



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

### Hybrid Meeting

Monday, June 26, 2023 from 10:00 – 4:30 p.m.

Tuesday, June 27, 2023 from 9:00 – 3:30 p.m.

### 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.





## AGENDA

Monday, June 26, 2023				
Item	Time	Topic	Page	Purpose
*	10:00 a.m.	<b>Welcome and Call to Order</b> ( <i>N. Madhvani</i> ) <ul style="list-style-type: none"><li>• Land Acknowledgment</li><li>• Roll Call</li></ul>	—	N/A
1.	10:10 a.m.	<b>Review and Approval of the Agenda</b> ( <i>N. Madhvani</i> )	2	Approval
2.	10:15 a.m.	<b>Approval of the Consent Agenda</b> ( <i>N. Madhvani</i> ) <ul style="list-style-type: none"><li>• Approval of the March 23-24, 2023 and April 28, 2023 Council minutes</li><li>• Acceptance of the March 7, 2023 Executive Committee Minutes</li></ul>	9 – 23	Approval
3.	10:20 a.m.	<b>Registrar's Message</b> ( <i>C. Roxborough</i> )  The College's new Registrar & CEO will introduce himself to Council and share reflections from his transition into the role.	24	Information
*	11:00 a.m.	<b>BREAK (15 mins)</b>		
4.	11:15 a.m.	<b>PT Claims Data and How It Can Inform Decision Making</b> ( <i>Maggie Green of BMS</i> )  Maggie will review the features common to a Professional Liability insurance policy, including differences between individually-held and employer-held insurance. She will also provide insight into claims made against physiotherapists in Canada, based on BMS's	25	Education



		work as the broker for the CPA member liability insurance program.		
*	12:00 p.m.	<b>LUNCH</b>		
5.	1:00 p.m.	<b>Canadian Alliance of Physiotherapy Regulators (CAPR)</b> <i>(Dr. Bob Haennel, Chief Executive Officer)</i>  Council will be provided with an update on CAPR member and client services as well as some insight into the future direction of the CAPR.	26	Education
6.	2:00 p.m.	<b>Ontario Fairness Commissioner (OFC)</b> <i>(Irwin Glasberg, Ontario Fairness Commissioner)</i>  Commissioner Glasberg will provide council members with a summary of fair access legislation in the province and the role of his office. He will then present a summary of the office's new risk-informed compliance framework, take members through some key themes and recent developments impacting on fair registration practices in Ontario, and provide time for audience questions and dialogue.	27	Education
*	2:45 p.m.	<b>BREAK (15 mins)</b>		
7.	3:00 p.m.	<b>Introduction to Council Member Commitments</b> <i>(M. Berger)</i>  Council members make decisions in the public interest, balancing this responsibility with an understanding of the profession. Because of the important role they play, all Council members are expected to exhibit conduct that is consistent with the nature of the responsibilities of Council and the confidence bestowed on Council by the public and its registrants. This session will provide an	28	Education



		overview of the commitments and responsibilities that all Council members must adhere too, including a closer look at the behavioural expectations outlined in the Code of Conduct and how any potential issues may be addressed.		
8.	3:30 p.m.	<b>Annual General Meeting</b> Annual Committee Reports - Highlights: <ol style="list-style-type: none"> <li>1. Executive Committee</li> <li>2. Registration Committee</li> <li>3. Quality Assurance Committee</li> <li>4. Inquiries, Complaints, and Reports Committee</li> <li>5. Patient Relations Committee</li> <li>6. Discipline Committee</li> <li>7. Finance Committee</li> <li>8. Examinations Committee</li> </ol>	29 – 41	Education
9.	4:00 p.m.	<b>Approval of the 2023-2024 Committee Slate</b> <i>(E. Persaud and M. Berger)</i>  Council is asked to approve the proposed 2023-24 committee slate. In conjunction with the slate approval, the College is also seeking to make housekeeping amendments to the By-laws pertaining to the composition of the Discipline and Fitness to Practise Committees.	42 – 57	Decision
*	4:30 p.m.	<b>Adjournment of Day One</b>		

### Tuesday, June 27, 2023

Item	Time	Topic	Page	Action
*	9:00 a.m.	<b>Welcome and Call to Order</b> <i>(N. Madhvani)</i>	—	n/a
10.	9:10 a.m.	<b>President's Report</b> <i>(N. Madhvani)</i>	58 – 62	Information



11.	9:20 a.m.	<b>Executive Office Report</b> <i>(C. Roxborough)</i>	63	Information
12.	10:00 a.m.	<b>Introduction to the Governance Review</b> <i>(The Regulator's Practice)</i>  The Regulator's Practice has been engaged by CPO to facilitate a process with CPO's Council and senior staff to assess current governance practices, engage in learning about the outcomes of recent governance reviews in our sector (September), and engage in a meaningful discussion about what is working, what could be improved and what our governance priorities are moving forward (December). The Regulator's Practice is a consultancy that focuses exclusively on supporting the governance, strategy and leadership challenges professional regulators face.  At this meeting, Council will have an opportunity to meet the members of The Regulator's Practice that will be leading this governance practice review, understand the process and how Council will be involved in the process, and ask any questions you have about how this process will unfold.	64	Information
*	10:30 a.m.	<b>BREAK (20 mins)</b>		
13.	10:50 a.m.	<b>Entry to Practice Working Group</b> <i>(C. Roxborough and J. Huang)</i>  In March 2019, Council directed a review of the College's entry to practice program. Council is asked to sunset the Entry to Practice Working Group that was established in 2019.	65 – 71	Decision
14.	11:20 a.m.	<b>Q4 / Year End Financial Report</b> <i>(Z. Robinson)</i>	72 – 74	Information



		Council will be provided with an update on the College's year-end financial reports.		
*	12:00 p.m.	<b>LUNCH</b>		
15.	1:00 p.m.	<b>Approval of the 2022-2023 Audited Financial Statements</b> <i>(Geoff Clute and Blair MacKenzie, Auditor Hilborn LLP)</i>  Council is asked to review and approve the 2022-2023 Audited Financial Statements ending March 31, 2023.	75 – 101	Decision
16.	1:30 p.m.	<b>Enterprise Risk Management Policy</b> <i>(Z. Robinson)</i>  Zoe Robinson will lead the Council through an education session of about developing an Enterprise Risk Management policy and program. This session will build on the Risk Education session held in March 2023.	102 – 104	Information
*	2:00 p.m.	<b>BREAK (15 mins)</b>		
17.	2:15 p.m.	<b>Financial Stabilization Plan</b> <i>(C. Roxborough and Z. Robinson)</i>  Council will be provided with an overview of the key drivers of the College's financial position and engaged in a discussion to identify priorities in support of future planning.	105 – 108	Discussion
18.	2:45 p.m.	<b>Motion to go in camera pursuant to section 7.2(d) of the Health Professions Procedural Code</b> <i>(N. Madhvani)</i>  Council will be asked to move in camera as personnel matters or property acquisitions will be discussed.	109	Decision



		Topic to be covered: <ul style="list-style-type: none"><li>• Funding Request for Financial Planning and Analysis Software</li></ul>		
19.	3:25 p.m.	<b>Members' Motion (s)</b> <i>Standing item</i>	110	N/A
*	3:30 p.m.	<b>Adjournment of Meeting</b>		

**Future Council Meeting Dates:**

- September 28-29, 2023
- December 14-15, 2023
- March 25-26, 2024
- June 20-21, 2024



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 1.0**

**Council Meeting**  
**June 26 – 27, 2023**

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

It is moved by

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and seconded by

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that:

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





COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
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**Motion No.: 2.0**

**Council Meeting**  
**June 26 – 27, 2023**

**Agenda #2.0: Approval of Consent Agenda**

It is moved by

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and seconded by

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that:

The following items be approved and/or received for information by Council:

- Approval of the March 23-24, 2023 and April 28, 2023 Council minutes
- Acceptance of the March 7, 2023 Executive Committee Minutes



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

**MINUTES**

**Friday, April 28, 2023**

Virtual

**Attendees**

Theresa Stevens, Physiotherapist, President  
Hervé Cavanagh, Physiotherapist  
Nitin Madhvani, Public  
Carole Baxter, Public  
Richard O'Brien, Public  
Tyrone Skanes, Public  
Janet Law, Physiotherapist  
Sharon Gabison, Physiotherapist, Academic  
Karen St. Jacques, Physiotherapist  
Dennis Ng, Physiotherapist  
Jesse Finn, Public  
Katie Schulz, Physiotherapist  
Paul Parikh, Physiotherapist, Academic

**Regrets**

Jennifer Clifford, Physiotherapist  
Anna Grunin, Physiotherapist  
Laina Smith, Public

**Staff**

Anita Ashton, Interim Registrar  
Mara Berger, Director Policy,  
Governance and General Counsel  
Evguenia Ermakova, Policy Analyst

**Recorder**

Elicia Persaud, Governance Analyst

**Guests**

Sarah Yun, Weirfoulds

**Friday, April 28, 2023**

12:02 p.m. **Welcoming Remarks and Roll Call**

The Chair welcomed all members, opened the meeting with the College's Land Acknowledgement Statement, and confirmed the College's ongoing commitment to the public interest. Members were asked to declare any conflicts of interest for any of the items to be discussed during the meeting; none were declared.

**1.0 Motion Approval of the Agenda**

It was moved by N. Madhvani and seconded by H. Cavanagh that:

The agenda be approved.

**CARRIED.**

**2.0 Draft Regulations to Create an Emergency Class of Registration**



T. Stevens left the meeting at 12:25 p.m. due to technology issues and returned at 12:34 p.m. N. Madhvani, President Elect, chaired in her absence.

K. Schulz left the meeting at 12:46 p.m.

M. Berger and E. Ermakova provided Council with an update on the consultation feedback received on the proposed Emergency Class of Registration, which included 21 individual responses and two submissions from:

- The Ontario Physiotherapy Association and,
- The Competition Bureau of Canada.

S. Yun reviewed the three proposed revisions to the originally drafted Regulations which include:

- Removing the potential limitations on the Emergency Class of Registration in section 24.1(2)
- Removing the direct and onsite supervision requirement in section 24.1(6)
- And increasing the validity period of the Emergency Class certificate from 15 days to three months in section 24.1(7).

Council reviewed the proposed revisions and determined the following revisions would be included in the submission:

- Remove the limitations under section 24.1(2).
- Remove the requirement for the supervisor to be at the same practice site under section 24.1(6).
- To extend the validity period from 15 days to 90 days under section 24.1(7).

**Motion 2.0**

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

Council approve the proposed amendments to the General Regulation, made under the *Physiotherapy Act, 1991*, as amended, for submission to the Ministry of Health by May 1, 2023.

**CARRIED.**

T. Skanes abstained from the vote.



**Motion**

**2.1**

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

Council direct that the amendments to the General Regulation be circulated to members and other stakeholders for 60 days or such shorter period as the Minister may approve.

T. Skanes abstained from the vote.

**CARRIED.**

**Motion**

**2.2**

It was moved by N. Madhvani and seconded by H. Cavanagh that:

Council direct the Registrar to request a waiver or abridgment of the required circulation period.

T. Skanes abstained from the vote.

**CARRIED.**

**Appointment of the Academic Representative**

McMaster University is the next on the list to nominate an Academic Representative to Council. M. Berger noted that the nominated representative meets all eligibility requirements and if appointed would begin their term on June 26, 2023.

**Motion**

**3.0**

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

McMaster University has selected Sinéad Dufour as their University's Academic Representative to Council. Council is being asked to appoint Sinéad Dufour to Council effective June 26, 2023.

**CARRIED.**

**Adjournment of Meeting**

N. Madhvani motioned that the meeting be adjourned. The meeting adjourned at 12:59 p.m.

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Theresa Stevens, Chair



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

**MINUTES**

**Thursday, March 23 and Friday, March 24, 2023**  
Hybrid Meeting

**Attendees**

Theresa Stevens, Physiotherapist (Chair)  
Jennifer Clifford, Physiotherapist  
Carole Baxter, Public  
Herve Cavanagh, Physiotherapist  
Jesse Finn, Public  
Sharon Gabison, Physiotherapist  
Anna Grunin, Physiotherapist  
Janet Law, Physiotherapist  
Nitin Madhvani, Public  
Dennis Ng, Physiotherapist  
Richard O'Brien, Public  
Paul Parikh, Physiotherapist (March 23)  
Katie Schulz, Physiotherapist  
Tyrone Skanes, Public  
Karen St. Jacques, Physiotherapist

**Regrets**

Laina Smith, Public  
Paul Parikh, Physiotherapist (March 24)  
Nitin Madhvani, Public (March 24)

**Staff**

Anita Ashton, Interim Registrar  
Zoe Robinson, VP Finance & Reporting  
Lisa Pretty, VP Organizational Effectiveness  
Mara Berger, Director Policy, Governance  
and General Counsel  
Joyce Huang, Manger Strategy

**Recorder**

Elicia Persaud, Governance Analyst

*Council and Committee members participated in a Public Interest and Equity, Diversity and Inclusion education session from 9:00 – 1:00 p.m.*

**Thursday, March 23, 2023**

**2:00 p.m. Welcome**

The Chair welcomed all members, opened the meeting with the College's Land Acknowledgement Statement, and confirmed the College's ongoing commitment to the Public Interest mandate. Members were asked to declare any conflict of interest for any

of the items to be discussed during the meeting; none were declared.

