



MEETING OF THE COUNCIL OF THE COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Hybrid Meeting

Thursday, December 14, 2023, from 9:00 – 4:15 p.m.

Friday, December 15, 2023, from 9:00 – 4:00 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.





COUNCIL AGENDA

| Thursday, December 14, 2023 | | | | |
|-----------------------------|------------|---|-------|-------------|
| Item | Time | Topic | Page | Purpose |
| * | 9:00 a.m. | Welcome and Call to Order (N. Madhvani & Pulak Parikh) <ul style="list-style-type: none">• Roll Call• Territory Acknowledgement | N/A | N/A |
| 1. | 9:05 a.m. | Review and Approval of the Agenda (N. Madhvani) | 2-6 | Decision |
| 2. | 9:10 a.m. | Approval of the Consent Agenda (N. Madhvani) <ul style="list-style-type: none">• Approval of the September 28-29, 2023 Council minutes• Acceptance of the July – September 2023 Executive Committee Report | 7-18 | Decision |
| 3. | 9:15 a.m. | Governance Practices Review Debrief (The Regulator's Practice) The Regulator's Practice will debrief Council on the findings of the Governance Practice Review and lead an action planning session. <i>*There will be a 15-minute break during this session</i> | 19-83 | Discussion |
| * | 12:15 p.m. | Lunch (45 minutes) | | |
| 4. | 1:00 p.m. | President's Report (N. Madhvani) Council is provided with an overview and updated regarding key activities and initiatives. | 84-88 | Information |
| 5. | 1:15 p.m. | Strategic Initiatives for 2024-2025 (C. Roxborough) | 89-92 | Information |



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|----|-----------|---|---------|-------------|
| | | Council will be asked to participate in a sensing exercise with respect to identifying strategic priorities for 2024-2025. | | |
| 6. | 2:00 p.m. | Revised Standards – First Group <i>(E. Ermakova & M. Berger)</i> Council is being provided with a primer on Standards development and asked to approve the first group of revised Standards for circulation. | 93-106 | Decision |
| * | 2:45 p.m. | Break (15 minutes) | N/A | N/A |
| 7. | 3:00 p.m. | Registrar’s Report & Dashboard <i>(C. Roxborough)</i> Council is provided with an overview and update regarding key activities and initiatives. | 107-112 | Information |
| 8. | 3:45 p.m. | Emergency Class Policy: Opening, Monitoring and Resolution <i>(E. Ermakova & M. Berger)</i> Council is being asked to approve the proposed Emergency Class Policy outlining the process for opening the class. | 113-126 | Decision |
| * | 4:15 p.m. | Adjournment of Day One | | |

Friday, December 15, 2023

| Item | Time | Topic | Page | Action |
|------|-----------|--|---------|----------|
| 9. | 9:00 a.m. | Committee Slate Amendment <i>(M. Berger)</i> Council is being asked to amend the committee slate. | 127-132 | Decision |



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|-----|------------|--|---------|-------------|
| 10. | 9:15 a.m. | Code of Ethical Conduct: Circulation for Consultation <i>(E. Ermakova & M. Berger)</i> Council will be asked to consider adopting the National Code of Ethical Conduct. | 133-144 | Decision |
| * | 10:00 a.m. | Break (15 minutes) | | |
| 11. | 10:15 a.m. | Providing PT Services in Northern Ontario <i>(K. Pavelich)</i> Council will be provided with a presentation about the Community Rehabilitation Worker program. | 145 | Education |
| 12. | 11:15 a.m. | Final Approval: Proposed By-law Additions for Collecting Practice and/or Demographic Information <i>(E. Ermakova & M. Berger)</i> Council will be provided with an overview of the feedback received through the consultation and will be asked to decide whether to approve the proposed By-law additions. | 146-158 | Decision |
| * | 12:00 p.m. | Lunch (60 Minutes) | | |
| 13. | 1:00 p.m. | Q2 Financial Report <i>(Z. Robinson)</i> Council will be provided with an update on the College's Q2 financial performance. | 159-166 | Information |
| 14. | 1:20 p.m. | Final Approval: Proposed Fee Increase <i>(C. Roxborough & Z. Robinson)</i> Council will be provided with an overview of the feedback received through the consultation and will be asked to decide whether to approve the proposed fee increase. | 167-173 | Decision |



| | | | | |
|-----|-----------|--|---------|-------------|
| 15. | 2:00 p.m. | Provisional Practice Certificate and Ontario Clinical Exam Fees <i>(C. Roxborough & Z. Robinson)</i> Council will be provided with an update regarding the review of the registration fees associated with the Provisional Practice Certificate and the Ontario Clinical Exam in response to a Member's Motion made at the September Council meeting. | 174-181 | Decision |
| * | 2:45 p.m. | Break (15 minutes) | N/A | N/A |
| 16. | 3:00 p.m. | Review of College Investments <i>(Z. Robinson)</i> Council will be provided with an update regarding the College's investments. | 182 | Information |
| 17. | 3:15 p.m. | Motion to go in camera pursuant to section 7.2(d) of the Health Professions Procedural Code <i>(N. Madhvani)</i> Council will be asked to move in camera as personnel matters or property acquisitions will be discussed. | 183 | Discussion |
| 18. | 3:45 p.m. | Members' Motion (s) <i>Standing item</i> | 184 | N/A |
| * | 4:00 p.m. | Adjournment of Meeting | | |

Future Council Meeting Dates:

- March 25-26, 2024
- June 24-25, 2024



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 1.0

**Council Meeting
December 14-15, 2023**

Agenda #1.0: Approval of Agenda

It is moved by

and seconded by

that:

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



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 2.0

**Council Meeting
December 14-15, 2023**

Agenda # 2.0: Approval of Consent Agenda

It is moved by

and seconded by

that:

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

- Approval of the September 28-29, 2023 Council minutes.
- Acceptance of the July – September 2023 Executive Committee Report.



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

MINUTES

Thursday, September 28 and Friday, September 29, 2023

The College Boardroom & Virtually via Zoom

Public Member Attendees:

Nitin Madhvani (Chair)
Carole Baxter
Jesse Finn
Mark Heller
Frank Massey
Richard O'Brien

Professional Member Attendees:

Theresa Stevens (Vice Chair)
Anna Grunin
Janet Law
Dennis Ng
Pulak Parikh
Gary Rehan
Katie Schulz
Maureen Vanwart
Andy Wang

Guests:

Bradley Chisholm, The Regulators Practice

Staff Attendees:

Craig Roxborough, Registrar & CEO
Anita Ashton, Deputy Registrar & COO
Zoe Robinson, VP, Finance & Reporting
Lisa Pretty, VP, Organizational Effectiveness
Mara Berger, Director Policy, Governance &
General Counsel
Joyce Huang, Manger, Strategy
Evguenia Ermakova, Policy Analyst (September 29)

Recorder:

Elicia Persaud, Governance Analyst

Public Member Regrets:

Laina Smith
Nitin Madhvani (September 29)

Professional Member Regrets:

Sinead Dufour
Mark Heller (September 29)
Paul Parikh (September 29)

Council and Committee members participated in the annual Sexual Abuse Awareness training session, facilitated by Joanna Birenbaum and Anita Ashton from 9:00 – 9:55 a.m. which was closed to the public.

Thursday, September 28, 2023

10:00 a.m. Welcome and Call to Order

N. Madhvani, Chair, welcomed all members of Council and invited C. Baxter, Public Member of Council to provide the Territory Acknowledgement, which included an acknowledgment of Truth and Reconciliation Week.



N. Madhvani confirmed the College's ongoing commitment to the Public Interest mandate. 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 **Review and Approval of the Agenda**
1.0

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

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

CARRIED.

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

It was moved by J. Law and seconded by C. Baxter that:

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

- Approval of the June 26-27 Council minutes
- Approval of the June 27, 2023 Council in camera minutes.
- Acceptance of the Q1 Executive Committee Report (April – June 2023)

CARRIED.

3.0 **President's Report**

N. Madhvani provided an overview of the President activities since the June Council meeting, which included a summary of the post Council meeting survey results. He also noted his commitment to strengthen partner relationships, which includes ongoing educational opportunities at Council meetings to hear from system partners.

4.0 **Committee Slate Amendment**

A recommendation was made to consider filling the public member vacancy on the Examinations Committee; staff will canvass interest and availability and will bring forward a recommendation if needed.

Motion **4.0**

It was moved by M. Vanwart and seconded by C. Baxter that:

Council approves the following amendments to the committee slate:



- Appoint Frank Massey to the Registration Committee and the Discipline and Fitness to Practise Committees.
- Appoint Mark Heller to the Inquiries, Complaints and Reports Committee and the Discipline and Fitness to Practise Committees.
- Remove Laina Smith from the Registration Committee.

CARRIED.

5.0 Canadian Alliance of Physiotherapy Regulator's (CAPR) Evaluation Services Re-envisioned

B. Park, National Director of Evaluation Services, and K. Piasentin, Lead Psychometrician from the Canadian Alliance of Physiotherapy Regulators (CAPR), presented an overview of the work of the Expert Advisory Panel (EAP) and a proposed model for entry-to-practice assessment based on the EAP principles.

The proposal included developing a single licensure exam that would determine readiness for safe and independent physiotherapy practice, offered more frequently than the previous model and would focus on high-risk competency, patient safety, decision making and clinical reasoning. There will also be a focus on developing more resources available to Internationally Educated Physiotherapist to support their transition to practicing in Canada.

Council provided their initial impressions of the proposed model, noting the importance of maintaining public protection, safety and equitable access within the exam model. The next step is to collect formal feedback from the regulators through a formal survey which will be distributed in October.

6.0 Registrar's Report

C. Roxborough, Registrar & CEO, provided an overview of key operational activities and initiatives over the last quarter. There was some discussion about the opportunity to amend the Core Standards to reflect the Ontario landscape and the Ontario Clinical Exam, specifically a request for metrics. It was confirmed that metrics will be provided to Council once enough data has been collected.

7.0 Risk Tolerance



D. Robinson, Managing Director at Uvidi Management Solutions, provided an educational session on risk tolerance and Enterprise Risk Management programs. This was an interactive session where Council was asked to reflect on risk-based scenarios to further their understanding of risk appetite and demonstrate the process for Enterprise Risk Management programs.

She provided Council with an overview of key concepts and tools such as the risk map, risk capacity, risk statement and risk governance. These tools and information will support Council in assessing their risk tolerance and appetite as they engage in developing an Enterprise Risk Management program over the coming months.

8.0 Enterprise Risk Management Policy

Z. Robinson, Vice President, Finance & Reporting, presented Council with the draft Enterprise Risk Management Policy which provides a framework to execute the process to identify, measure, mitigate, and report on organizational risk. To support this policy and implement the process a recommendation was also made to revise the terms of reference for the current Finance Committee to be changed to the Risk, Audit, and Finance Committee “RAFC”.

There was discussion around which committee would be best suited to provide oversight of risk, noting the Executive Committee as a suitable alternative to the Finance Committee. However, most of the Council was in favour of the change to the RAFC.

Motion 8.0

It was moved by J. Law and seconded by P. Parikh that:

Council approves the Enterprise Risk Management Policy.

CARRIED.

Motion 8.1

It was moved by M. Vanwart and seconded by A. Grunin that:

Council approves the revised terms of reference for the Finance Committee, now referred to as the “Risk, Audit, and Finance Committee,” as amended, and that all references to



this Committee in the By-Laws and Governance Policies be updated accordingly.

CARRIED.

9.0 Q1 Financial Report

Z. Robinson provided Council with an overview of the College's Q1 financial performance noting overall good financial health over the first quarter with slightly higher expenses related to the Ontario Clinical Exam as a result of the increase of exams, and IT maintenance and lower than anticipated costs in professional conduct for the Discipline accruals.

10.0 Financial Sustainability

J. Law, Chair of the Finance Committee, presented Council with a recommendation to increase registration and administrative fees for the fiscal year 2025. The Finance Committee, with support from the Executive Committee, assessed the available options to ensure the College has sufficient funds to maintain its core regulatory work and ensure long-term financial sustainability.

There was discussion about the Ontario Clinical Exam as an alternative revenue source, as well as a consideration of increasing the fees related to the Provisional Practice certificate and assessing opportunities to reduce expenditures to support the long-term financial sustainability of the College. Information will be provided at future meetings as data is collected to support future discussions.

Motion 10.0

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

Council approves, in principle, a 4% increase of the registration and administrative fees and to authorize the circulation of the necessary By-law amendments of s. 8.4-8.6 for feedback.

D. Ng opposed the Motion and requested his vote be recorded in the minutes.

CARRIED.



The meeting was adjourned at 4.16 p.m.

Friday, September 29, 2023

T. Stevens, Vice President, and Chair, called the meeting to order at 9:08 a.m.

11.0 Lessons Learned from Previous Governance Reviews

D. Williams and H. Cayton from The Regulators Practice provided Council with an overview of previous governance reviews, highlighting trends in governance and actions taken by other Colleges to align with emerging governance best practices.

While Council will have an opportunity to identify an action plan at the conclusion of the third-party governance review in December, Council was provided with an opportunity to reflect on areas for potential alignment with governance best practices.

12.0 Q1 Dashboard

C. Roxborough, provided Council with an overview of the dashboard development process and presented the Q1 dashboard. There was some feedback to consider identifying a different or additional target for Professional Conduct and including a future metric for the Ontario Clinical Exam.

13.0 Appointment of the Auditor

In keeping with the Bylaws Council was asked to consider the appointment of the auditor.

Motion 13.0

It was moved by G. Rehan and seconded by M. Vanwart that: Council appoints Hilborn LLP as the Auditor for the College of Physiotherapists of Ontario for the fiscal year 2024.

CARRIED.

14.0 Equity, Diversity, and Inclusion Primer

C. Roxborough provided Council with an update on the work that has been completed and work that is being planned in support of the College's commitment to Equity, Diversity, and Inclusion. A copy of the presentation is included in Appendix A.

15.0 Proposed Updates to the By-laws and Governance Policies



E. Ermakova, Policy Analyst, and M. Berger, Director, Policy, Governance & General Counsel presented the proposed By-law and Governance Policy amendments that support housekeeping updates. The proposed revisions focus primarily on addressing unnecessary duplications, outdated references and inconsistencies. Additionally, a competency requirement was proposed for all Professional Members standing for election, Academic Members being selected for Council and for non-Council Committee Members seeking a committee appointment.

There was discussion about the information that is being requested by CIHI as it pertains to certain demographic information. Council requested additional clarity on the purpose and intended use of the collected demographic information. Council also asked the proposed By-laws provisions be amended to ensure the Executive Committee is consulted by the Registrar prior to implementing the collection of any additional practice or demographic information.

CARRIED.

Motion 15.0

It was moved by J. Law and seconded by C. Baxter that:

Council approves the proposed housekeeping updates, as amended, to the College's By-laws and Governance Policies as well as the addition of a competency requirement.

Motion 15.1

It was moved by M. Vanwart and seconded by K. Schulz that:

Council approves the proposed By-law provisions to allow for the collection of additional practice and demographical information as considered necessary by the Registrar in consultation with the Executive Committee for circulation.

CARRIED.

16.0 Approval of a Competency Profile

E. Persaud, Governance Analyst, presented Council with the proposed competency profile which highlighted Council and Committee Member Core Values, attributes and professional experience, knowledge and skills.



The competency profile is intended to be integrated into the Council election, academic appointment and non-Council committee member recruitment processes through a self assessment. It was noted that this is the first iteration of the competency profile with the expectation that a more rigorous process would be introduced over time.

To increase consistency Council added working groups to the individuals that this would apply to.

Motion 16.0

It was moved by A. Wang and seconded by A. Grunin that:

Council approves the Competency Profile: Council and Committee Values, Attributes and Skills for integration into the Council election and selection of any Councillor and non-Council committee member recruitment processes, including recruitment processes for working groups.

CARRIED.

17.0 Motion to go in camera pursuant to section 7.2(d) of the Health Professions Procedural Code

As the President was unexpectedly unable to attend the second day of Council, the discussion around the Registrar's Performance Appraisal process was deferred.

Motion 17.0

It was moved by G. Rehan and seconded by M. Vanwart that:

Agenda item #17, Motion to go in Camera pursuant to section 7.2(d) of the Health Professions Procedural Code, be deferred to the December Council meeting.

CARRIED.

18.0 Members' Motion (s)

G. Rehan, Council member, made a member's motion that Section 8 of the Bylaws be brought back to Council for review, specific to Ontario Clinical Exam and Provisional Practice fees.

It as moved by G. Rehan and seconded by D. Ng.



Council voted and it passed. This will be brought back to Council in December 2023.

Adjournment of Meeting

K. Schulz motioned that the meeting be adjourned. The meeting adjourned at 3:01 p.m.

Nitin Madhvani, Chair

DRAFT



Executive Committee Report

Reporting Period: July – September 2023

The Committee met one (1) time during this period:

- August 31, 2023

Regular Executive Committee Meetings

| | |
|---|---|
| Date: | August 31, 2023 |
| Meeting purpose: | Regularly scheduled meeting to preview items that will go forward to Council at upcoming meeting. |
| Chaired by: | Nitin Madhvani |
| Summary of discussions and decisions: | |
| <i>Feedback on materials to Council:</i> | |
| <ul style="list-style-type: none"> • College dashboard: The Executive Committee provided suggestions to improve the content and clarity of the information in the dashboard. • Proposed by-law and governance policy updates: the Executive Committee provided suggestions to improve the clarity of the briefing materials for presentation to Council. • Competency Framework: the Executive Committee identified opportunities to improve clarity of the briefing materials and items for additional consideration. | |
| <i>Recommendations to Council:</i> | |
| <ul style="list-style-type: none"> • Committee slate amendment: the Executive Committee made recommendations to Council to amend the Committee slate as a result of the College receiving a new public member appointee. | |
| <i>Other:</i> | |
| <ul style="list-style-type: none"> • Executive Committee Orientation delivered by M. Berger, Director, Policy, Governance & General Counsel • President’s Report – received for information • Registrar’s Report – received for information • Confidential Discussion: Registrar Performance Appraisal | |



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Council

Executive Committee Acting on behalf of Council:

The Executive Committee did not act on behalf of Council during this reporting period.

Written Resolutions:

On September 20, 2023, the Executive Committee passed a written resolution to recommend to Council to amend the Committee slate as a result of the College receiving a new public member appointee.



COUNCIL BRIEFING NOTE

For Discussion

| | |
|-----------------------------------|--|
| Topic: | Governance Practices Review Debrief |
| Public Interest Rationale: | Having an effective governance model ensures sound policies and processes are in place to support effective decision-making in the public interest at all levels of the College. |
| Strategic Alignment: | <i>Performance & Accountability:</i> Ensure that the College's governance processes are effective, efficient, and fit for purpose. |
| Submitted By: | Mara Berger, Director, Policy, Governance & General Counsel on behalf of The Regulator's Practice |
| Attachments: | Governance Practices Review - Report |

Issue

- The Regulator's Practice has conducted a review of the College's governance practices identifying potential areas of improvement and is now sharing the findings with Council to assist with action planning for the future.

Decision Sought

- No decision is being sought.
- Council is being asked to consider the findings of the governance practices review and to provide some initial direction regarding next steps in relation to the areas of improvement that have been identified.

Background

- As part of the [2022-2026 strategic plan](#), improvements to the College's governance processes to ensure they meet or exceed industry practice and align with government direction was identified as an area of focus.
- To support this goal, it was determined that a third-party governance review to assess the College's current governance policies and practices to identify potential areas for improvement should be conducted. A third-party governance review also meets one of the requirements under the College Performance Measurement Framework (CPMF).
- The College started a request for proposal process in the summer of 2022. The Regulator's Practice was selected by the Executive Committee to conduct the review in March 2023 following the submission of a modified proposal that focused on governance practices specifically and included an education activity to help Council become aware of and reflect on current governance trends and common practices in the regulatory community.



- The governance practices review officially began in June 2023.

Current Status and Analysis

- The Regulator's Practice followed a multi-step process as part of its review of the College's governance practices, including:
 - Document review, with a focus on the College's By-laws and Governance Policies, as well as the College's Competency Profile, Briefing Note template and Post-Council Meeting Survey Results
 - Observance of a joint Executive Committee and Finance Committee meeting in August 2023
 - Observance of a Council meeting in September 2023
 - Survey of outgoing and current Council members
 - Focus Groups with outgoing and current Council members and staff members engaged in Council support
 - Individual interviews with the President, Vice President, Registrar & CEO and Deputy Registrar & COO
- The Regulator's Practice also conducted an education session with Council at the September meeting regarding governance trends emerging from other governance reviews that have been conducted across Canada.
- The Regulator's Practice has completed its review and drafted a report, which is now being put before Council – see Appendix A. The report outlines the Regulator's Practice findings and identifies potential areas for improvements regarding the College's current governance practices.

Next Steps

- Following the debrief and review of the report, Council should start to consider next steps. Direction from Council will help inform improvements to the College's governance processes based on identified priorities.

Questions for Council

- Is there anything in the report that surprised you?
- Which of the areas of improvement that have been identified do you believe should be prioritized?
- Is there anything else related to the College's governance practices that you would like to highlight?



Presenters Biography

Bradley Chisholm is the principal and founder of The Regulator's Practice. For the last ten years Bradley has worked with professional regulators across Canada as both a consultant and an executive leader. Most recently Bradley served as the Chief Officer, Strategy and Governance for the newly formed BC College of Nurses and Midwives, leading two regulatory amalgamations, building a modern governance framework from the ground up, and providing governance advice to regulatory leaders and boards across the country. In 2021 Bradley was named the Governance Professionals of Canada's **Governance Professional of the Year** for his work influencing and supporting modern, inclusive and effective regulatory governance modernization within Canada.

Harry Cayton is a senior advisor with The Regulator's Practice. Harry Cayton is an internationally recognized advisor on professional regulation and governance. He developed the principles of 'Right-touch regulation' which have been adopted by professional regulators around the world. Between 2007 and 2018 he was chief executive of the Professional Standards Authority in the UK. Harry Cayton has led many reviews and inquiries and advised regulators and governments in the UK, Canada, Australia, Ireland, New Zealand, and Hong Kong. The report of his inquiry into the Health Professions Act in British Columbia was published by the Minister of Health in April 2019 and has led to dramatic modernization of BC's health regulatory framework.

Deanna Williams is an experienced regulatory governance consultant collaborating with The Regulator's Practice team for this review. Since retiring as the Ontario College of Pharmacists' Registrar/CEO Deanna has provided consulting services relating to professional and occupational regulation in Canada, the US and abroad, with particular interest and expertise in governance education and training and conducting external reviews of regulatory performance and governance. In 2012, Deanna served as the Minister-appointed Supervisor to the College of Denturists of Ontario, (CDO) a post she held for just under two years when CDO's self-regulatory privileges were restored. Deanna was recognized by the international regulatory community with the CLEAR International Award for Regulatory Excellence in 2010, and CLEAR's Service Award for Lifetime Achievement in 2019.



The Regulator's
Practice

Governance Practice Review

Summary Report

College of Physiotherapists of Ontario

December 5, 2023

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Introduction

The *Governance Practice Review* was developed and facilitated for the College of Physiotherapists of Ontario by **Harry Cayton**, **Deanna Williams** and **Bradley Chisholm** and The Regulator's Practice team.

The purpose of this summary report is to present the findings of the review and propose recommendations for consideration. The findings and proposed recommendations will be presented to the CPO Council on December 14, 2023. At this session Council will be asked to identify the findings that they think are most important to CPO and be given the opportunity to articulate other recommended actions in light of these findings. These priority findings and additional recommendations will be incorporated into a finalized report presented after the December Council meeting.

As Council and senior staff review the findings and proposed recommendations, we suggest keeping three guiding questions in mind:

What? Do you understand the findings? Do you have any questions about the substance of the report?

So What? What are the most important findings from your perspective? What findings do CPO need to pay particular attention to?

Now What? What are the key actions that need to be taken, based on these findings? What proposed recommendations resonate? What proposed recommendations do not resonate?

Throughout the report we have identified the input(s) from which the particular finding emerged, including:

Observation – our observations of Council and committee meetings.

Focus Groups – the feedback from Council and staff focus groups and 1:1 interviews.

Survey – results from the survey.

Doc Review – review of CPO governance documents

Process Overview

| GOVERNANCE PRACTICE REVIEW INPUTS | TIMELINE |
|--|-------------------------|
| 1. Introductory Session with Council & Senior Leadership | June 2023 |
| 2. Council Members Feedback Survey (including 4 outgoing Members) | July 2023 |
| 3. Focus Group (Outgoing Council Members) | June 2023 |
| 4. Review of governance documents | July – September 2023 |
| 5. Observation of Executive Committee Meeting, Finance Committee Meeting and September Council Meeting | August – September 2023 |
| 6. Council Learning Session and Discussion – <i>What can be learned from recent regulatory governance reviews?</i> | September 2023 |
| 7. Focus Groups (Council & Staff) | October – November 2023 |
| 8. 1:1 Interviews with the President, Vice President, Registrar & Deputy Registrar | November 2023 |

Scope of Review

The CPO Governance Practice Review seeks to assess the effectiveness of the specific aspects of governance which Council has control over – what we call “governance practice”.

Unlike a more fulsome governance review, this process does not dig into the elements of governance that Council may not have the authority to change – what we call the “governance structure”.

This process assesses the elements of governance practice that we believe are essential to support the ability of the regulator to achieve its public interest mandate, which includes all the areas represented in the graphic on the right.



General Themes / Context

The regulatory context is shifting.

The public, and government as agents of the public, are paying attention to professional regulators now more than ever to ensure that they are upholding their commitment to protect the public.

Across the country this has included (both voluntary and involuntary) reviews of regulatory governance to ensure that the governance structures and practices foster decision making in the public interest.

Any regulatory body looking at its own governance must not think about itself in a silo but think about itself as part of the broader system of professional regulators – understanding the shifting public expectations, considering the changes other regulators are making, and predicting where government may move in the future to stay “ahead of the curve”.

At the September 2023 governance education session, Deanna Williams and Harry Cayton walked through some of the most critical shifts in regulatory governance, referencing recent governance reviews and regulatory governance changes. Some of these critical shifts include:

- Changes to governance structures moving away from traditional association governance towards structures and practices that reinforce the public interest mandate including (some of which CPO has already done):
 - Repositioning the President role as the Board Chair and allowing public members to serve as Board Chair;
 - 50% public members on boards;
 - Elimination of elections in favour of competency-based appointments or the creation of more competency-based election processes;
 - Elimination of the ability for registrants to overturn public interest board decisions; and
 - Increased conflict of interest guidelines and restrictions; and meaningful evaluation of governors;

General Themes / Context

- Incorporating emerging governance practices from the broader corporate and not-for-profit environment, including smaller governing bodies, simplifying the committee structures and ensuring all committees have terms of reference that are reviewed on a regular basis; and robust processes to recruit for more diversity and develop inclusive environments where diverse perspectives are heard and able to make an impact.
- Focusing the governing body's role on governance and away from regulatory operations through more governance education and removing governors from regulatory and operational committees;
- Stronger oversight of regulators to ensure consistent protection of the public, including creating regulatory oversight bodies; creation of mandatory reporting requirements and standards for regulators; and
- Creating more consistency and ensuring capacity to meet mounting regulatory demands through increased collaboration, shared services and voluntary or mandated amalgamation.

