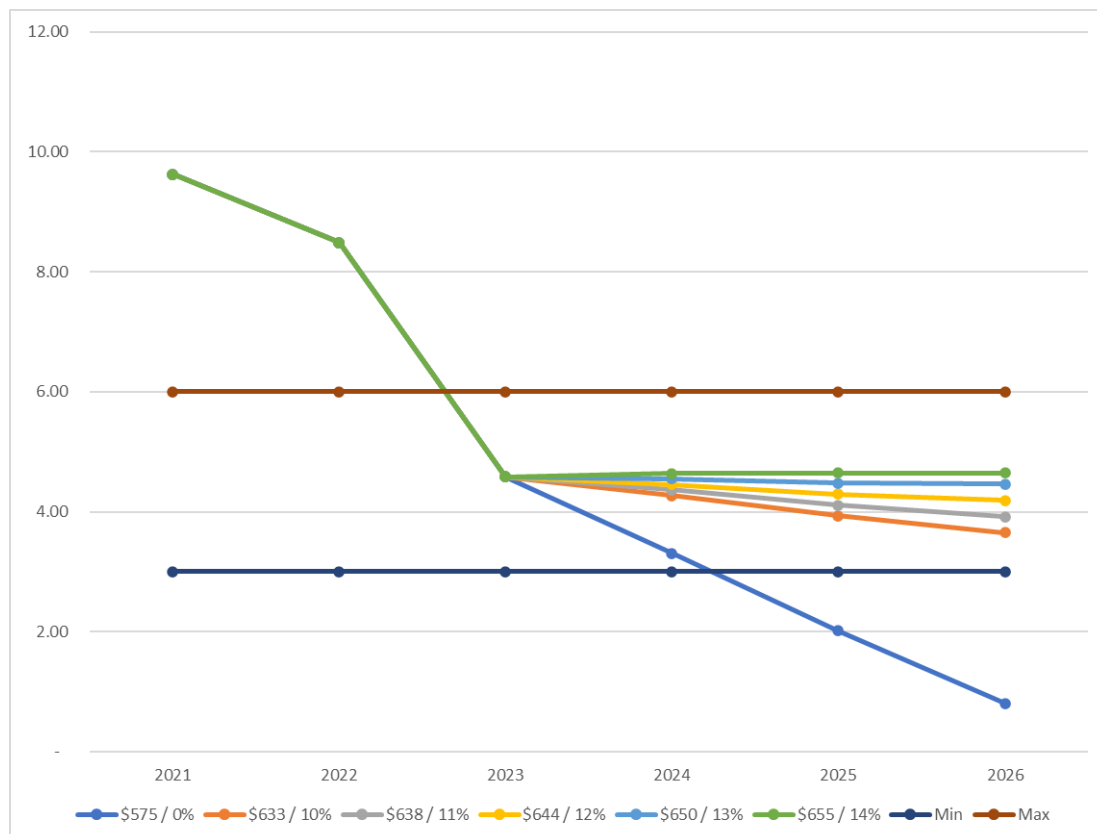
Figure 8 and Table 5 demonstrate the impact of a similar increase for all registration related administrative fees on the College's operating reserve (ie. unrestricted net assets). An increase of 10% for all registration related administrative fees will slow the decrease in the operating reserve between FY 2024 and FY 2026 and keep the operating reserve within the operating reserve range of 3 months to 6 months of the annual operating budget over this period.

The decrease in the operating reserve between FY 2024 and FY 2026 can be reversed and maintained near to FY 2023 levels with an increase of 14% in registration related administrative fees.