**1.0 Motion Approval of the Agenda 1.0**

It was moved by D. Ng and seconded by N. Madhvani that:

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

**CARRIED.**

**2.0 Motion Approval of the Consent Agenda 2.0**

It was moved by K. Schulz and seconded by A. Grunin that:

The following items be approved and/or received for information by Council:

- Approval of the December 13-14, 2022, January 10, 2023 and January 22, 2023 Council Minutes
- Acceptance of the November 22 and 30, 2022 and January 16 and 31, 2023 Executive Committee Minutes
- Acceptance of Committee/Program Area Reports:
  - Communications
  - Compliance Monitoring
  - Discipline Committee
  - Examinations Committee
  - Executive Committee
  - Finance Committee
  - Information Technology
  - Inquiries, Complaints, and Reports Committee
  - Patient Relations Committee
  - Practice Advice
  - Quality Assurance Committee
  - Registration Committee
  - Strategy, Policy and Governance

**CARRIED.**

**3.0 President's Report**

T. Stevens, President, summarized her activities since the December Council meeting, highlighting the results of the December Council meeting survey and the mid-year check-in calls.

The themes from the mid-year check-in calls include:

- Support to continue to offer hybrid Council meetings; Council meetings to continue with a hybrid model with opportunities for in-person meetings
- The time demands for public members continues to be an issue
- Improvements to some committee materials
- Additional support and training

#### **4.0 Interim Registrar's Report**

A. Ashton, Interim Registrar, summarized her activities since the December Council meeting which included an update on key stakeholders, national initiatives, the exemption policy, operational updates and the Dashboard.

It was highlighted that this is the first year the College has received a risk rating as part of the Ontario Fairness Commissioner annual review process which gave the College a medium risk rating. This was excepted due to the transition with the clinical exam. Conversations will continue with the Fairness Commissioner as the exemption policy ends on March 31, 2023, and the Ontario Clinical Exam continues to operate.

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

In keeping with the responsibilities of the Registrar, A. Ashton facilitated the President, Vice-President, and Executive Committee election. A. Ashton provided an overview of the elections process which was supported by an electronic online voting system via Zoom.

##### **Election of the President:**

The following nominations for President were received:

- N. Madhvani, Public
- D. Ng, Physiotherapist

A. Ashton called for additional nominations from the floor; none were declared.

N. Madhvani was elected President.

**Election of the Vice-President:**

The following nominations for Vice-President were received:

- T. Stevens

A. Ashton called for additional nominations from the floor; none were received.

T. Stevens 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 members at large:

- J. Law
- K. Schulz
- T. Skanes
- A. Grunin

A. Ashton called for additional nominations from the floor:

- C. Baxter was nominated. C. Baxter accepted the nomination and was added to the ballot.
- T. Skanes removed himself from the ballot.

**The following individuals were elected to the Executive Committee as members-at-large for the 2023-2024 year.**

- C. Baxter
- K. Schulz
- J. Law

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

- N. Madhvani, President
- T. Stevens, Vice President
- C. Baxter
- K. Schulz
- J. Law

**CARRIED.**



**6.0 Motion 6.0** **Motion to go in camera pursuant to Section 7 (2)(d) of the Health Professions Procedural Code**

It was moved by N. Madhvani and seconded by C. Baxter that:

Council moves to an in-camera session pursuant to Section 7(2)(d) of the Health Professions Procedural Code.

**CARRIED.**

Council returned to the public portion of the meeting at 4:15 p.m.

**Adjournment**

The meeting was adjourned at 4:15 p.m.

**Friday, March 24, 2023**

**7.0 Enterprise Risk Management**

Z. Robinson, Vice President of Finance and Reporting, provided Council with an introduction to the principles and concepts of Enterprise Risk Management, which included defining the meaning of risk, identifying how biases influence risk-related decision making and to familiarize Council with a high-level understanding of a risk management process. This presentation is included as part of the Risk Management work that is being brought forward to Council over the next few months.

**8.0 Q3 Financial Report**

Z. Robinson presented Council with the Q3 financial report noting that for the period of July to December the College's financial performance was better than anticipated.

The report included a forecast of the costs associated to administering the Ontario Clinical Exam and highlighted some continued risks to the College which include:

- The office space and the progress on mitigating any losses or reducing office space fees.
- Ensuring the College has the necessary human resources to fulfill its regulatory duties and strategic vision and mission.
- Moving from the hybrid to the virtual Ontario Clinical Exam. However, it was also noted that the

implementation of the Ontario Clinical Exam is a positive risk that provides opportunities to the College.

#### **9.0 College Performance Measurement Framework 2022 Report**

E. Ermakova, Policy Analyst, presented Council with the College's Performance Measurement Framework submission for 2022 highlighting the key changes to this year's submission which included the introduction of benchmarks and the improvement activities for 2023.

It was noted that the goals of the benchmarks are not expected to be completed by the following reporting year, rather the College is intended to provide a plan and work towards achieving the benchmarks.

#### **10.0 Approval of the 2023-2024 Budget**

Council was presented with the draft 2023-2024 budget and was asked to consider if the Committee Chairs program should be included in the budget for the upcoming year.

Council discussed the costs associated with the proposed Committee Chairs program weighing the benefits of an external facilitator versus internal facilitation by staff to reduce costs. After deliberation Council decided to maintain the Committee Chairs program as initially proposed with costs for an external facilitator in the budget.

#### **Motion 10.0**

It was moved by A. Grunin and seconded by R. O'Brien that:

Council approves the 2023-2024 Budget, which includes the Chairs Education Program.

**CARRIED.**

#### **11.0 Revised Standards Review Framework**

J. Huang, Manager Strategy, and M. Berger, Director of Policy, Governance & General Counsel, presented Council with a revised framework for the Standards review which included adopting, with modifications as needed, 16 of the Core National Standards. These were organized into five groups which include:

- Business Practices
- Clinical Competencies
- Professional Behaviour
- Working with Others
- Regulatory Obligations

Based on an internal assessment of risk and need, staff will determine the order in which the standards will be reviewed.

Staff also noted that two of the National Core Standards – Health Equity and Anti-Discrimination and Indigenous Cultural Safety and Humility – are not included in this review. Rather, these will be two new Standards that are developed by the College to reflect the communities in Ontario and include specific consultation as required.

## **Motion**

### **11.0**

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

Council approves a revised standards review process that will leverage work done at the national level to develop core standards.

**CARRIED.**

### **12.0 Key Performance Indicators**

J. Huang reported to Council on the revisions to the new Key Performance Indicators and dashboard which will include the following categories:

- Statutory programs
- Supporting functions
- Project status
- Financial health
- CPMF requirements

Council was asked to provide feedback on any key pieces of information that may be missing to fulfil their oversight role. There was a suggestion for consideration to include metrics that looks at the types of questions received by Practice Advice that are answered in the FAQs provided by the College.

### **13.0 Ontario Clinical Exam Update**

A. Sandhu, Examinations Manger, provided Council with an update on the Ontario Clinical Exam which included:

- Overview of the results from the final Hybrid session
- Candidate feedback
- Statistics on the OCE Registration
- Transition to the virtual exams
- Security for the virtual exams
- Timing for the exam results and data review

### **14.0 Allowances and Expenses Policy Review**

E. Ermakova provided Council with an overview of the new proposed Allowances and Expenses policy, highlighting the five principles that form the policy blueprint which include:

- Benchmarking
- Futureproofing
- General usability
- Enforcement and the Honour System
- Principles- based Language.

### **Motion 14.0**

It was moved by R. O'Brien and seconded by A. Grunin that:

Council approves the new Allowances and Expenses Policy, to take effect on April 1, 2023.

**CARRIED.**

### **15.0 Members' Motion (s)**

No motions were made.

### **Adjournment**

J. Law motioned that the meeting be adjourned. The meeting adjourned at 2:50 p.m.

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Theresa Stevens, Chair



## EXECUTIVE COMMITTEE MEETING

### MINUTES

Tuesday, March 7, 2023

Hybrid Meeting

**Present:** Theresa Stevens, Physiotherapist (Chair)  
Herve Cavanagh, Physiotherapist  
Nitin Madhvani, Public Member  
Carole Baxter, Public Member

**Staff:** Anita Ashton, Interim Registrar  
Zoe Robinson  
Joyce Huang  
Evguenia Ermakova

**Regrets:** Jennifer Clifford, Physiotherapist

**Recorder:** Elicia Persaud

#### **Welcome Public Interest, Conflict of interest, and Confidentiality**

T. Stevens, Chair, called the meeting to order at 1:03 p.m. Members were asked to declare any conflict of interest; none were declared.

#### **1.0 Motion Approval of the Agenda 1.0**

It was moved by C. Baxter and seconded by H. Cavanagh that:

The agenda be accepted.

**CARRIED.**

#### **2.0 Approval of Executive Minutes of November 22, November 30, January 16 and January 31**

It was moved by N. Madhvani and seconded by H. Cavanagh that:

The minutes of November 22 and 23, 2022 and January 16 and 31, 2023 be approved. **CARRIED.**

#### **3.0 President's Report**

T. Stevens, President, provided an overview of the feedback from the mid-year check-in calls noting an interest in increasing the accountability of viewers watching the Council live stream and



continuing to offer new Council members with opportunities to be paired with existing Council members to support their orientation.

#### **4.0 Interim Registrar's Report**

A. Ashton provided the Executive Committee with a high-level overview of activities from the last quarter which included updates on:

- Bill 106
- The Ontario Physiotherapy Association and their work around scope of practice for Physiotherapists to order diagnostics
- The Canadian Alliance of Physiotherapy Regulators Governance Review Committee and new Registrar
- The status of the office lease and new realtor
- The Registration Exam policy ending on March 31
- The Ontario Clinical Exam administering its last hybrid exam
- Cost sharing with other regulations for the Jurisprudence exam

#### **5.0 Q3 Financial Report and Projections to the end of Q4**

The Q3 Financial report was received with no comments.

#### **6.0 Revised Standards Review Process**

J. Huang, Manager Strategy provided the Executive Committee with an overview of the proposed Standards Review process and requested feedback on the materials provided to ensure Council had adequate information to support their decision making.

The Executive Committee suggested adding additional information to clarify that the Health Equity and Anti-Discrimination and Indigenous Cultural Safety and Humility Core Standards were not being included as they require specific consultation and development to reflect the Ontario communities.

#### **7.0 Governance Review Project Proposal**

The Executive Committee was provided with an updated proposal based on a revised scope of work as discussed at a previous meeting.



**Motion 7.0**

It was moved by H. Cavanagh and seconded by C. Baxter that:

The Executive Committee selects The Regulator's Practice as the vendor to conduct the governance review work based on the updated proposal.

**CARRIED.**

**8.0 Council Elections – Candidate Eligibility**

As part of the screening process for the Council election, staff reviewed each candidate against the eligibility requirements. There was a question on how to interpret the eligibility criteria which was raised with the Executive Committee, which determined that the criteria should be interpreted broadly.

**Motion**

**8.0**

It was moved by N. Madhvani and seconded by C. Baxter that:

The Executive Committee approves the eligibility of all candidates in the 2023-2024 Council Elections.