CPO and its Council have navigated a difficult five years, including a global health pandemic, the sudden death of its Registrar, a national exam crisis, and significant culture and relationship issues. Participants in this review believe that capacity and relationships have been improving over the last year and that there is optimism and hope for the future. New Council and organizational leadership, new Council members, new dedicated governance support and a strategic plan that both Council and staff are getting behind have all contributed to this sense of optimism for the future.

In July 2023, a survey was conducted (the results attached as Appendix A), including all outgoing and active Council members at that time. You will see that the survey results are positive – reflecting Council's view that governance practices are strong and improving. We found that our observation of Council and committee meetings, the focus groups and interviews raised issues and concerns not addressed in the survey – highlighting the importance of at times combining internal self-assessment with an external objective perspective.



Findings & Recommendations



Human Dynamics

Human Dynamics

Governance is a human endeavour. For governance to function in any environment, there needs to be strong, trusted relationships between the various actors.

FINDINGS

- **Focus Groups** – There have been lots of challenges over the last few years with respect to relationships. Now it feels like relationships are strengthening and things are improving. Council feels “new” to some, and this is a good thing as it allows for fresh perspectives as the college moves into its next chapter.
- **Survey** – Wordclouds created in response to questions about Council relationship and Council-staff relationship [Appendix A pg. 45/46] are primarily positive but there are some descriptors that Council needs to pay attention to, including “factions, strained, adversarial, clique”.
- **Observation / Focus Groups** – Most Council members are engaged and contribute – some however are less engaged and this can cause issues for Council, committees and staff support.
- **Focus Groups** – Relationships have been strengthening post covid. Some participants like hybrid meetings because personal connection has been important to build trust however for those that cannot attend in person it can feel like “some are on the outside of the circle”.
- **Observation / Focus Groups** – Council needs to ensure that longstanding members are making room for new voices. New, fresh perspectives are important to ensure that all perspectives are being considered, that “group think” is being challenged and that the college does not always rely on “the way we have always done things”.
- **Observation / Focus Groups** – Some participants note that there needs to be strict adherence to term limit rules as they have not always been enforced in the past. Further, some participants suggest that these term limits should be reviewed, and compared against best practice, to ensure that Council and committees are benefiting from diversity and renewal.
- **Focus Groups** - Because of Council turnover recently, some feel it would be valuable to establish clear “cultural norms” – clear expectations of how Council and committee members are expected to conduct themselves and work together.
- **Observation / Focus Groups** – Relationship with staff is improving and developing. The new Registrar and Director, Policy and Governance have already made a positive impact on these relationships. The Registrar is already comfortable “pushing back” when Council gets into operations.

Human Dynamics

FINDINGS

- **Doc Review / Focus Groups** – The Code of Conduct is not a “meaningful document” – it exists but is not seen to be referenced, and not used to hold people accountable for working outside the agreed upon expectations.
- **Doc Review / Focus Groups** – Participants noted that the framework outlining how public members are compensated creates barriers for in-person participation. Governments across the country have been reviewing and updating their own public remuneration frameworks and it may be another opportunity for Ontario’s health colleges to work collaboratively with government to provide feedback and identify potential changes.
- **Observation** – There is an openness to try new ways of doing things, even if there might be improvement needed over time. This dedication to experimentation, innovation and continuous improvement is not often observed in the regulatory space.



Human Dynamics

RECOMMENDATIONS

- + In addition to the hybrid meetings being offered, consider having at least two meetings per year in person, where Council members commit to attend in person. This will ensure that all Council members benefit from in person connection and relationship building.
- + Review current term limits and cooling off periods for Council and committee members in order to align with emerging best practice across other regulators and balancing the need for experience with the need for increased diversity and renewal. Ensure that current and future term limits are enforced, with very limited exceptions, if any. We recommend that current term limits for Council and committee members are decreased from 9 to 6 years. We recommend creating a restriction that once the maximum term has been served a person is ineligible to run for Council elections again or serve on that committee again.
- + Engage in a process to refresh the Code of Conduct. Use this as an opportunity to review other examples of Codes of Conduct and engage Council in a discussion about the expectations and cultural norms they would like to see articulated in a Code of Conduct.
- + Continue to work with government to provide feedback regarding the current Remuneration Framework and recommendations for continuous improvement.



Findings & Recommendations

2 Role Clarity

Role Clarity

Good regulatory governance requires that those involved with the governance of the organization be unambiguous about the public interest mandate and the role they play in executing the mandate.

FINDINGS

- **Survey** – A high-degree of role clarity exists among Council members however some responses suggest areas of improvement. We believe the observation and focus groups identify some of these issues.
- **Observation / Focus Groups** – All participants note a high level of commitment and engagement amongst Council and committee members and staff. It was also observed by some that respective roles between and amongst committee members and the staff are clear and respected. Council members ask tough questions and do not seem to “blindly rely” on recommendations – but are willing to engage in discussions about issues.
- **Observation / Focus Groups** – On the other hand, there is a tendency for Council to get into operations at times and not trust the recommendations coming from committees or staff. One Council member stated in a focus group: “Council tends to rehash the recommendations from committees, which makes me wonder why we have some of these committees to begin with”.
- **Observation / Focus Groups** - At times the public interest mandate, or more specifically the perspectives of patients and the risk of harm to patients, is not central to the discussion. Even though the phrase “public interest” is heard often during Council and committee meetings there was a disproportionate amount of time spent on issues without a clear connection to the public interest mandate (e.g. the impact of a relatively small fee increase, how new competency requirements might impact one’s ability to be re-elected, scopes of practice advocacy, changing the name of the Finance committee). This dynamic was reiterated in focus groups as some registrant participants articulated it being difficult at times to “take the professional hat off” to focus on regulatory issues.

Role Clarity

FINDINGS

- **Focus Groups** – Some concerns emerged regarding discussions that happen outside of Council or committee meetings that may be inappropriate with respect to strategizing about or biasing Council or committee decision-making.
- **Focus Groups** – Some concerns emerged regarding the tendency of Committee Chairs and the Executive Committee to “vet” materials before these materials are allowed to go to a committee or Council. At times this feels like more than just “guidance” but rather that the substance of the advice is being changed. The Executive Committee meeting materials articulated three good questions regarding the role of the Executive Committee in reviewing materials:
 - Do you feel anything requires further clarification before it goes to Council?
 - Might Council need more or different information?
 - What questions do we anticipate Council might ask?These questions should never be interpreted to allow a Chair or the Executive Committee to change the substance of the committee or staff’s recommendations but merely to provide advice and guidance. Council deserves the objective views, information and perspectives from its regulatory staff and committees.
- **Doc Review** – Generally the governance documents are clear, simple and easy to follow. However, some of the documents do not foster clarity regarding roles either because they still reference practices rooted in association governance or do not reiterate the College’s role to protect people. Two examples include:
 - Role of Council does not clearly state the role of the college to protect people from the risks associated with physiotherapy care. The responsibilities of Council are very operational in nature, and do not connect the role of Council to its public protection mandate.
 - Significant operational responsibilities of the President still incorporated into the President role description. Some examples include:
 - “Act as a key spokesperson of the College...”
 - Solely responsible to “Develop the Council agenda...”
 - “Monitor and manage all risk-related matters and periodically reports this information to Council”



Role Clarity

RECOMMENDATIONS

- + Review of governance policies incorporated into the governance manual, including the Role of the President, to ensure that legacy “association governance” practices and language are updated.
- + Develop ongoing education, opportunities for discussion and clarity regarding:
 - What does it mean to “regulate in the public interest”?
 - What are the key public risks that Council and the college need to pay attention to?
 - What is “reasonable reliance” and how can Council develop more trust with staff and committees so as not to duplicate their work?
 - What is the appropriate role of the Executive Committee and Committee Chair in reviewing vetting meeting materials?
 - When it is appropriate to have discussions outside of the Council or committee meeting and when it is not?



Findings & Recommendations



Meetings

Meetings

Meaningful, successful Council and committee meetings are a critical success factor for college governance and ultimately the ability of a college to fulfill its desired regulatory outcomes. Council and committee meetings are where information, relationships and process all come together to support robust dialogue and good decisions..

FINDINGS

- **Focus Groups / Observation / Survey** – Generally meetings and meeting materials receive strong scores from Council members. Staff and Council members generally believe the materials are comprehensive, include good information “at the right level” of detail. The improvements in materials (new Briefing Note template, risk register and dashboard) were complimented as strong improvements.
- **Doc review / Focus Groups** – The rules of order that are used by Council are not easily accessible, not available online, and are seen by some as intimidating or irrelevant. Many Council members do not remember ever seeing the rules that are supposed to guide their deliberations. Some comment that “member motions” are not clear and wish there was a less adversarial process to ensure Council issues and questions are addressed.
- **Focus Groups** – Participants spoke of the value of offering ongoing learning to committee and Council chairs and vice chairs. Some participants spoke of having a “public” chair for the first time, how this aligns with best practice but that it is still uncomfortable for some.
- **Observation / Focus Groups** – At times the most amount of time is not spent on the most important issues. There were examples within both committee and Council meeting where the topics being discussed were not clearly focused on regulatory or public-protection issues or were not as ‘strategic’ as other issues that were deferred. Ongoing chair learning is required to support chairs to work collaboratively with staff to develop agendas that prioritize the most important issues and facilitate discussions that ensure the most important issues get the most amount of time and attention.
- **Observation / Focus Groups** – Some participants believe that meetings could be shorter. From observation however we sense there is a good balance of decision-making, learning and contextual information required to make good decisions in a rapidly changing and complex regulatory environment.
- **Observation** – Use of consent agenda was appropriate, could potentially be expanded if required. There was a very good briefing of the role of the consent agenda and the authority of any Council member to ask that items be taken off the agenda – which is critical to ensure it is never used, or seen to be used, to avoid Council deliberation or dissent.



Meetings

RECOMMENDATIONS

- + Consider replacing “rules of order” with customized meeting guidelines that are more easily accessible, less intimidating and support robust dialogue. Consider removing “member motions” in favour of a clear process within the meeting guidelines outlining how a Council member requests an issue be brought to Council.
- + Continue to develop new briefing note template. In addition to changes that have recently been made (e.g. adding “public interest rationale”), consider adding a section that provides information regarding internal and external impacts – impacts on patients; on internal resources, costs, and risks; on diversity, equity and inclusion considerations.



Findings & Recommendations

4

Oversight

Council has a number of critical oversight responsibilities. Oversight is what allows Council to be accountable for the effectiveness and sustainability of the college without working in the college day to day. Proper oversight and monitoring require the Council to be involved in the right discussions, with the right information in the right way.

1. Strategy Oversight

FINDINGS

Council and senior staff need to feel that the strategic plan and planning process is relevant and meaningful. Council needs to see good monitoring in place that allows them to have line of sight into the progress towards strategic priorities.

- **Survey** – One question asked on the survey is to name the college’s three top priorities – responses illustrate that there is misalignment with respect to the top priorities of the college. [Appendix A p. 55]
- **Survey** – Some concerns evident with respect to the “monitoring” of the strategic priorities. The new Registrar has stepped into the strategic plan, is ensuring that his work and reporting is tied to the strategic plan and ensuring that the staff see the strategic plan as core in their work. The issue of monitoring was not raised in the focus group discussions.
- **Survey / Focus Groups** – Some concern that Council does not spend enough time on the big strategic issues that could impact the organization, profession or broader system, instead focuses on the operations of the college within the current context.
- **Focus Groups** – Some new Council members do not feel “ownership” of the strategic plan, understandably, and wonder how they can become more familiar with the plan and the rationale for the priorities articulated.

RECOMMENDATIONS

- + Host a “strategy refresh” session for Council where the current strategic plan can be reviewed and the rationale for the plan outlined for new Council members. Alternatively, develop a briefing note for new Council members to outline the strategy rationale and considerations that formed the current strategic plan.
- + Include strategy progress updates in the Dashboard that is being developed.

2. Risk Oversight

FINDINGS

Council needs to be paying attention to two types of risk: risks to patients and enterprise risks. Overseeing “risk to the public,” begins to blur into the “regulatory oversight” function as it relates to the role that the college plays in identifying and managing the risks of harm to patients associated with the practice of physiotherapy in Ontario. Enterprise risks are the risks that could get in the way of the college fulfilling its mandate (e.g. financial, environmental, reputational, etc.). Enterprise risk oversight involves ensuring there is a strong enterprise risk management framework in place and having a way to monitor, as Council, the most strategic risks to the college and how they are being managed.

- **Observation / Focus Group** – significant work has gone into the development of a risk register to monitor enterprise risk. Additionally, Council received education regarding enterprise risk management at the September Council meeting. Although informative, some participants questioned the applicability to Council and still have questions about their role in oversight of enterprise risk.
- **Focus Groups** – When asked the question ‘what are the most important risk of harm to the public that the college is paying attention to’ there was no clear, consistent response from participants.

RECOMMENDATIONS

- + Continue to develop the Enterprise Risk Management framework including the risk register that will support Council’s monitoring of the most strategic enterprise risks. Consider providing additional education to Council with respect to their key risk oversight (not risk management) responsibilities.

3. Regulatory Oversight

FINDINGS

Council needs to know that the regulatory programs they have in place are effective, are addressing the identified risks of harm to the public, are a proportionate and appropriate way to manage the risk, and there are no unintended consequences associated with the programs.

- **Observation** – Council relies heavily on having Council members on its regulatory committees as a way of “monitoring the effectiveness of the committees”. Annual committee reports are another mechanism referenced with respect to regulatory committee effectiveness. Committees play only a small role in the overall regulatory “programs” and Council needs to ensure it is overseeing the program, not just the work of the committee. Additionally, Council member involvement in regulatory committees reinforces the tendency of Council members to get “into the operational weeds” instead of staying at the oversight level.
- **Observation** – New dashboard is an excellent tool for Council to monitor regulatory programs if the key performance indicators being measured align with the regulatory outcomes – managing the risks of harm to the public.
- **Focus Groups** – Some participants question the effectiveness of some of the current regulatory programs and do not believe they have the information to justify whether it makes sense to continue to engage in the work or not.

RECOMMENDATIONS

- + Continue to develop the Dashboard ensuring that what is being measured with respect to regulatory programs aligns with regulatory outcomes.

4. Registrar Oversight

FINDINGS

One of Council's most important responsibilities is to ensure that the organization has the leader it needs to fulfill its mandate and execute its strategic priorities. Once the Registrar is in place the Council has a responsibility to monitor the Registrar's performance and provide the feedback and support the Registrar needs to be successful.

- **Doc Review / Focus Groups** – The college has a good Performance Review Process for the Registrar outlined in policy. However, to date there has not been a consistent external HR resource retained to support the President, Council and the Registrar in navigating this process in a consistent, reliable and professional manner. It is expected that the President can manage a process like this themselves or seek out their own resource to support them in this work. Council members are unclear when or how the process works and how their feedback of the Registrar will be collected and synthesized.
- **Focus Groups** – Some participants question whether the Registrar performance review process should be tied to Registrar compensation as is the case in many colleges.
- **Survey / Focus Groups** – Participants do not understand what process is in place to deal with an unexpected event in which the Registrar is unable to fulfill his duties.

RECOMMENDATIONS

- + Council to discuss the ongoing executive HR resourcing required to support Council and the President facilitate the Registrar performance process outlined in the policy, in a consistent and meaningful way.
- + Council to work with the Registrar to develop an "Emergency Registrar Succession Plan" that outlines what happens if the Registrar is unexpectedly unable to fulfill his duties. This plan would ensure continuity of leadership until such time that Council is able to appoint a permanent successor.

5. Financial Oversight

Findings

Council needs to ensure that the college has the resources, controls and processes to sustainably fulfill its public protection mandate. This includes ensuring it has the resources, systems, and controls to manage financial risk, to develop and monitor a budget, and to set fees. Ultimately Council needs to ensure that the college is positioned, from a resourcing perspective, to fulfill its mandate.

- Survey / Focus Groups – The ratings for financial oversight were lower than other oversight responsibilities. This is not surprising as often health professional regulatory governors do not feel comfortable with the financial oversight role. Although no specific issues emerged with respect to financial reporting or access to information, there was a concern expressed by some focus group participants with regard to the reluctance of Council to increase fees, and whether the resources were in place to realistically execute the strategic plan and continue to fulfill the mandate in an increasingly expensive environment.
- Observation / Focus Groups – There is some confusion with respect to the process to set fees. An association bases its fees on the “value to members” and the members willingness to pay. A regulator bases its fees on the “cost of regulation” divided by the number of anticipated registrants. Although Council needs to be conscious of potential unintended consequences of significant fee increases and

ensuring that fee increases are reasonable and justified – often the impact of fees on registrants dominates fee discussions. Instead, the discussion should be focused on what resources are needed to do the regulatory work. Some participants believe that fee deliberations are not focused on the right issues.

RECOMMENDATIONS

- + Develop a set of principles, focused on the public protection mandate of the college, to guide fee decisions. These principles could be communicated broadly to registrants so they too have an understanding of the process.

6. Stakeholder Oversight

Findings

Regulatory colleges are a part of a broader system of stakeholders. Although it is staff's responsibility to manage stakeholder relations, the Council needs to be aware of the status of key strategic relationships and ensure that these relationships align with what is required for the college to fulfill its mandate, achieve its strategic priorities and have the systemic impact it wants to have.

- **Focus Groups / Doc Review** – Not clear what the key stakeholder relationships are that the college needs to be intentional about and how Council should be monitoring these relationships.
- **Focus Groups** – Some concern expressed that currently the college is not positioned with government and other stakeholders to play an influential role with respect to health human resources discussions and policy changes being contemplated.

RECOMMENDATIONS

- + Engage in a strategic Council discussion, with senior staff, about who the key stakeholders are for the college in relation to the college's strategic priorities, what type of relationship is required for each stakeholder, and how it can be monitored over time.



Findings & Recommendations



Learning & Evaluation

Learning & Evaluation

Intentional learning and meaningful feedback are critical at all levels of the organization including Council and committees.

FINDINGS

- **Focus Groups / Observation** – Council members come from different backgrounds and experiences and therefore have different learning needs. Council education should appreciate these diverse, individual needs. Participants identify the following in terms of desired learning opportunities:
 - More informal learning from fellow Council members – more opportunity for “mentorship”.
 - Regular ongoing learning for Council and committee members including: governance fundamentals, physiotherapy practice and industry context, and regulatory fundamentals.
- **Focus Groups** – Some participants appreciate the current Council orientation, others believe it is like “drinking from a firehose” explaining that it’s too much information over a very short period of time.
- **Focus Groups** – Participants emphasized the importance the role that the chair (of Council or a committee) plays and believes customized chair education would impact Council and committee effectiveness, relationships, inclusion, and relationships with staff.
- **Focus Groups / Doc Review** – Currently there is no consistent governance evaluation framework in place. Generally, participants are supportive of more feedback and improved evaluations of

Council, committee, chairs and themselves. Participants reiterate that there needs to be a “safe space created” where real feedback can be communicated, and current processes don’t often result in meaningful constructive feedback or accountability if required. Currently the President holds responsibility for the performance evaluation of every Council member and committee chair – which is a significant amount of work without a developed framework to rely on.

- **Observation** – Current “meeting evaluations” provide some good information to support government operations but don’t provide high-level governance feedback to improve and refine the broader governance policies and approach.
- **Doc Review / Observation** – The Council Succession Planning Policy outlines a clear succession planning approach. Some colleges have moved away from a “single stream” of succession where the Vice Chair, or Vice President is the succession plan to a “multi-stream” approach where not only the Vice President or Vice Chair, but all chairs of “governance-level” committees (not regulatory committees) are seen to be “practicing chairship” and therefore eligible to move into the Council Chair role.



Learning & Evaluation

RECOMMENDATIONS

- + Rethink orientation for Council members to be over a period of one year. This orientation plan would articulate what learning, both formal and informal, would be valuable for a Council member to have access to within their first year, and could be flexible to respond to the unique experience and background of each new Council member.
- + Develop a Council member learning framework, connected to the annual Council member evaluation process to provide a customized learning strategy for each Council member.
- + Develop a new Council and Committee evaluation framework over time to provide feedback to:
 - Council and committees as a whole
 - Council and committee chairs
 - Council and committee members.
- + Clearly articulate a specific committee that is responsible for this evaluation framework.



Findings & Recommendations



Diversity, Equity & Inclusion

Diversity, Equity & Inclusion

FINDINGS

The need for diversity within governing bodies is well established. However, just being diverse is not good enough, governing bodies also have to clarify behavioural expectations, develop supports and create inclusive space so the increased diversity has a positive impact.

- **Observation / Focus Groups** – The college is currently developing and defining its organization-wide approach to diversity, equity and inclusion including how it protects the diverse patients and “publics” it serves. This work needs to align with how diversity, equity and inclusion are incorporated into the college’s governance practices and structures. There was a reluctance at the committee and Council table to ask for more personal information from registrants and those interested in serving on Council and committees. Diversity is hard to measure and monitor without good demographic information. Although sensitive, if registrants and potential Council and committee members know why you are asking for the information, how it will be used and trust that you will use it accordingly, meaningful information can be collected to inform your DEI commitments.
- **Survey / Focus Groups** – More diversity is required at the Council and committee tables, including specific reference to:
 - Indigenous lived experience, Indigenous professionals;
 - Diversity re: years of experience;
 - Internally trained professionals; and
 - Increased diversity reflecting both the diversity with the public served and the profession.
- **Focus Groups / Observation** – One of the barriers to inclusivity is that dominant voices at Council table often overwhelm quieter voices. There needs to be more effort by the President, and Council as a whole, to ensure these voices are invited. There may be opportunities to step outside of the “rigid rules-based meetings” and have more engagement, more breakout sessions, utilize different practices in an attempt at getting more input from some voices.
- **Focus Groups / Observations** – There are some governance structural issues that are getting in the way of broader diversity. Currently geographic diversity is seen as more important than other types of diversity by nature of the geographic electoral districts built into the election framework. By eliminating these districts and implementing a process where elections are informed by competency and diversity needs – more diversity at Council is possible. Regulators across the country that continue to have elections, have developed nomination structures and committees to support elections and ensure the Council is getting the diversity and competencies that it needs.



Diversity, Equity & Inclusion

RECOMMENDATIONS

- + Review the current election process to consider emerging regulatory election practices including:
 - Elimination of geographic electoral district in favour of a single district.
 - Creation of a nomination process to vet or recommend candidates that meet articulated competency and diversity needs.
 - Creation of an independent nominations committee to lead competency and diversity needs assessment of candidates.



Findings & Recommendations



Committee Effectiveness

Committee Effectiveness

FINDINGS

Committees are critical both for the functioning of governance and regulatory programs within a college. A college's committee framework must evolve as a college and the internal capacity of college staff evolve. Council needs to ensure that committees are still relevant, and have the mandate clarity, composition and staff resources to operate effectively. Council must also have proper reporting in place from committees to ensure they are making good, public-interest decisions.

- **Survey** – No critical issues are flagged in the survey with respect to committee performance.
- **Observation / Focus Groups** – Council members have a significant commitment not just with respect to their Council responsibilities but also regulatory and “governance-level” committee responsibilities. Participants seem to be divided on this – some participants wish they could focus on their Council role and not have to serve on statutory committees, and further believe that having Council members on the regulatory committees makes it much easier for Council to dive into regulatory operations. On the other hand, some Council members believe that serving on regulatory committees fosters a deeper understanding of the regulatory work and allows an “oversight link” from Council to the committees. The emerging practice for regulators is to separate governance from regulatory operations and create more formalized reporting of regulatory programs (not just committees) into Council. In some provinces legislation prohibits “board” members from serving on regulatory committees to ensure the separation of governance and operations.
- **Focus Groups** – Some participants would like to see briefing notes and reporting from committees align with the briefing note and reporting formats from staff.
- **Focus Groups / Doc Review / Observation** – The college is making progress in developing a competency-based framework for both Council and committees. Generally, Council members are supportive. Some believe that it should move faster and that more should be done to influence Council elections. Other Council members are still concerned how this change might deter front line professionals from running for election if the requirements are too stringent. Some participants expressed concern that, currently, committee appointments are not based on competencies but preference and relationships with Executive Committee members. Some participants support a “nominations committee” that is separate from the Executive Committee, to make competency-based committee recommendations to Council.

Committee Effectiveness

FINDINGS

- **Focus Groups, Observation** – With the reduced size of governing bodies and the ability to meet virtually in case of emergencies, many colleges have eliminated Executive Committees. In the Ontario context, Executive Committees are a legislative requirement. The Executive Committee must ensure that it is not working outside its mandate and Council must regularly review the mandate of the Executive Committee to ensure it is appropriate. Some participants are concerned that the Executive Committee's mandate and how they work may no longer be appropriate. Other participants believe that the Executive Committee currently plays an important role.

Committee Effectiveness

RECOMMENDATIONS

- + Engage in a Committee Governance Review looking at current committee governance practices, emerging governance practices, and addressing (but not limited to) the following specific issues:
 - Roles, responsibilities and authority of both regulatory and governance-level committees, including the Executive Committee.
 - Identifying the committees that are still needed and the committees that may no longer be necessary.
 - Committee composition including the role of Council members on committees; role of non-Council public members; competencies and diversity requirements.
 - Role and competencies of Committee Chairs.
 - The role of an independent Nominations Committee to make committee composition recommendations based on articulated competency and diversity needs.
 - Committee member term limits and cooling off periods.
 - Reporting requirements and process.

- + This Committee Review may result in certain recommendations to government for changes to legislation and policy that may be outdated.

Summary of Recommendations

Human Dynamics

- + In addition to the hybrid meetings being offered, consider having at least two meetings per year in person, where Council members commit to attend in person. This will ensure that all Council members benefit from in person connection and relationship building.
- + Review current term limits and cooling off periods for Council and committee members in order to align with emerging best practice across other regulators and balancing the need for experience with the need for increased diversity and renewal. Ensure that current and future term limits are enforced, with very limited exceptions, if any. We recommend that current term limits for Council and committee members are decreased from 9 to 6 years. We recommend creating a restriction that once the maximum term has been served a person is ineligible to run for Council elections again or serve on that committee again.
- + Engage in a process to refresh the Code of Conduct. Use this as an opportunity to review other examples of Codes of Conduct and engage Council in a discussion about the expectations and cultural norms they would like to see articulated in a Code of Conduct.

- + Continue to work with government to provide feedback regarding the current Remuneration Framework and recommendations for continuous improvement.

Role Clarity

- + Review of governance policies incorporated into the governance manual, including the Role of the President, to ensure that legacy “association governance” practices and language are updated.
- + Develop ongoing education, opportunities for discussion and clarity regarding:
 - + What it means to “regulate in the public interest”
 - What are the key public risks that Council and the college need to pay attention to.
 - What is “reasonable reliance” and how can Council develop more trust with staff and committees so as not to duplicate their work.
 - The appropriate role of the Executive Committee and Committee Chair in reviewing vetting meeting materials.
 - When it is appropriate to have discussions outside of the Council or committee meeting and when it is not.

Summary of Recommendations

Meetings

- + Consider replacing “rules of order” with customized meeting guidelines that are more easily accessible, less intimidating and support robust dialogue. Consider removing “member motions” in favour of a clear process within the meeting guidelines outlining how a Council member requests an issue be brought to Council.
- + Continue to develop new briefing note template. In addition to changes that have recently been made (e.g. adding “public interest rationale”), consider adding a section that provides information regarding internal and external impacts – impacts on patients; on internal resources, costs, and risks; on diversity, equity and inclusion considerations.