Table 5 - Unrestricted Net Assets - to FY 2026 - impact increase of All registration and administrative fees

	# Months covered Unrestricted Net Assets (Operating Reserve)					
Fees (IPC / % increase)	2021	2022	2023	2024	2025	2026
\$575 / 0%	9.63	8.48	4.58	3.31	2.02	0.80
\$633 / 10%	9.63	8.48	4.58	4.27	3.93	3.65
\$638 / 11%	9.63	8.48	4.58	4.36	4.11	3.92
\$644 / 12%	9.63	8.48	4.58	4.45	4.29	4.19
\$650 / 13%	9.63	8.48	4.58	4.55	4.47	4.46
\$655 / 14%	9.63	8.48	4.58	4.64	4.65	4.64
Min	3.00	3.00	3.00	3.00	3.00	3.00
Max	6.00	6.00	6.00	6.00	6.00	6.00

Figure 8 - Unrestricted Net Assets - to FY 2026 - impact increase of All registration and administrative fees



### Recommendation from the Finance Committee

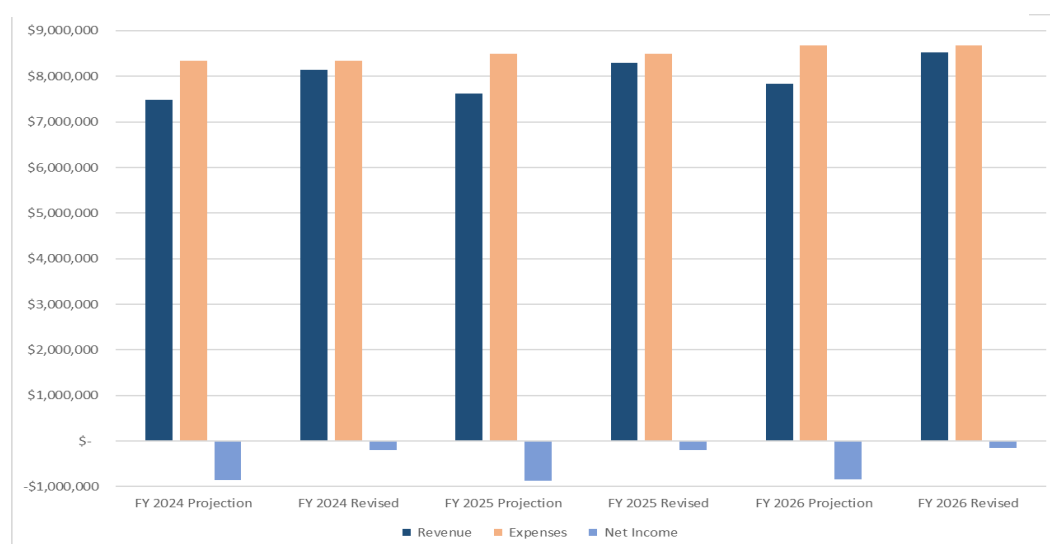
The Finance Committee met on June 14, 2022, to review the College’s framework for registration related administrative fees. After significant discussion, the Finance Committee is recommending that Council increase the College fees to those presented in Table 6 (new fees are rounded to the nearest dollar). The recommended IPC registration fee is \$635 per registrant, a 10.5% increase from the current fee. The 10.5% increase is recommended to be applied to all registration related administrative fees.

Table 6 - Recommended Registration and Administrative Fees

Item	FY 2023 Fee	Increase	New Fee
4011 - Independent Practice	\$ 575.00	10.5%	\$ 635.00
4013 - Prof Corp Fees	\$ 250.00	10.5%	\$ 277.00
4014 - Provisional Practice Fee	\$ 75.00	10.5%	\$ 83.00
4021 - Cross Border Registration Fee	\$ 100.00	10.5%	\$ 111.00
4015 - Application Fees	\$ 100.00	10.5%	\$ 111.00
4016 - Letter of Prof Stand	\$ 50.00	10.5%	\$ 56.00
4017 - Wall Certificates	\$ 25.00	10.5%	\$ 28.00
4018 - Late Fee	\$ 225.00	10.5%	\$ 249.00
4019 - Prof Corp Application fee	\$ 700.00	10.5%	\$ 774.00

Figure 9 presents a comparison the College’s financial performance, as presented in the Statement of Operations (i.e. Income Statement), between the original financial projections presented in Appendix 1 and the revised financial projections with the new fees for the fiscal years 2024, 2025, and 2026.