**CARRIED.**

**Adjournment**

H. Cavanagh motioned that the meeting be adjourned. The meeting was adjourned at 3:33 p.m.

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Theresa Stevens, Chair



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**Council**

### **3. Registrar's Message**

*Craig Roxborough, Registrar and CEO*

*(No materials)*





**4. PT Claims Data and How It Can Inform Decision Making**  
*Maggie Green, BMS Canada Risk Services Inc.*

*(Presentation)*



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**5. Canadian Alliance of Physiotherapy Regulators (CAPR)**

*Dr. Bob Haennel, Chief Executive Officer*

*(Presentation)*



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**6. Ontario Fairness Commissioner**

*Irwin Glasberg, Ontario Fairness Commissioner*

*(Presentation)*



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**Council**

## **7. Introduction to Council Member Commitments**

*Mara Berger, Director, Policy, Governance and General Counsel*

*(Presentation)*



**ANNUAL COMMITTEE REPORT  
DISCIPLINE AND FITNESS TO PRACTISE COMMITTEES**

**April 1, 2022 to March 31, 2023**

**Committee Membership and Number of Meetings in 2022/2023 Fiscal Year:**

Jim Wernham (Chair), Professional Member  
Katie Schulz, Professional Member  
Janet Law, Professional Member  
Hervé Cavanagh, Professional Member  
Karen St Jacques, Professional Member  
Anna Grunin, Professional Member  
Paul Parikh, Academic Member  
Sharon Gabison, Academic Member  
Daniel Negro, Professional Member  
Angelo Karalekas, Professional Member  
Richa Rehan, Professional Member  
Nicole Graham, Professional Member  
Sue Grebe, Professional Member  
Theresa Kay, Professional Member  
Felix Umana, Professional Member  
Nitin Madhvani, Public Member  
Jesse Finn, Public Member  
Rick O'Brien, Public Member  
Carole Baxter, Public Member  
Laina Smith, Public Member

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

Fiscal Year Number of Referrals from the ICRC  
2013/2014 1  
2014/2015 6  
2015/2016 6  
2016/2017 4  
2017/2018 9  
2018/2019 11  
2019/2020 6  
2020/2021 6  
2021/2022 20 involving 15 registrants  
2022/2023 9 involving 8 registrants



Total Number of Hearing Days in 2022/2023 Fiscal Year: **17**

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

Virtual Hearing Days: **17**

<b>Matter</b>	<b>Contested/Uncontested</b>
CPO and Nogueira	Uncontested
CPO and Fortuno	Uncontested
CPO and Bararian	Undertaking to Resign
CPO and Roscala-Bonilla	Uncontested
CPO and Shahbad	Uncontested
CPO and Trambulo	Uncontested
CPO and Spremulli	Uncontested
CPO and Richards	Undertaking to Resign
CPO and Whelan	Uncontested
CPO and Clark	Uncontested

Decisions of the Discipline Committee can be found on Canlii: [canlii.org/en/on/oncpo/](https://canlii.org/en/on/oncpo/)

Cases Pending/In Progress on April 1, 2023

<b>Matter</b>	<b>Date Referred</b>	<b>Hearing Dates</b>
CPO and Wayling	August 31, 2021	May 30, 2023, November 22/23 2023 and January 19, 2024
CPO and Woronowicz	August 23, 2021	TBD
CPO and Thomas	January 19, 2022	Contested August 10, 11, 22, 24, September 29, December 1, 2 & 23, 2022 (ongoing)
CPO and Lapierre	March 2, 2022	June 1, 2023
CPO and Mannella	March 2, 2022	TBD
CPO and Hillmann	May 16, 2022	May 31, 2023
CPO and Nambiar	October 3, 2022	June 20, 2023
CPO and Yardley	October 3, 2022	June 16, 2023
CPO and Howell	January 18, 2023	TBD
CPO and Dzieduszycki	March 1, 2023	TBD
CPO and Singh	April 5, 2023	TBD

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

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



**ANNUAL COMMITTEE REPORT  
EXAMINATIONS COMMITTEE**

**April 1, 2022 to March 31, 2023**

**Committee Membership and Number of Meetings in 2022/2023 Fiscal Year:**

- Harikrishnan Gopalakrishnan Nair (Chair), Professional Member (from November 22, 2022)
- Alireza Mazaheri, Professional Member (from November 22, 2022)
- Sameera Merchant, Professional Member (from November 22, 2022)
- Enoch Ho, Professional Member (from November 22, 2022)
- Lea Damata, Professional Member (from November 22, 2022)
- Greg Pope, Public Member (from November 22, 2022)

Total Number of Meetings in 2022/2023 Fiscal Year: **3**

Virtual meeting: **3**

- December 8, 2022
- February 9, 2023
- April 3, 2023

**Committee Highlights:**

- Exam standard (cut score/pass score) reviewed, and recommendation determined: 3
- Exam policies reviewed/approved: 4
  - Applying and Scheduling Policy- Exams
  - Candidate Conduct and Ethical Behaviour Policy Update
  - Cheating Exam Policy
  - Exam Review Policy update
- Exam appeals submitted/heard: 0
- Currently 456 candidates have been assessed using the OCE between October 2022 to March 2023
  - October 24: 29
  - November 21 and 22: 113
  - January 16 and 17: 148
  - March 9 and 10: 166
- 511 candidates are currently registered to one of the next 4 exam sessions
- First virtual exam will be in June 2023



## **ANNUAL COMMITTEE REPORT EXECUTIVE COMMITTEE**

**April 1, 2022 to March 31, 2023**

### **Committee Membership and Number of Meetings in 2022/2023 Fiscal Year:**

Theresa Stevens, Professional Member (President)

Jennifer Clifford, Professional Member (Vice President)

Nitin Madhvani, Public Member

Carole Baxter, Public Member (from June 28, 2022)

Herve Cavanagh, Professional Member (from June 28, 2022)

Tyrone Skanes, Public Member (until June 27, 2022)

Katie Schulz, Professional Member (until June 27, 2022)

Total Number of Meetings in 2022/2023 Fiscal Year: 10

Hybrid (In-person and Virtual): 4

Virtual meeting: 6

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

The College's Executive Committee provides leadership to Council and helps to ensure the effective functioning of the College by addressing urgent matters that arise between regular Council meetings.

### **Committee Highlights:**

The Executive Committee undertook the following activities:

- Reviewed the proposed Committee slate for 2022-2023
- Considered councillor conference attendance for 2022-2023
- Considered the ongoing evaluation of the Council education program
- Reviewed the Audited Financial Statements for March 31, 2022
- Provided feedback on the Strategic Projects: Prioritization for year 2 of the Strategic Plan
- Identified areas for additional clarity on the interim dashboard
- Confirmed that committee members would be invited to attend Council education sessions where there is a benefit for shared learning and committee Chairs would be eligible for conference attendance
- Identified education sessions for the 2023-2024 Council year
- Selected a vendor for the Governance Review project





- In conjunction with the Finance Committee, reviewed the proposed budget for fiscal year 2023-2024
- Reviewed the Allowances and Expense Policy and provided feedback to staff
- Provided feedback to staff on the Standards Review framework



**ANNUAL COMMITTEE REPORT  
FINANCE COMMITTEE**

**April 1, 2022 to March 31, 2023**

**Committee Membership and Number of Meetings in 2022/2023 Fiscal Year:**

Janet Law (Chair), Professional Member

Theresa Stevens, Professional Member

Nitin Madhavi, Public Member

Jennifer Clifford, Professional Member

Anna Grunin, Professional Member

Jesse Finn, Public Member (from June 28, 2022)

Total Number of Meetings in 2022/2023 Fiscal Year: **6**

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

Virtual meeting: **5**

**Trends and/or Issues of Note**

- The Committee reviewed the external financial audit plan and reviewed the audited financial statements with the external auditors.
- The Committee completed a review of the College's registration fees and administrative fees and made recommendations to increase the fees for fiscal year 2023-2024.
- The College moved to a virtual office at the beginning of the pandemic. The College has been searching for a tenant to sublease the space but without success as of March 31, 2023.
- The Committee membership overlaps with membership of the Executive Committee. The Finance Committee met jointly with the Executive Committee members in March 2023. This format allows for broader discussions about the College's financial matters.
- The Committee continues to monitor the financial performance of the Ontario Clinical Exam to financially plan for the program into the future.
- The Committee reviewed and recommended an annual operating budget to Council. The Committee reviewed the operating plan on which the annual operating budget is based.
- Long-term financial planning is an item that will be considered by the Finance Committee and Council moving in the fiscal year 2023-2024.



## ANNUAL COMMITTEE REPORT INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

April 1, 2022 to March 31, 2023

### **Committee Membership and Number of Meetings in 2022/23 Fiscal Year:**

Gary Rehan (Chair), Professional Member  
Carole Baxter, Public Member  
Monica Clark, Professional Member (until June 27, 2022)  
Jennifer Clifford, Professional Member (until June 27, 2022)  
Tammy Morrissey, Professional Member (from June 28, 2022)  
Anastasia Newman, Professional Member (from June 28, 2022)  
Dennis Ng, Professional Member  
Rick O'Brien, Public Member (until March 24, 2022)  
Katie Schulz, Professional Member (from June 28, 2022)  
Tyrone Skanes, Public Member

Number of Meetings in 2022/2023 Fiscal Year: **26 (13 Full Day, 13 Partial Day)**

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

- Allegations of sexual abuse, boundary violations and inadequate communication continue to be high. (23% this year).
- Concerns regarding fraudulent billing, and falsification of records continues to be high. (25% this year).
- Record keeping concerns are increasing. (36% this year)
- Due to the extended period of time that some residents spent in Provisional Practice, the Committee noted an increase in the number of cases involving Residents. (16% of the investigator appointments involved a Resident)

### **Statistics**

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

Number of decisions issued: **114 (ICRC)**



Breakdown- number of specific outcomes:

- 0 Withdrawal
- 20 No Action
- 12 Acknowledgement and Undertaking
- 6 Undertaking to Resign
- 30 Advice and Recommendations
- 2 Caution
- 4 Caution and Advice and Recommendations
- 0 Acknowledgement and Undertaking and Caution
- 15 Specified Continuing Education and Remediation Program
- 1 Specified Continuing Education and Remediation Program and Acknowledgement and Undertaking
- 11 Specified Continuing Education and Remediation Program and a Caution
- 2 Specified Continuing Education and Remediation Program and Caution and Acknowledgement and Undertaking
- 0 Refer to Incapacity Proceedings
- 8 Refer to Discipline Committee (7 registrants)
- 1 Refer to Discipline and Acknowledgement and Undertaking
- 2 Interim Orders
- 0 Frivolous and Vexatious

Number of times an investigator was appointed: **63**

### **Number of appeals + outcomes**

Number of appeals: 14 complaint matters (HPARB) + 0 Registrar's Initiated Investigations (Divisional Court)

### **Health Professions Appeal and Review Board (HPARB)**

14 appealed to HPARB

Outcomes: The College received 19 decisions from HPARB:

8 ICRC decisions upheld by HPARB

2 ICRC decision returned for reconsideration

2 matters withdrawn by member

7 matters where HPARB decided not to proceed



**ANNUAL COMMITTEE REPORT  
PATIENT RELATIONS COMMITTEE**

**April 1, 2022 to March 31, 2023**

**Committee Membership and Number of Meetings in 2022/2023 Fiscal Year:**

Karen St. Jacques (Chair), Professional Member  
Anna Grunin, Professional Member  
Greg Heikoop, Professional Member  
Richard O'Brien, Public Member (from June 28, 2022)  
Nitin Madhvani, Public Member (until June 27, 2022)

Total Number of Meetings in 2022/2023 Fiscal Year: 5  
Hybrid (In-person and Virtual): 0  
Virtual meeting: 5

- May 9, 2022
- September 13, 2022
- November 24, 2022
- January 26, 2023 (request approved at Committee level)
- April 4, 2023

**Trends and/or Issues of Note**

The Committee provided oversight on the creation of four videos aimed at educating patients and registrants about boundary crossing and sexual abuse. The videos were titled How Physiotherapists Use Sensitive Practice Principles (one developed for patients, another developed for PTs), How to Avoid Misunderstandings in a Clinical Setting and How to Develop a Sensitive Practice.

As well the Committee contributed to a blog post titled [A Concerning Trend: Addressing and Preventing All Forms of Sexual Abuse](#)

These educational materials were shared with registrants, students, employers and the public.

**Statistics**

There were 3 funding requests approval, one was considered by the Committee and 2 new applications were managed at the staff level.