Strategy Oversight

- + Host a “strategy refresh” session for Council where the current strategic plan can be reviewed, updated if required, and the rationale for the plan outlined for new Council members. Alternatively, develop a briefing note for new Council members to outline the strategy rationale and considerations that formed the current strategic plan.
- + Include strategy progress updates in the Dashboard that is being developed.

Risk Oversight

- + Continue to develop the Enterprise Risk Management framework including the risk register that will support Council’s monitoring of the most strategic enterprise risks. Consider providing additional education to Council with respect to their key risk oversight (not risk management) responsibilities.

Regulatory Oversight

- + Continue to develop the Dashboard ensuring that what is being measured with respect to regulatory programs aligns with regulatory outcomes.

Registrar Oversight

- + Council to discuss the ongoing executive HR resourcing required to support Council and the President facilitate the Registrar performance process outlined in the policy, in a consistent and meaningful way.
- + Council to work with the Registrar to develop an “Emergency Registrar Succession Plan” that outlines what happens if the Registrar is unexpectedly unable to fulfill his duties. This plan would ensure continuity of leadership until such time that Council is able to appoint a permanent successor.

Summary of Recommendations

Financial Oversight

- + Develop a set of principles, focused on the public protection mandate of the college, to guide fee decisions. These principles could be communicated broadly to registrants so they too have an understanding of the process.

Stakeholder Oversight

- + Engage in a strategic Council discussion, with senior staff, about who the key stakeholders are for the college in relation to the college's strategic priorities, what type of relationship is required for each stakeholder, and how it can be monitored over time.

Learning & Evaluation

- + Rethink orientation for Council members to be over a period of one year. This orientation plan would articulate what learning, both formal and informal, would be valuable for a Council member to have access to within their first year, and could be flexible to respond to the unique experience and background of each new Council member.
- + Develop a Council member learning framework, connected to the annual Council member evaluation process to provide a customized learning strategy for each Council member.

- + Develop a new Council and Committee evaluation framework over time to provide feedback to:
 - Council and committees as a whole
 - Council and committee chairs
 - Council and committee members.
- + Clearly articulate a committee that is responsible for this evaluation framework.

Diversity, Equity & Inclusion

- + Review the current election process to consider emerging regulatory election practices including:
 - Elimination of geographic electoral district in favour of a single district.
 - Creation of a nomination process to vet or recommend candidates that meet articulated competency and diversity needs.
 - Creation of an independent nominations committee to lead competency and diversity needs assessment of candidates.

Summary of Recommendations

Committee Effectiveness

- + Engage in a Committee Governance Review looking at current committee governance practices, emerging governance practices, and addressing (but not limited to) the following specific issues:
 - Roles, responsibilities and authority of both regulatory and governance-level committees, including the Executive Committee.
 - Identifying the committees that are still needed and the committees that may no longer be necessary.
 - Committee composition including the role of Council members on committees; role of non-Council public members; competencies and diversity requirements.
 - Role and competencies of Committee Chairs.
 - The role of an independent Nominations Committee to make committee composition recommendations based on articulated competency and diversity needs.
 - Committee member term limits and cooling off periods.
 - Reporting requirements and process.

- + This Committee Review may result in certain recommendations to government for changes to legislation and policy that may be outdated.



Appendix A





The Regulator's
Practice

GOVERNANCE PRACTICE REVIEW SURVEY RESULTS



College of Physiotherapists of Ontario

 August 2023

Introduction

This summary report includes the survey results of the **2023 CPO Governance Practice Review**.

Organization of the Survey Results

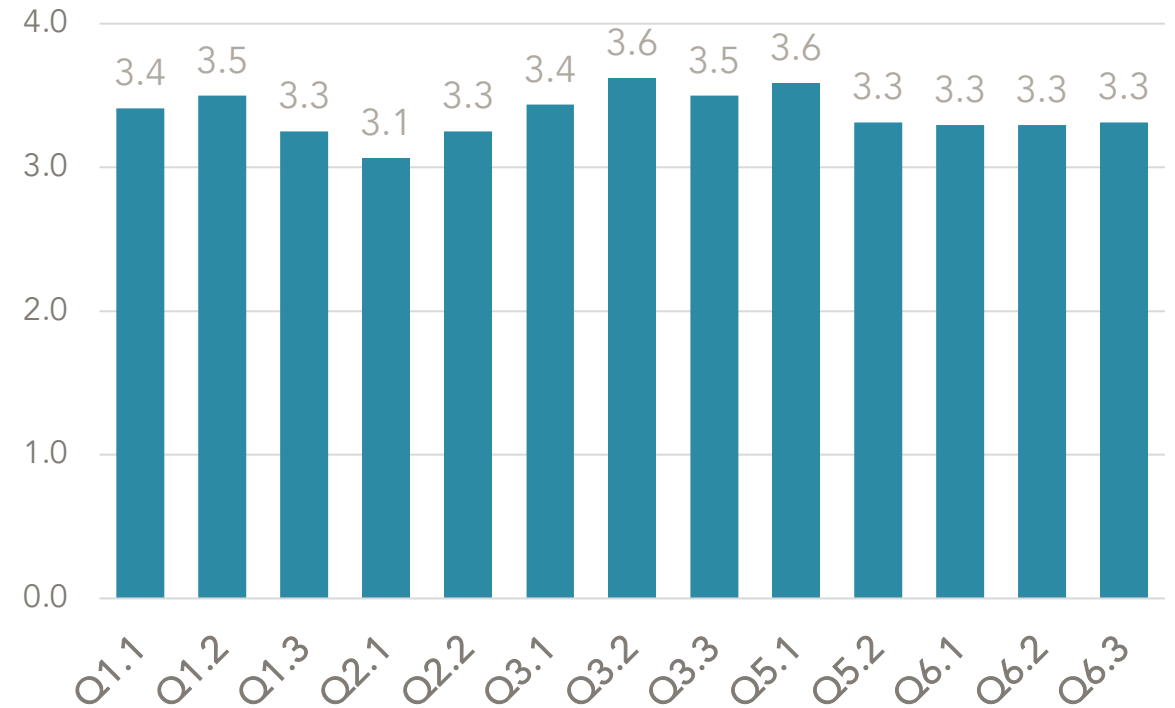
You will see a summary for the results of each quantitative question organized by category and displayed through both numerical **Heat Maps** and visual bar graphs. We have also included a summarized version of the group feedback from any qualitative areas of inquiry.



1. Decision-making



| Question | 4 | 3 | 2 | 1 | N/A | AVG | |
|---|--|----|----|---|-----|-----|-----|
| Decisions get made & deliver on the public interest mandate. | | | | | | | |
| Q1.1 | I understand my role and duties as a Council member. | 7 | 10 | 0 | 0 | 0 | 3.4 |
| Q1.2 | The Council discusses how best to serve the public interest. | 8 | 8 | 0 | 0 | 0 | 3.5 |
| Q1.3 | Council members openly declare and manage conflicts of interest. | 6 | 8 | 2 | 0 | 1 | 3.3 |
| Q2.1 | The Council spends the most amount of time on the most important issues. | 5 | 8 | 2 | 1 | 1 | 3.1 |
| Q2.2 | The Council has time to deal with the issues that need its attention. | 5 | 10 | 1 | 0 | 1 | 3.3 |
| Q3.1 | Council members are prepared for meetings. | 7 | 9 | 0 | 0 | 1 | 3.4 |
| Q3.2 | Council materials help me to make informed decisions. | 10 | 6 | 0 | 0 | 0 | 3.6 |
| Q3.3 | Council-only discussions focus only on issues that should not be discussed with staff in the room. | 7 | 7 | 0 | 0 | 3 | 3.5 |
| Q5.1 | I know what is expected of my behaviour and conduct. | 10 | 7 | 0 | 0 | 0 | 3.6 |
| Q5.2 | We are respectful when sharing and working to understand diverse perspectives. | 7 | 7 | 2 | 0 | 1 | 3.3 |
| Q6.1 | I understand how the role of Council is different than the role of Management. | 5 | 12 | 0 | 0 | 0 | 3.3 |
| Q6.2 | Management is open to feedback from Council. | 6 | 10 | 1 | 0 | 0 | 3.3 |
| Q6.3 | Council is open to feedback from Management. | 6 | 9 | 1 | 0 | 1 | 3.3 |



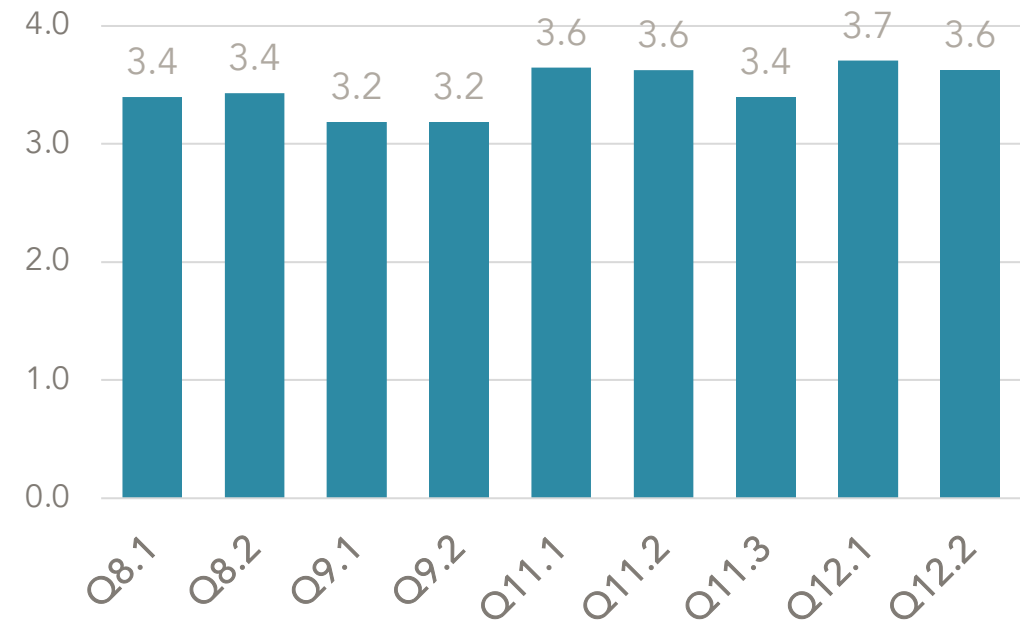
QUESTION SCALE

4: Strongly Agree 2: Strongly Disagree N/A: I don't know/No Comment
 3: Agree 1: Disagree

1. Decision-making (Cont'd)



| Question | | 4 | 3 | 2 | 1 | N/A | AVG |
|---|---|----|----|---|---|-----|-----|
| Decisions get made & deliver on the public interest mandate. | | | | | | | |
| Q8.1 | The Council President is effective at managing meetings. | 7 | 7 | 1 | 0 | 2 | 3.4 |
| Q8.2 | The Council President ensures that the most important work is done. | 7 | 6 | 1 | 0 | 3 | 3.4 |
| Q9.1 | We have the diverse perspectives we need to make well informed decisions. | 3 | 13 | 0 | 0 | 1 | 3.2 |
| Q9.2 | We seek out diverse perspectives through consultation, external advisors, or other avenues when we know we do not have that | 4 | 11 | 1 | 0 | 1 | 3.2 |
| Q11.1 | Council decisions are clearly recorded and reported. | 11 | 6 | 0 | 0 | 0 | 3.6 |
| Q11.2 | We are committed to transparency of decisions except those that are confidential. | 11 | 4 | 1 | 0 | 1 | 3.6 |
| Q11.3 | Council members publicly support board decisions after they have been made. | 7 | 7 | 1 | 0 | 2 | 3.4 |
| Q12.1 | Regulatory decisions focus on mitigating risks of harm to the public. | 12 | 5 | 0 | 0 | 0 | 3.7 |
| Q12.2 | I am confident that our regulatory policies and practices reduce risks of harm to the public. | 10 | 6 | 0 | 0 | 1 | 3.6 |



QUESTION SCALE

4: Strongly Agree
3: Agree

2: Strongly Disagree
1: Disagree

N/A: I don't know/No Comment



10

What perspectives do we need more of and why?

1 Decision-making

Overall:

- Patient (incl. Indigenous & marginalized communities)
- Academic
- Industry Newcomers (IEPT)
- Diversity of membership

At Council and Committee:

- Understand diversity of members and invite their viewpoints
- Increase diverse Council and Committee representation
- Use focus groups or Committees to engage specific parts of membership

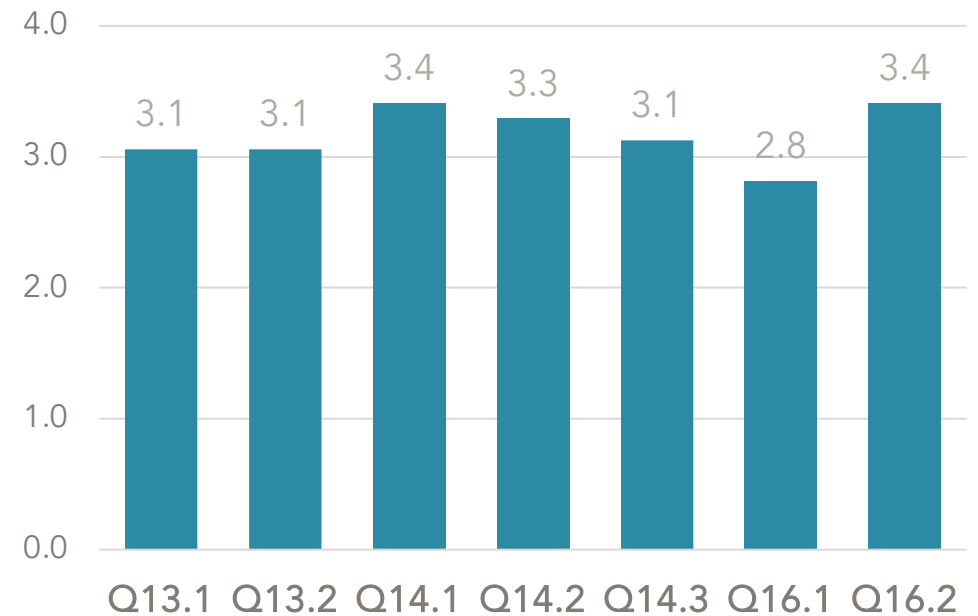
Increase in critical discussion at Council:

- Need more options for consideration, increased discussion of the options.
- Invite dissent and different perspectives from a diversity of members.

2. Strategy Oversight



| Question | | 4 | 3 | 2 | 1 | N/A | AVG |
|---|---|---|----|---|---|-----|-----|
| Clear, relevant strategy with measurable priorities. | | | | | | | |
| Q13.1 | I understand the external factors that impact the organization's work. | 3 | 12 | 2 | 0 | 0 | 3.1 |
| Q13.2 | We consider relevant external risks and factors when we make decisions. | 4 | 10 | 3 | 0 | 0 | 3.1 |
| Q14.1 | Council is appropriately involved in strategic planning. | 7 | 10 | 0 | 0 | 0 | 3.4 |
| Q14.2 | The strategic plan informs our decisions. | 6 | 10 | 1 | 0 | 0 | 3.3 |
| Q14.3 | We have clear strategic priorities. | 3 | 12 | 1 | 0 | 1 | 3.1 |
| Q16.1 | Council monitors and evaluates progress on strategic priorities. | 1 | 11 | 4 | 0 | 1 | 2.8 |
| Q16.2 | We shift our plans as circumstances change. | 7 | 10 | 0 | 0 | 0 | 3.4 |



QUESTION SCALE

4: Strongly Agree
3: Agree

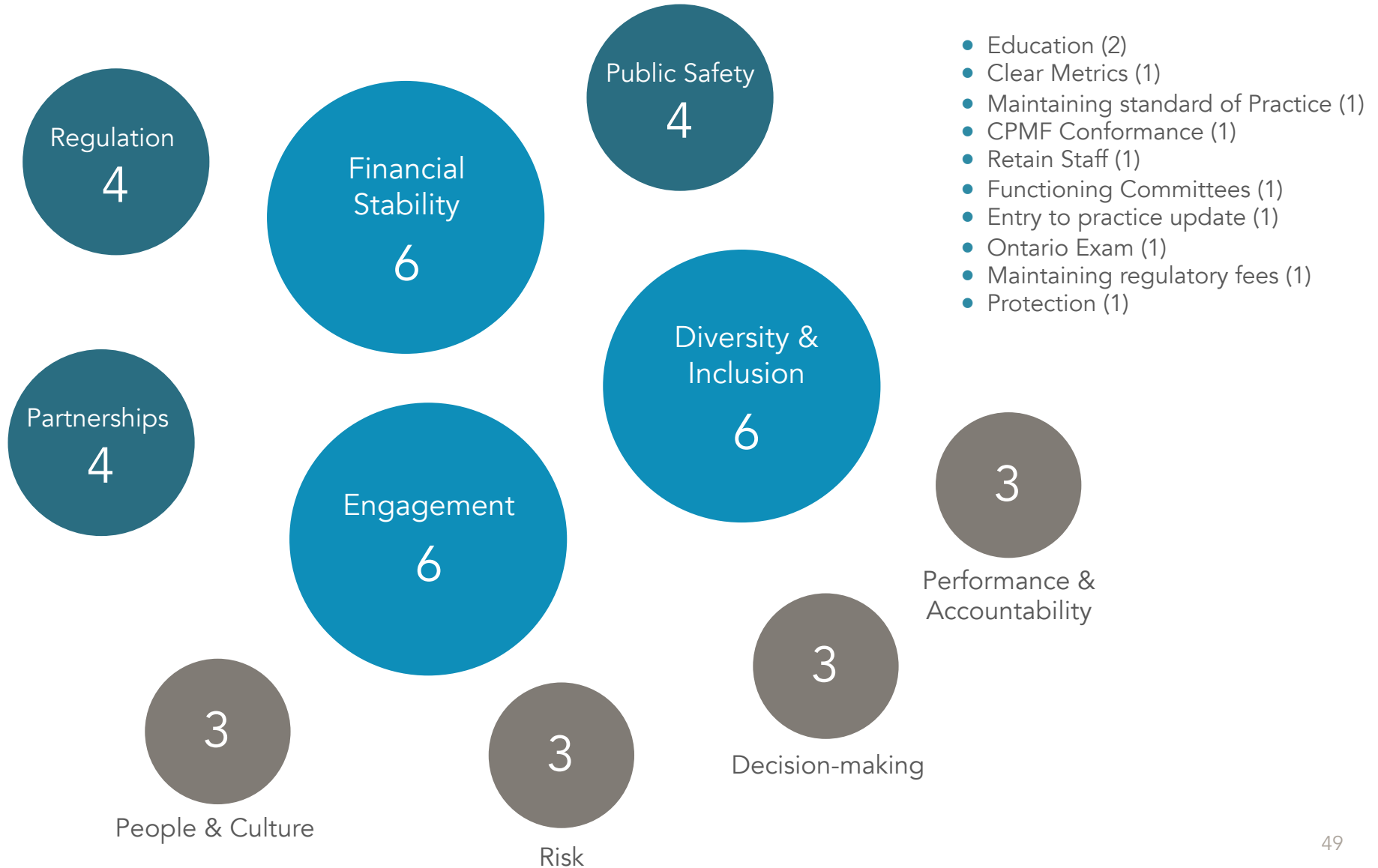
2: Strongly Disagree
1: Disagree

N/A: I don't know/No Comment



2 Strategy Oversight

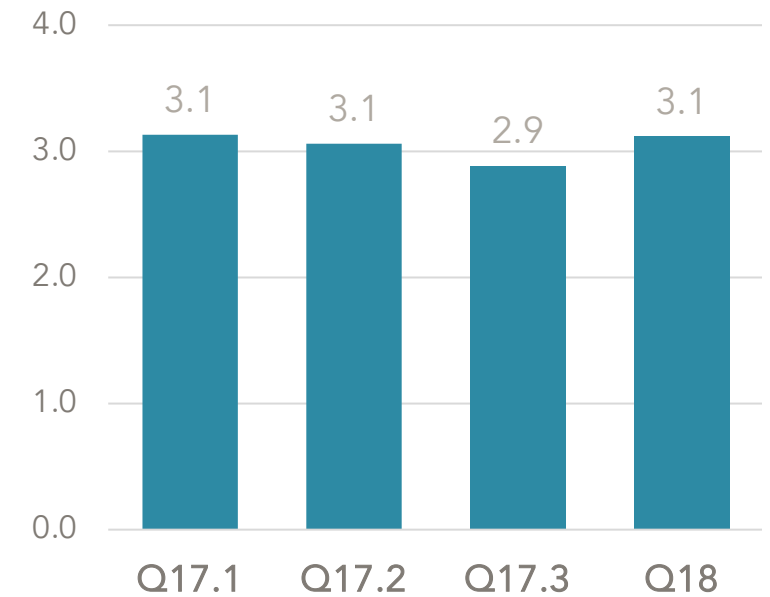
15 What are the top three strategic priorities of the College from your perspective?



3. Financial Oversight



| Question | | 4 | 3 | 2 | 1 | N/A | AVG |
|--|---|---|----|---|---|-----|-----|
| Financial sustainability & resourcing that enables regulatory work to meet public expectations. | | | | | | | |
| Q17.1 | I am comfortable with my financial oversight role. | 3 | 11 | 1 | 0 | 1 | 3.1 |
| Q17.2 | Council has the skills and experience to oversee the financial management of the organization. | 4 | 9 | 3 | 0 | 0 | 3.1 |
| Q17.3 | The organization has the budget, controls, and processes in place to ensure it continues to be sustainable. | 2 | 11 | 4 | 0 | 0 | 2.9 |
| Q18 | Council engages in discussion with management to approve the budget and set fees. | 3 | 13 | 1 | 0 | 0 | 3.1 |



QUESTION SCALE

4: Strongly Agree
3: Agree

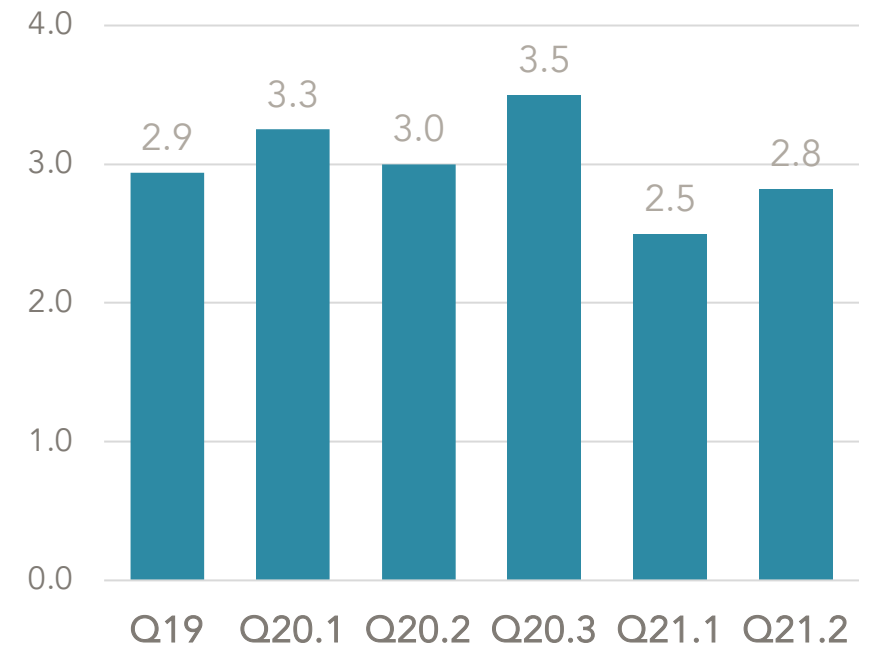
2: Strongly Disagree
1: Disagree

N/A: I don't know/No Comment

4. Leadership Oversight



| Question | | 4 | 3 | 2 | 1 | N/A | AVG |
|---|--|---|---|---|---|-----|-----|
| Consistent leadership and organizational culture that enables the work that needs to get done. | | | | | | | |
| Q19 | Council receives updates and information to monitor the culture of the organization. | 4 | 7 | 5 | 0 | 0 | 2.9 |
| Q20.1 | The Registrar and CEO's annual goals align with the goals of the organization. | 3 | 4 | 1 | 0 | 9 | 3.3 |
| Q20.2 | I understand where the Registrar and CEO is strong and where growth is needed. | 2 | 6 | 2 | 0 | 7 | 3.0 |
| Q20.3 | The Registrar and CEO can access the professional development they need to grow and learn. | 6 | 6 | 0 | 0 | 5 | 3.5 |
| Q21.1 | We have a Registrar and CEO succession plan. | 0 | 7 | 4 | 1 | 5 | 2.5 |
| Q21.2 | I am confident that succession planning takes place for key leaders. | 2 | 5 | 4 | 0 | 6 | 2.8 |



QUESTION SCALE

4: Strongly Agree
3: Agree

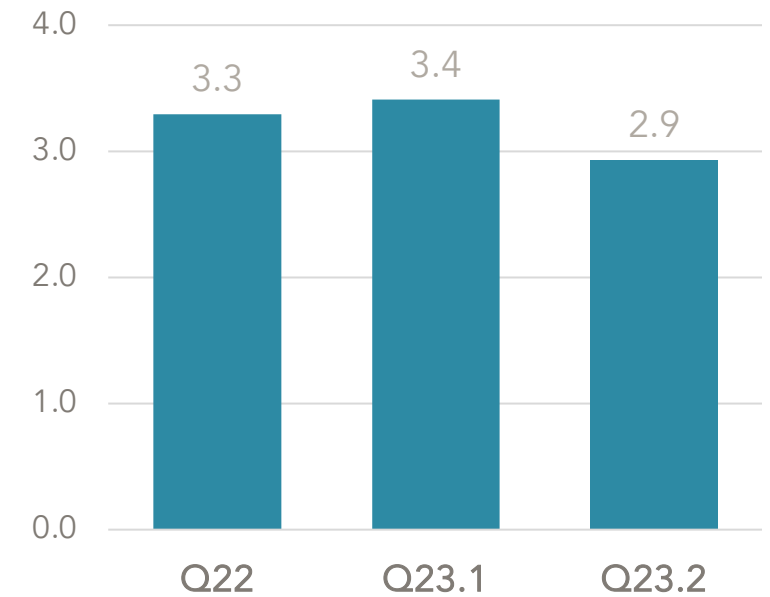
2: Strongly Disagree
1: Disagree

N/A: I don't know/No Comment

5. Risk Oversight



| Question | | 4 | 3 | 2 | 1 | N/A | AVG |
|--|---|---|----|---|---|-----|-----|
| Risks to the organization are understood and managed. | | | | | | | |
| Q22 | I understand the role of Council in oversight of risk. | 5 | 12 | 0 | 0 | 0 | 3.3 |
| Q23.1 | Risks are discussed as part of the Council's decision-making. | 7 | 10 | 0 | 0 | 0 | 3.4 |
| Q23.2 | Risk is being properly managed throughout the organization. | 1 | 12 | 2 | 0 | 2 | 2.9 |