Figure 9 - Comparison Statement of Operations with new Fees



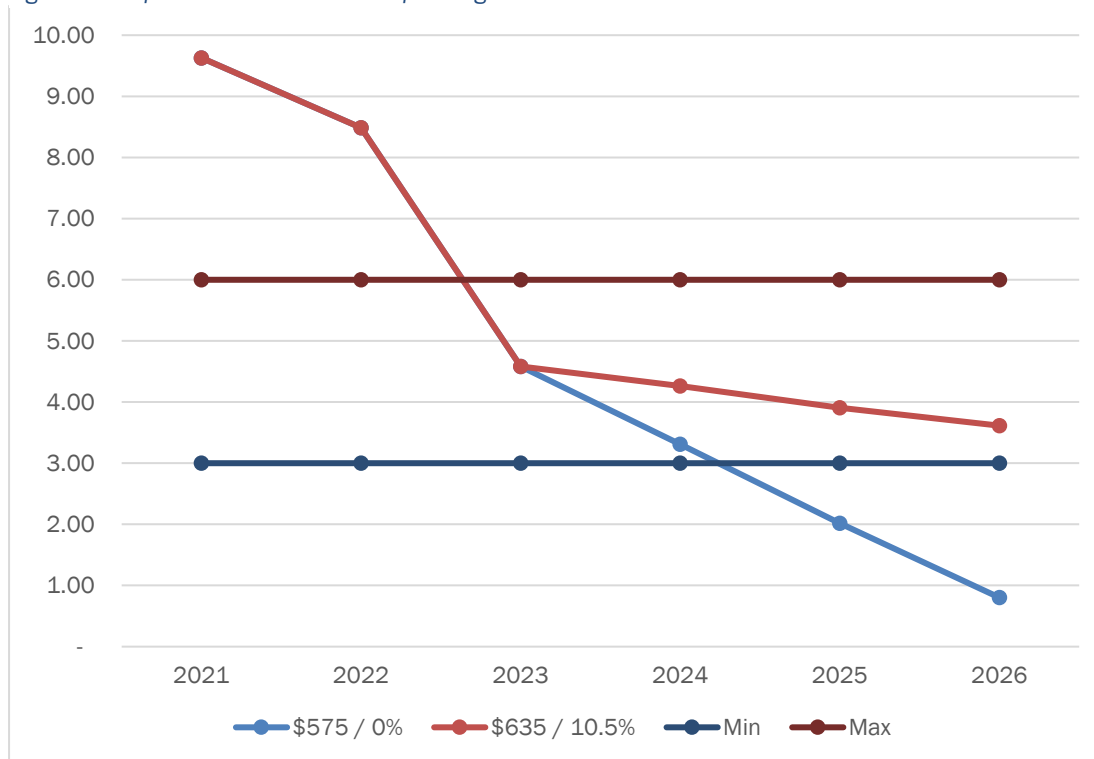
The changes in registration related administrative fees improves the College’s financial performance by reducing the projected deficits for the fiscal years of 2024, 2025, and 2026 as presented in Table 7. The deficits improve by an average of \$678,000 over the three fiscal years.

Table 3 - Changes in Financial Performance FY 2024 to FY 2026

Item	FY 2024			FY 2025			FY 2026		
	Budget	Revised	Variance	Budget	Revised	Variance	Budget	Revised	Variance
Revenue	\$ 7,477,783	\$ 8,139,082	\$ 661,299	\$ 7,623,234	\$ 8,299,707	\$ 676,473	\$ 7,831,625	\$ 8,527,435	\$ 695,810
Expenses	\$ 8,333,108	\$ 8,333,108	\$ -	\$ 8,494,416	\$ 8,494,416	\$ -	\$ 8,679,156	\$ 8,679,156	\$ -
Net Income	-\$ 855,325	-\$ 194,026	\$ 661,299	-\$ 871,182	-\$ 194,709	\$ 676,473	-\$ 847,531	-\$ 151,720	\$ 695,810

The financial performance projections presented in Appendix 1 anticipated the operating reserve (ie. unrestricted net assets) to dip below the minimum 3 months lower limit of the operating reserve policy by FY 2025. The recommended fees will slow the decline in the operating reserve as presented in figure 10 and maintain the operating reserve within the permitted range of 3 to 6 month of annual operating budget.