**ANNUAL COMMITTEE REPORT  
QUALITY ASSURANCE COMMITTEE**

**April 1, 2022 to March 31, 2023**

**Committee Membership and Number of Meetings in 2022/2023 Fiscal Year:**

Antoinette Megens (Chair), Professional Member  
Dennis Ng, Professional Member  
Rick O'Brien, Public Member (from June 28, 2022)  
Jennifer Clifford, Professional Member (from June 28, 2022)  
Venkadesan Rajendran, Professional Member (from June 28, 2022)  
Laina Smith, Public Member (from June 28, 2022)  
Beth Bergmann, Professional Member (until June 27, 2022)  
Herve Cavanagh, Professional Member (until June 27, 2022)  
Jesse Finn, Public Member (until June 27, 2022)

Total Number of Meetings in 2022/2023 Fiscal Year: **8**

Virtual meeting: **8**

**Committee Meetings and Decisions**

**Number of matters considered by the QA Committee: 34**

*\*New assessments considered: 28*

*\*Deferrals/extensions: 5*

*\*QAC Decision post remedial activities: 1*

**Number of decisions issued by the Quality Assurance Committee: 27**

- 12 cases were closed with no action
- 7 cases were closed with advice and recommendations
- 6 cases were proposed Specified Continuing Education or Remediation Program (SCERP)
- 2 cases were confirmed SCERPs

**Areas of concern identified by the Committee resulting in advice/ recommendations or SCERP**

1. Inadequate record keeping
2. Clinical reasoning
3. Consent



## **Program Data**

### **Number of Assessors: 45**

- 8 new assessors were hired
- 6 assessors resigned

### **Total number of screening interviews scheduled during this year: 981**

*\*Total number of screening interviews for PTs who registered under the Registration Committee's Exemption Policy: 696*

*\*Total number of screening interviews for PTs selected through the Quality Assurance Program: 285*

### **Total number of case files closed following the screening interview step: 950 (96.8%)**

### **Number of quality assurance assessments completed: 28**

## **Issues Identified Following Screening Interviews**

Top 5 performance indicators where physiotherapists run into difficulty during the screening interview

1. 28% lacked knowledge about substitute decision makers
2. 22% struggled to talk about power imbalances in a therapeutic relationship.
3. 22% failed to identify an ethical dilemma.
4. 15% did not obtain informed consent before completing an assessment
5. 15% of PTs who answered the rostered activity question did not completely identify the patient-specific precautions, contraindications and risks.

## **Issues Identified Following Assessments**

### **Top performance indicators where PTs completing an assessment interview run into difficulty.**

This list represents a small sample size of participants and only includes the results of the interview questions.

1. 37% of PTs did not obtain informed consent before completing an assessment and they did not demonstrate knowledge about substitute decision-makers
2. 21% could not identify and/or describe their role as a health information custodian or agent of the health information custodian.
3. 16% did not appropriately describe how they involved the substitute decision maker and the same amount could not describe how they maintain confidentiality of the patient's data.



**ANNUAL COMMITTEE REPORT  
REGISTRATION COMMITTEE**

**April 1, 2022 to March 31, 2023**

**Committee Membership and Number of Meetings in 2022/2023 Fiscal Year:**

Katie Schulz (Co-Chair), Professional Member

Tyrone Skanes (Co-Chair), Public Member

Jesse Finn, Public Member

Carole Baxter, Public Member

Juliana De Castro Faria, Professional Member (from June 28, 2022)

Einat Mei-Dan, Professional Member (from June 28, 2022)

Sharon Gabison, Academic Member

Paul Parikh, Academic Member (from June 28, 2022)

Total Number of Meetings in 2022/2023 Fiscal Year: **11**

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

Virtual meetings: **11**

**Trends and/or Issues of Note**

The Committee considered the following types of cases:

- Request to waive a requirement from the “Registration Committee Policy for Exempting Provisional Class Registrants from the required Clinical Examination”
- Request to be exempt from the PCE-Clinical exam
- Request for a second Provisional Practice Certificate
- Requests to lift the current terms, conditions and limitations
- Low practice hours

**Statistics**

The Committee considered a total of 64 cases.

Of the 64 cases, 35 were applications from residents who applied under the Registration Committee Policy for Exempting Provisional Class Registrants from the required Clinical Examination, which was a policy approved in December 2021. These applications required Registration Committee review because the applicant did not meet all of the requirements of the policy. Most commonly, applicants required Registration Committee consideration for having more than four worksites.





For a further breakdown of these cases:

- 34 were approved
- 1 was denied

Under the Exemption policy, the Committee also considered 10 cases where the PT resident was unsuccessful at the Screening Interview and chose to participate in a Practice Assessment:

- 6 had the terms, conditions and limitations on their certificates lifted
- 3 had the terms, conditions and limitations on their certificates varied
- 1 had their request to vary the terms, conditions and limitations denied

While the majority of the Committee's work was reviewing the Exemption Policy applications, they also reviewed 19 cases.

- 1 applicant was granted a certificate of registration
- 4 applicants were granted a certificate of registration with terms conditions and limitations
- 14 applicants were denied a certificate of registration

There were 2 appeals to the Health Professions Review and Appeal Board.

There was 1 appeal where the decision was upheld by the Health Professions Review and Appeal Board.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 9.0**

**Council Meeting**  
**June 26 – 27, 2023**

**Agenda #9: Approval of the Committee Slate**

It is moved by

---

and seconded by

---

that:

Council approves the 2023-2024 Committee Slate, including the Chairs, Vice Chairs and appointments of the non-council Committee members.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 9.1**

**Council Meeting  
June 26 – 27, 2023**

**Agenda #9: Approval of the Committee Slate**

It is moved by

---

and seconded by

---

that:

Council approves the proposed amendments to s. 7.1 (4)(a)(i) and s. 7.1 (5)(a)(i) of the College Bylaws.

<b>Meeting Date:</b>	June 26-27, 2023
<b>Agenda Item #:</b>	9
<b>Category:</b>	<i>Governance</i>
<b>Issue:</b>	Approval of the 2023-2024 Committee Slate <i>For Decision</i>
<b>Submitted by:</b>	Elicia Persaud, Governance Analyst and Mara Berger, Director Policy & Governance

### Issue:

Council is asked to approve the proposed 2023-24 committee slate. In conjunction with the slate approval, the College is also seeking to make housekeeping amendments to the By-laws pertaining to the composition of the Discipline and Fitness to Practise Committees.

### Public Interest Assessment:

To effectively fulfill the statutory and non-statutory work of the College, committees must be properly constituted. The slate selection process helps to ensure that committees have the appropriate representation and experience needed to make decisions to protect the public. Similarly, it is important that there is enough flexibility to expand the membership of the Discipline and Fitness to Practise Committees as needed to support the timely resolution of matters before those committees.

### Background:

Each year, the development of the committee slate occurs prior to the Annual General Council Meeting in June. To make the process for developing the slate as objective as possible, the following information is considered:

- Committee composition and eligibility requirements as set out in the Bylaws.
- Requirements defined in the Code or Bylaws regarding quorum.
- Balance between experienced Committee members and newer members.
- Assessment of Committee member performance.
- Councilor identified preferences for Committee placement.
- Council and Committee member interest in chairing.
- Diversity – Internationally educated physiotherapists, practice sector experience, gender, years of Committee experience.
- Succession planning.
- Opportunities to work on and support different Committees.
- Distribution of committee workload.
- Cross committee conflicts of interest.

- The length of time a Council member has left with the College.

## **New to the slate this year:**

### Appointing all Councilors to the Discipline and Fitness to Practise Committees

This year, all Council members with the exception of the President will be appointed to the Discipline and Fitness to Practise Committees. While those sitting on the Inquiries, Complaints and Reports Committee (ICRC) are generally in conflict, in some cases if the ICRC Committee member did not sit on the particular panel they would be eligible to sit on the Discipline panel hearing the matter, which broadens the pool of available panel members.

### Updating the By-laws regarding the Composition of the Discipline Committee and the Fitness to Practise Committee

In order to ensure the Discipline and Fitness to Practise Committees have enough individuals available to sit on panels, the College is proposing to amend s. 7.1 (4)(a)(i) and s. 7.1 (5)(a)(i) of the By-laws. The proposed amendments are outlined below for information purposes and will be submitted to the Council for approval at the upcoming Council meeting.

The relevant sections would be revised as follows:

#### The Discipline Committee

- (4) (a) The Discipline Committee shall be composed of at least 10 persons of whom:
- (i) at least two ~~but no more than seven~~ are Councillors who are Members;
  - (ii) at least three are Publicly-Appointed Councillors; and
  - (iii) at least one is a Non-Council Committee Member.
- (b) Quorum for panels of the Discipline Committee is indicated in set out in subsection 38 (5) of the Code.

#### The Fitness to Practise Committee

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

## Introduction of Vice -Chairs

Staff are proposing that the concept of Vice-Chairs be piloted for all committees. The role of the Vice-Chair is to step-in and chair meetings, assist and support the Chair as needed. They may be copied on email correspondence between the Chair and staff support for the committee with respect to planning meetings or other committee business. The intention would be that the Vice-Chair is training to become the Chair once the current Chair steps down (although this is not always the case). This also provides opportunities for interested Committee members to gauge the responsibilities and confirm an interest in chairing.

To ensure consistency across all committees it is recommended that each committee have an identified Vice-Chair. However, there is a vacancy for the Vice Chair role on the Registration and Quality Assurance Committee. These positions can be filled in the upcoming year.

While our By-laws do not currently include the role of a Vice-Chair, there are no provisions that would preclude the establishment of such a role. Guidelines would be developed to support the pilot.

The Remuneration Framework for public members does include provisions specifically for Vice Chairs. For Council members who are members of the profession and non-Council Committee members, the current Allowances and Expenses policy provides sufficient flexibility to allow for the appropriate remuneration of Vice Chairs. Specifically, whenever a Vice Chair acts in the capacity of the Chair, for example when chairing a meeting, the remuneration rate applicable for Chairs would apply.

## **Proposed 2023-2024 Committee Slate**

The College relies on Council members and non-Council Committee members to support the Committee work of the College. Good governance would ensure that Council members have the opportunity to support the work of different committees at the College and be exposed to the full range of activities.

As a reminder, the Executive Committee was appointed at the Council meeting in March 2023, and it includes:

- Nitin Madhvani (President)
- Theresa Stevens (Vice President)
- Carole Baxter
- Katie Schulz
- Janet Law

## Committee Recommendations for 2023-2024

### Examinations Committee (non-statutory)

Tyrone Skanes would be added to the Committee.

- Hari Gopalakrishnan Nair, Chair (non-Council – professional)
- Alireza Mazaheri, Vice Chair (non-Council – professional)
- Sameera Merchant (non-Council – professional)
- Enoch Ho (non-Council – professional)
- Lea Damata (non-Council – professional)
- Greg Pope (non-Council – psychometrician)
- Tyrone Skanes (Council – public)

### Registration Committee (statutory)

- Katie Schulz, Chair (Council – professional)
- Tyrone Skanes (Council – public)
- Sinead Dufour (Council – academic)
- Paul Parikh (Council – academic)
- Jesse Finn (Council – public)
- Einat Mei-Dan (non-Council – professional)
- Juliana De Castro (non-Council – professional)

### Quality Assurance (statutory)

- Antoinette Megans, Chair (non-Council- professional)
- Dennis Ng (Council – professional)
- Maureen Vanwart (Council – professional)
- Venkadesan Rajendran (non-Council – professional)
- Laina Smith (Council – public)
- Rick O'Brien (Council – public)

### Inquiries, Complaints and Reports Committee (statutory)

- Gary Rehan, Chair (Council – professional)
- Katie Schulz, Vice Chair (Council – professional)
- Theresa Stevens (Council – professional)
- Carole Baxter (Council – public)
- Anastasia Newman (non-Council – professional)
- Tammy Morrisey (non-Council – professional)
- Greg Heikoop (non-Council – professional)
- Tyrone Skanes (Council – public) <sup>1</sup>

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<sup>1</sup>Tyrone Skanes will be stepping down from ICRC once a new public member has been appointed to the College.

## Discipline and Fitness to Practise Committee (statutory)

Includes all Council members excluding the President, in addition to the following non-Council Committee appointees:

- James Wernham, Chair (non-Council – professional)
- Angelo Karalekas, Vice Chair (non-Council – professional)
- Daniel Negro (non-Council – professional)
- Sue Grebe (non-Council – professional)
- Nicole Graham (non-Council – professional)
- Richa Rehan (non-Council – professional)
- Felix Umana (non-Council – professional)
- Theresa Kay (non-Council – professional)

## Patient Relations Committee (statutory)

- Anna Grunin, Chair (Council – professional)
- Andy Wang, Vice Chair (Council – professional)
- Richard O'Brien (Council – public)
- Einat Mei-Dan (non-Council – professional)

## Finance Committee (non-statutory)

- Janet Law, Chair (Council – professional)
- Gary Rehan, Vice Chair (Council – professional)
- Nitin Madhvani, President (Council – public)
- Theresa Stevens, Vice President
- Jesse Finn (Council – public)
- Anna Grunin (Council – professional)

## Workload Assessment

Generally, Council members are proposed for two to three committees recognizing that each committee has their own time commitment. To support continuity of knowledge non-Council committee members typically remain on the committee they were recruited for.