QUESTION SCALE

4: Strongly Agree
3: Agree

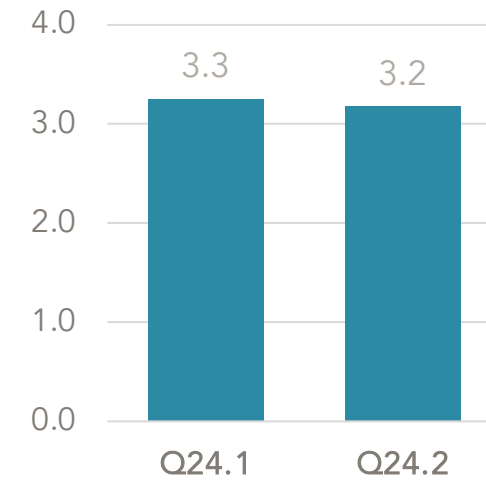
2: Strongly Disagree
1: Disagree

N/A: I don't know/No Comment

6. Committee Effectiveness



| Question | | 4 | 3 | 2 | 1 | N/A | AVG |
|--------------------------------|--|---|----|---|---|-----|-----|
| Committee Effectiveness | | | | | | | |
| Q24.1 | We regularly review our Committees to ensure they are relevant and valuable to Council's work. | 4 | 12 | 0 | 0 | 1 | 3.3 |
| Q24.2 | Our Committee appointment process results in the right people being appointed to the right committees. | 5 | 11 | 0 | 1 | 0 | 3.2 |

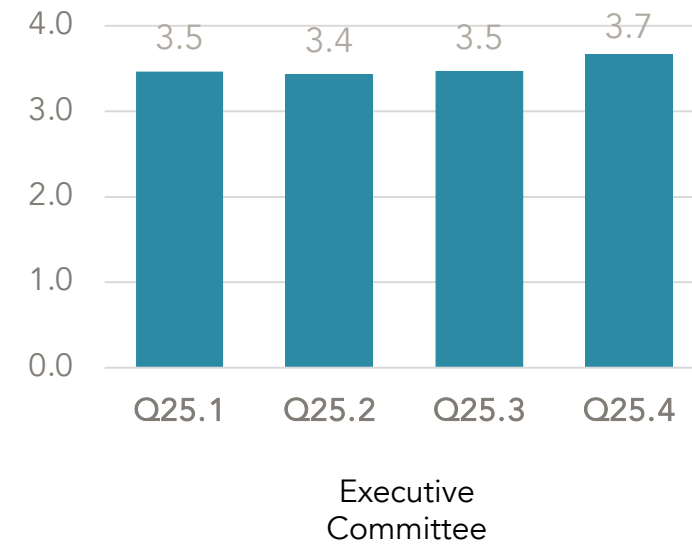


Committee Effectiveness

6. Committees Effectiveness



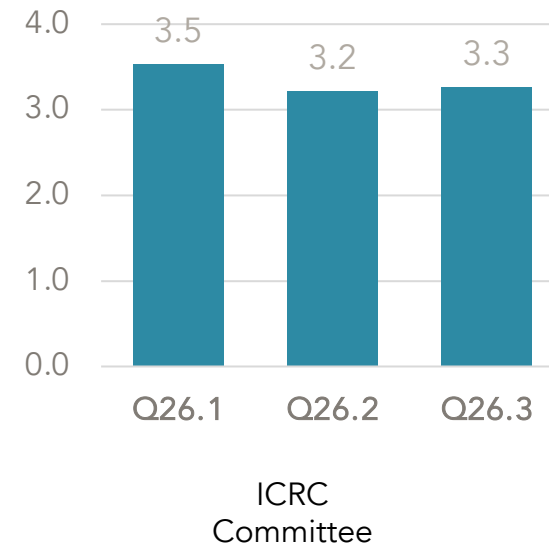
| Question | | 4 | 3 | 2 | 1 | N/A | AVG |
|-------------------------------|---|----|---|---|---|-----|-----|
| 1. Executive Committee | | | | | | | |
| Q25.1 | This Committee is relevant, has a clear role and clear expectations for its work. | 8 | 6 | 1 | 0 | 2 | 3.5 |
| Q25.2 | This Committee is composed of the right people to execute their responsibilities effectively. | 9 | 6 | 0 | 1 | 1 | 3.4 |
| Q25.3 | This Committee plays a valuable role in supporting Council in its work. | 9 | 7 | 1 | 0 | 0 | 3.5 |
| Q25.4 | The work of this Committee makes Council operate more efficiently. | 10 | 5 | 0 | 0 | 2 | 3.7 |



6. Committees Effectiveness



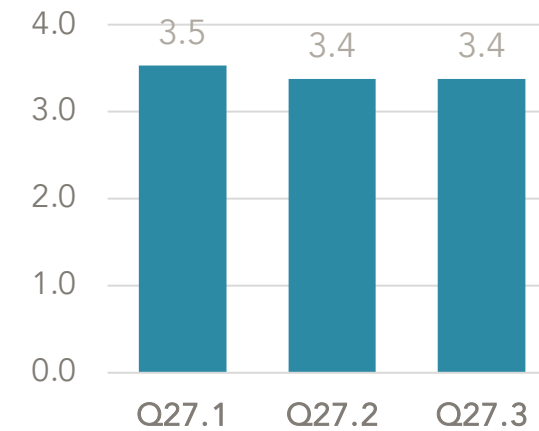
| Question | | 4 | 3 | 2 | 1 | N/A | AVG |
|--|--|---|---|---|---|-----|-----|
| 2. Inquiries, Complaints and Reports (ICRC) | | | | | | | |
| Q26.1 | This Committee is relevant, has a clear role and clear expectations for its work. | 8 | 7 | 0 | 0 | 2 | 3.5 |
| Q26.2 | This Committee is composed of the right people to execute their regulatory responsibilities effectively. | 5 | 7 | 2 | 0 | 3 | 3.2 |
| Q26.3 | This regulatory Committee executes its mandate effectively. | 6 | 8 | 0 | 1 | 2 | 3.3 |



6. Committees Effectiveness



| Question | | 4 | 3 | 2 | 1 | N/A | AVG |
|--|--|---|---|---|---|-----|-----|
| 3. Discipline & Fitness to Practise | | | | | | | |
| Q27.1 | This Committee is relevant, has a clear role and clear expectations for its work. | 9 | 8 | 0 | 0 | 0 | 3.5 |
| Q27.2 | This Committee is composed of the right people to execute their regulatory responsibilities effectively. | 7 | 8 | 1 | 0 | 1 | 3.4 |
| Q27.3 | This regulatory Committee executes its mandate effectively. | 7 | 8 | 1 | 0 | 1 | 3.4 |

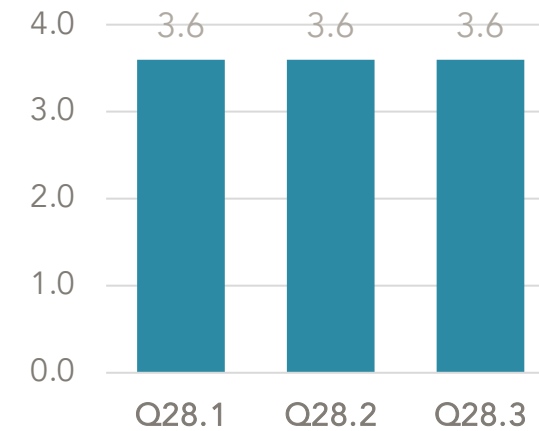


Discipline & Fitness to
Practice Committee

6. Committee Effectiveness



| Question | | 4 | 3 | 2 | 1 | N/A | AVG |
|-----------------------------|--|---|---|---|---|-----|-----|
| 4. Quality Assurance | | | | | | | |
| Q28.1 | This Committee is relevant, has a clear role and clear expectations for its work. | 9 | 7 | 0 | 0 | 1 | 3.6 |
| Q28.2 | This Committee is composed of the right people to execute their regulatory responsibilities effectively. | 8 | 6 | 0 | 0 | 3 | 3.6 |
| Q28.3 | This regulatory Committee executes its mandate effectively. | 9 | 7 | 0 | 0 | 1 | 3.6 |

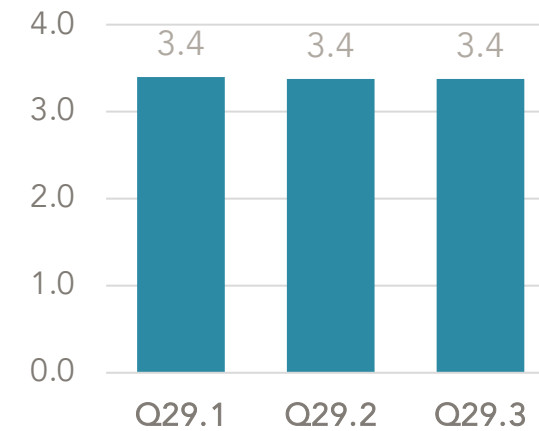


Quality Assurance Committee

6. Committee Effectiveness



| Question | | 4 | 3 | 2 | 1 | N/A | AVG |
|------------------------|--|---|---|---|---|-----|-----|
| 5. Registration | | | | | | | |
| Q29.1 | This Committee is relevant, has a clear role and clear expectations for its work. | 7 | 7 | 1 | 0 | 1 | 3.4 |
| Q29.2 | This Committee is composed of the right people to execute their regulatory responsibilities effectively. | 6 | 6 | 1 | 0 | 3 | 3.4 |
| Q29.3 | This regulatory Committee executes its mandate effectively. | 6 | 7 | 1 | 0 | 2 | 3.4 |

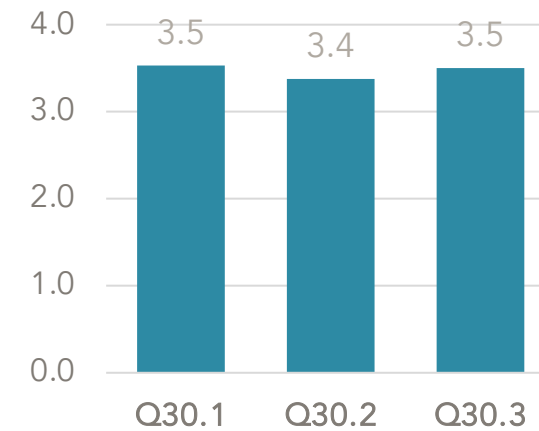


Registration Committee

6. Committee Effectiveness



| Question | | 4 | 3 | 2 | 1 | N/A | AVG |
|-----------------------------|--|---|---|---|---|-----|-----|
| 6. Patient Relations | | | | | | | |
| Q30.1 | This Committee is relevant, has a clear role and clear expectations for its work. | 7 | 8 | 0 | 0 | 2 | 3.5 |
| Q30.2 | This Committee is composed of the right people to execute their regulatory responsibilities effectively. | 5 | 8 | 0 | 0 | 4 | 3.4 |
| Q30.3 | This regulatory Committee executes its mandate effectively. | 7 | 8 | 0 | 0 | 2 | 3.5 |

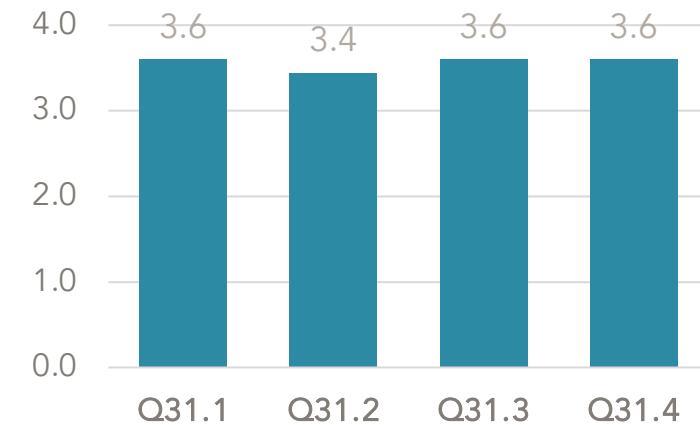


Patient Relations Committee

6. Committees Effectiveness



| Question | | 4 | 3 | 2 | 1 | N/A | AVG |
|-------------------|---|----|---|---|---|-----|-----|
| 7. Finance | | | | | | | |
| Q31.1 | This Committee is relevant, has a clear role and clear expectations for its work. | 9 | 7 | 0 | 0 | 0 | 3.6 |
| Q31.2 | This Committee is composed of the right people to execute their responsibilities effectively. | 8 | 7 | 1 | 0 | 1 | 3.4 |
| Q31.3 | This Committee plays a valuable role in supporting Council in its work. | 11 | 6 | 0 | 0 | 0 | 3.6 |
| Q31.4 | The work of this Committee makes Council operate more efficiently. | 10 | 6 | 0 | 0 | 0 | 3.6 |

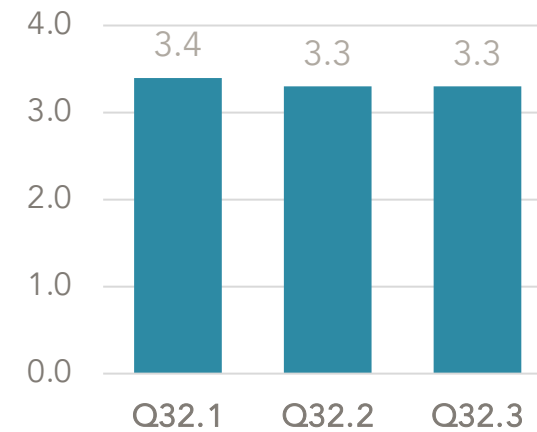


Finance Committee

6. Committee Effectiveness



| Question | | 4 | 3 | 2 | 1 | N/A | AVG |
|------------------------|--|---|---|---|---|-----|-----|
| 8. Examinations | | | | | | | |
| Q32.1 | This Committee is relevant, has a clear role and clear expectations for its work. | 7 | 7 | 1 | 0 | 2 | 3.4 |
| Q32.2 | This Committee is composed of the right people to execute their regulatory responsibilities effectively. | 5 | 6 | 0 | 1 | 5 | 3.3 |
| Q32.3 | This regulatory Committee executes its mandate effectively. | 5 | 7 | 1 | 0 | 4 | 3.3 |



Examinations
Committee



The Regulator's
Practice

Thank You

Please reach out if we can help you in any way.

bradley@regulatorspractice.com

harry@regulatorspractice.com

dwilliams.dundeeconsulting@gmail.com



COUNCIL BRIEFING NOTE

For Information

| | |
|-----------------------------------|---|
| Topic: | President’s Report |
| Public Interest Rationale: | The President provides leadership to Council and works collaboratively with the Registrar to ensure Council fulfills its mandate and strategic goals. |
| Strategic Alignment: | <i>Performance & Accountability:</i> Reflects and reports on the activities undertaken by the President and fosters transparency. |
| Submitted By: | Nitin Madhvani, President |
| Attachments: | 2023-2024 Council Annual Work Plan Norms Slide |

Council

- Andy Wang has chosen to resign from Council effectively immediately. We wish him well and thank him for his service on Council. As a result of Andy’s resignation, the Council position for the northern District (Electoral District 5) is currently vacant. A By-election will be held to fill the position at the same time as the general Council election next year.
- As we are officially more than halfway through the Council year, I look forward to connecting individually with all of you. 1:1 calls are in the process of being scheduled over the next few weeks.

Governance

- Over the last quarter, continued efforts have been made to establish collaborative partnerships with the Registrar through ongoing regular touch-point meetings. The intent is to ensure there is open communication and ongoing support between myself and the Registrar.
- Committee Chairs and Vice Chairs participated in a half day ‘The Facilitative Chair’ training by Facilitation First. This was an interactive session that provided facilitation training with a focus on techniques to lead meetings. The outcomes included effectively opening meetings, a review of the facilitators core practices, engagement tips for maximizing group participation, and proactive and reactive techniques for dealing with challenging behaviours.
- One suggestion from the Facilitative Chair training was the setting and enforcing of meeting norms. While some norms are covered by the Chair as part of the opening of the Council meeting, they have never been positioned this way and are not comprehensive. A slide setting out meeting norms has been developed with the support of the Executive Committee and was officially introduced at the beginning of this Council meeting.

Partner Engagement

- To foster communication and identify opportunities for shared goals, the Registrar and myself met with the CEO and Council President of Ontario Physiotherapy Association at the end of November.

Council Feedback from the September 2023 Council Meeting

Meeting Norms



Use Zoom and keep your cameras on.



Ask questions by raising your (virtual) hand to be placed in the queue.



Proactively declare and manage any conflicts of interest.



Share the space by giving everyone the opportunity to be heard and actively listen to others.



Use the microphone or unmute yourself when speaking – otherwise stay muted.



Focus on the What and the Why, rather than the How.



Be present during Council meetings and refrain from sidebar conversations.



Assume everyone has a positive intent.



COUNCIL BRIEFING NOTE

For Discussion

| | |
|-----------------------------------|---|
| Topic: | Strategic Initiatives for 2024-2025 |
| Public Interest Rationale: | Making progress on strategic priorities for the organization that enhance our ability to serve the public interest. |
| Strategic Alignment: | <i>People & Culture:</i> Identifying strategic priorities that implement or support the operationalization of the strategic plan. |
| Submitted By: | Craig Roxborough, Registrar & CEO |
| Attachments: | N/A |

Issue

- Council is provided with an update on activities underway to develop the 2024-2025 Operational Plan with a focus on potential strategic priorities for the year ahead.

Decision Sought

- No decision is being sought.
- Council is asked for feedback on whether the strategic priorities identified align with Council’s vision for the organization.

Background

- The pillars and initiatives of the College’s [Strategic Plan](#) provide a framework to guide staff in achieving Council’s vision for the College.
- In support of ensuring that progress is made on the strategic plan annually, an operational plan is developed to outline organizational priorities, projects, initiatives, and/or activities that will be undertaken in the year ahead. This provides clarity both operationally and from a governance perspective on how the College will make progress on implementing the strategic plan each year.
- Additionally, the operational planning process enables staff to identify what resources (e.g., human, technological, external, financial, etc.) may be required to deliver on these commitments. This then feeds into the budget planning process where Council’s approval is ultimately sought.

Current Status

A. Operational Planning Process

- Recently there has been an internal emphasis on building strategic capacity and understanding throughout all layers of the organization.
 - This has involved education sessions to articulate the role of the strategic plan, to explore the pillars within the plan and what it means for the College’s work, and to identify the ways



in which the operational work of the College is shaped by or contributes to the fulfillment of the strategic plan.

- Building on this increasing strategic capacity, a ‘catchball’ approach was utilized for the 2024-2025 operational planning cycle.
 - Stemming from ‘Lean’, the primary idea of a catchball process is to pass off an idea or problem through different layers of an organization. Applied to operational planning, this means leveraging a bottom-up approach to identifying organizational priorities or objectives.
 - The result of this process was a comprehensive list of potential actions, initiatives, projects, or changes that have been identified as being possible for the year ahead.
 - Senior Management then began a process to organize the ideas captured and fill in any gaps identified.
- From this process, seven higher level strategic priorities have been identified as potential areas of focus for 2024-2025. These priorities represent organization wide or cross-functional projects of strategic importance with broader reach, rather than focusing in on a single function or department of the College.
 - These strategic priorities are not exhaustive and do not reflect the totality of activities, initiatives, projects, or changes that were identified as part of the process or that will be reflected in the operational plan. For example, governance modernization will be included in the operational plan as a key priority for the Governance Team but is not reflected in these higher-level objectives.

B. Priority Areas

- Much work is still underway to flesh these priorities out in detail and catalogue key activities within each area. Additionally, an evaluation for organizational capacity is underway to revisit the catalogue of activities identified. Notwithstanding the work to be done, Council is presented a high-level overview of the seven priority areas for consideration.
 - *National Standards Approval and Implementation:* Council is committed to the evaluation and adoption of the National Standards. The work needed to engage Council in the approval process, engage in consultation processes with our system partners, and develop knowledge translation materials will require organizational wide support throughout the year ahead. (*Risk & Regulation; Engagement & Partnerships*)
 - *Data Strategy:* With the roll-out of the Council Dashboard, significant internal work is needed to build out the data infrastructure necessary to automate reporting and monitor progress within each of the Council indicators. Additional work is necessary to build out the required data infrastructure to monitor organizational performance at a more granular level and with a focus on understanding the elements of each process that underlies the Council metric. (*Performance & Accountability*)



- *Process Reviews:* To complement the performance monitoring framework being built as part of the data strategy, process reviews will be undertaken as part of the College's commitment to continuous improvement and to identify opportunities to address bottlenecks or areas of potential inefficiency. While this applies broadly within the College, the Professional Conduct area has been identified as a key priority for the year ahead. (*People & Culture; Performance & Accountability*)
- *Equity, Diversity, and Inclusion:* The self-assessment exercise undertaken in the fall of 2023 has identified a need for organization wide progress in embedding equity, diversity, and inclusion into all the work of the College. As part of the operational planning exercise, incremental changes across the organization have been identified. This includes, for example, evaluating operational policies through an EDI lens, recruiting assessors that reflect the diversity of the profession, or enhancing regulatory processes to reduce barriers for different populations. Additionally, activities will be documented and reported upon more regularly to show progress in this domain. (*Integrating EDI as a core value across all pillars*)
- *Supporting Internationally Educated Physiotherapists:* Research and regulatory experience has demonstrated that transitioning to practicing in the Ontario context can present challenges for internationally educated physiotherapists. With approximately 50% of new registrants being internationally educated there is an opportunity to enhance how we engage with and support this segment of the profession. Building on the *Transitioning to Practice in Ontario* modules developed this year, the College can continue to identify new ways to improve awareness of existing material, identify additional opportunities to provide support by leveraging learnings from internal data sources, and target engagement activities to this population. (*Risk & Regulation; Engagement & Partnerships*)
- *Technological Modernization and Enhancements:* Across the organization a number of IT enhancements have been identified that will automate processes, improve efficiency or streamline registrants' experience, and prioritization is needed. Additionally, two significant modernization projects have been identified to drive organizational wide benefit. The current website infrastructure is obsolete and beginning to require maintenance to maintain minimal operational status and poor navigation may be causing increased inquiries to the College. Across multiple areas of the College a Learning Management System (LMS) has been identified as a means to significantly enhance the support provided to Council and Committee Members, assessors and examiners, and registrants and to create new knowledge translation possibilities. (*People & Culture; Risk & Regulation; Performance & Accountability*)
- *Pathways to Licensure:* Given the significant changes occurring with the Canadian Alliance of Physiotherapy Regulators (CAPR) there will be a number of key decisions before Council in the coming year regarding pathways to licensure. Depending on the trajectory of the external environment and Council's direction, significant work will be needed to support implementation. This could include seeking regulation changes, re-envisioning the purpose of a provisional practice certificate, and potentially implementing an examination transition plan. (*Risk & Regulation; Engagement & Partnerships*)



C. Potential Limitations

- While these priorities have been identified as being reflective of an organizational need and for which there is internal capacity, staff are currently engaged in a process of re-evaluating that capacity to ensure progress can be made in each domain.
 - It is important to note that some day-to-day responsibilities are articulated or captured in these priorities. For example, the implementation of the national standards discharges a core responsibility of the College and engaging in knowledge translation activities is a core responsibility of the College's Communications and Practice Advice teams.
 - Additionally, committing to these priorities within the operational plan does not imply that the priority will be fully realized within the next year. Rather, it simply commits the College to making some progress within the priority area.
- Additional work is also underway to examine the extent to which these priorities require allocation of financial resources as part of the FY2025 budget cycle.
 - At this preliminary stage it is reasonable to assume additional financial resources will be needed in order to support progress in many of these areas and these assumptions have been integrated into the projections that are offered in the briefing materials exploring a potential fee increase. Success in these domains may be contingent upon sufficient financial resources being allocated as part of the FY2025 budget cycle.
- Success in achieving the goals identified in the operational plan may also be impacted by changes in the external or internal environment that cannot be anticipated at this moment but that will require the re-allocation of resources during the next year.
 - For example, the issue of national licensure has emerged as an external priority that may significantly impact the College's ability to deliver on the operational plan, should this gain traction in the year to come. Implementing national licensure would require significant internal resourcing and coordination across the country.

Next Steps

- The operational plan will continue to be developed, informed by Council feedback.
- Once finalized, the operational plan will be presented to Council in March 2024 along with a proposed budget for FY2025.

Questions for Council

- Does Council see the priorities identified as aligning with the strategic plan?
- Are there any priorities missing from the list provided?



Motion No.: 6.0

**Council Meeting
December 14-15, 2023**

Agenda #6.0: Revised Standards – First Group

It is moved by

and seconded by

that:

Council approved the following draft Standards for 60-day consultation

- Assessment, Diagnosis, Treatment
- Communication
- Duty of Care
- Risk Management and Safety



COUNCIL BRIEFING NOTE

For Decision

| | |
|-----------------------------------|--|
| Topic: | Revised Standards – First Group |
| Public Interest Rationale: | The College ensures accountability, high-quality care, and equity in PT practice by regularly reviewing and updating its Standards of practice to align with evolving practice and public expectations. |
| Strategic Alignment: | <p><i>Risk & Regulation:</i> A risk-based approach is applied to the development of Standards.</p> <p><i>Continuous Improvement:</i> Standards are current and relevant and establish the right level of professional expectations.</p> <p><i>EDI:</i> Equity, Diversity, and Inclusion principles are considered as part of the adaptation process.</p> |
| Submitted By: | Evguenia Ermakova, Policy Analyst Mara Berger, Director, Policy, Governance & General Counsel |
| Attachments: | <ul style="list-style-type: none"> • Appendix 1: Draft Standard – Assessment, Diagnosis, Treatment • Appendix 2: Draft Standard – Communication • Appendix 3: Draft Standard – Duty of Care • Appendix 4: Draft Standard – Risk Management and Safety |

Issue

- In accordance with Council direction, the College is in the process of adapting sixteen national Core Standards for Ontario.

Decision Sought

- Council is being asked to approve the first group of draft Standards for consultation.

Background

The Purpose of Standards

- Standards set out the minimum professional obligations and practice expectations that physiotherapists are required to meet to ensure safe and effective practice.
- Standards are not meant to be how-to manuals but to provide support to physiotherapists regarding an acceptable level of professional performance.
- Standards also help the public with determining what they should be able to expect from their physiotherapist.



- While College Council approves and can amend Standards of practice, Standards don't originate with the College – they are the profession's Standards, reflecting how physiotherapists practice and ought to practice.
- Written Standards serve as a foundation, outlining the minimum expectations for physiotherapists, signaling the starting point of a professional's responsibilities rather than the endpoint. It's important to note that written Standards are not exhaustive and they may not encompass all expectations that apply.
- All physiotherapists registered with the College are expected to be familiar with and adhere to the Standards.
- Physiotherapists that may have fallen short of a Standard can be subject to a complaint and disciplinary actions.

National Core Standards

First Iteration of the National Core Standards (2016)

- The first iteration of the National Core Standards was developed in 2016.
- This was a joint initiative between the provincial and territorial physiotherapy regulators across Canada to promote consistency across the country.
- Other objectives included ensuring that internationally educated physiotherapists have a sense of the practice expectations across the country, for physiotherapists to be assured that practice looks the same across Canada, and to facilitate labour mobility.
- While CPO staff contributed to the development of the National Core Standards, at the time Council decided not to adopt the National Core Standards for Ontario. The only other province to opt out was Quebec since their Standards are built into their regulations.

The Revised National Core Standards (2023)

- A National Policy Working Group was established in 2022 to review and update the National Core Standards using current data about practice trends and professional conduct and practice advice data from each jurisdiction, including Ontario.
- In spring 2023, the revised National Core Standards were validated by consulting with physiotherapists across the country to ensure they are appropriate and relevant for the profession.
 - 1,995 physiotherapists participated in the validation survey nationwide, 676 of which were from Ontario.
- Based on the feedback that was received, further revisions were made to the National Core Standards.
- The revised National Core Standards were ratified by the Registrars of the provincial and territorial physiotherapy regulators in September 2023, signifying their acceptance of the work done by the Working Group and paving the way for discussions at their respective Councils. There was an



understanding that each province may make adjustments to ensure the Standards align with provincial legislation and practice expectations.