Figure 10- Impact of new fees on the Operating Reserve





## Executive Committee

The Executive Committee reviewed the Finance Committee's recommendation on June 16, 2022, and is recommending Council supports the Finance Committee's recommendation.

## Decision Sought

The Council is asked to approve an increase the Independent Practice Certificate registration fee to \$635 and all other registration related fees by 10.5% effective April 1, 2023.

Item	FY 2023 Fee	Increase	New Fee
4011 - Independent Practice	\$ 575.00	10.5%	\$ 635.00
4013 - Prof Corp Fees	\$ 250.00	10.5%	\$ 277.00
4014 - Provisional Practice Fee	\$ 75.00	10.5%	\$ 83.00
4021 - Cross Border Registration Fee	\$ 100.00	10.5%	\$ 111.00
4015 - Application Fees	\$ 100.00	10.5%	\$ 111.00
4016 - Letter of Prof Stand	\$ 50.00	10.5%	\$ 56.00
4017 - Wall Certificates	\$ 25.00	10.5%	\$ 28.00
4018 - Late Fee	\$ 225.00	10.5%	\$ 249.00
4019 - Prof Corp Application fee	\$ 700.00	10.5%	\$ 774.00

Current registrants will pay the \$635 IPC registration fee at the upcoming renewal beginning on February 1, 2023. Fees are effective for the period April 1<sup>st</sup> to March 31<sup>st</sup> each fiscal year.

## Bylaw Consultation

Since the above fees are currently defined in the College's bylaws, the change in fees also require a corresponding change to the bylaws. The *Health Professions Procedures Code* requires bylaws related to fees to be circulated for stakeholder comment for a minimum of 60 days. The College will circulate the proposed bylaw changes over the summer so that the change can be brought back to Council for final approval at its September 2022 meeting.

Appendix 1  
Summary of the Registration Fees  
Ontario Regulatory Health Colleges  
September 2021

Source:

Ontario College of Teachers

Website: <https://www.oct.ca/members/college-fees/ontario-regulatory-body-fees>

College	Reg Fee	# Members	# Staff	Annual Budget	Budget / Member	Variance Reg fee to Budget / Member
College of Nurses of Ontario	\$ 305	188,939	320	\$ 58,410,000	\$ 309.1	-\$ 4
College of Dental Hygienists of Ontario	\$ 415	14,228	21	\$ 6,590,145	\$ 463.2	-\$ 48
College of Medical Radiation Technologists of Ontario	\$ 470	11,208	23	\$ 4,900,000	\$ 437.2	\$ 33
College of Physiotherapists of Ontario	\$ 575	10,300	32	\$ 6,534,000	\$ 634.4	-\$ 59
College of Dietitians of Ontario	\$ 641	4,448	15	\$ 2,900,000	\$ 652.0	-\$ 11
College of Respiratory Therapists of Ontario	\$ 650	3,868	9	\$ 1,932,847	\$ 499.7	\$ 150
College of Kinesiologists of Ontario	\$ 650	2,900	10	\$ 1,700,000	\$ 586.2	\$ 64
College of Opticians of Ontario	\$ 742	3,082	15	\$ 3,078,447	\$ 998.8	-\$ 257
College of Occupational Therapists of Ontario	\$ 743	6,094	27	\$ 3,741,674	\$ 614.0	\$ 129
Ontario College of Pharmacists	\$ 756	22,100	145	\$ 22,710,652	\$ 1,027.6	-\$ 272
College of Audiologists and Speech-Language Pathologists of Ontario	\$ 780	4,640	14	\$ 3,700,000	\$ 797.4	-\$ 17
College of Massage Therapists of Ontario	\$ 785	14,835	48	\$ 12,000,000	\$ 808.9	-\$ 24
College of Psychologists of Ontario	\$ 795	4,654	22	\$ 3,600,000	\$ 773.5	\$ 21
College of Optometrists of Ontario	\$ 945	2,678	15	\$ 2,769,781	\$ 1,034.3	-\$ 89
College of Denturists of Ontario	\$ 950	721	4	\$ 1,455,350	\$ 2,018.5	-\$ 1,069
College of Chiropractors of Ontario	\$ 1,050	5,099	10	\$ 5,044,000	\$ 989.2	\$ 61
College of Veterinarians of Ontario	\$ 1,113	5,124	21	\$ 5,571,620	\$ 1,087.4	\$ 26
College of Naturopaths of Ontario	\$ 1,609	1,735	20	\$ 3,400,000	\$ 1,959.7	-\$ 351
College of Chiropodists of Ontario	\$ 1,700	744	4	\$ 1,500,000	\$ 2,016.1	-\$ 316
College of Physicians & Surgeons of Ontario	\$ 1,725	35,800	400	\$ 76,000,000	\$ 2,122.9	-\$ 398
College of Dental Technologists of Ontario	\$ 1,768	525	6	\$ 988,000	\$ 1,881.9	-\$ 114
Royal College of Dental Surgeons of Ontario	\$ 2,510	10,814	143	\$ 31,200,000	\$ 2,885.1	-\$ 375