An assessment of the workload distribution of Council members is provided below.




-  Current appointment and proposed to continue to serve on this committee
-  New appointment for 2023-2024
-  Elected by Council



Table 1: Committee Workload Assessment for Council Members										
Name	Practice Sector	Term Ends <sup>2</sup>	# of Com	Exec	ICRC	Dis/Fit	Reg.	PRC	QAC	FC
<b>Professional Council Members</b>										
Theresa Stevens	Administration	2025	4							
Maureen Vanwart	Hospital	2026	2							
Janet Law	Administration - WSIB	2024	3							
Gary Rehan	Private	2026	3							
Anna Grunin	Hospital	2024	3							
Dennis Ng	Private	2024	2							
Andy Wang	Private	2026	2							
Katie Schulz	Hospital - teaching	2025	4							
<b>Academic Council Members</b>										
Paul Parikh	Academic	2024	2							
Sinead Dufour	Academic	2026	2							
<b>Public Members</b>										
Carole Baxter		2025	3							
Tyrone Skanes		2026	4*							
Richard O'Brien		2024	3							
Nitin Madhvani		2023	2							
Jesse Finn		2024	3							
Laina Smith		2025	2							
Vacancy										

\*appointed the Examinations Committee

## Recruitment of Committee Members

The last recruitment for committee members took place in June 2022 for the statutory committees and November 2022 for the Examinations Committee. At this time, no recruitment was conducted as the current committee members fulfill the needs of the committees.

## Decision Sought:

1. Council approves the proposed committee slate with Chairs and corresponding Vice Chairs for 2023-2024.
2. Council approves the proposed amendments to s. 7.1 (4)(a)(i) and s. 7.1 (5)(a)(i) of the Bylaws.

<sup>2</sup> Public members are appointed for term lengths that are determined by the Minister of Health.

**Attachments:**

- **Appendix 1:** 2023-2024 Draft Committee Slate
- **Appendix 2:** # of Years Serving on the Committee
- **Appendix 2:** By-laws (Committee composition)



**Appendix 1: 2023-2024 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>Nitin Madhvani (President)</b> Theresa Stevens (VP)  Carole Baxter Katie Schulz Janet Law	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.	Craig Roxborough Mara Berger Elicia Persaud
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>	<b>Gary Rehan, Chair</b> <b>Katie Schulz, Vice Chair</b> Theresa Stevens  Tyrone Skanes* Carole Baxter  Anastasia Newman Tammy Morrissey Greg Heikoop	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 Andy Wang Maureen Vanwart Anna Grunin Katie Schulz Sinead Dufour Gary Rehan Dennis Ng Theresa Stevens	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>Jesse Finn Laina Smith Carole Baxter Richard O'Brien Tyrone Skanes</p> <p><b>James Wernham, Chair</b> Daniel Negro Sue Grebe <b>Angelo Karalekas, Vice Chair</b> 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 Maureen Vanwart</p> <p>Laina Smith Richard O'Brien</p> <p><b>Antoinette Megens, Chair</b> Venkadesan Rajendran</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.	Shelley Martin Victoria Lo
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, Chair</b></p> <p>Paul Parikh Sinead Dufour</p> <p>Jesse Finn Tyrone Skanes</p> <p>Einat Mei-Dan Juliana De Castro</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.	Melissa Collimore
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>Anna Grunin, Chair</b> <b>Andy Wang, Vice Chair</b></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.	Olivia Kisil

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	PROPOSED MEMBERSHIP	BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES	Staff Support
	<ul style="list-style-type: none"> <li>1 Public Appointee</li> <li>1 Non-Council</li> </ul>	<p>Richard O'Brien</p> <p>Einat Mei-Dan</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>Nitin Madhvani, President</p> <p>Theresa Stevens, VP</p> <p>Janet Law, Chair Gary Rehan, Vice Chair Jesse Finn Anna Grunin</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.	Zoe Robinson
EXAMINATIONS (non-statutory)	<ul style="list-style-type: none"> <li>At least 1 Canadian-educated recent registrant</li> <li>At least 1 Internationally Educated recent registrant</li> <li>At least 2 Physiotherapy Supervisors</li> <li>1 Member of the public (Testing/assessment)</li> <li>1 Public Member of Council</li> </ul>	<p>Alireza Mazaheri, Vice Chair</p> <p>Hari Gopalakrishnan Nair, Chair</p> <p>Sameera Merchant Enoch Ho Lea Damata</p> <p>Greg Pope</p> <p>Tyrone Skanes</p>	The Examinations Committee's role is to provide oversight of the development, administration, and implementation of the Ontario Clinical Exam.	Amanda Sandhu

\*until a new public member is appointed to Council.

## Appendix 2: # of Years Serving on the Committees

Committee Member	# of years on the Committee
<b>Executive Committee</b>	
Nitin Madhvani (Council – public)	2
Theresa Stevens (Council – professional)	7
Katie Schulz (Council – professional)	1
Janet Law (Council – professional)	new
Carole Baxter (Council – public)	1
<b>Registration Committee</b>	
Katie Schulz (Council – professional)	4
Tyrone Skanes (Council – public)	4
Sinead Dufour (Council – academic)	new
Paul Parikh (Council – academic)	1
Jesse Finn (Council – public)	3
Einat Mei-Dan (non-Council – professional)	1
Juliana Castro (non-Council – professional)	1
<b>Quality Assurance Committee</b>	
Antoinette Megans (non-Council – professional)	4
Dennis Ng (Council – professional)	2
Maureen Vanwart (Council – professional)	new
Venkadesan Rajendran (non-Council – professional)	1
Laina Smith (Council – public member)	1
Rick O'Brien (Council – public member)	1
<b>Inquiries, Complaints and Reports Committee</b>	
Gary Rehan (Council – professional)	7
Katie Schulz (Council – professional)	1
Theresa Stevens (Council – professional)	2
Carole Baxter (Council – public)	2
Anastasia Newman (non-Council – professional)	4
Tammy Morrissey (non-Council – professional)	1
Greg Heikoop (non-Council – professional)	new <sup>3</sup>
Tyrone Skanes (Council – public)	13
<b>Discipline and Fitness to Practise Committees</b>	
James Wernham (non-Council – professional)	7
Angelo Karalekas (non-Council – professional)	4
Daniel Negro (non-Council – professional)	7
Sue Grebe (non-Council – professional)	5

<sup>3</sup> Greg has been a non-council committee member since 2022, originally appointed to the Patient Relations Committee.



Nicole Graham (non-Council – professional)	8
Richa Rehan (non-Council – professional)	4
Felix Umana (non-Council – professional)	2
Theresa Kay (non-Council – professional)	2
<b>Patient Relations Committee</b>	
Anna Grunin (Council – professional)	2
Andy Wang (Council – professional)	new
Richard O'Brien (Council – public)	1
Einat Mei-Dan (non-Council – professional) <sup>4</sup>	new
<b>Finance Committee</b>	
Janet Law (Council – professional)	6
Gary Rehan (Council – professional)	new
Nitin Madhvani (Council – public)	3
Theresa Stevens (Council – professional)	5
Jesse Finn (Council – public)	1
Anna Grunin (Council – professional)	2
<b>Examinations Committee (new Committee established November 2022)</b>	
Hari Gopalakrishnan Nair (non-Council – professional)	< 1
Alireza Mazaheri (non-Council – professional)	< 1
Sameera Merchant (non-Council – professional)	< 1
Enoch Ho (non-Council – professional)	< 1
Lea Damata (non-Council – professional)	< 1
Greg Pope (non-Council – psychometrician)	< 1
Tyrone Skanes (Council – public) <sup>5</sup>	new

<sup>4</sup> Einat Mei-Dan has been a non-council committee member since 2022, originally appointed to the Registration Committee. This would be a cross-appointment and her first year on the Patient Relations Committee.

<sup>5</sup> Tyrone Skanes has been a public member of Council since 2013. This is a new appointment to the Examinations Committee.

## Appendix 3: By-laws Committee Composition

### Part 7—Statutory and Non-statutory Committees

#### STATUTORY COMMITTEES

##### The Executive Committee

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

##### The Registration Committee

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

##### The Inquiries, Complaints and Reports Committee

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





### The Discipline Committee

- (4) (a) The Discipline Committee shall be composed of at least 10 persons of whom:
- (i) at least two but no more than seven are Councillors who are Members;
  - (ii) at least three are Publicly-Appointed Councillors; and
  - (iii) at least one is a Non-Council Committee Member.
- (b) Quorum for panels of the Discipline Committee is indicated in set out in subsection 38 (5) of the Code.

### The Fitness to Practise Committee

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

### The Quality Assurance Committee

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

### The Patient Relations Committee

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



<b>Meeting Date:</b>	June 26-27, 2023
<b>Agenda Item #:</b>	10
<b>Issue:</b>	President's Report
<b>Category:</b>	Governance <i>For Information</i>
<b>Submitted by:</b>	Nitin Madhvani, President on behalf of Theresa Stevens, President (2022 –2023)

## Governance

A special meeting of Council was called in April to approve the draft regulation to create an emergency class of registration. The draft regulation was approved and submitted to the Ministry. During this meeting Council also appointed the new Academic Representative from McMaster University to join Council effectively on June 26, 2023.

In May, the President nominated Anita Ashton, Deputy Registrar and Chief Operating Officer as the 2023-2024 CAPR Board representative. The CAPR Board is considering nominations at their next Board meeting in June.

To support the transition of the new Registrar and CEO, Craig Roxborough, the President and the President-Elect worked with the Interim Registrar to support the onboarding of Craig.

## New Council Member Orientation Session

As part of the onboarding program for new Council members, a live orientation session was held on Monday, June 5, 2023. The four new Council members met with the President, President Elect and the senior leadership team for a half-day session.

The topics covered included:

- An overview of the College and current work
- The rules and responsibilities that guide Councillor conduct
- How to navigate Council meetings
- How to be an effective Council member

This was an interactive session where Council members were provided with information while being able to ask questions and become familiar with the role of a Council member and expectations for Council meetings.



## Council Feedback from March 2023 Council Meeting

Council was asked to provide feedback on the following items:

- The education sessions which included:
  - Public Interest
  - Equity, Diversity and Inclusion
  - Enterprise Risk Management
- Key Performance Indicators
- Allowances and Expense Policy
- Council Onboarding
- Additional Council education

Summary of the feedback:

- For the Public Interest and Equity, Diversity and Inclusion session the majority of Councillors felt that the format of the session was good, and the speaker was engaging. However, there was some feedback to consider breaking up similar sessions over a few meetings to reduce the length of the session to allow for more retention of the content and to ensure appropriate time for questions.
- There was consensus that the Enterprise Risk Management presentation provided a practical and good introduction to the topic.
- Suggestions for consideration for the Allowances and Expense policy included:
  - Setting up a system to monitor travel and hotel cost reimbursement to better understand the impact (if any) of the changes to the policy.
  - Consideration of weather conditions that can impact changes to attendance for Council meetings.
- Suggestions to support budget planning for next year included:
  - Consider an increase in access to French information on the website.
  - Add more summative visuals for the big items in the budget.
- Some suggestions for additional education sessions included:
  - Using dashboards, understanding KPIs and MBO-style governance to improve efficiency/effectiveness.
  - Consideration around patient/client partners as stakeholders.
  - Continued Chairs training that is also open to Council and Committee members interested in chairing.
  - Additional EDI education with case scenarios to support learning.
- Additional feedback included:
  - Adjusting the Council schedule for more decision items in the morning and education sessions in the afternoon to ensure energy and focus is on decision-making items.