Adoption of the National Core Standards for Ontario

- Staff conducted an analysis of the content of the National Core Standards, including what modifications would be necessary to adapt them for Ontario.
- The results of the analysis were presented to Council at the [March 2023 Council meeting](#).
- Based on the analysis, Council agreed to adapt 16 out of the 22 National Core Standards for Ontario.¹

Current Status and Analysis

Selection of the First Group of Standards

- The chosen 16 National Core Standards will be adapted for Ontario in 5 Groups of 3-4 Standards each over the next couple of year, as approved by Council.
- To determine the first Group of Standards for adaptation, the College considered a variety of factors: risk to the public, gaps in our current Standards, and ease of implementation.
- Based on those factors, the following Standards were selected for the first Group:
 - **Assessment, Diagnosis, Treatment:** Physiotherapists select appropriate assessment techniques, make informed diagnoses, and apply treatment procedures proficiently to deliver high-quality, safe, and effective PT services.
 - **Communication:** Physiotherapists communicate in a respectful, professional, clear, and timely manner to support patients' understanding of and participation in their health management.
 - **Duty of Care:** Physiotherapists put their patients' needs first, providing them with the information needed to meet their physiotherapy needs and ensuring continuity of care throughout the therapeutic relationship.
 - **Risk Management and Safety:** Physiotherapists promote and maintain a safe practice environment, addressing any patient safety incidents appropriately and with prompt and transparent disclosure.

¹ 4 of the other 6 National Core Standards were deemed to not be relevant or necessary for Ontario as they duplicate what is already in Ontario legislation or regulation (Continuing Competence, Informed Consent, Privacy and Record Retention, and Virtual Care). With respect to the remaining 2, it was determined that Ontario should develop its own individualized Standards for Health Equity and Anti-Discrimination and Indigenous Cultural Safety and Humility. More details on this analysis can be found in the March 2023 Council materials: [Appendix 2 to the Standards Review item](#).



Internal Review

- The selected Standards were reviewed internally to flag the following:
 - Any comparable provisions in the College's current Standards,
 - Any gaps between current expectations and those set out in the selected Standards,
 - Any inconsistencies with current expectations or terminology, and
 - Any modifications required based on Ontario legislation.
- The Ontario Clinical Exam (OCE) and College resources related to the current Standards were also flagged for future consideration since they may require updating.
- The internal review resulted in minor revisions to the selected Standards to fit the Ontario context while maintaining consistency with the national approach as much as possible:
 - Patient has been used throughout rather than client.
 - The definition for informed consent was revised to align with Ontario legislation in the Assessment, Diagnosis, Treatment Standard.
 - A definition for Social Media was added to the Communication Standard.
 - The Duty of Care Standard was expanded to match Ontario's Professional Misconduct Regulation.

Consultation

- While Ontario physiotherapists previously had an opportunity to provide feedback as part of the national validation survey for the Core Standards, more targeted feedback should be solicited from the College's registrants and partners now that the Standards are being adapted for Ontario.
- The consultation will also target input from employers and clinic owners who are not members of the profession, physiotherapy students, associations, the academic community, and members of the public.
- In addition to providing feedback as part of Council discussion, Council and Committee members may provide their feedback to staff directly via email or participate in the public consultation process to be considered as part of all the feedback received.
- The intention is for the draft Standards to remain as closely aligned as possible to the national consensus, particularly for the consultation period. After the consultation period concludes, necessary changes to reflect the Ontario context will be considered. Feedback received may also be addressed through supplementary resources.
- Feedback received through the consultation process may also help to inform supplementary resources, such as FAQs and guidance documents.



Next Steps

- The consultation process will begin in January 2024.
- Changes to the draft Standards will be made where the feedback identifies a challenge with the Ontario context.
- The consultation summary on the first group of Standards will be presented to Council during their meeting in June 2024. At that time, Council will be asked to formally approve the first group of Standards for use.
- If the first group of Standards are approved, the Providing or Refusing Care Standard would be rescinded as it duplicates the national Duty of Care standard.
- Council will preview and consider for consultation the second group of Standards in March 2024.

Questions for Council

- Is there anything in the draft Standards that requires urgent changes prior to the consultation?

Assessment, Diagnosis, Treatment

Standard

The physiotherapist demonstrates **proficiency** in patient assessment, diagnosis, and treatments to deliver **quality, safe,** patient-centered physiotherapy services.

Expected outcome

Patients can expect the physiotherapist to select appropriate assessment techniques, make an informed diagnosis,¹ and apply treatment procedures that are carried out proficiently for quality delivery of safe, effective physiotherapy services.

Performance expectations

The physiotherapist:

- Obtains patients' ongoing **informed consent** to proposed physiotherapy services.
- Applies professional judgment to select and apply appropriate assessment procedures to evaluate patients' health status. Appropriate assessment includes taking a history and completing a physical examination relevant to presenting symptoms.
- Uses **standardized measures** as available to assess and reassess the patient's condition and progress.
- Uses critical thinking and professional judgment to interpret the assessment findings and determine a diagnosis and prognosis consistent with the scope of practice of the physiotherapy profession and the physiotherapist's individual competence.
- Addresses patient's physiotherapy needs and goals by employing professional judgment to develop sensible and practical treatment plans that are consistent with the assessment findings.
- Applies treatment procedures safely and effectively.
- Assigns appropriate tasks to **supervisees** with patients' consent.
- Re-evaluates, monitors, and documents patients' responses throughout the course of treatment.
- Makes adjustments and/or discontinues physiotherapy services that are no longer required or effective.

¹ Jurisdictions may need to insert "physiotherapy" before "diagnosis" depending on local legislation related to authority to render a diagnosis.

- Makes appropriate referrals when patients' needs are best addressed in **collaboration** with or by another provider.
- Employs professional judgment to plan and implement discharge plans appropriate for the patient's need, goals and progress.
- Provides patient education to enable and optimize patients' transition to self-management.
- Promotes continuity in service by collaborating and facilitating patients' transition from one health sector or provider to another.
- Delivers only those physiotherapy services that are clinically indicated for patients and that they are competently able to provide.

Definitions

Collaborate means to work jointly with others or together, especially in an intellectual endeavor.

Informed Consent refers to the process where a patient or their substitute decision maker, in cases where the patient is incapable with respect to the treatment, is provided with information regarding a proposed course of treatment. This information covers essential topics such as the nature of the treatment, expected benefits, material risks and potential side effects, alternative courses of action, and the likely consequences of not undergoing the treatment. The individual is ensured the opportunity to seek and receive additional information to help make an informed decision about the treatment.

Proficiency means performance consistent with the established standards in the profession.

Quality is the degree to which a product or service satisfies a specified set of attributes or requirements.

Safe means free from harm or reasonably foreseeable risk; secure from threat or danger.

Standardized Measures refers to measurement tools that are designed for a specific purpose in a given population. Information is provided regarding the administration, scoring, interpretation, and psychometric properties for each measure.

Supervisee means an individual who is working under supervision. In physiotherapy practice this may include physiotherapist residents, physiotherapist assistants, or students and volunteers.

Communication

Standard

The physiotherapist communicates professionally, clearly, effectively, and in a **timely** manner to support and promote quality physiotherapy services.

Expected outcome

Patients, potential patients, colleagues, members of the public, and others can expect that communication with and by the physiotherapist will be respectful and professional and will contribute to their understanding and/or participation in their health management.

Performance expectations

The physiotherapist:

- Does not engage in communication that is disrespectful, dishonest, misleading or lacking in transparency.
- Identifies potential barriers to effective communication and makes a reasonable effort to address these barriers.
- Engages in **active listening** to ensure that the patient's perspective, needs, and preferences are heard and understood.
- Communicates with patients, team members, and others to facilitate collaboration and coordinate care.
- When sharing information with the patient, team members and others regarding the patient and physiotherapy services:
 - Obtains patient consent when required by privacy legislation, and
 - Maintains patient **confidentiality** by selecting secure methods of communication.
- Documents all communications accurately, clearly, professionally, and in a timely manner.
- Confirms that any exchanges using electronic communications are appropriate for therapeutic relationships established with patients.
- When using social media platforms, communicates with patients, potential patients, members of the public, and others honestly, **transparently**, and professionally:
 - Obtains explicit informed consent if using patient images or personal information in social media posts.

- Conveys scientifically sound, evidence-informed information.
- Does not share private, disrespectful, dishonest or misleading information.
- Does not provide patient specific treatment recommendations via social media platforms.

Definitions

Active Listening is a process of attending to what the speaker is saying and repeating back to the speaker what has been heard, to confirm that the listener has correctly understood the speaker.

Communication is “the imparting and exchanging information” and includes speaking, listening, written and electronic information exchange. Effective, professional, communication involves active listening, and the sharing of information using **plain language** and assistive methods or devices (e.g., interpreters, technology, diagrams, printed education materials) when needed to facilitate the listener’s understanding.

Confidentiality is the assurance that certain information that may include a subject’s identity, health, behavior, or lifestyle information would not be disclosed without permission from the subject.

Plain language refers to “communication your audience can understand the first time they read or hear it. Language that is plain to one set of readers may not be plain to others. Written material is in plain language if your audience can:

- Find what they need
- Understand what they find
- Use what they find to meet their needs”

Social Media refers to online practices, technologies, and platforms used to network, share content, and communicate opinions, insights, and experiences. Social media can involve a variety of formats, such as text, video, audio, and live dialogue. Examples include, but are not limited to, social networks (Facebook, Instagram, LinkedIn, X), podcasts, blogs, and discussion forums. In this standard, social media is not intended to cover e-mail, electronic messaging services, or secure platforms used for the purposes of delivering virtual care.

Timely refers to “happening at the correct or most useful time: not happening too late.”

Transparent (transparently) refers to the quality of being easy to perceive, obvious, clear and unambiguous.

Duty of Care

Standard

The physiotherapist has a duty of care to their patients, and an obligation to provide for continuity of care whenever a therapeutic relationship with a patient has been established.

Expected outcome

Patients can expect that their interests will be the primary consideration when receiving physiotherapy services and that they will be provided with the information needed to manage their physiotherapy needs and to access ongoing care if their physiotherapist is unavailable or unable to continue the therapeutic relationship.

Performance expectations

The physiotherapist:

- Takes responsibility for maintaining an effective therapeutic relationship.
- Facilitates shared decision-making by taking the time to provide education regarding the patient's condition, supporting health literacy and facilitating the transition to self-management.
- Does not provide a physiotherapy service when the patient's condition indicates that commencing or continuing the physiotherapy service is not warranted or is contraindicated.
- Recognizes that patients have the right to make informed decisions about their own care, even when the physiotherapist believes the decisions may put the patient's health at risk.
- Does not allow their personal judgments about a patient, the patient's lifestyle or health choices to compromise the patient's physiotherapy care. The physiotherapist does not withdraw from or refuse to provide care due to the physiotherapist's judgements about a patient, the patient's lifestyle or health choices.
- Employs respectful conflict resolution strategies when conflict arises.
- Makes appropriate arrangements for continuity of care during planned absences.
- When discharging a patient in need of ongoing care, the physiotherapist:
 - Must not abandon patients.
 - Must document their reasons for discontinuing care.
 - Must advise the patient of their decision to discontinue care and rationale.
 - Ensures continuity of care, making appropriate arrangements for transfer of care to another physiotherapist or providing the patient with information regarding other physiotherapy service options, and
 - Provides care until transfer to another physiotherapist can be arranged or provides a reasonable opportunity for the patient to arrange alternate physiotherapy services.
- Discharge of a patient without providing for continuity of care may be considered under various circumstances, including but not limited to:

- The patient requests the discontinuation.
- The patient is given a reasonable opportunity to arrange alternative services.
- The physiotherapist is unable to provide care that meets the standards of practice because there are not enough resources available.
- The patient has failed to pay for physiotherapy services received within a reasonable time, and all reasonable attempts made by the physiotherapist to facilitate payment have been unsuccessful.
- The patient has not cooperated or complied with the treatment plan and the result is that the care is not effective.
- The patient, or providing care to the patient, poses a safety risk to the physiotherapist or others within the practice setting.
- The patient is abusive (physically, verbally, emotionally or sexually) towards the physiotherapist or others within the practice setting.
- A professional boundary has been breached and all reasonable steps have been taken to manage the behavior.

Risk Management and Safety

Standard

The physiotherapist promotes and maintains a safe environment for patients, health-care providers, themselves, and others.

Expected outcome

Patients can expect to be safe in the care of the physiotherapist and in the practice environment, and that any **patient safety incidents** will be appropriately addressed and disclosed promptly and transparently.

Performance expectations

Related to Risk Identification and Mitigation

The physiotherapist:

- Identifies potential patient safety risks relevant to the practice setting, method of service delivery, and patient population served.
- Verifies that there are policies and procedures in place related to risk and crisis management and is knowledgeable about these procedures.
- Incorporates appropriate measures to mitigate/manage identified risks and adheres to safety best practices.

Related to Physiotherapist Training

The physiotherapist:

- Maintains their competency in safety protocols, procedures and risk mitigation measures relevant to their practice.
- Participates in emergency preparedness and response training appropriate to the practice setting, method of service delivery, patient population served, and identified safety risks.

Related to Patient Interactions

The physiotherapist:

- Provides a clean and safe physiotherapy practice environment.
- Confirms that all equipment and electrophysical modalities are clean, safe, and maintained and calibrated in accordance with manufacturer specifications, and retains documentation of equipment calibration and maintenance for a minimum of one year.
- Verifies patients' identities to confirm that the correct physiotherapy services are provided.

- Applies appropriate safety procedures when using equipment or electrophysical modalities.

Related to Responding to Patient Safety Incidents

The physiotherapist:

- Recognizes the occurrence of patient safety incidents and near misses.
- Responds immediately to patient safety incidents and near misses to minimize the impact on the patient.
- Documents patient safety incidents and near misses in the patient's treatment record and completes reports appropriate to the practice setting in accordance with the practice setting's policies and procedures.
- Contributes to the collection of data to identify, manage, remediate and prevent potential risks and patient safety incidents and near misses relevant to the practice setting and population served.
- Discloses details of patient safety incidents and near misses related to physiotherapy services to the patient and appropriate parties promptly and transparently.
- Confirms that the appropriate party has disclosed patient safety incidents and near misses not related to physiotherapy services.

Definitions:

Patient Safety Incident refers to any event or circumstance which could have resulted or did result in unnecessary harm to a patient. Patient Safety Incidents consist of near miss events, no-harm incidents, and harmful incidents.



COUNCIL BRIEFING NOTE

For Information

| | |
|-----------------------------------|--|
| Topic: | Registrar's Report & Dashboard |
| Public Interest Rationale: | Regular reports to Council on College activities and performance support Council's oversight role to ensure the College is fulfilling its public interest mandate. |
| Strategic Alignment: | <i>Performance & Accountability:</i> Implementing strong governance structures and information sharing to enable informed decision-making. |
| Submitted By: | Craig Roxborough, Registrar & CEO |
| Attachments: | Appendix A – Q2 Council Dashboard |

Issue

- Council is provided with an update regarding key activities, regulatory trends, organizational risks, and/or environmental developments along with and second quarter update to the Council dashboard.

Decision Sought

- None, this item is for information.

Current Status

- What follows is a non-exhaustive list of relevant activities, regulatory trends, organizational risks, and/or environmental developments to support the Executive Committee in discharging their oversight responsibilities. The updates are organized in relation to each pillar of the College's [Strategic Plan](#).

Risk & Regulation: Effectively regulate the physiotherapy profession in Ontario & advance its regulatory work through a risk-based approach.

Hearings

- After a primarily seasonal hiatus, 5 hearings have been scheduled for late November and early December.
- Full details of the hearings that are scheduled can be found on the website: <https://www.collegept.org/registrants/the-complaints-process/upcoming-hearings>

Registration

- The Registration department continually audits data in our system to ensure they are up to date:
 - An audit of all Provisional Practice Certificates (PPC) identified potential inaccuracies and 142 omissions regarding physiotherapists location of employment were identified. Reminders regarding regulatory responsibilities were sent to the identified individuals.



- To support consistency in decision-making a new reference tool has been developed providing the Registration Committee with past precedents relating to cases of a return to practice following a substantive leave.
- To support patients in making informed decisions, the College recently added a flag in the Public Register for any registrant with criminal charges so that they are easily visible to users.

Engagement & Partnership: Collaborate, partner, & engage with the public, profession, & other stakeholders in a clear, transparent, and timely manner to enhance trust and credibility.

Canadian Physiotherapy Association (CPA)

- The CPA continues focus its attention on understanding the national picture as it relates to scope of practice. In particular, identifying differences in scope of practice between jurisdictions to help support advocacy work in relation to standardization.

Canadian Alliance of Physiotherapy Regulators (CAPR)

- Following a 'roadshow' where a multi-streamed but single exam approach was proposed to replace the historical two-exam model, CAPR solicited feedback from all stakeholders.
 - CPO provided additional feedback with input from the Executive Committee that was hedged, cautious, and informed by the discussion at the September Council meeting.
 - CAPR is committed to continuing to consult with regulators and other partners as they proceed with this proposed model.
 - Many decision points lie ahead for CPO Council as this new approach is developed.
- While CAPR continues to progress towards an updated governance structure and identity as a service provider, a parallel process is underway to begin to explore how physiotherapy regulators can coordinate and information share.

Ministry of Health

- Given recent scope expansions relating to nursing, pharmacy, and midwifery, background information has been provided to the Ministry of Health and Minister's Office outlining the College's position on scope of practice changes and any outstanding questions that may need to be addressed. The intent was to clarify that there are no regulatory barriers within our influence that would prevent changes from being explored.

Google Advertising

- The College uses Google advertising to directly reach the public to increase awareness of the organization and to drive individuals seeking information regarding our work to our website.
- Recent changes within Google had led to the College no longer being recognized as a legitimate business that can purchase advertisements.
- The Communications Department made multiple attempts to clarify our standing and provide the necessary documentation, and leveraged relationships with other system partners to navigate Google's bureaucracy and have the College reinstated.
- After months of effort, the College's access to Google advertising was restored at the end of November.



People & Culture: Promote a collaborative environment & a culture based on equity, diversity, and inclusion principles while ensuring staff & Council have the resources they need to do their best work. Having an effective team will result in greater protection of the public interest.

Public Members

- Over the next year, five of the College's public appointees will need to be reappointed. Work is actively underway to support the reappointment process and ensure all materials are submitted to the Ministry well in advance.
 - Nitin Madhvani's appointment materials were submitted in July for a December expiration. Confirmation of the reappointment was received on November 17th.
 - Jesse Finn's reappointment materials were submitted in October for a February expiration.
- Prior to initiating a reappointment process, internal processes have been updated to ensure feedback regarding public member contributions is actively solicited from the Chairs of the Committees to which the member is appointed.

Human Resources

- New templates have been developed to support the recruitment process (e.g., interview process, reference checks) to promote further consistency and fairness.
- While some departures from the College have been experienced over the past two quarters, the positions are being filled quickly (e.g., Communications Coordinator).

Policy & Governance

- A new briefing note template has been developed and is being piloted with Council, Executive Committee, and Risk, Audit and Finance Committee.
- The new template seeks to provide a stronger connection to the College's public interest mandate and strategic plan.
- Additionally, the new template employs a 'bullet' format rather than long-form narrative to support more concise and direct information sharing.

Performance & Accountability: Implement strong corporate structures & systems that include effective data, technology, & processes to enable informed decision-making & progressive corporate performance to extend CPO's work & impact.

Rent Recovery (Sub-lease)

- The College of Registered Psychotherapists of Ontario (CRPO) have signed a space-sharing agreement with our College. The agreement will begin December 1st and run until the end of our lease in February 2027. This provides a new source of revenue for the College, offsetting a portion of the College's lease commitment.
- To support seamless space sharing between the Colleges, new systems will be implemented to coordinate and avoid conflict or double-bookings.

Cloud Migration

- The final stages of the College's migration to the cloud are underway with software updates being rolled out across the organization. The migration has a target date of January 2024. This will further support operational efficiency, reduce expenses, and bolster cybersecurity.



- We continue to find new ways to leverage our existing technology to support our work, for example, we recently launched a new SharePoint site to facilitate sharing of resources between partner Colleges related to compliance monitoring.

KPIs and Internal Metrics

- An internal and multi-phased data strategy has been developed. The first phase focuses on automating (to the extent possible) data collection and reporting linked to Council's Key Performance Indicator Dashboard. This will be a key priority for early 2024.
- PowerBI is being leveraged to explore automation within Atlas and a centralized cloud-based repository of manually collected data is being implemented that integrates into PowerBI to streamline reporting.

Investigation Timelines

- Investigation timelines are improving. As of the end of Q2 this year, 50% of complaints were resolved in less than 240 days, compared to only 23% in the same period last year.
- The team continues to find ways to improve efficiency in their processes. Currently the team is piloting the use of a new template for case overviews to simplify the information presented to ICRC.

Equity, Diversity, and Inclusion: Embrace a culture where an Equity, Diversity, and Inclusion lens is intentionally incorporated into all levels of decision making at the College.

Self-Assessment Results

- The EDI self-assessment process announced at September Council has been completed. Areas of agreement and variability were identified and further explored.
 - Overall, the self-assessment found that the College is positioned predominantly in a 'reactive' position (i.e., limited or partial action) in most of the areas assessed, suggesting across the board there is room for improvement.
- Council's responses showed a diversity of perspectives. Common points of agreement include the need for stronger public commitment to EDI and more EDI training and education.
- The next step is to identify improvement actions that the College will pursue in 2024 based on the self-assessment results. This will be supported by the College's operational plan.

Staff training

- Quality Assurance team recently completed training on unconscious bias and communications to enable them to provide a welcoming and inclusive experience for physiotherapists who interact with the team.

Accessible Committee decisions

- The Professional Conduct team created a new template for writing ICRC decisions to make them more concise and reader friendly to make the information more accessible to all audiences.

OCE resources in French

- To support French OCE candidates, the College recently created and published French versions of OCE resources on the website.



Governance Modernization: Create a governance framework which meets or exceeds industry standards as assessed against our regulator peers.

Governance Review

- The Regulator’s Practice has completed their focus group and/or interviews with Council and Staff.
- A report will be submitted to Council to outline the findings and Council will have the opportunity to discuss the findings with The Regulator’s Practice and help identify opportunities for improvement going forward.

Action Items Tracker (ongoing):

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

| Date of Meeting | Action item description | Required by date | Current Status |
|------------------------|---|-------------------------|-----------------------|
| September 28-29, 2023 | Circulate by-laws amendments regarding a 4% increase to registration and administrative fees for consultation. | December 2023 | Completed |
| September 28-29, 2023 | Circulate proposed by-laws provisions to allow for the collection of additional practice and demographical information as considered necessary by the Registrar for consultation. | December 2023 | Completed |
| September 28-29, 2023 | Integrate Competency Profile self-assessment into election and appointment processes. | January 2024 | In Progress |

CPO Dashboard – Q2 (July – September 2023)

Statutory Programs

Registration

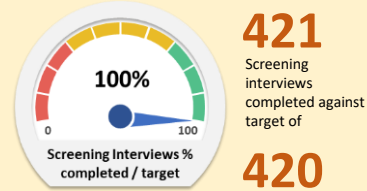
425 IPC applications received YTD

423 PPC applications received YTD

99% Applications acknowledged within 15 days **↑ 3%** from last quarter

100% Applications approved / referred within 30 days **No change** from last quarter

Quality Assurance



83% Screening interviews done within timeline **↓ 12%** from last quarter

n/a Assessments done within timeline

Practice Advice

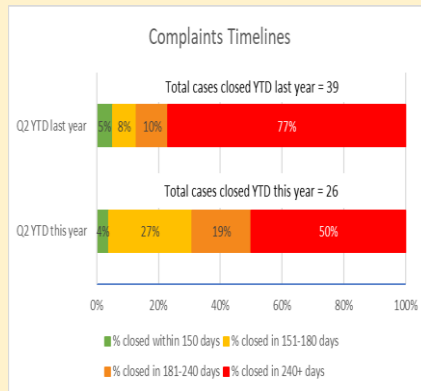
3785 # of inquiries received YTD **↑ 3%** from last year

| This Quarter | Last Quarter |
|------------------------------------|----------------------------|
| 1 Mandatory report & other reports | Business Practices |
| 2 Privacy | Working with PTAs |
| 3 Scope of practice | Starting a Practice |
| 4 Supervision of PT Residents | How to Become a PT (IEPTs) |
| 5 Practice transitions | Ethical Dilemmas |

Professional Conduct

223 # of concerns received YTD **↑ 4%** from last year

4% Complaints closed within 150 days YTD **↓ 1%** from last year



Discipline

5 Hearings YTD **↓ 38%** from last year

8 Days YTD **↓ 27%** from last year

100% Uncontested decision released within timeline **↑ 33%** from last year

n/a Contested decision released within timeline

Organizational Effectiveness

Communications

n/a
Google ad click throughs

People & Culture

2.5% Staff Turnover **↑ 2.5%** from last quarter

Finance & Strategy

Projects

| | Strategic | Operational |
|-------------|-----------|-------------|
| Completed | 0 | 11 |
| In Progress | 6 | 17 |
| Not Started | 1 | 2 |
| Deferred | 0 | 5 |
| | 7 | 35 |

CPMF

22 CPMF items not fully met in 2022

6 Improvement items completed

14 Improvement items in progress

Financial Health





COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 8.0

**Council Meeting
December 14-15, 2023**

Agenda #8.0: Emergency Class Policy: Opening, Monitoring, and Resolution

It is moved by

and seconded by

that:

Council approves the Emergency Class Policy: Opening, Monitoring, and Resolution.



COUNCIL BRIEFING NOTE

For Decision

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| Topic: | Emergency Class Policy: Opening, Monitoring, and Resolution |
| Public Interest Rationale: | Provides clear guidelines regarding the opening, monitoring, and closing of the Emergency class of registration, enabling the College to react quickly in emergency situations and ensure uninterrupted access to safe and high-quality physiotherapy services for Ontarians. |
| Strategic Alignment: | <i>Risk & Regulation:</i> Creating appropriate pathways for licensure in emergency circumstances. <i>EDI:</i> Ensuring those pathways are fair to both Canadian trained and internationally educated physiotherapists. |
| Submitted By: | Evguenia Ermakova, Policy Analyst Mara Berger, Director, Policy, Governance & General Counsel |
| Attachments: | Appendix 1: Draft Emergency Registration Class Policy Appendix 2: Amended General Regulation with Emergency class provisions |

Issue

- A draft policy has been developed to provide guidance around opening the new Emergency class of registration based on the requirements outlined in the College’s General Regulation (O. Reg. 532/98).

Decision Sought

- Council is being asked to approve the Emergency Class Policy: Opening, Monitoring, and Resolution.

Background

Origin of the Emergency Class

- Under [Bill 106, the Pandemic and Emergency Preparedness Act](#), all Ontario health regulatory Colleges were required to propose regulations to create an “emergency class” certificate of registration.
 - The purpose of creating an emergency class was to provide an alternative, expedited pathway to register healthcare professionals during an emergency.
- Council approved proposed amendments to the College’s General Regulation (O. Reg 532/98) to create the emergency class on April 28, 2023, the proposed amendments were submitted to the Ministry of Health and Long-Term Care on May 1, 2023, and the amended Regulation came into effect on August 31, 2023 (attached as Appendix 2).