Appendix 2  
College of Physiotherapists of Ontario  
Financial Projections to FY 2026

GL ACCOUNT NUMBERS	FY 2021 Actual	FY 2022 Forecast	FY 2023 Budget	FY 2024 Projection	FY 2025 Projection	FY 2026 Projection
<b>Income</b>						
Total 4001 · Registration Fees	5,786,785	5,720,547	5,914,830	6,178,800	6,358,718	6,544,033
Total 4008 · Admin Fees	118,125	169,150	162,200	108,000	108,000	108,000
Total 4002 · Interest Income	125,559	102,708	138,277	124,333	117,167	126,592
Total 4030 · ETP Assessment Fees	0	221,600	754,400	1,066,650	1,039,350	1,053,000
Total 4010 · Miscellaneous Income	0	1,885	0	0	0	0
<b>Total Income</b>	<b>6,030,469</b>	<b>6,215,890</b>	<b>6,969,708</b>	<b>7,477,783</b>	<b>7,623,234</b>	<b>7,831,625</b>
<b>Expense</b>		0	0			
Total 5000 · Committee Per Diem	109,802	182,081	162,165	165,408	168,716	172,091
Total 5050 · Committee Reimbursed Expenses	29,666	41,346	130,040	179,765	183,360	187,028
Total 5100 · Information Management	323,866	263,129	433,046	360,862	357,500	359,857
Total 5400 · Office and General	980,452	861,500	781,429	618,858	629,983	633,543
Total 5500 · Regulatory Effectiveness	53,232	141,363	120,266	95,631	96,543	97,474
Total 5600 · Communications	95,226	91,034	117,640	120,000	120,000	120,000
Total 5700 · Professional fees	401,453	338,369	656,613	669,745	683,140	696,803
Total 5800 · Programs	75,289	246,914	1,085,705	1,268,408	1,316,089	1,379,091
Total 5900 · Staffing	3,579,710	3,924,007	4,608,991	4,684,432	4,769,085	4,863,270
Total 6001 · Amortization	202,672	199,795	163,045	170,000	170,000	170,000
<b>Total Expense</b>	<b>5,851,370</b>	<b>6,289,539</b>	<b>8,258,940</b>	<b>8,333,108</b>	<b>8,494,416</b>	<b>8,679,156</b>
<b>Net Income/Deficit</b>	<b>179,099</b>	<b>-73,648</b>	<b>-1,289,232</b>	<b>-855,325</b>	<b>-871,182</b>	<b>-847,531</b>

## **Agenda # 13**

Practice Advisory Service Scoping review and needs assessment

Presentation: Fiona Campbell, Senior Practice Advisor

## **Agenda # 14**

Member's Motion/s