Committee members provided feedback on the Public Interest and Equity, Diversity and Inclusion session. The feedback received was consistent with Council's feedback. While most respondents agreed with the format of the presentations, that the speaker was engaging and







Item	Responsibility	April	May	June	July	August	September	October	November	December	January	February	March	As Needed
4.7 Evaluate meeting performance	Council													
4.8 Complete Council self evaluations	Council													
4.9 Council mid-year check-in calls with the President	Council													
4.10 Committee member feedback from Committee Chairs and staff support	Council													
4.11 Council Operations evaluation	Council													
4.12 Review of College Performance Measurement Framework (CPMF) submission	Council													
4.13 Approve governance policies	Council													
4.14 Approve By-law changes	Council													
4.15 Approve new or revised Standards	Council													
<b>5. Onboarding, Orientation and Education</b>														
5.1 Approve Council Education plan (includes conferences when applicable)	Executive													
5.2 Annual Sexual Abuse training (includes committee members)	Council													
5.3 Financial literacy education	Council													
5.4 New Council member orientation	President													
5.5 President Onboarding	Outgoing President													
5.6 Presiding over Committee Chairs Orientation	President													



## **11. Executive Office Report**

*Craig Roxborough, Registrar and CEO*

*(No material)*



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**Council**

## **12. Introduction to the Governance Review**

*The Regulators Practice*

*(Presentation)*





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**Motion No.: 13.0**

**Council Meeting  
June 26 – 27, 2023**

**Agenda #13: Entry to Practice Working Group**

It is moved by

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and seconded by

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that:

Council sunset the Entry to Practice Working Group effective June 27, 2023.

<b>Meeting Date:</b>	June 26-27, 2023
<b>Agenda Item #:</b>	13.
<b>Category:</b>	Strategy
<b>Issue:</b>	Entry to Practice Working Group <i>For Decision</i>
<b>Submitted by:</b>	Craig Roxborough, Registrar & CEO Joyce Huang, Manager, Strategy

### Issue:

In March 2019 Council directed a review of the College's entry to practice program and in March 2021 an Entry to Practice Working Group was established to action recommendations flowing from research that was undertaken into this program.

The Working Group has not met for some time and there are no recommendations coming out of this group for Council to consider at this time.

Given the enhanced focus internally and externally on entry to practice issues, the original impetus for this group is no longer present and the original intention of the group is no longer fit for purpose. Staff will continue to monitor environmental changes to keep Council informed and engaged where needed to support organizational decision-making.

### Public Interest Assessment:

Ensuring that the College has a robust entry to practice process that is fit for purpose is a critical step in ensuring that only qualified applicants are registered as physiotherapists, which in turn ensures that the profession delivers safe, competent and ethical care to patients.

### Background:

In March 2019, Council directed a review of the entry to practice program in order to ensure the program was:

- Protecting the public,
- Efficient,
- Meeting organizational needs,
- Taking into account effective and evidence-based practices,
- Legally compliant, and
- Fair to all applicants

Following the completion of a scoping review conducted by a third-party research firm, Council established a Working Group to conduct further study and explore whether or how to action recommendations flowing from the scoping review (Terms of Reference included as Appendix 1). Council was provided with an overview of the reports produced by the consultant in [March 2021](#).

Recommendations outlined in the report included but are not limited to: providing more comprehensive information online; modernizing the “good character” requirements; examining currency of practice requirement (e.g., 1200 hours of practice in previous 5 years); ensuring Physiotherapy Residents are appropriately supported and supervised; and monitoring the role and utilization of PTAs.

Between June 2021 and May 2022, the Working Group met six times. Early work consisted of exploring possible solutions in light of the unavailability of the clinical exam, while staff was exploring this work in parallel. The Working Group was not involved in the development of the Ontario Clinical Exam. The group returned to work following the implementation of the Ontario Clinical Exam, but no recommendations flowed from these discussions. The discussions focused on desired goals/characteristics of a future entry to practice program, additional research questions that could be explored by an external consultant, and discussing previous research findings.

Due to competing demands on College time and resources including the roll-out of the Ontario Clinical Exam, the Working Group has not met since May 2022. The staff lead for this work was Registrar Rod Hamilton who passed away in August 2022 and the Chair of the Working Group indicated that they were no longer able to continue.

### **Current Status:**

Since the initiation of this review in 2019, there have been many developments in the entry to practice environment both within and external to the College. This includes but is not limited to:

- The pandemic caused significant disruptions to the availability of the clinical exam, leading the College to develop the Ontario Clinical Exam. This required a significant investment of resources, both financial and human by the College.
- The Canadian Alliance of Physiotherapy Regulators (CAPR), the provider of credentialing and evaluation services to physiotherapy regulators across Canada, launched an [Innovation Agenda](#) with a focus on developing a new competency assessment framework. This work is actively underway and supported by external consultants.
- The Canadian Physiotherapy Association initiated the [Future of Licensure Project](#) with the goal of providing recommendations to support a long-term and national approach to addressing licensure and competency assessments.

- There is a national initiative underway to review the Essential Competency Profile for Physiotherapists in Canada. This profile informs curriculum design at Canadian universities and is the blueprint of the entry to practice exam (including the Ontario Clinical Exam).
- Due to ongoing health human resource shortages, the Ontario government is actively seeking to remove barriers to licensure. This includes passage of [Bill 106, the Pandemic and Emergency Preparedness Act](#) which required health regulatory colleges to create a new emergency class of registration, remove requirements for Canadian experience, meet new requirements for registration decision timelines, and update language proficiency requirements. [Bill 60, Your Health Act](#) was also passed enabling out of province regulated health professions from four disciplines to practice in Ontario, in restricted circumstances, without obtaining a license first.
- Lastly, there is external interest in moving towards increased inter-provincial mobility or national licensure. While some work has been contemplated on this front within the physiotherapy context, more attention may be given to this issue going forward.

These developments indicate a clear interest among our system partners to review and re-evaluate entry to practice processes and that is an area that will likely continue to undergo future changes.

#### **Next Steps:**

The current entry to practice review was initiated prior to this system wide interest in entry to practice issues. With recent developments and ongoing work expected to continue, the purpose and approach for the College's own entry to practice review is no longer fit for purpose.

Given the importance of these issues, College Staff will continue to be monitoring external developments and review our own registration program elements. Council will be kept apprised of significant developments in the external environment and will be engaged in issues where decision-making regarding direction or allocation of resources is needed.

#### **Considerations:**

The Regulation and Risk pillar of the College's [Strategic Plan](#) includes a commitment to ensuring that pathways to licensure be assessed to ensure they are appropriate and fair to all applicants.

#### **Decision Sought:**

That Council sunset the Entry to Practice Working Group.

#### **Attachments:**

Appendix 1: Entry to Practice Working Group Terms of Reference

## Appendix 1

<b><u>Section:</u></b>	<b>General</b>	<b>Policy #8.12</b>
<b>Title:</b>	<b>Appointment of a Task Force and/or an Advisory Group</b>	
<b>Applicable to:</b>	<b>Council, Task Forces and Advisory Groups</b>	
<b>Date approved:</b>	<b>March 2010</b>	
<b>Date revised:</b>	<b>May 2021</b>	

### By-law Reference

#### Policy

From time to time, to accomplish a specific initiative, Council may choose to establish a Task Force or an Advisory Group. Either entity is under the development and direction of Council and may be comprised of Councillors, registrants, and/or individuals with specific expertise external to the profession. All deliverables of a Task Force or an Advisory Group are provided to Council for final approval.

#### Procedure

1. A Task Force or an Advisory Group is appointed by Council for a specific purpose and duration.
2. Either entity, once appointed will report directly to either Council or the Executive Committee, as determined by Council.
3. Council will establish and approve the terms of reference of a Task Force or an Advisory Group. Such terms will include, at a minimum, its membership, objectives, and deliverables.
4. A Task Force or an Advisory Group will report regularly on its progress toward set objectives, not less than quarterly.
5. Members of a Task Force or an Advisory Group will be reimbursed for honoraria and expenses as per relevant College policies.
6. Every Task Force or Advisory Group will be supported by staff as designated by Council.
7. The process and outcomes of every Task Force and Advisory Group will be evaluated for effectiveness and impact.

**Recommendations:****A. Membership:**

1. Darryn Mandel - Current president of CPO. Participated in QA working Group. Well versed in evaluation and examination matters. Former chair of CAPR Board of Examiners, former Board Member of CAPR. Former examiner of clinical component.
2. Theresa Stevens – incoming president of CPO. Participated in QA working Group.
3. Gary Rehan – former president of CPO. Current board member of CAPR. Internationally educated. Sat the clinical component of the exam. Doctorate in musculoskeletal physiotherapy. Participated in QA working Group.
4. Tyrone Skanes – Current chair of registration committee. Public member of council.
5. Martin Bilodeau – Academic member of council

**B. Terms of Reference:**

Status of Committee	: Ad Hoc
Type of Committee	: Working Group
Overall Purpose	: To modernize entry to practice processes (to ensure the process is “fit-for-purpose”)
Composition	: As above – the committee to choose its own chair
Staff Support	: Registrar and Registration team
Modes of operation	: Virtual meetings until such time as in-person meetings are possible
Expenses	: Already included in 2021-2022 approved budget for meetings only
Reporting	: To Council, quarterly at all regular council meetings

**C. Deliverables**

- a. To make recommendations to council regarding the challenges created by the pandemic preventing applicants from being able to fulfill the qualifications of independent practice.
- b. To review the current entry to practice process from application to registration, for both Canadian trained and Internationally educated physiotherapists (IEPT’s).



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# Council

- c. To review other models of entry to practice in other professions and other jurisdictions.
- d. To make recommendations to council regarding the process of registration.

<b>Meeting Date:</b>	June 26-27, 2023
<b>Agenda Item #:</b>	14
<b>Category:</b>	Finance
<b>Issue:</b>	Financial Report: Year-end summary fiscal year 2022-2023.
<b>Submitted by:</b>	Craig Roxborough, Registrar & CEO Zoe Robinson, VP Finance & Strategy

## Issue

This briefing note provides a summary of the College's financial performance and health for the fiscal year 2022-2023.

## Public Interest in this Decision

The following public interest considerations are particularly important in this decision and responsible financial planning will ensure the programs and services provided the College are properly financially supported to protect and serve the public interest in each of the identified areas.

## Background

The College's fiscal year end is March 31<sup>st</sup> each year. Audited financial statements are prepared by an external auditor but do not provide a commentary comparing the year-end audited results to our budget. A separate report is being provided to discuss the College's financial performance and health comparing the audited statements to the approved budget,

## Dashboard

The top row of the dashboard represents the College's financial performance based on the statement of Operations. The middle row represents the College's financial health based on the statement of financial position. The bottom row represents comparisons of the statement of operations to the previous year and the annual operating budget.





## Statement of Operations (i.e., financial performance)

The College deficit for fiscal year 2022-2023 was 37% lower than anticipated and reflected in the fiscal year 2022-2023 annual operating budget. The College's deficit for the year ended March 31, 2023, was \$809,000 compared to a planned deficit of \$1,289,000.

The deficit included year end accruals for legal costs that were unanticipated and related to the commitment of future expenses for cases at Ontario Divisional Court and general legal costs related to human resources.

The improved financial performance was due to a 12% increase in revenue and a less than 2% increase in expenses. Increased revenue was primarily driven by 50% more candidates sitting the Ontario Clinical Exam than originally planned. Registration fees, administrative fees, interest income, and fees from exam exemption requests were also higher than planned.

Overall expenses were on track during in fiscal year 2022-2023 and approximately 2% higher than planned in the operating budget. This total expense variance is within the 5% variance allowance used by the College. The higher than budgeted expenses were primarily driven by higher rent than planned, higher bank fees paid, and higher expenses to manage cases in Professional Conduct. The higher expenses out-weighed any savings found over the year.

Council and Committee expenses were lower than anticipated due to increased use of virtual and hybrid meeting formats. Regulatory effectiveness expenses were lower than planned due to regulatory work that was delayed (e.g., governance review) or not undertaken (e.g., Entry-to-Practice Working Group). Savings were realized in information management and information technology through the increased use of internal resources or alternative external resources rather than utilizing KPMG and planned software implementations were deferred (e.g., financial planning and analysis software).

Vacancies in our staffing complement went unfilled for part of the previous year and resulted in lower expenses and associated benefit costs.

Expenses for the fiscal year include accruals for cases that will be heard in Ontario Divisional Court in fiscal year 2023-2023 and future costs for ongoing legal costs related to human resources.

### **Statement of Financial Position (i.e., financial health)**

The College's assets (i.e., what the College owns) as of March 31, 2023, increased year-over-year because of increased cash and an increase in investments due to higher interest rates.

The College's liabilities (i.e., what the College owes) as of March 31, 2023, are higher year-over-year. The College is carrying a higher amount of deferred revenue as of March 31, 2023, than in the previous year. This is due to an increase in the amount of cash received for IPC registration fees during renewal and fees paid by candidates to take the Ontario Clinical Exam. Deferred revenue is a liability where the revenue is recognized at the time services are provided during the fiscal year 2023-2024.