Regulation Requirements

- Under the Regulation, the emergency class can be opened by either the Minister of Health or Council if opening the class is in the public interest.
- Registrants under the emergency class can practice for a set time, in specific circumstances or settings, as determined by Council.
- The Registrar has the ability to renew certificates if the emergency persists.

Other Considerations

- The emergency class is not intended to be an expedited route of entry in any ordinary setting, nor for a prolonged period of time.
- The class will only be opened in rare emergency circumstances and the conditions under which the class is opened will depend heavily on the nature of the emergency itself.
- There are safeguards built into the Regulation to ensure certificates are issued to qualified individuals only.
- Unless directed by the Minister of Health to open the emergency class, Council should consider all alternative options to address a potential emergency prior to opening the class.

Current Status and Analysis

- The Policy was developed to set out the processes and procedures for opening, monitoring, and closing the emergency class should it be necessary and in the public interest to do so and outlines the circumstances under which Council can open the emergency class.
 - The Registration Committee may assist Council with evaluating the circumstances leading to the potential opening of the Emergency class and must confirm that all alternative options have been considered.
 - The definition of an emergency is broad, providing Council with the ability to identify specific circumstances where the needs of the public or the profession would benefit from physiotherapists being registered under the emergency class.¹
 - As part of opening the emergency class, Council must determine whether any global terms, conditions or limitations should be applied to the class based on the nature of the emergency (e.g., restricting practice to certain settings).
 - The College will inform registrants, prospective applicants, and the public about the nature of the emergency, the process for registering for the class, and the anticipated implications to registrants and the broader health system.

¹ These circumstances could include but are not limited to: (1) an unforeseen disruption that compromises individuals' ability to complete the usual registration process, including the usual credentialing, examination, and licensure process, and (2) labour market need and/or a shortage of physiotherapists that is supported by research, analysis, and data.



- At this point, no fees have been set for the Emergency class. If there is an interest to set fees, this would require amendments to the By-laws.
- Once the class is open, the Registration Committee is responsible for monitoring the emergency circumstances and providing regular updates to Council. This ensure that the initial reasons for declaring the emergency remain valid while the class is open and that the emergency period does not persist longer than required.
 - Once the Registration Committee believes that the emergency has ended, it will recommend to Council that the class should be closed.
 - Once Council passes a motion to close the emergency class, all certificates issued under the class are automatically revoked 90 days after the motion.
 - Staff will reach to all individuals with pending applications to provide support for applying for another registration class, or applicants may choose to withdraw their application. This ensures that applicants have the necessary information to make an informed choice regarding their next steps.
- The Registration Committee had an opportunity to review and provide feedback on the proposed policy at their October 2023 meeting. The Registration Committee was supportive of the policy and suggested no substantive changes.

Next Steps

- After Council approval, the Emergency Class Policy: Opening, Monitoring, and Resolution will become a policy of the Registration Committee.
- The College will continue to develop additional policies that may be deemed necessary to facilitate the Emergency class registration process.

Questions for Council

- Is there anything in the policy that requires additional clarification?
- Is there anything else that you believe the policy should cover?

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| Title | Emergency Class Policy: Opening, Monitoring, and Resolution (DRAFT) |
| Approved by | The Council of the College of Physiotherapists |
| Date approved | |
| Date revised | |

Purpose

This policy describes the circumstances under which Council will open the Emergency class of registration to allow the Registrar to issue Emergency class certificates of registration, in accordance with section 25 of O. Reg 532/98.

Application and Scope

This policy refers to emergency circumstances as declared by the Council of the College of Physiotherapists of Ontario.

Policy

Under 25(1) of the College’s General Regulation (O. Reg 532/98), for the College to issue an Emergency class certificate of registration, the Minister of Health must request that the College open the Class based on the Minister’s opinion that emergency circumstances call for it, or Council must determine that it is in the public interest to register physiotherapists in the Emergency class to address emergency circumstances. When determining whether an emergency exists, the Council must consider a number of relevant factors, outlined below.

Council Considerations for Opening the Emergency Class

For the Council to open the Emergency class, it must be satisfied that all the following criteria have been met:

1. Opening the Emergency class certificate would be in the public interest.
2. At least one of the following is true:
 - a. There must be a current or imminent threat to provide a supply of qualified physiotherapists to meet the needs of the public, and/or
 - b. There is an unforeseen disruption that compromises individuals’ ability to complete the usual registration process, including the usual credentialing, examination, and licensure process.
3. These circumstances have a negative impact on applicants, the public, and/or the healthcare system at large.
4. Immediate action is required to remedy the circumstances.
5. Considering advice from the Registration Committee, the Council must be satisfied that all possible pathways to licensure have been considered and issuing certificates under the Emergency class is the most reasonable solution under the circumstances.

Procedure

Opening the Emergency Class

1. Once Council has determined that the Emergency class should be opened, Council will consider a motion to open the Emergency class. If the motion passes, the Emergency class is considered to be in effect as of that date.
2. Per clause 4 of subsection 25(3), Council will consider additional terms, conditions, and limitations that will assist in addressing the defined emergency circumstances, such as limiting registration to certain practice settings (e.g., hospital, long-term care, private practice, primary care).
3. The College will provide information around registration under the Emergency class, including the process to register and timelines.
4. The College will take appropriate measure to inform the public of the emergency circumstances.
5. Applications will be processed after notice to the public occurs.

Continuous Assessment

Once the Emergency class is in effect, the Registration Committee will provide regular updates to Council. An assessment of the emergency circumstances will be made at each Council meeting, while the Emergency class is in effect.

Resolving an Emergency

If the Registration Committee determines that the criteria set out above can no longer be met, the Registration Committee will recommend that the Council pass a motion to direct the Registrar to cease accepting new applications for Emergency certificates of registration. Pursuant to clause 1 of subsection 25(4), all Emergency certificates of registration will be revoked 90 days after Council's determination that the emergency circumstances have ended.

Applicants with pending applications for the Emergency class will be contacted by the College with notice that the emergency circumstances have ended and that new certificates under this class are no longer being issued. Applicants will also be provided with a roadmap to submit additional requirements to qualify for another registration class or may opt to withdraw their application.

Legislative References

Regulated Health Professions Act (RHPA), 1991

Ontario Regulation 508/22 under the RHPA

Ontario Regulation 532/98 under the *Physiotherapy Act*

Physiotherapy Act, 1991
Loi de 1991 sur les physiothérapeutes

ONTARIO REGULATION 532/98
GENERAL

Consolidation Period: From August 31, 2023 to the [e-Laws currency date](#).

Last amendment: 296/23.

Legislative History: 611/99, 68/06, 390/11, 378/12, 296/23.

This Regulation is made in English only.

PART I
QUALITY ASSURANCE

GENERAL

1. In this Part,

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

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

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

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

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

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

(2) The program shall include the following components:

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

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

SELF-ASSESSMENT

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

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

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

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

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

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

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

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

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

PEER AND PRACTICE ASSESSMENT

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

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

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

(3) A peer and practice assessment may include,

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

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

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

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

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

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

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

PART II FUNDING FOR THERAPY AND COUNSELLING

9. In this Part,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PART III REGISTRATION

DEFINITIONS

11. In this Part,

“degree in physiotherapy” means,

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

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

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

GENERAL

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

1. Independent practice.

2. Provisional practice.
3. Courtesy.
4. Emergency.
5. REVOKED: O. Reg. 390/11, s. 1.

O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 1; O. Reg. 296/23, s. 1.

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

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

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

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

(a) is mentally competent to practise physiotherapy;

(b) will practise physiotherapy with decency, integrity and honesty and in accordance with the law; and

(c) can communicate effectively with, and will display an appropriate attitude towards, patients and colleagues. O. Reg. 68/06, s. 1.

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

1. The applicant must have Canadian citizenship, permanent resident status or an authorization under the *Immigration and Refugee Protection Act* (Canada) consistent with the class of certificate for which application is made.

2. The applicant must be able to speak and write either French or English with reasonable fluency. O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 2 (1).

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

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

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

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

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

INDEPENDENT PRACTICE

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

1. The applicant must have received a degree in physiotherapy.

2. The applicant must have successfully completed the examination. O. Reg. 68/06, s. 1.

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

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

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

(a) is not exempted from the standards and qualifications under subsection (1) and has not successfully completed the examination within the five years immediately preceding the application; or

(b) is exempted from the standards and qualifications under subsection (1). O. Reg. 68/06, s. 1.

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

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

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

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

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

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

(a) has practised physiotherapy for at least 1,200 hours in the preceding five years;

(b) has successfully completed the College Review Program within the previous 12 months at the holder's expense; or

(c) has successfully completed the examination within the previous 12 months. O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 5 (1).

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

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

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

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

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

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

(a) an order of Council or Executive Committee or a panel of the Registration Committee, Discipline Committee or Fitness to Practice Committee;

(b) a direction of the Quality Assurance Committee; or

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

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

(9) A member referred to in subsection (5) who held an inactive status certificate of registration on December 14, 2011 must comply with the terms, conditions and limitations specified in subsection (1) within three years of being issued a certificate of registration authorizing independent practice under subsection (5), and if he or she does not do so, his or her

certificate of registration authorizing independent practice is deemed to have expired on the date that is three years immediately after the date of issuance. O. Reg. 390/11, s. 5 (3).

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

PROVISIONAL PRACTICE

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

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

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

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

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

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

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

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

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

COURTESY

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

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

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

1. The holder may practise physiotherapy only for the purpose that he or she certified under paragraph 4 of subsection (1) as the reason for making the application for the courtesy certificate of registration.
 2. The certificate expires 30 days after the date of initial registration, on the date on which the purpose referenced in paragraph 1 is attained or when the member is no longer engaged in attaining that purpose, whichever is the earliest. O. Reg. 390/11, s. 8.
- (3) If a holder of a courtesy certificate of registration ceases or fails to hold professional liability insurance in accordance with the College by-laws, his or her certificate of registration is deemed to be suspended until the Registrar is satisfied that he or she has acquired the professional liability insurance. O. Reg. 390/11, s. 8.

EMERGENCY

25. (1) The following are the standards and qualifications for the issuance of an emergency class certificate of registration:

1. The Minister must have requested that the College initiate registrations under this class based on the Minister's opinion that emergency circumstances call for it or the Council must have determined, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates.
2. The applicant must satisfy the Registrar that the applicant meets at least one of the following requirements:
 - i. The applicant has a degree in physiotherapy.
 - ii. The applicant is enrolled in a program in physiotherapy described in clause (a) of the definition of "degree in physiotherapy" in section 11, and has completed at least 820 clinical practice hours associated with that program.
 - iii. The applicant was, within the five years immediately preceding the application, registered to practise physiotherapy in Ontario with a certificate of registration authorizing independent practice or is, or was, within the five years immediately preceding the application, registered or licensed to practise physiotherapy in another province or territory in Canada with a certificate or license which the Registrar is satisfied is equivalent to a certificate of registration authorizing independent practice in Ontario.
 - iv. The applicant is, or was, within the five years immediately preceding the application, registered or licenced to practise physiotherapy in a jurisdiction outside of Canada that has been approved by the Council for the purposes of this section.
3. The applicant, other than an applicant referred to in subparagraph 2 ii, must satisfy the Registrar that the applicant has completed at least 1200 clinical practice hours in the five years immediately preceding the application.
4. The applicant must have successfully completed the College Jurisprudence Program.
5. Where an applicant has sat an examination, they must not have failed the written component of the examination on any occasion or have failed the practical component of the examination on two or more occasions. O. Reg. 296/23, s. 2.

(2) The requirements set out in paragraphs 2, 4 and 5 of subsection (1) are non-exemptible. O. Reg. 296/23, s. 2.

(3) Every emergency certificate of registration is subject to the following terms, conditions, and limitations:

1. The member must only hold themselves out as a "physiotherapist (emergency class)" or under the abbreviation "PT (emergency class)" or their equivalents in French.
2. The member may only practise physiotherapy under the direct supervision of a Supervisor unless the member can satisfy the Registrar that the member is able to practise safely and competently without supervision.
3. The member is not entitled to perform a controlled act authorized to a physiotherapist under subsection 4 (1) of the Act unless the member has been delegated the performance of the controlled act by a member who holds a certificate of registration authorizing independent practice or the member performs the act pursuant to an order under subsection 4 (3) of the Act.
4. The member must adhere to any other terms, conditions and limitations that Council has identified as necessary in order for holders of emergency certificates of registration to be able to assist in addressing the determined emergency circumstances. O. Reg. 296/23, s. 2.

(4) An emergency class certificate of registration is automatically revoked on the earliest of the following:

1. Ninety days after issuance by the Council of its determination that the emergency circumstances referred to in paragraph 1 of subsection (1) have ended.
2. The expiry of 12 months from the date the certificate was issued, unless the Registrar extends the certificate under subsection (5).
3. The date to which the Registrar extends the certificate under subsection (5).
4. The date on which the Registrar revokes the certificate under subsection (6).

5. Fifteen days after the member receives notification that the member failed the written component of the examination.
6. Fifteen days after the member receives notification that the member failed the practical component of the examination for the second time. O. Reg. 296/23, s. 2.

(5) The Registrar may extend an emergency class certificate of registration for one or more periods, each of which is not to exceed 12 months, if, in the opinion of the Registrar, it is advisable or necessary to do so, as long as the Council has not determined that the emergency circumstances have ended. O. Reg. 296/23, s. 2.

(6) The Registrar may revoke an emergency class certificate of registration if, in the opinion of the Registrar, it is in the public interest to do so. O. Reg. 296/23, s. 2.

(7) A member who holds an emergency class certificate of registration or a former member who held an emergency class certificate of registration within two years of applying for a certificate of registration authorizing provisional practice and who practised physiotherapy for at least 1200 hours while in the emergency class is exempt from any examination fees which would otherwise be payable to the College for the practical component of the examination. O. Reg. 296/23, s. 2.

(8) In this section,

“Supervisor” means a member who,

- (a) holds a certificate of registration authorizing independent practice, and
- (b) has been approved by the Registrar to supervise a member who holds an emergency class certificate of registration. O. Reg. 296/23, s. 2.

26. REVOKED: O. Reg. 390/11, s. 8.

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COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 9.0

**Council Meeting
December 14-15, 2023**

Agenda #9.0: Committee Slate Amendment

It is moved by

and seconded by

that:

Council approves the following amendment to the committee slate:

- Appoint Frank Massey to the Risk, Audit, and Finance Committee.



COUNCIL BRIEFING NOTE

For Decision

| | |
|-----------------------------------|---|
| Topic: | Committee Slate Amendment |
| Public Interest Rationale: | Committees need to be properly constituted in order to effectively engage in the work of the College and make decisions in the public interest. |
| Strategic Alignment: | <i>People & Culture:</i> Ensure committees are representative of the profession and are composed with members that have the required skills and experience. |
| Submitted By: | Mara Berger, Director, Policy, Governance and General Counsel |
| Attachments: | Appendix A – Amended Committee Slate (December 2023) |

Issue

- The recent addition of risk management to the responsibilities of the Risk, Audit, and Finance Committee, provides an opportunity to appoint Frank Massey to the Committee to capitalize on his experience in risk management. Additionally, the appointment of two new Public Members provided an opportunity to recanvas Public Member availability to sit on the Examinations Committee.

Decision Sought

Council is being asked to appoint Frank Massey to the Risk, Audit, and Finance Committee.

Background

Risk, Audit, and Finance Committee

- The adoption of the Risk Management policy in September 2023 added the new responsibility of supporting risk management to the work of the Finance Committee, which is now the Risk, Audit, and Finance Committee.
 - Risk management experience was not a factor that was considered as part of the committee slate for the Finance Committee in June 2023.
 - Frank Massey who is newly appointed to Council has significant experience in risk management.

Examinations Committee

- While the Terms of Reference for the Examinations Committee provide for the inclusion of a Public Member of Council on the Committee, the Examinations Committee is considered properly constituted even if the composition requirements are not met.



- The committee slate approved by Council in June 2023 took advantage of the flexibility in the Terms of Reference due to a shortage of Public Members at the time.
- A public non-Council Committee member with a background in psychometrics has been appointed to the Examinations Committee to address specific competency needs of the Committee since its formation. As such, the public perspective is represented on the Committee.
- Due to the appointment of two new Public Members to Council in September 2023, it was requested that the College recanvas Public Member availability to sit on the Examinations Committee.

Current Status and Analysis

Risk, Audit, and Finance Committee

- Following consultation with the Chair of the Risk, Audit, and Finance Committee, a targeted call for interest was sent to Frank Massey to assess his ability to join the Committee. Mr. Massey has confirmed his interest and availability to participate on the Committee.
 - Mr. Massey currently sits on the Registration Committee and the Discipline and Fitness to Practise Committees.

Examinations Committee

- A call for interest was sent to all Public Members of Council. At this time, none of the Public Members have the availability to sit on the Examinations Committee.

Other Updates

- Venkadesan Rajendran, a non-Council Committee Member appointed to the Quality Assurance Committee in 2022, informed the College of his resignation from the Committee. Despite the resignation, the Committee is still properly constituted. Recruitment for a new non-Council Committee member for the Quality Assurance Committee will take place as part of the larger committee recruitment in spring 2024.

Next Steps

- If Council approves the slate amendment, staff and the Committee Chair will ensure that Mr. Massey receives orientation related to the Risk, Audit, and Finance Committee prior to his first meeting.



2023-2024 Committee Slate (December 2023)

| COMMITTEE | REQUIRED COMMITTEE COMPOSITION | PROPOSED MEMBERSHIP | BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES | Staff Support |
|--|---|--|--|---------------------------------|
| EXECUTIVE | 5 people: <ul style="list-style-type: none"> At least 1 but not more than 2 Public Appointees At least 3 Professional Members of Council Must include President and Vice President | Nitin Madhvani (President) Carole Baxter Theresa Stevens (VP) 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 |
| INQUIRIES, COMPLAINTS AND REPORTS (ICRC) | Minimum 5 people, at least: <ul style="list-style-type: none"> 2 Professional Members of Council 2 Public Appointees 1 Non-Council Committee Member | Gary Rehan, Chair Katie Schulz, Vice Chair Theresa Stevens Carole Baxter Laina Smith Mark Heller 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 | Minimum 10 people, at least: <ul style="list-style-type: none"> 2 Professional Members of Council | Janet Law Paul Parikh 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"> 3 Public Appointees 1 Non-Council Committee Member | <p>Jesse Finn Laina Smith Carole Baxter Richard O'Brien Frank Massey Mark Heller</p> <p>James Wernham, Chair Daniel Negro Sue Grebe Angelo Karalekas, Vice Chair Nicole Graham Richa Rehan Felix Umana Theresa Kay</p> | | |
| QUALITY ASSURANCE (QA) | <p>Minimum 5 people, at least:</p> <ul style="list-style-type: none"> 2 Professional Members of Council 2 Public Appointees 1 Non-Council Committee Member | <p>Dennis Ng Maureen Vanwart</p> <p>Laina Smith Richard O'Brien</p> <p>Antoinette Megens, Chair</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>Minimum 5 people, at least:</p> <ul style="list-style-type: none"> 1 Professional Member of Council 1 Academic Member 2 Public Appointees 1 Non-Council | <p>Katie Schulz, Chair</p> <p>Paul Parikh Sinead Dufour</p> <p>Jesse Finn Frank Massey</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>Minimum of 3 people, at least:</p> <ul style="list-style-type: none"> 1 Professional Member of Council | <p>Anna Grunin, Chair</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"> 1 Public Appointee 1 Non-Council Committee Member | <p>Richard O'Brien</p> <p>Einat Mei-Dan</p> | | |
| <p>Risk, Audit, and Finance Committee</p> <p>(non-statutory)</p> | <p>Minimum 5 people, at least:</p> <ul style="list-style-type: none"> President Vice President 3 Professional Members of Council including at least 1 Public Appointee | <p>Nitin Madhvani, President</p> <p>Theresa Stevens, VP</p> <p>Janet Law, Chair</p> <p>Gary Rehan, Vice Chair</p> <p>Jesse Finn</p> <p>Anna Grunin</p> <p>Frank Massey</p> | <p>The Finance Committee is to monitor significant financial planning, management and reporting matters of the College, to make recommendations and deliver reports to Council, and to serve as the College's audit committee.</p> | <p>Zoe Robinson</p> |
| <p>EXAMINATIONS</p> <p>(non-statutory)</p> | <ul style="list-style-type: none"> At least 1 Canadian-educated recent registrant At least 1 Internationally Educated recent registrant At least 2 Physiotherapy Supervisors 1 Member of the public (Testing/assessment) 1 Public Member of Council | <p>Alireza Mazaheri, Vice Chair</p> <p>Hari Gopalakrishnan Nair, Chair</p> <p>Sameera Merchant</p> <p>Enoch Ho</p> <p>Lea Damata</p> <p>Greg Pope</p> <p>Vacant</p> | <p>The Examinations Committee's role is to provide oversight of the development, administration, and implementation of the Ontario Clinical Exam.</p> | <p>Amanda Sandhu</p> |



Motion No.: 10.0

**Council Meeting
December 14-15, 2023**

Agenda #10.0: Code of Ethical Conduct: Circulation for Consultation

It is moved by

and seconded by

that:

Council approves the draft Code of Ethical Conduct for a 60-day consultation.



COUNCIL BRIEFING NOTE

For Decision

| | |
|-----------------------------------|--|
| Topic: | Code of Ethical Conduct: Circulation for Consultation |
| Public Interest Rationale: | Promotes ethical practice and patient-centered approaches to professional conduct. |
| Strategic Alignment: | <i>Regulation & Risk:</i> The revised Code of Ethical Conduct creates a national framework for ethical conduct and supports the evaluation of conduct matters. |
| Submitted By: | Mara Berger, Director of Policy and Governance & General Counsel Evguenia Ermakova, Policy Analyst |
| Attachments: | Appendix 1: Revised Code of Ethical Conduct (Draft, September 2023) Appendix 2: CPO “REACH” Code of Ethics Document (March 2013) |

Issue

- A revised Code of Ethical Conduct that integrates core professional values is currently being proposed at the national level.
- Considering the benefits of increased national consensus and the fact that the College’s own Code of Ethics has not been reviewed since March 2013, there is an opportunity for Council to consider whether the proposed national Code of Ethical Conduct could be fit for purpose for Ontario.
- To support this discussion, the College aims to share the Code of Ethical Conduct for consultation with registrants and partners in order to gauge its resonance with Ontario physiotherapists.

Decision Sought

- Council is being asked to approve the draft Code of Ethical Conduct for a 60-day consultation.

Background

- The College currently has a guidance document that highlights five ethical values which form the acronym [REACH](#): Respect, Excellence, Autonomy, Communication, and Honesty. The document also lists six steps to ethical decision-making. The REACH document has not been reviewed since March 2013 and is underutilized.
- The first national [Code of Ethical Conduct](#) was developed and adopted by Canadian Physiotherapy Association (CPA) and most provincial physiotherapy regulators in 2017 following an extensive review of the various Code of Ethics that existed across the country.
 - Ontario decided not to adopt the first iteration of the national Code of Ethical Conduct since REACH was considered to meet Ontario’s needs at the time.
- Between 2016-2020, CPA also developed the national [Core Professional Values](#), which included input from more than 1000 CPA members through a series of surveys, meetings, and consultations.



- In 2021, a panel comprised of professional association representatives, a regulator, and researchers presented to CPA Congress about the Core Values initiative, beginning discussion around integrating Code of Professional Values into the Code of Ethical Conduct.
- The development of the revised Code of Ethical Conduct (**Appendix 1**) proceeded in three phases:
 - **Phase 1, 2021:** Preliminary matching exercise completed by 6 physiotherapists with various roles – regulatory staff, educators, researchers, and a CPA Board member. The exercise involved independently reviewing and aligning the Values with each responsibility in the Code. Results were compared, and an initial version was created for the basis of broad consultation with the profession.
 - **Phase 2, May-June 2022:** Distribution of a national survey by regulators, a research firm, and CPA and collection/analysis of the results and feedback. 2730 physiotherapists participated in the validation survey. Ontario registrants constituted ~50% of all survey participants.
 - **Phase 3, February-May 2023:** Final matching process for ethical responsibilities requiring further discussion following Phase 2. 16 participants/experts representing clinicians, educators, professional leaders, and regulatory staff from 8 provinces participated, completing the matching of the 10 values and 33 responsibilities.
- The revised Code of Ethical Conduct which would integrate the professional values is currently under review by CPA and the physiotherapy regulators at the national level. Final approval of the revised Code of Ethical Conduct is anticipated for 2024.

Current Status and Analysis

The Revised National Code of Ethical Conduct

- The revised Code of Ethical Conduct currently being proposed sets out ethical principles governing the conduct of members of the physiotherapy profession in Canada. The revised Code of Ethical Conduct:
 - Contains 33 ethical responsibilities divided into those that apply to the client; those that apply to the public; and those that apply to the individual practitioner (self) and the profession, and 10 core professional values.
 - Is intended to be iterative and reflective of the societal ethics of the time, as well as the value systems and moral principles of the physiotherapy profession in Canada.
 - Applies to all physiotherapists in all contexts of practice and through all stages of their careers and must always be used in conjunction with relevant federal and provincial legislation and with regulations, policies, procedures, and standards regulating professional practice.
 - Is different from the College's current values-only approach, representing a more standard Code of Ethics that articulates values, ethical principles, and ethical standards which professionals can use to guide their conduct.



- Links to the CPA's Core Professional Values and Associated Behaviours to provide definitions and context regarding the meaning of the Core Professional Values.

Purpose of the National Code

- The revised Code of Ethical Conduct aims to emphasize a commitment for physiotherapists to uphold the values of the profession and make ethical practice decisions.
- The Code is a “moral anchor” that assures patients, the public, and other healthcare providers that registrants strive for the highest standards of ethical conduct.
- It recognizes that no ethical responsibility or core professional value will apply at all times and to all situations, but they should serve as a reference to guide sound ethical conduct and to help prevent unethical behaviours and choices. Rather than prescribing concrete actions, it promotes values and ethical principles that physiotherapists can strive towards in their practice.
- The language in the Code is not measurable nor definitive and the expectations tie back to the overarching principles. Ethical dilemmas and considerations are complex in nature and the Code of Ethical Conduct should be considered as a resource that physiotherapists can use to approach and think through challenging situations.
- The intention of the Code is not to provide detailed instructions for every scenario a physiotherapist might encounter, but rather to articulate broad principles, values, and actions that guide physiotherapist conduct.
- At the same time, the revised Code may support ICRC in addressing situations not currently covered in our Standards by providing additional framing for the assessment of ethical conduct in adjudicative proceedings.

A Unified Approach

- Achieving greater national consistency around physiotherapy practice and fostering a sense of unity within the profession is at the forefront of this initiative. Reasons to consider aligning with a national approach include:

(1) Labour Mobility

- Labour mobility and cross-border care are emerging as significant national and provincial priorities. Pan-Canadian licensing systems are emerging across many health professions and the Ontario Ministry of Health have been focusing on reducing red tape around cross-border care.
- Ontario is a signatory to a Memorandum of Understanding (MOU) to support physiotherapy labour mobility within Canada. The MOU documents the profession's commitment to enable the movement of physiotherapists among all Canadian jurisdictions. Ontario is also working on adopting 16 national Core standards for the Ontario context as part of its standards review process.
- A harmonized Code of Ethical Conduct facilitates labour mobility, making it easier for physiotherapists to provide services in different provinces without the need for extensive reorientation. National consistency can simplify regulatory processes in cross-border scenarios



as it makes it easier for physiotherapists to navigate the various requirements associated with their practice.

(2) Public Cohesion

- A uniform Code would contribute to a more coherent and accountable health system by signaling to the public that the physiotherapy profession holds its registrants to a high level of accountability no matter where patients are being treated.
- While the individual standards and legal requirements of physiotherapy practice may vary between jurisdictions, fundamentally the physiotherapy profession should subscribe to the same cornerstone values and ethical principles.

(3) Participation in Future National Endeavors

- Demonstrating a willingness to consider a unified approach to ethical standards enhances Ontario's reputation as an active and collaborative participant in national initiatives.
- By engaging in this exercise, Ontario signals its commitment to working collaboratively with national partners, which strengthens the province's influence in shaping future discussions and developments in physiotherapy practice.

Consultation on the National Code

- While the revised Code has already undergone consultation, conducting an Ontario specific consultation at this time would be helpful for the following reasons:
 - Provides an understanding of whether and how the national Code aligns with the specific needs and practices of Ontario physiotherapists,
 - Identifies and addresses potential ethical issues at the provincial level, offering a proactive approach to considering whether the national Code would provide value,
 - Promotes greater acceptance and compliance by involving physiotherapists early in the consideration of adopting the national Code, and
 - Public perspectives will enhance public trust and confidence.

Next Steps

- Pending Council direction, the Code of Ethical Conduct will be circulated for 60 days for registrant and partner feedback.
- Should it be approved nationally, Council will consider the adoption of the revised Code alongside consultation feedback during their meeting in June 2024.
 - If approved, the Code would replace the current REACH document.

Questions for Council

- Do you have any questions about the content of the Code of Ethical Conduct?



- Do you have any questions regarding the implications and impact of consulting on the Code of Ethical Conduct?

Code of Ethical Conduct

THIS CODE APPLIES TO PHYSIOTHERAPISTS IN CANADA.
Updated with Core Professional Values September 2023

PURPOSE

A code of ethical conduct sets out the ethical principles governing the conduct of members of the physiotherapy¹ profession in Canada. It is a moral anchor that assures clients,² the public, and other health-care providers that members of the profession strive for the highest standards of ethical conduct. The code must reflect the societal ethics of the time, as well as the value systems and moral principles of the physiotherapy profession in Canada. The Code of Ethical Conduct applies to all physiotherapists in all contexts of practice and through all stages of their careers. It must always be used in conjunction with relevant federal and provincial legislation and with regulations, policies, procedures, and standards that regulate professional practice.

HOW TO USE THE CODE OF ETHICAL CONDUCT

The Code does not tell practitioners exactly how to act in every situation. Rather, it provides a benchmark against which to measure ethical decisions in everyday practice and in highly-complex situations. In every situation, however, it is the duty of each member of the profession to act in an ethically responsible manner, using the principles of the Code to guide ethical conduct. As ethical decision-making is often an interdisciplinary issue, each practitioner is encouraged to seek additional advice or consultation when ethical decisions are unclear. Members of the physiotherapy profession should be able to articulate their rationale for all ethical decisions and should take responsibility for their decision-making and actions.

ETHICAL PRINCIPLES AND CORE PROFESSIONAL VALUES

Ethical principles form the foundation of ethical conduct and provide guidance along the pathway to ethical decision-making. While there are several approaches to ethical decision-making principles, this document uses the classical ethical principles described below as a basic guide to ethical conduct. Emphasis is on the pursuit of excellence in all professional activities, as well as the ability to act with integrity, accountability, and good judgement in the best interests of the client, the public, the individual (self), and the profession.

¹ The terms physical therapy/physiotherapy and physical therapist/physiotherapist are considered synonymous and can be used interchangeably. For the purposes of this document the term physiotherapy will be used.

² A client is a recipient of **physiotherapy services**, and may be an individual, family, group, organization, community or population. An individual client may be referred to as a patient. In some circumstances a client may be represented by their substitute decision maker. Available at: <https://alliancept.org/announcement/updated-competency-profile-physiotherapists-canada-new-entry-practice-milestones/>

- Respect for Autonomy states that people should be allowed to make decisions that apply to their lives and to have control over their lives as much as possible. Autonomy requires a physiotherapist to respect a client's freedom to decide for themselves and includes obtaining informed consent.
- Beneficence guides the practitioner to do what is good with respect to the welfare of the client. In physiotherapy practice, the physiotherapist should provide benefit to the client's health.
- Least Harm deals with situations in which none of the choices available are judged to be the best. In this case, a practitioner should choose to do the least harm possible and to do harm to the fewest people. For physiotherapists, this may mean recommending an intervention that is the best of two alternatives, even though both alternatives may have negative side effects.
- Justice requires that the actions chosen are objective and equitable to those involved. An ethical decision that relates to justice has a consistent logical basis that supports the decision. For physiotherapists, justice relates to treating people equitably and to allocating resources fairly between clients.

In addition to the ethical principles, core professional values³ help to support the ethical conduct of members of the profession. These are the values that guide the decisions physiotherapists make and inform their behaviors as individuals and as members of a profession. The core professional values include accountability, advocacy, altruism, client centeredness, compassion, equity, excellence, integrity, respect, and social responsibility. The Core Professional Values with associated behaviours can be found [here](#).

The ethical responsibilities below are described under three headings: those that apply to the client; those that apply to the public; and those that apply to the individual practitioner (self) and the profession. Throughout the document the core professional values are indicated in parenthesis. Ethical responsibilities are intended to serve as a guide to ethical conduct. No ethical responsibility or core professional value will apply at all times and to all situations, but they should serve as a reference to guide sound ethical conduct and to help prevent unethical behaviours and choices.

A. RESPONSIBILITIES TO THE CLIENT

Members of the physiotherapy profession have an ethical responsibility to:

1. Demonstrate sensitivity toward individual clients, respecting and taking into consideration their unique rights, needs, beliefs, values, culture, goals, and the environmental context. (Client-centredness, Respect)
2. Act in a respectful manner, and do not refuse care or treatment to any client on the prohibited grounds of discrimination, as specified in the *Canadian Human Rights Act*⁴, as well as on the grounds of social or health status. (Equity, Respect)
3. Work in partnership with clients to improve, support, and/or sustain their health status and well-being. (Client-centredness, Compassion, Equity)
4. Maintain professional boundaries that honour and respect the therapeutic relationship with clients. (Accountability, Integrity)
5. Communicate openly, honestly, and respectfully with clients at all times. (Integrity, Respect)

³ Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6484957/>

⁴Canadian Human Rights Act (2012). Prohibited grounds of discrimination: For all purposes of this Act, the prohibited grounds of discrimination are race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability and conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered. Available at: <http://laws-lois.justice.gc.ca/eng/acts/h-6/page-1.html#h-1>

6. Respect the principles of informed consent, including by explaining service options, risks, benefits, potential outcomes, possible consequences of refusing treatment or services, and by avoiding coercion. (Accountability, Client-centredness, Integrity)
7. Treat clients only when the diagnosis or continuation of the intervention warrants treatment and is not contraindicated. (Accountability, Integrity)
8. Respect and support the autonomy of the client to participate in the management and decision-making relating to their own health. (Accountability, Integrity)
9. Provide an alternative treatment option through referral to another health-care provider/physiotherapist, if the therapeutic relationship is compromised. (Accountability, Altruism)
10. Respect the confidentiality, privacy, and security of client information in all forms of communication. (Accountability, Integrity)
11. Use electronic communication and social media and other forms of digital technology professionally and respectfully, conforming to confidentiality guidelines. (Accountability, Integrity)
12. Practise in a safe, competent, accountable, and responsible manner during the provision of services. (Accountability, Excellence)
13. Take all reasonable steps to prevent harm to clients. Should harm occur, disclose it to the client and others, as required. (Accountability, Integrity)
14. Take responsibility for the client care delegated to students and other members of the health-care team. (Accountability)
15. Practise the profession of physiotherapy, according to their own competence and limitations, referring the client to others, as necessary. (Accountability, Excellence, Integrity)
16. Practise collaboratively with colleagues, other health professionals, and agencies for the benefit of clients. (Advocacy, Client-centredness)
17. Enhance their expertise through lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviours. (Accountability, Excellence)
18. Comply with all legislation, guidelines, and regulatory requirements that pertain to the profession of physiotherapy. (Accountability, Integrity)

B. RESPONSIBILITIES TO THE PUBLIC

Members of the physiotherapy profession have an ethical responsibility to:

1. Conduct and present themselves with integrity and professionalism. (Integrity)
2. Respect diversity and provide care that is both culturally sensitive and appropriate. (Client-centredness, Equity, Respect, Social Responsibility)
3. Advocate within their capacity and context to address clients' needs and the broad determinants of health and to improve the standards of health care. (Advocacy, Equity, Social Responsibility)
4. Work effectively within the health-care system and manage resources responsibly. (Accountability, Integrity)
5. Act transparently and with integrity in all professional and business practices, including fees and billing, advertising of professional services, and real and/or perceived conflicts of interest. (Accountability, Integrity)
6. Assess the quality and impact of their services regularly. (Accountability, Excellence)
7. Be professionally and morally responsible for addressing incompetent, unsafe, illegal,

or unethical practice of any health-care provider and be legally responsible for reporting to the appropriate authority/authorities conduct that puts the client at risk.

(Accountability, Integrity)

8. Take responsibility for their own physical and mental health and refrain from practising physiotherapy while their ability to provide appropriate and competent care is compromised. (Accountability, Integrity)

C. RESPONSIBILITIES TO SELF AND THE PROFESSION

Members of the physiotherapy profession have an ethical responsibility to:

1. Commit to maintaining and enhancing the reputation and standing of the physiotherapy profession, and to inspiring public trust and confidence by treating everyone with dignity and respect in all interactions. (Excellence, Social Responsibility)
2. Commit to lifelong learning and excellence in practice. (Accountability, Excellence)
3. Act honestly, transparently, and with integrity in all professional and business practices to uphold the reputation of the profession. (Accountability, Integrity)
4. Recognize the responsibility to share evidence-informed and clinical best practices in physiotherapy with one another and other health-care professionals. (Excellence)
5. Contribute to the development of the profession through the support of research, mentoring, and student supervision. (Excellence)
6. Refrain from harassment, abuse, or discrimination of colleagues, employees, or students. (Integrity, Respect)
7. Attend to their own health and well-being. (Accountability)

Code of Ethics

Physiotherapists are responsible for conducting themselves ethically in every professional practice situation. To assist physiotherapists to determine the most appropriate ethical conduct in situations of uncertainty, the College of Physiotherapists of Ontario has adopted a values-based Code of Ethics and a stepwise decision-making model.

The Code of Ethics reflects physiotherapists' commitment to use their knowledge and expertise to promote high quality, competent and ethical care for patients and thereby instill in the public, confidence in the profession.

The ethical values for physiotherapists in Ontario spell out the acronym R.E.A.C.H. These values should be applied in all aspects of professional practice, particularly in the patient-physiotherapist relationship and when facing an ethical problem or dilemma.

Making ethical decisions is not always easy and can be accompanied by significant discomfort. While the Code of Ethics cannot alleviate this discomfort, adopting the R.E.A.C.H. values and a standard process to analyze a situation will allow physiotherapists to feel more secure in their ability to make the best decision possible and that is also in the best interest of their patients.

There are a variety of ethical decision making models available, and although one version is presented here, physiotherapists should choose a model that is most comfortable for them and meets their professional needs.

Physiotherapists should also understand that while a consistent process can be followed each time an ethical decision is required, the decision or outcome can vary and there can be differences of opinion. It is not expected that there will always be complete agreement as context is critical. The proposed actions to an ethical dilemma can include both those who are in favour and those who are opposed to the decision. Although there may not be complete agreement on one unique line of action, some actions will be more defensible and others will be less defensible.

An online learning module is available on the College website to facilitate understanding of:

- ethics in general
- the ethical values of physiotherapists in Ontario
- how to apply the values and a standardized decision-making process to ensure the best decision possible

The ability to make appropriate ethical decisions that are in the best interests of patients is an essential aspect of professional practice.

Ethical Values

Respect

Physiotherapists are respectful of the differing needs of each individual and honour the patient's right to privacy, confidentiality, dignity and treatment without discrimination.

Excellence

Physiotherapists are committed to excellence in professional practice through continued development of knowledge, skills, judgment and attitudes.

Autonomy and Well Being

Physiotherapists are at all times guided by a concern for the patient's well-being. Patients have the right to self-determination and are empowered to participate in decisions about their health-related quality of life and physical functioning.

Communication, Collaboration and Advocacy

Physiotherapists value the contribution of all individuals involved in the care of a patient. Communication, collaboration and advocacy are essential to achieve the best possible outcomes.

Honesty and Integrity

Each physiotherapist's commitment to act with honesty and integrity is fundamental to the delivery of high quality, safe and professional services.

Steps to Ethical Decision Making

1. Recognize that there is an ethical issue—i.e. something is making you uncomfortable.
2. Identify the problem and who is involved—What is making you uncomfortable? Who else is involved?
3. Consider the relevant facts, laws, principles and values—What laws or standards might apply? What REACH value or ethical principle is involved?
4. Establish and analyze potential options—Weigh possibilities and outcomes. Use your moral imagination.
5. Choose a course of action and implement it—Are there any barriers to action? What information should be recorded?
6. Evaluate the outcome and determine if further action is needed—What did you learn? What can you do to prevent future occurrence?

Revised March 2013



COLLEGE OF
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Council

11. Providing PT Services in Northern Ontario

Kirsten Pavelich

(Presentation)



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 12.0

**Council Meeting
December 14-15, 2023**

Agenda #12.0: Final Approval: Proposed By-law Additions for Collecting Practice and/or Demographic Information

It is moved by

and seconded by

that:

Council approves the By-law addition to s.8.2.(1) to collect practice information considered necessary by the Registrar, subject to approval by the Executive Committee.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 12.1

Council Meeting
December 14-15, 2023

Agenda #12.1: Final Approval: Proposed By-law Additions for Collecting Practice and/or Demographic Information

It is moved by

and seconded by

that:

Council approves the By-law addition to s.8.2.(1) to collect demographic information considered necessary by the Registrar, subject to approval by the Executive Committee.



COUNCIL BRIEFING NOTE

For Decision

| | |
|-----------------------------------|--|
| Topic: | Final Approval: Proposed By-law Additions for Collecting Practice and/or Demographic Information: Consultation Summary and Final Approval |
| Public Interest Rationale: | Understanding of the profession’s composition and activities enhances workforce planning while supporting future strategic objectives, particularly those related to Equity, Diversity, and Inclusion (EDI) initiatives. |
| Strategic Alignment: | <p><i>Regulation & Risk:</i> The proposed data points provide insights for risk assessment in regulatory decision-making.</p> <p><i>Engagement & Partnerships:</i> Providing information to health system partners, such as the Canadian Institute for Health Information (CIHI), enables research, quality improvement efforts, policy development, and advancing shared goals.</p> <p><i>Equity, Diversity, & Inclusion (EDI):</i> The proposed data points would support future EDI initiatives of the College.</p> |
| Submitted By: | Evguenia Ermakova, Policy Analyst Mara Berger, Director, Policy and Governance & General Counsel |
| Attachments: | <ul style="list-style-type: none"> • Appendix 1: By-laws - redlined • Appendix 2: Submission from the Ontario Physiotherapy Association (OPA) |

Issue

- The College is looking to add By-law provisions allowing the College to collect additional (1) practice information and/or (2) demographic information, as deemed necessary by the Registrar and subject to approval by the Executive Committee.
- The College circulated a request for feedback on September 29, 2023, and the response deadline was November 28, 2023.

Decision Sought

Council is being asked to approve either or both of the proposed By-law amendments.

- Motion #1: That Council approve the By-law addition to collect additional **practice information** considered necessary by the Registrar, subject to approval by the Executive Committee.
- Motion #2: That Council approve the By-law addition to collect additional **demographic information** considered necessary by the Registrar, subject to approval by the Executive Committee.

Background

- On [September 29, 2023](#), Council approved two proposed By-law provisions for consultation that would allow the College the flexibility to collect (1) practice information and/or (2) demographic



information from our registrants as deemed necessary by the Registrar and subject to approval by the Executive Committee.

- No additional data collection is being proposed at this time. Rather, this proposal focuses on building the right process to move forward with future information requests from health system partners.
- The College has received indication from health system partners such as the Canadian Institute for Health Information (CIHI) that they may request additional practice and demographic data. The additional information that may be collected based on updated data points include:
 - For *practice information*, information regarding the member's practice, including whether the member practices through an Agency Health Care Provider, provides virtual care, and the different modes of service delivery they employ.
 - For *demographic information*, information regarding the registrant's Indigenous or racial identity.
 - It is important to note that any information being shared with external health system partners will only be submitted in a de-identified form, with all identifying information removed.
- The proposed By-law additions would offer the College flexibility to promptly respond to information requests from health system partners. Because the provision would be broader rather than identifying specific data points, if and when a system partner requires additional information, the Registrar in conjunction with the Executive Committee would have the opportunity to react faster rather than having to propose a new By-law addition each time.
- Responding to information requests and collaborating with health system partners positions the College as an active contributor in the evolving healthcare landscape, where demographic information has been signaled to play a pivotal role in evidence-informed decision-making, with a specific focus on addressing gaps and eliminating barriers for equity-seeking groups.
- Any data collected under these provisions would also allow the College to better understand the composition of the profession and to support any future strategic objectives, including any objectives related to any EDI initiatives the College may decide to pursue.
- Whether and how to collect either practice and/or demographic information is still a work in progress, but if any additional information is deemed necessary for collection, the collection will be done sensitively and with clear communication regarding the purpose of collecting this information and how it will be used.

Current Status and Analysis

- Since the proposed By-law provisions would allow for the collection of information from registrants about themselves and/or their practice, they require circulation for 60 days in accordance with s. 94(2) of the Health Professions Procedural Code.
- The consultation was circulated on September 29, 2023 and the response deadline was November 28, 2023.



Summary of Consultation Responses

- The College received 59 feedback responses in total.
- 56 responses were from individual respondents, all of whom identified as registrant physiotherapists. This represents less than 0.5% of the registrant base.
- 3 responses were submitted on behalf of organizations: The Ontario Physiotherapy Association (OPA), the Black Physiotherapy Association (BPTA), and the Queer Physiotherapy Collective (QPC).

(1) Individual Responses

| Response | Practice-Related Information (n=56) | Demographic Information (n=56) |
|-----------------------------------|-------------------------------------|--------------------------------|
| Agree in Principle | 26 (46%) | 8 (14%) |
| Disagree in Principle | 11 (20%) | 44 (79%) |
| Unknown – More Information Needed | 4 (7%) | 4 (7%) |
| Skipped Question | 15 (27%) | 0 |

- Of the themes that emerged regarding **practice information only**, the following were most common:
 - *Aligns with Public Interest:* The data can help ensure further understanding of physiotherapy practice and quality of care, which can improve patient outcomes. Practice data collection contributes to the global standing of the profession and helps establish healthcare needs in Canada.
 - *Questions Regarding Impact:* The practical impact of collecting specific practice information was called into question, particularly around what meaningful purpose this would serve.
 - *Data Optimization:* The College already does a sufficient amount of data collection regarding practice and additional data should only be gathered on a case-by-case basis.
- Of the themes that emerged regarding **demographic data only**, the following were most common:
 - *No Clear Public Interest Purpose:* Respondents raised questions about the clarity and justification of collecting demographic data for public interest and decision-making purposes. There were concerns around collecting demographic information without having a clear goal or research purpose.
 - *Lack of Professional Relevance:* Collecting this data would not benefit the profession or its objectives and is therefore unnecessary. Racial identity and gender information are viewed as irrelevant to the practice of physiotherapy.
 - *Optional vs. Mandatory Data Collection:* There is a strong preference for making demographic data collection optional to protect registrants' privacy. There is also support for allowing registrants to opt out of providing demographic information and providing information on a voluntary basis. Mandatory demographic data collection was opposed.



- *Sensitive Information:* Concerns were raised about the discomfort and sensitivity associated with providing personal demographic information, particularly when data can be misused to harm certain populations. Some respondents believe that collecting information on racial identity, and other demographics further isolates already marginalized groups.
- *Additional Research and Outreach:* The College should consult with certain communities and EDI-related advocacy organizations prior to engaging in demographic data collection.
- Other than the above feedback, the following themes and suggestions were expressed about the idea of additional **data collection more generally:**
 - *Transparency around Collection and Disclosure:* There are calls for clear definitions and transparency around how the collected data will be used. Mandatory data collection should always be presented alongside a well-defined plan for how the data will be used, shared, and disclosed, as well as the rationale for how this will benefit public protection and physiotherapy practice. Asking registrants to consent to data collection “just in case” is a less preferable approach.
 - *Privacy and Data Security:* There are concerns around safeguarding personal information and data security, especially given risks of data breaches and their associated costs.
 - *Compliance with Information Requests:* Respondents raised questions about the necessity of providing this type of information to CIHI or other system partners upon request.

(2) Organizational Responses

The CPO received three submissions on behalf of organizations. They are as follows:

- **The Ontario Physiotherapy Association (OPA)** supports the necessity of collecting additional demographic and practice-related information but expresses concern about the proposed By-law changes lacking consultation with the membership, potentially compromising equity, diversity, and inclusion principles. OPA emphasizes the need for a comprehensive explanation of the purpose, policies, and procedures for demographic data collection, advocating for alignment with best practices and proposing consultation on the type of demographic information requested to ensure adherence to EDI. The full letter is attached as Appendix 2.
- **The Black Physiotherapy Association (BPTA)** expresses concerns about the proposed changes, emphasizing the lack of presented rationale for capturing such data and potential harm, especially regarding gender information and Indigenous/ethnic data. The BPTA questions whether the College has considered the First Nations OCAP principles (Ownership, Control, Access, Participation) and the Black Health Equity Working Group's EGAP Framework (Engagement Governance, Access, and Protection) in making these requests. They urge the College to engage with relevant groups and recommend against moving forward with the proposed changes until more comprehensive consultation is completed. They emphasize the need to ensure a safe and informed data capture process, given the historical misuse of such information in healthcare and the community.
- **The Queer Physiotherapy Collective (QPC)** emphasizes the importance of understanding the rationale behind collecting demographic data, particularly regarding the inclusion of "sex assigned at birth." They aim to initiate a dialogue to clarify the intended data point, advocate for precise



language, robust privacy measures, and effective harm reduction, and emphasize the importance of using the collected data to dismantle systems of oppression rather than merely collecting and disseminating it. The QPC expresses a willingness to further engage in discussions on this matter.

Next Steps

- No changes in what information will be collected for 2024 are contemplated at this time.
- Any changes to the mandatory information collected related to either practice or demographics would require the approval of the Executive Committee.
- Should any specific information request be proposed for future data collection, the College is committed to a transparent process that would outline the purpose and rationale for collecting the data, its intended use and any safeguards that have been put in place.

Questions for Council

- Do you have any questions based on the feedback received?
- What other considerations are important to take note of regarding the proposed by-law amendments, in light of the comments received?



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Regulating Physiotherapists

2017

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

INFORMATION TO BE PROVIDED BY REGISTRANTS

- 8.2.** (1) A Registrant shall provide the following to the College when requested to do so by the Registrar:
- (a) information required to be contained in the register by subsection 23 (2) of the Code;
 - (b) information required to be contained in the register by section 8.1 of these By-laws;
 - (c) information that the College is required to collect for the purpose of health human resource planning by the Minister by section 36.1 of the RHPA;
 - (d) information that Registrants are required to report under sections 85.6.1, 85.6.2, 85.6.3, and 85.6.4 of the Code;
 - (e) the Registrant's date of birth;
 - (f) the Registrant's home address;
 - (g) the Registrant's home telephone number, if available;
 - (h) the Registrant's mobile telephone number, if available;
 - (i) an email address for the Registrant that is distinct from the email address of any other Registrant;
 - (j) the mailing address, and if different, the street address of each current and previous Place of Practice of the Registrant (provided that no client home address is required where the Registrant provides home care) and if available, the business facsimile number of each current Place of Practice;
 - (k) the Registrant's employment information including the name and business address (including the email address) of the Registrant's employer, the name and business address (including the email address) of the Registrant's direct supervisor, the Registrant's job title, the Registrant's area and focus of practice, the Registrant's sector of practice, the Registrant's employment status (such as full or part-time status), and a description of the Registrant's place(s) of employment;
 - (l.1) the street address of any location or facility where records related to the Registrant's practice are located;
 - (l) the Registrant's practice hours, including the percentage of time spent in each area of practice;
 - (m) whether the Registrant's preferred language of communication with the College is English or French;
 - (n) the following information about any finding of professional misconduct or incapacity or similar finding that has been made against the Registrant by a body that governs a profession, inside or outside of Ontario, provided that the finding has not been reversed on appeal:
 - (i) information on the finding;
 - (ii) the name of the governing body that made the finding;
 - (iii) the date the finding was made;



- (iv) a summary of any order made; and
 - (v) information regarding any appeals of the finding;
 - (o) whether the Registrant successfully completed the examination required for registration and if so, the date;
 - (p) information about any post-secondary education (full or partial degree, certificate or program courses) the Registrant has completed through a college or university, together with evidence of completion;
 - (q) the following information about charges laid against the Registrant under the *Criminal Code* or the *Health Insurance Act*:
 - (i) the charges;
 - (ii) the date the charges were laid; and
 - (iii) the status of the proceedings against the Registrant;
 - (r) the following information about any restriction imposed on the Registrant by a court or other lawful authority:
 - (i) the name of the court or other lawful authority that imposed the restriction;
 - (ii) the date on which it was imposed;
 - (s) the following information about a finding of guilt against the Registrant under the *Criminal Code*, or the *Health Insurance Act*, or the *Controlled Drugs and Substances Act*:
 - (i) the finding;
 - (ii) the sentence, if any;
 - (iii) where the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of;
 - (iv) the dates of (i) – (iii), where known to the College;
 - (t) practice information considered necessary by the Registrar and approved for collection by the Executive Committee; and
 - (u) demographic information considered necessary by the Registrar and approved for collection by the Executive Committee.
- (2) A Registrant shall notify the Registrar in writing of any change to any previously provided information within 30 days of the change.



**ONTARIO
PHYSIOTHERAPY
ASSOCIATION**

November 22, 2023

Nitin Madhvani, President

Craig Roxborough, Registrar & CEO

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

Via email to: consultation@collegept.org

Subject: Consultation on Proposed By-law Changes – Collection of Additional Demographic and Practice-Related Information

Dear Mr. Madhvani and Dr. Roxborough,

The Ontario Physiotherapy Association (OPA) is writing to the College of Physiotherapists of Ontario (CPO) in response to the consultation on the proposed bylaw change for the collection of additional demographic and practice-related information (Section 8.2 of the By-laws: Information to be Provided by Members).

The OPA understands and supports the need to collect additional practice and demographic information when identified as necessary. We acknowledge that the explanation of the proposed changes includes a commitment to notify registrants in advance of any changes in mandatory information, and best practices for that collection including a clearly defined purpose, collection and disclosure of the information.

In reviewing the proposed College By-law changes, we have identified that what is collected as additional demographic information appears to be set without consultation of membership which would risk not meeting principles related to equity, diversity and inclusion.