The College's operating reserve (i.e., unrestricted net assets) as of March 31, 2023, is higher than was anticipated during the previous budget period.

### **Looking Forward**

The College's deficit was lower than was anticipated during the budget period. This is the 4<sup>th</sup> deficit incurred over the past 6 years. Future financial planning will assist the College remain financially healthy so future deficits may be avoided.

The College's office has approximately 3 years remaining on its lease. This financial commitment continues to be a concern because the College's staff continues to work remotely and the office space is underutilized. Management continues to work with corporate leasing professionals to secure a sublease tenant.

The Ontario Clinical Exam operated at a loss this year and future financial planning will be required to ensure the College is able to reach the Council's direction that the exam be self-paying by the end of March 2028.

### **Strategic Importance**

The College financial plans support the ability of the College deliver its regulatory obligations and strategic initiatives. Council's fiduciary responsibility to provide financial oversight is achieved by receiving regular financial reports.

### **Decision Sought**

1. Provided for information.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 15.0**

**Council Meeting**  
**June 26 – 27, 2023**

**Agenda #15: Approval of the 2022-2023 Audited Financial Statements**

It is moved by

---


and seconded by

---

that:

Council approves the 2022-2023 Audited Financial Statements ending March 31, 2023.

***College of Physiotherapists of Ontario***  
***Audit Findings Communication for the year ended March 31, 2023***



## 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, 2023.

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 June 12, 2023 with the Finance Committee.



Blair MacKenzie CPA, CA  
Managing Partner  
Hilborn LLP  
June 6, 2023

**“Our  
commitment  
to quality is  
reflected in  
every aspect  
of our work.  
If you have  
any questions  
or comments,  
please contact  
me.”**



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## Your client service team

Blair MacKenzie, CPA, CA  
Engagement Partner  
[bmackenzie@hilbornca.com](mailto:bmackenzie@hilbornca.com)

Geoff Clute, MASc, MBA  
Principal  
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Cassidy Johnson, CPA  
Senior Associate  
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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 substantially completed our audit of the financial statements of the College for the year ended March 31, 2023, 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

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.

The management representation letter is expected to be consistent with that issued in our pre-audit communication. We ask management to sign and return the 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 February 16, 2023.

Final materiality is consistent with preliminary materiality set at \$300,000.

## 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.**

### **Accounting policies, accounting estimates and financial statement disclosures**

### **Hilborn's response and views**

Management is responsible for the appropriate selection and application of accounting policies under the financial reporting framework of Canadian accounting standards for not-for-profit organizations.

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.

- There were no significant changes in the previously adopted accounting policies or their application.
- Based on the audit work performed, the accounting policies are appropriate for the College and applied consistently.

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.

- 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.

Management is responsible for the disclosures made within the financial statements, including the notes to the financial statements.

- Based on the audit work performed, we are satisfied that the overall presentation, structure and content of the financial statements, including the disclosures, represent the underlying transactions and events in a manner that achieves fair presentation.



<b>Accounting policies, accounting estimates and financial statement disclosures</b>	<b>Hilborn’s response and views</b>
Annual report	<ul style="list-style-type: none"><li>- We acknowledge that a copy of the College’s financial statements for the year ended March 31, 2023 and a copy of our audit report related to the 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>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 Matter</b>	<b>Discussion</b>
<b>Significant deficiencies in internal control</b>	<p>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.</p> <p>This risk is inherent in small to medium sized organizations and should not be interpreted negatively. From a cost-benefit perspective, it would not be practical to segregate incompatible duties to a sufficient degree to mitigate this risk, as it would require additional personnel that may not be appropriate otherwise.</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>

**COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO**

**FINANCIAL STATEMENTS**

MARCH 31, 2023

*Draft Statement Subject to Revision*

**HILBORN**<sub>LLP</sub>

## 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, 2023, 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, 2023, 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	2023 \$	2022 \$
<b>ASSETS</b>		
Current assets		
Cash and cash equivalents (note 3)	8,350,363	7,344,177
Investments (note 4)	310,477	1,656,056
Amounts receivable	72,082	26,092
Prepaid expenses	287,209	87,699
	<b>9,020,131</b>	9,114,024
Investments (note 4)	4,761,884	3,207,895
Capital assets (note 5)	381,842	461,785
Intangible assets (note 6)		36,913
	<b>5,143,726</b>	3,706,593
	<b>14,163,857</b>	12,820,617
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities (note 7)	1,277,714	965,546
Deferred registration fees, examination fees and examination exemption charges (note 8)	7,531,919	5,664,022
	<b>8,809,633</b>	6,629,568
Deferred lease incentives (note 9)	110,688	137,796
	<b>8,920,321</b>	6,767,364
<b>NET ASSETS</b>		
Invested in capital and intangible assets	271,154	360,902
Internally restricted for complaints and discipline (note 11)	1,000,000	1,000,000
Internally restricted for sexual abuse therapy (note 12)	100,000	100,000
Unrestricted	3,872,382	4,592,351
	<b>5,243,536</b>	6,053,253
	<b>14,163,857</b>	12,820,617

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	2023 \$	2022 \$
Revenues		
Registration fees	6,213,316	5,872,447
Examination fees	906,560	-
Examination exemption charges	541,500	175,200
Investment income	164,930	106,519
	<u>7,826,306</u>	<u>6,154,166</u>
Expenses		
Salaries and benefits	4,533,830	3,907,754
Administration and office (note 9)	1,069,402	953,659
Examination costs	982,821	64,095
Professional fees (note 10)	883,802	353,855
Information technology	374,749	281,194
Committee fees and expenses	221,125	209,960
Amortization	164,979	208,112
Communications	142,482	102,947
Programs	140,050	187,625
Organizational effectiveness	106,888	136,677
Networking, representation and travel	15,895	4,941
	<u>8,636,023</u>	<u>6,410,819</u>
Excess of expenses over revenues for year	<u>(809,717)</u>	<u>(256,653)</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 \$	2023 Total \$
Balance, beginning of year	360,902	1,000,000	100,000	4,592,351	<b>6,053,253</b>
Excess of expenses over revenues for year	-	-	-	(809,717)	<b>(809,717)</b>
Amortization of capital and intangible assets	(164,979)	-	-	164,979	-
Amortization of deferred lease incentives	27,108	-	-	(27,108)	-
Purchase of capital assets	48,123	-	-	(48,123)	-
Balance, end of year	<u>271,154</u>	<u>1,000,000</u>	<u>100,000</u>	<u>3,872,382</u>	<u><b>5,243,536</b></u>

	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	6,309,906
Excess of expenses over revenues for year	-	-	-	(256,653)	(256,653)
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>	<u>6,053,253</u>

The accompanying notes are an integral part of these financial statements

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Statement of Cash Flows

Year ended March 31	2023 \$	2022 \$
Cash flows from operating activities		
Excess of expenses over revenues for year	(809,717)	(256,653)
Adjustments to determine net cash provided by (used in) operating activities		
Amortization of capital assets	128,066	171,198
Amortization of intangible assets	36,913	36,914
Interest capitalized on investments	(89,049)	(81,934)
Interest received on investments capitalized in prior years	144,137	116,248
Amortization of deferred lease incentives	(27,108)	(27,107)
	(616,758)	(41,334)
Change in non-cash working capital items		
Decrease (increase) in amounts receivable	(45,990)	15,417
Decrease (increase) in prepaid expenses	(199,510)	193,376
Increase (decrease) in accounts payable and accrued liabilities	312,168	(144,150)
Increase in deferred registration fees, examination fees and examination exemption charges	1,867,897	119,100
	1,317,807	142,409
Cash flows from investing activities		
Purchase of investments	(1,807,426)	(752,395)
Proceeds from disposal of investments	1,543,928	999,271
Purchase of capital assets	(48,123)	(5,708)
	(311,621)	241,168
Net change in cash and cash equivalents	1,006,186	383,577
Cash and cash equivalents, beginning of year	7,344,177	6,960,600
Cash and cash equivalents, end of year	8,350,363	7,344,177

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, 2023

### 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 fees

Examination fees are recognized as revenue when the examinations are held. Examination fees received in advance of the date the examination is held are recorded as deferred examination 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.

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2023

### 1. Significant accounting policies (continued)

#### (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.

#### (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, 2023

### 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 a rate 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

## Notes to Financial Statements (continued)

March 31, 2023

### 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.

**Notes to Financial Statements (continued)**

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March 31, 2023

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.

Draft Statement Subject to Revision

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2023

### 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:

	2023	2022
	\$	\$
Cash and cash equivalents	8,350,363	7,344,177
Investments	5,072,361	4,863,951
Amounts receivable	72,082	26,092
	<u>13,494,806</u>	<u>12,234,220</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, 2023

### 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

	2023	2022
	\$	\$
Cash	8,071,519	6,969,328
Cash in broker account	278,844	-
Mutual funds - Investment savings account	-	374,849
	<u>8,350,363</u>	<u>7,344,177</u>

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2023

### 4. Investments

	2023 \$	2022 \$
Current	310,477	1,656,056
Long-term	4,761,884	3,207,895
	<u>5,072,361</u>	<u>4,863,951</u>

Investments have effective interest rates ranging from 0.73% to 4.05% (2022 - 0.73% to 2.66%) and maturity dates ranging from May 2023 to June 2028 (2022 - April 2022 to September 2026).

### 5. Capital assets

	Cost \$	Accumulated Amortization \$	2023 Net \$
Furniture and fixtures	378,189	363,456	14,733
Computer equipment	151,238	110,947	40,291
Leasehold improvements	793,263	466,445	326,818
	<u>1,322,690</u>	<u>940,848</u>	<u>381,842</u>

	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>

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2023

### 6. Intangible assets

	Cost \$	Accumulated Amortization \$	2023 Net \$
Computer application software	110,740	110,740	-

	Cost \$	Accumulated Amortization \$	2022 Net \$
Computer application software	110,740	73,827	36,913

### 7. Accounts payable and accrued liabilities

	2023 \$	2022 \$
Trade payables and accrued liabilities	883,537	502,609
Accrued liabilities - complaints and discipline	394,177	462,937
	<u>1,277,714</u>	<u>965,546</u>

### 8. Deferred registration fees, examination fees and examination exemption charges

	2023 \$	2022 \$
Registration fees	6,522,669	5,604,022
Examination fees	893,250	-
Examination exemption charges	116,000	60,000
	<u>7,531,919</u>	<u>5,664,022</u>

### 9. Deferred lease incentives

	Cost \$	Accumulated Amortization \$	2023 Net \$
Tenant inducements	271,073	160,385	110,688

	Cost \$	Accumulated Amortization \$	2022 Net \$
Tenant inducements	271,073	133,277	137,796

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2023

### 9. Deferred lease incentives (continued)

Pursuant to the lease agreement for the College's office premises (note 13), 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 \$27,108 (2022- \$27,107) was credited to administration and office expense in the current year.

### 10. Professional fees

	2023 \$	2022 \$
Complaints and discipline	659,835	206,578
Cost recoveries	(44,436)	(30,057)
	615,399	176,521
Other professional	268,403	177,334
	<u>883,802</u>	<u>353,855</u>

### 11. 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.

### 12. 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.

### 13. 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:

	\$
2024	547,199
2025	548,225
2026	559,520
2027	512,894
	<u>2,167,838</u>

# HILBORN

LISTENERS. THINKERS. DOERS.

<b>Meeting Date:</b>	June 26-27, 2023
<b>Agenda Item #:</b>	16
<b>Category</b>	Strategic
<b>Issue:</b>	Enterprise Risk Management Policy
<b>Submitted by:</b>	Craig Roxborough, Registrar & CEO Zoe Robinson, VP Finance & Strategy

## Issue

Develop and implement an Enterprise Risk Management (ERM) policy and program for the College of Physiotherapists of Ontario.

## Public Interest in this Decision

The following public interest considerations are particularly important in this decision and all assessment of risk will likely touch on at least one of these categories.

## Background

Risk cannot be eliminated, nor should it be. Taking responsible risks is part of the work required to achieve the College's strategic and key operational objectives and can drive opportunity and growth. Yet, risks need to be managed. The public, registrants, system partners, government, College employees, and Council must have confidence that actions taken by the College will support its mission to protect and serve the public interest through effective regulation.

Managing risk is not just reporting risk; it also includes incorporating risk into decision-making, anticipating, and mitigating risks. Risks may be negative or positive. Negative risks are considered threats to the CPO whereas positive risks are considered opportunities. Both types of risks need to be managed.

Risk management occurs at all levels of the organization and is integrated into the College's daily work culture. Enterprise Risk Management (ERM) needs to ensure risk is being managed at the appropriate level of the organization and individuals directly or indirectly impacted by the risk should be consulted when deciding how to anticipate and mitigate the risks prior to final decisions being made.

A risk strategy takes into consideration the College's level of risk appetite and tolerance, assessing the level of appropriate risk and the boundaries for this identified risk.

Enterprise risk management is not to be confused with risk-based regulation. Whereas enterprise risk management is about managing risk events that impact the College's strategy or operations, risk-based regulation involves moving from a general commitment to the "public interest" to specific and relevant risks of harm that the regulator would focus on at a particular point of time.

## Context Setting

The purpose of a risk management policy is to define an enterprise-wide approach to the management of key strategic and operational risks (i.e., "Enterprise Risk Management" (ERM)) for the College of Physiotherapists of Ontario (the "College") to:

- Manage in a consistent and effective manner the risks that could impact the ability to achieve the College's mandate, strategic and key operational objectives (e.g., negative risks).
- Establish and maintain an effective College-wide ERM framework to support the College in achieving its mandate and reflecting its values.
- Facilitate a consistent approach to ERM to support governance, innovation, policy development, and responsible risk-taking that balances the cost of managing risk with anticipated benefits.
- Identify and assess the risks associated with opportunities to further the College's mandate, strategic and key operational objectives (e.g., positive risks).
- Support College-wide risk communication and monitoring.

## Analysis and Need

Risk management is essential to effective oversight since internal and external risks may impact the ability of the Council to fulfill its mandate. The Ministry of Health's College Performance Management Framework (CPMF) requires the College to have and regularly review a formal approach to identify, assess, and manage internal and external risks. This approach must be reflected in the College's strategic plan as well.

## Next Step – Drafting Policy

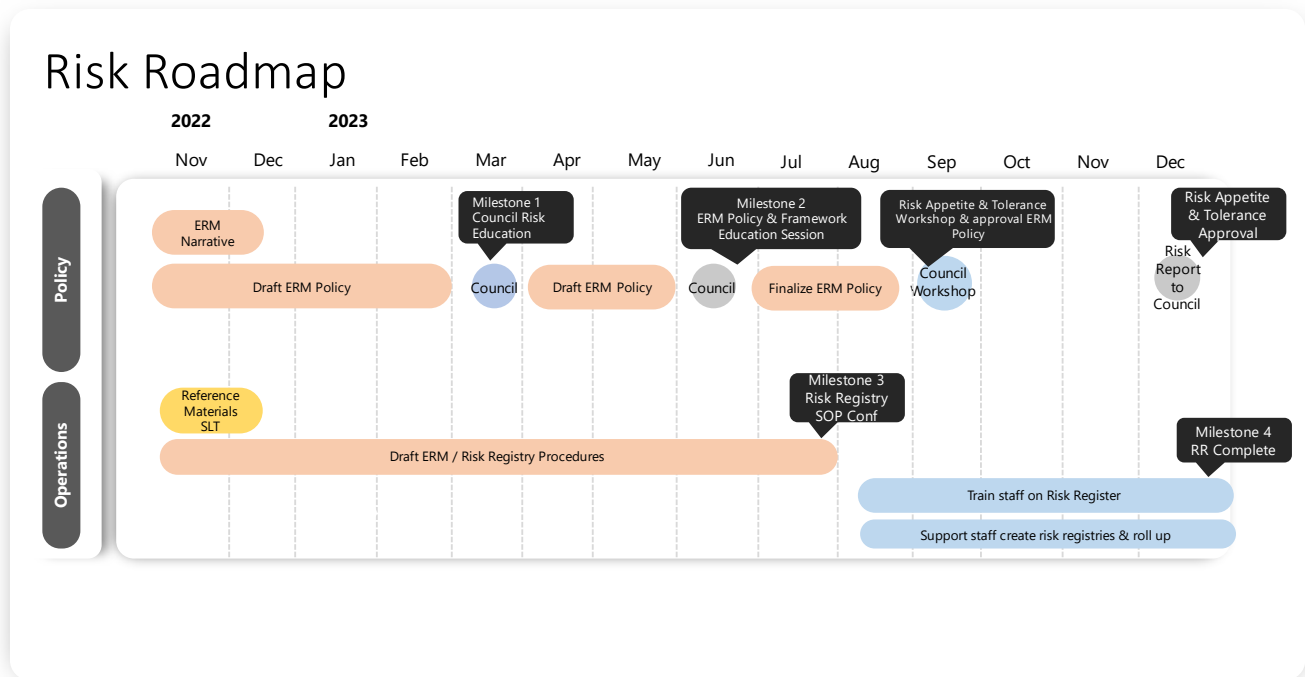
The Enterprise Risk Management (ERM) policy will provide the scope of the policy's implementation, guides the implementation of the College's risk management program, and outlines the roles and responsibilities of the various stakeholders – Council, management, staff. Guidelines assist with establishing the types of risk, how risks are identified, assessment, management, and responded, what are the processes to monitor and report on risk, and the training and education to support the effectiveness of the policy. Management's next steps are to draft the ERM policy and bring forward the policy for the Council consideration in September 2023.

The risk management operating procedures will be developed by management based on the guidelines set out in the policy.

## Education Session

Council will be engaged in an education session on what an Enterprise Risk Management policy and program is at the June 2023 meeting. This session will build upon the risk session held in March 2023 and provide an overview of the key concepts regarding risk covered in March. The desired outcome of this session will be for Council members to become familiar with the structure of an Enterprise Risk Management program and how it will be implemented at the College in advance of future decision-making regarding the content of the policy.

The current plan for rolling out the ERM Program is:



## Decision Sought

1. Decision not required. Education Session.



<b>Meeting Date:</b>	June 26-27, 2023
<b>Agenda Item #:</b>	17.
<b>Category:</b>	Strategy
<b>Issue:</b>	Financial Stabilization Plan <i>For Discussion</i>
<b>Submitted by:</b>	Craig Roxborough, Registrar & CEO Zoe Robinson, VP Finance & Reporting

## Issue

Council is provided with an overview of the financial drivers contributing to the College's current financial state and impacting future decision-making. Council is asked for feedback to support the development of a financial framework that will inform financial planning for the 2023-2024 fiscal year.

## Public Interest Assessment:

The financial stability of the College is essential to discharging our regulatory obligations and serving the public interest.

## Background

The College's financial stability is driven by several factors, a history and overview of which is outlined below.

### Revenue

The College's revenue is primarily driven by registration fees and in particular, the annual costs of maintaining an Independent Practice Certificate (IPC). Approximately 80% of the College's revenue is generated from fees. IPC fees have fluctuated over the past few years.

- In 2016 IPC fees were set at \$635 and were lowered to \$595 in 2017 and \$575 in 2021. Fees were increased back to \$635 in 2022.
- Had fees tracked inflation since 2016, they would be at approximately \$774 today.

Notably, the profession has grown by approximately 35% since 2016 from 8500 to over 11,000. This supports increased revenue growth in each year.

While the College is among the largest in the health regulatory sector, our fees are among the lowest in the sector.

### *Budget Approach*

The College has generated deficits in 4 of the previous 6 years, including the previous two fiscal years.

The 2018 and 2019 deficits were planned as part of an effort to reduce the College's Operating Reserve, to better align with the policy recommendation of the time to have 3-6 months of operating expenses covered by the reserve.

While Council approved an IPC fee increase in 2022 to \$635, a deficit was planned for the 2022-2023 year and projections suggest this will continue into the years ahead.

### *Ontario Clinical Exam*

Recognizing the immense need for the Ontario Clinical Exam, Council accepted that the program may run at a deficit in the short-term. However, Council directed that the program be self-paying and financially neutral by March 2028.

The program is currently running at a deficit. Going forward, additional consideration will need to be given to ensure the full cost of the program is being captured. More specifically, in-kind contributions provided by non-OCE program staff to support implementation of the exam (e.g., IT, Communications, Registration) are not currently captured or reflected in the analysis of the program costs. If cost-neutrality is the objective, these additional costs may need to be captured.

At the same time, increased enrollment is contributing to increased revenue relative to the static costs associated with the program (e.g., economies of scale are being realized to a degree). It remains to be seen whether this increase is temporary or part of a trend. Future analysis and projections will support financial planning going forward.

### *Regulatory Obligations*

As outlined above, the registrant base continues to grow (approximately 4% per year). While this increases revenue it also inevitably increases the regulatory burden on the College across all domains of activity.

For example, the number of concerns received each year since 2016 is up by approximately 20%.

- Within this pool of concerns the total number of new cases investigated each year continues to trend upwards, with a similar increase over this time period.
- Internal analyses also suggests that the complexity of the files continues to increase and additional resources are being used to managed low-risk cases through early resolution tactics.
- The College also continues to see more cases being appealed to divisional court.

The increasing volume, complexity, and appeals being observed has also led to increases in legal costs associated with these regulatory activities.

Additionally, referrals to the Registration Committee have been trending upwards over recent years and calls or emails to the Practice Advice service have steadily increased and are now nearly double the volume recorded in 2016.

### *Operational Costs*

The College's operational costs have continued to increase over time.

The number of College employees has increased over the past few years, keeping relative pace with percentage increase of registrants. These increases have been driven by a variety of factors including increased regulatory workload, moving previously out-sourced work in-house, or to support increasingly more sophisticated IT and operational infrastructure that have improved operations and/or offer registrants a more seamless experience.

For example, increasing technological dependency (e.g., to support members, support internal document and case management systems, support enhanced cybersecurity efforts, and adopting cloud-based technology) has required the College to provide comprehensive and full-time support.

Finally, staffing costs continue to increase over time in order to remain competitive in the regulatory sector. This reflects both the need to respond to inflationary pressures and to ensure competitiveness with other organizations offering strong overall compensation packages.

### *Operational Reserve*

The College has maintained strong operational reserves for many years and has a policy objective of maintaining a 3-6 month reserve. This policy objective is very well aligned with historical recommendations.

As part of the 2022-2023 audit, the Auditor provided feedback that recommendations in the post-COVID context now include consideration of increasing reserves to 6-12 months. If this objective is desirable, budget surpluses will be required for many years to achieve this level of reserve.

Notably, as the College's overall annual operating budgets continue to increase, the safety net provided by the operating reserve may decrease (i.e., it provides a shorter timeframe due to increased costs).

### **Current Status**

The College is at a point where a long-term strategy to managing the College's finances is warranted in order to support operational and financial decision-making going forward. This requires the development of a sound financial framework that will guide staff as they develop recommendations for Council decision-making.

For the 2023-2024 fiscal year, Council:

- Approved a fee increase to support greater financial stability;
- Approved a deficit budget; and
- Reduced expenditures on strategic initiatives.

To support staff's analysis and thinking going forward, it will be helpful to identify what is important to Council and how priorities should be balanced.

Given limited revenue streams and a plurality of regulatory obligations and strategic priorities, it will be essential to determine how various priorities should be balanced going forward.

Staff will be using this to help build a framework to support their thinking so that future decision-making is as aligned and responsive to our ideas as possible.

### *Priority Setting*

There are a variety of drivers or considerations that can be prioritized and/or balanced within the financial framework going forward. This includes but is not limited to:

- Approach to fees: reducing or remaining flat, exploring staggered but larger increases, or indexing fees to inflation or operational growth.
- Approach to managing the College's deficit: continuing to draw down on the operating reserve, resolving the deficit in the immediate term, and/or developing a long-term return to a balanced or surplus budget.
- Approach to the Operational Reserve: maintain the historical approach of 3-6 months of costs or seek to align with more contemporary recommendations of 6-12 months.
- Approach to resourcing strategic initiatives: focusing College activities on core regulatory programs only or resourcing (internally or outsourcing) strategic initiatives.
- Approach to operational resourcing: continue modernizing technological infrastructure, developing necessary data structures, and/or remaining competitive in the employment marketplace.

### **Considerations**

The People and Culture pillar of the College's [Strategic Plan](#) includes a commitment to ensuring that staff and Council have the resources needed to do their best work and that the College develop and maintain an organizational infrastructure which supports our statutory obligations and strategic priorities.

### **Decision Sought**

None. This item is for discussion.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 18.0**

**Council Meeting**  
**June 26 – 27, 2023**

**Agenda #18: Motion to go in camera pursuant to section 7.2(d) of the Health Professions Procedural Code**

It is moved by

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and seconded by

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that:

Council moves in camera pursuant to Section 7.2(d) of the Health Professions Procedural Code.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Council**

**19. Members' Motion(s)**