For demographic information, a robust explanation is needed of the purpose of collection, policies related to storage, use and dissemination, procedures for members to request corrections, and who has ownership of the data. It is not sufficient to make sharing demographic information optional without these explanations, as registrants cannot make an informed decision. As the examples noted pertain to sensitive questions



about identity, the potential risk for harm is high, especially when asking about sex assigned at birth without additional context and consultation.

Best practices for the collection of demographic information have been identified by other organizations to promote data sovereignty. The Black Health Equity Working Group outlines a framework that includes engagement, governance, access, and protection (EGAP¹). The First Nations Information Governance Centre establishes ownership, control, access, and possession (OCAP²) as key elements of a tool to support strong information governance. Engagement with the communities whose information is being requested, governance and ownership over collective data by that community, access to and control of the information are foundational to responsible and equitable information gathering.

To achieve best practices on the collection of demographic information, the proposed changes to the bylaw in question need to reflect those practices specifically. In the proposed form, all authority lies with the Registrar and Executive Committee, and none with the communities affected by data collection.

OPA has identified that the addition of demographic information, noted to be specifically related to equity, diversity and inclusion (EDI) initiatives, should also reflect EDI principles. Therefore, OPA proposes that the change in bylaw include consultation on the type of demographic information requested to ensure it is needed, and will not harm any persons or communities, as well as a commitment to the EGAP and OCAP principles noted above.

Proposed change:

8.2. (1) A Member shall provide the following to the College when requested to do so by the Registrar:

(t) Practice information considered necessary by the Registrar, in consultation with the Executive Committee; and

(u) Demographic information considered necessary by the Registrar, in consultation with the Executive Committee **and members. The College will consult members on what information is collected and how, and will provide context to members about why the data is needed, how it will be stored and used, and how members can access data as needed.**

¹ Black Health Equity Working Group. (2021). *Engagement, governance, access, and protection (EGAP): A data governance framework for health data collected from Black communities*. blackhealthequity.ca

² First Nations Information Governance Centre. (2023). *The First Nations Principles of OCAP®*. <https://fnigc.ca/ocap-training/>



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Thank you for this opportunity to participate in this consultation. We would be pleased to meet with you to discuss this submission if you should have any questions or comments.

Sincerely,

A handwritten signature in black ink that reads "O. Cheifetz".

Dr. Oren Cheifetz, PhD, PT
President

A handwritten signature in black ink that reads "D. Sauvé".

Dorianne Sauvé
Chief Executive Officer



COUNCIL BRIEFING NOTE

For Information – Finance

| | |
|-----------------------------------|---|
| Topic: | Q2 Financial Results |
| Public Interest Rationale: | Financial planning will ensure the programs and services provided the College are properly financially supported to serve the public interest in each of the identified areas. |
| Strategic Alignment: | <i>Performance and Accountability:</i> Implement strong corporate structures & systems that include effective data to enable informed decision-making |
| Submitted By: | Zoe Robinson, CPA, CMA, VP Finance and Reporting |
| Attachments: | CPO FY 2024 Q2 CF.pdf (Cash Flow Statement) CPO FY 2024 Q2 SFP.pdf (Statement of Financial Position) CPO FY 2024 Q2 SOO Bud-Act.pdf (Statement of Operations comparison actual to budget) CPO FY 2024 Q2 SOO Prior Year.pdf (Statement of Operations comparison to the prior year) |

Issue

This briefing note provides a summary of the College’s financial performance and health for period April 1, 2023, to September 30, 2023, of Fiscal Year 2024 (i.e., Q1 and Q2).

Decision/Outcome Sought

The Q2 financial report is provided for information only.

Background

The College’s fiscal year end is March 31st each year. The quarterly financial statements are prepared in accordance with the Accounting Standards for Non-Profit Organizations and include estimates provided by management. The financial statements are unaudited.

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 end of FY 2024 Q2, September 30, 2023, the College has a \$284,007 surplus.
 - This is 402% higher than anticipated and reflected in the fiscal year 2024 annual operating budget for the period April 1, 2023, to September 30, 2023.
 - The improved financial performance was due to 2.9% increase in total revenue, while total expenses were 5.7% lower than the operating budget for the period April 1, 2023, to September 30, 2023.
- Overall revenue for the period April 1, 2023, to September 30, 2023, is \$4,190,789, approximately \$116,800 higher than budgeted.
 - Increased revenue over the period April 1, 2023, to September 30, 2023, is driven by higher revenue in Q1 from more candidates sitting the Ontario Clinical Exam in June 2023 than initially planned, higher interest earned than planned in Q1 and Q2, and higher applications fees in Q2.
- Expenses for the period April 1, 2023, to September 30, 2023, were \$3,906,782 and are 5.7% lower than budgeted. This contributes to an overall cost savings of approximately \$238,000 compared to budget for the period April 1, 2023, to September 30, 2022.
 - Expenses continue to be lower than planned for:
 - Council and committee per diems, partly due to the timing of expenses.
 - Online communications because the College was unable to post Google Ads due to problems encountered with Google, which have been resolved in Q3.
 - Regulatory effectiveness due to the timing of the payment schedule for the 3rd party governance review and policy development planned projects have been deferred to Q3 or Q4 or cancelled.



- Fewer external investigators or PC chart review required than planned.
- Legal expenses for discipline cases because discipline hearings were not held as planned in Q2 and will be held in Q3.
- Staffing costs are less than planned due to staff vacancies throughout Q1 and Q2.
- Expenses were higher in some areas notwithstanding the overall reduced expenses for Q1 and Q2:
 - Bank and service charges are higher due to more candidates for the OCE which results in more revenue paid by credit cards.
 - Ontario Clinical Exam expenses are higher than planned due to more candidates writing the exam (note: the OCE was not held in Q2).

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

- Assets decreased in Q2 from Q1 due to cash to support normal operations.
- Liabilities decreased in Q2 from Q1 as deferred revenue is recognized as revenue during the quarter.
- Current Ratio (e.g., current assets divided by current liabilities) = 1.06.
 - The College is financially stable, with over \$4.8 million of cash invested in long-term investments, which are not included in the current ratio calculation.
- Operating reserve (i.e., unrestricted net assets) as of September 30, 2023 = 5.5 months.
 - This is 0.2 months higher than reported on June 30, 2023 (i.e., 5.3 months)

Financial Forecast to March 31, 2023

- The forecast to March 31, 2023, includes actual data from Q1 and Q2, budget figures for Q3 and Q4, and revisions to the plan for Q3 and Q4, as required.
- The forecast has been prepared to report separately on the Ontario Clinical Exam (OCE) and the College's core work.
- Overall projected surplus as of March 31, 2023, is \$488,262. This is a \$700,970 difference from the budgeted plan. The surplus can be broken down as follows:
 - The OCE has a projected surplus of \$446,108.
 - The College's core work has a projected surplus of \$42,155.

Table 1 - CPO Corporate FY 2024 Forecast to March 31, 2024

| Item | Forecast | Budget | Variance (\$) |
|-----------------------|--------------------|--------------------|------------------|
| Revenue | | | |
| Ontario Clinical Exam | \$1,899,645 | \$1,071,900 | \$827,745 |
| College Core Work | \$7,679,141 | \$7,596,715 | \$82,426 |
| Total Revenue | \$9,578,786 | \$8,668,615 | \$910,171 |
| Expenses | | | |
| Ontario Clinical Exam | \$1,453,537 | \$1,074,015 | \$379,522 |
| College Core Work | \$7,636,987 | \$7,807,307 | \$(170,320) |
| Total Expenses | \$9,090,524 | \$8,881,322 | \$209,201 |



| | | | |
|--------------------------------|------------------|--------------------|------------------|
| Surplus (Deficit) | | | |
| Ontario Clinical Exam | \$446,108 | \$(2,115) | \$488,223 |
| College Core Work | \$42,155 | \$(210,592) | \$252,747 |
| Total Surplus (Deficit) | \$488,262 | \$(212,707) | \$700,970 |

- *Ontario Clinical Exam*
 - The OCE's surplus of \$446,108 is driven by a 77% increase in enrolment in the OCE than budgeted and, therefore, higher revenue. The increased enrolment does drive higher costs to deliver the exam, but this is offset by the higher revenue.

Table 2 - OCE FY2024 Forecast

| Item | Forecast | Budget | Variance (\$) |
|--------------------------|------------------|------------------|------------------|
| Revenue | \$1,899,645 | \$1,071,900 | \$827,745 |
| Expenses | \$1,453,537 | \$1,074,015 | \$379,522 |
| Surplus/(Deficit) | \$446,108 | \$(2,115) | \$488,223 |

- *College's Core Work*
 - The surplus of \$42,155 from the College's core work is \$252,747 (120%) better than the planned deficit in the budget.
 - The surplus is driven by:
 - Increase in revenue of \$82,426 (1% higher) driven by higher interest earned and income from a partial sublease of the College's office space.
 - Decrease in expenses of \$170,320 (2.2% decrease) from the planned budget due primarily to savings in committee and council per diems, regulatory effectiveness, communications, investigation costs, and legal fees for professional conduct and discipline.
 - The variances for both revenue and expenses are within the 5% range used by the College.

Table 3 - College Core Work FY 2024 Forecast

| Item | Forecast | Budget | Variance (\$) |
|--------------------------|-----------------|--------------------|------------------|
| Revenue | \$7,679,141 | \$7,596,715 | \$82,426 |
| Expenses | \$7,636,987 | \$7,807,307 | \$(170,320) |
| Surplus/(Deficit) | \$42,155 | \$(210,592) | \$252,747 |

College of Physiotherapists of Ontario

Statement of Cash Flows

April - September, 2023

| | TOTAL |
|---|-------------------------|
| OPERATING ACTIVITIES | |
| Net Income | 284,006.75 |
| Adjustments to reconcile Net Income to Net Cash provided by operations: | -2,833,747.43 |
| Net cash provided by operating activities | \$ -2,549,740.68 |
| INVESTING ACTIVITIES | \$42,950.31 |
| FINANCING ACTIVITIES | \$ -13,553.66 |
| NET CASH INCREASE FOR PERIOD | \$ -2,520,344.03 |
| Cash at beginning of period | 13,422,724.34 |
| CASH AT END OF PERIOD | \$10,902,380.31 |

College of Physiotherapists of Ontario

Balance Sheet

As of September 30, 2023

| | TOTAL |
|--|------------------------|
| Assets | |
| Current Assets | |
| Cash and Cash Equivalent | |
| 1000 Cash on Hand | 5,478,365.71 |
| 1100 Investments | 5,424,014.60 |
| 1205 Undeposited Funds | 0.00 |
| Total Cash and Cash Equivalent | \$10,902,380.31 |
| Accounts Receivable (A/R) | |
| 1200 Accounts Receivable | 86,872.82 |
| Total Accounts Receivable (A/R) | \$86,872.82 |
| 1201 Allowance for Doubtful Accounts | -71,992.60 |
| 1206 Accrued Receivable | 57,600.00 |
| 1400 Prepaid Expenses | 216,651.01 |
| Total Current Assets | \$11,191,511.54 |
| Non-current Assets | |
| Property, plant and equipment | \$338,892.02 |
| 1399 Suspense | 0.00 |
| Total Non Current Assets | \$338,892.02 |
| Total Assets | \$11,530,403.56 |
| Liabilities and Equity | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable (A/P) | \$123,806.22 |
| 2010 Accrued Liabilities | 441,811.75 |
| 2011 Vacation Accrual | 251,024.07 |
| 2015 Sexual Abuse Fund | 0.00 |
| 2100 Deferred Revenue | 5,087,981.89 |
| 2150 Other Payables | 0.00 |
| 24000 Payroll Liabilities | 3,602.94 |
| Total Current Liabilities | \$5,908,226.87 |
| Non-current Liabilities | \$97,134.76 |
| Total Liabilities | \$6,005,361.63 |
| Equity | |
| 3000 Unrestricted Net Assets | 3,782,633.71 |
| 3001 Invested in Capital Assets | 360,901.47 |
| 3010 Restricted Reserves | 1,100,000.00 |
| Retained Earnings | -2,500.00 |
| Profit for the year | 284,006.75 |
| Total Equity | \$5,525,041.93 |
| Total Liabilities and Equity | \$11,530,403.56 |

College of Physiotherapists of Ontario

Budget vs. Actuals: FY_2023_2024 - FY24 P&L

April - September, 2023

| | TOTAL | | | |
|------------------------------------|-----------------------|-----------------------|-----------------------|------------------|
| | ACTUAL | BUDGET | OVER BUDGET | % OF BUDGET |
| Income | | | | |
| 4001 Registration Fees | 3,480,404.06 | 3,511,642.35 | -31,238.29 | 99.11 % |
| 4002 Interest Income | 178,746.53 | 81,657.00 | 97,089.53 | 218.90 % |
| 4008 Admin Fees | 122,823.00 | 114,098.14 | 8,724.86 | 107.65 % |
| 4010 Miscellaneous Income | 2,200.00 | | 2,200.00 | |
| 4030 ETP Assessment Fees | 406,615.00 | 366,600.00 | 40,015.00 | 110.92 % |
| Total Income | \$4,190,788.59 | \$4,073,997.49 | \$116,791.10 | 102.87 % |
| GROSS PROFIT | \$4,190,788.59 | \$4,073,997.49 | \$116,791.10 | 102.87 % |
| Expenses | | | | |
| 0051 do not use GST Expenses | 0.00 | | 0.00 | |
| 5000 Committee Per Diem | 58,380.70 | 103,494.68 | -45,113.98 | 56.41 % |
| 5050 Committee Reimbursed Expenses | 28,213.67 | 37,906.50 | -9,692.83 | 74.43 % |
| 5100 Information Management | 198,845.80 | 214,189.53 | -15,343.73 | 92.84 % |
| 5200 Insurance | 9,536.94 | 9,133.99 | 402.95 | 104.41 % |
| 5300 Networking | 692.96 | 200.00 | 492.96 | 346.48 % |
| 5301 Conferences and Travel | 880.50 | | 880.50 | |
| 5400 Office and General | 461,598.00 | 426,834.73 | 34,763.27 | 108.14 % |
| 5500 Regulatory Effectiveness | 30,134.96 | 80,602.50 | -50,467.54 | 37.39 % |
| 5600 Communications | 37,405.97 | 80,024.70 | -42,618.73 | 46.74 % |
| 5700 Professional fees | 48,369.41 | 173,366.24 | -124,996.83 | 27.90 % |
| 5800 Programs | 379,910.16 | 318,632.38 | 61,277.78 | 119.23 % |
| 5900 Staffing | 2,595,535.34 | 2,616,009.89 | -20,474.55 | 99.22 % |
| 6001 Amortization | 57,277.43 | 84,179.34 | -26,901.91 | 68.04 % |
| Total Expenses | \$3,906,781.84 | \$4,144,574.48 | \$ -237,792.64 | 94.26 % |
| NET OPERATING INCOME | \$284,006.75 | \$ -70,576.99 | \$354,583.74 | -402.41 % |
| NET INCOME | \$284,006.75 | \$ -70,576.99 | \$354,583.74 | -402.41 % |

College of Physiotherapists of Ontario

Profit and Loss Comparison

April - September, 2023

| | TOTAL | | | |
|------------------------------------|-----------------------|-----------------------|---------------------|-----------------|
| | APR - SEP., 2023 | APR - SEP., 2022 (PY) | CHANGE | % CHANGE |
| INCOME | | | | |
| 4001 Registration Fees | 3,480,404.06 | 2,916,274.34 | 564,129.72 | 19.34 % |
| 4002 Interest Income | 178,746.53 | 77,044.80 | 101,701.73 | 132.00 % |
| 4008 Admin Fees | 122,823.00 | 102,425.00 | 20,398.00 | 19.92 % |
| 4010 Miscellaneous Income | 2,200.00 | | 2,200.00 | |
| 4030 ETP Assessment Fees | 406,615.00 | 190,300.00 | 216,315.00 | 113.67 % |
| Total Income | \$4,190,788.59 | \$3,286,044.14 | \$904,744.45 | 27.53 % |
| GROSS PROFIT | \$4,190,788.59 | \$3,286,044.14 | \$904,744.45 | 27.53 % |
| EXPENSES | | | | |
| 0051 do not use GST Expenses | 0.00 | 0.00 | 0.00 | |
| 5000 Committee Per Diem | 58,380.70 | 64,236.50 | -5,855.80 | -9.12 % |
| 5050 Committee Reimbursed Expenses | 28,213.67 | 20,190.34 | 8,023.33 | 39.74 % |
| 5100 Information Management | 198,845.80 | 159,426.81 | 39,418.99 | 24.73 % |
| 5200 Insurance | 9,536.94 | 11,133.18 | -1,596.24 | -14.34 % |
| 5300 Networking | 692.96 | 162.92 | 530.04 | 325.34 % |
| 5301 Conferences and Travel | 880.50 | 13,432.74 | -12,552.24 | -93.45 % |
| 5400 Office and General | 461,598.00 | 408,308.29 | 53,289.71 | 13.05 % |
| 5500 Regulatory Effectiveness | 30,134.96 | 55,680.00 | -25,545.04 | -45.88 % |
| 5600 Communications | 37,405.97 | 43,158.51 | -5,752.54 | -13.33 % |
| 5700 Professional fees | 48,369.41 | 245,354.62 | -196,985.21 | -80.29 % |
| 5800 Programs | 379,910.16 | 256,121.57 | 123,788.59 | 48.33 % |
| 5900 Staffing | 2,595,535.34 | 2,143,589.17 | 451,946.17 | 21.08 % |
| 6001 Amortization | 57,277.43 | 83,262.15 | -25,984.72 | -31.21 % |
| Total Expenses | \$3,906,781.84 | \$3,504,056.80 | \$402,725.04 | 11.49 % |
| PROFIT | \$284,006.75 | \$ -218,012.66 | \$502,019.41 | 230.27 % |



Motion No.: 14.0

**Council Meeting
December 14-15, 2023**

Agenda #14.0: Final Approval: Proposed Fee Increase

It is moved by

and seconded by

that:

Council approves the By-law changes to sections 8.4, 8.5, and 8.6 to increase registration and administrative fees by 4% on April 1, 2024. The annual registration fee will be in place for the 2023/2024 renewal period.



COUNCIL BRIEFING NOTE

For Decision

| | |
|-----------------------------------|--|
| Topic: | Final Approval: Proposed Fee Increase |
| Public Interest Rationale: | The financial stability of the College is essential to discharging our regulatory obligations and serving the public interest. |
| Strategic Alignment: | <i>People & Culture:</i> Ensuring the College is sufficiently resourced such that the College’s statutory obligations and strategic priorities can be met. |
| Submitted By: | Craig Roxborough, Registrar & CEO Zoe Robinson, VP Finance & Reporting |
| Attachments: | N/A |

Issue

- Council has approved, in principle, a recommendation to increase registration and administrative fees for the Fiscal Year 2025.
- Council is provided with an overview of the feedback received as part of the consultation process.

Decision Sought

- Council is asked whether it approves the proposed 4% increase to registration and administrative fees.

Background

- At the [September 2023 Meeting](#), Council considered a recommendation from the Finance Committee¹ to increase administrative and registration fees by 4% for FY2025.
 - As part of the decision, Council considered feedback it provided in June 2023 regarding the priorities that should be considered as part of a long-term financial strategy.
 - Council was also provided with financial models forecasting deficits for 2025 and beyond unless changes in spending or revenue are contemplated.
 - Full background information and the key considerations leading to the recommendation are outlined in the September 2023 [Council Meeting package](#) (see pp. 55-65)
- Ultimately Council approved, in principle, the recommendation from the Finance Committee that the proposed fees be increased, resulting in the circulation of the relevant by-law changes for 60 days. The consultation closed on November 28, 2023.

¹ The Finance Committee has since been renamed the “Risk, Audit, and Finance Committee”.



Current Status

- Council is provided with an overview of the feedback received through the consultation process along with updated financial projections for the years ahead.

A. Consultation Feedback

- The College received 241 responses to the consultation. To date, all respondents have been individuals rather than system partners.²
- Only a small proportion (7%) of respondents **agreed** with the proposed fee increases. However, among this group many noted that the increases were fair when considering inflation, the new rates were on par with rates that other regulated health professionals pay, and that increases were needed to prevent future deficits. Some respondents also noted that it was important for the College to remain transparent around revenue allocation and for the College to seek to avoid fee increases every year.
- In contrast, the overwhelming majority of the respondents (91%) have indicated that they **disagreed** with the proposed fee increases. The following themes were most common among those who disagreed:
 - *Financial Strain (107 responses)*: Concern about fee increases resulting in financial strain given that many PTs are facing stagnant wages, increased cost of living, and the continuing impact of the COVID-19 pandemic. PTs are also experiencing rising costs for services related to PT practice, such as insurance, association membership, and continuing education. For PTs that are clinic owners, they also must pay increased professional corporation fees and other overhead costs.
 - *Cost-Cutting Measures (56 responses)*: Suggestion that the College should consider finding efficiencies in current operational spending, such as negotiating better office lease agreements, before resorting to fee increases.
 - *Perceived Surplus (33 responses)*: Questions about the necessity of the increase were raised as there was a perception that College revenue should have grown along with its registrant base, and that current cash in hand should cover any deficits without resorting to a fee increase.
 - *Frequent Fee Increases (28 responses)*: Two fee increases in a row is unjustifiable and given the lack of a long-term plan by the College, there is a concern that there will be annual fee increases.
 - *Equity Considerations (26 responses)*: Challenges are exacerbated for PTs who are working in the public sector, part-time, new to practice, or of low socioeconomic status. Concern that universally applied fees create obstacles in recruiting and retaining PTs, especially in rural areas. Apprehension that additional fee hikes could contribute to a widening economic gap, limiting access to PT services for those in lower economic brackets.

² The respondent breakdown is as follows: 233 registrant physiotherapists (approximately 2% of the profession), 6 members of the public, 1 non-PT clinic owner, 1 PT student.



- *Skepticism about Service Quality (24 responses)*: Questioned the value of the regulatory benefits they receive from the College in return for the fees paid and whether the additional funds will benefit them.
- *Fee Justification and Transparency (23 responses)*: Not convinced of the College's rationale for this proposed fee increase and call for more transparency around the College's allocation of funds, with registrants wanting a clear breakdown of operating expenses and the services that registrant funds are used towards.
- *Impact on New Graduates (16 responses)*: Concerns about the financial burden on new graduates, who already face significant costs with licensing exams and student loans, making it challenging for them to enter the profession and absorb fee increases.
- *Comparison with Other Health Colleges (16 responses)*: Suggested that compared to other health professions in Ontario and nationwide, CPO's proposed fees are disproportionately high and expressed frustration about being among the lowest paid profession.
- In addition to the themes highlighted above, respondents also had some additional suggestions for consideration. These include:
 - Considering a "tiered" approach for registration-related fees (such as establishing lower fees for recent graduates, PTs working in community healthcare and public settings, and part-time or non-practising PTs).
 - In light of the recent 10.5% fee increase, delaying the new 4% increase for a couple of years or establishing a smaller fee increase percentage.
 - Ensuring that registrants have predictability, certainty, and transparency around any and all future fee increases.

B. Updated Financial Projections

- The financial projections provided to Council in [September 2023](#) (see pp. 55-65) to support the decision being made were developed on the basis of information available at that time. Since September, a few notable changes have occurred warranting a re-evaluation of the projections provided to support Council in making a final determination regarding the proposed fee increase.
 - The College's financial forecast for FY2024 is now based on two-quarters of information with changes in both revenue and expenses.
 - Projections relating to the Ontario Clinical Exam (OCE) have been updated to reflect higher than anticipated enrollment for not just FY2024 but also FY2025 and projections regarding "in-kind" costs have now been included in that analysis.
 - The way in which the College's financial information is presented has been updated to better distinguish between the College's 'core work' and the OCE. This supports better differentiation between how revenue from registration and administrative fees support the College's core operating budget and the ability to monitor whether the OCE is cost neutral



over the period extending to FY2028 (i.e., by capturing and rolling over deficits and surpluses).

- As operational and budget planning is underway, the College has a better line of sight on the kinds of work and activities that will be undertaken in BY2025 and whether financial resourcing of those activities is required.
- As outlined in the Q2 Financial Report included in the Council meeting package, the current FY2024 forecast is projecting a surplus for both the College's core work and the Ontario Clinical Exam.
 - The current forecast predicts a surplus of approximately \$42,000 in relation to the College's core work in comparison to the budgeted deficit of approximately \$210,000.³
 - This is driven by increases in revenue from earned interest and the new sublease that has been secured, combined with reductions in spending relating to, for example, lower than anticipated committee per diems and investigation and discipline costs.
 - As previously reported, the OCE is projected to deliver a surplus of approximately \$446,000 due to an over 70% increase in enrollment in FY2024.
- Updated projections relating to the OCE including an analysis of "in-kind" costs is also provided separately in the Council meeting package (See the item titled "Provisional Practice Certificate and Ontario Clinical Exam Fees"). This includes a projection that increased enrollment will continue through FY2025 and that the surpluses generated in FY2024-2025 can sustain cost neutrality of the OCE through to 2028.
 - Given Council's direction that the OCE be revenue neutral through to 2028, it is necessary to carry forward any deficits or surpluses to ensure that over the defined period we have a complete understanding of the OCE's costs.
- Given these significant changes in both the information available and approach to analyzing the College's financial position, the financial projections previously provided in September 2023 have been updated and presented below for further consideration at this time.
 - The projections are now based on the revised FY2024 forecast⁴ rather than on the anticipated FY2024 budget. This includes a significant increase in the anticipated registration for FY2025 and beyond based on current registration data.
 - The financial projections have also been broken down to account for a differentiation between the College's core work and the OCE.
 - While the budget process for FY2025 is still underway, estimates have been made regarding some of the core strategic activities that are possible and/or necessary, building on the

³ The projected deficit noted here is *only* for the College's core work. An additional deficit was anticipated for the OCE.

⁴ Consistent with previous forecasting, the model assumes a 3% growth for all costs and a 5% increase in staffing costs.



information provided in the Strategic Initiatives 2024-2025 briefing materials provided as part of this Council package. Some of these initiatives were deferred in FY2024 so using historical information and anticipated costing of these initiatives, the models below anticipate \$250,000 in new spending. It is important to note that these projections are merely estimates as the budget process is not complete.

Financial Projection without Fee Increase

- As outlined in Table 1 below, it continues to be anticipated that without a registration and administrative fee increase, the College will be in a deficit position relative to its core work for FY2025 and beyond, although the financial position of the College is improving.
 - For FY2025 it is projected that the College will have a deficit of approximately \$280,000 if fees remain stable. Without any additional new spending planned for the years beyond FY2025, the College will maintain a modest deficit position.
 - The surplus generated by the OCE in FY2025 will position the College with a balanced budget overall, however, as outlined above the intention is to roll-over this surplus to ensure cost neutrality of the OCE going forward.

Table 1 – Long-term Estimates with No Fee Increase in FY2025

| Fiscal Year | 2024 Forecast | 2025 Projection | 2026 Projection | 2027 Projection | 2028 Projection |
|---------------------------------------|------------------|--------------------|--------------------|--------------------|--------------------|
| <u>Ontario Clinical Exam</u> | | | | | |
| Total Revenue - OCE | \$ 1,899,645 | \$ 2,064,400 | \$ 1,220,775 | \$ 1,220,775 | \$ 1,220,775 |
| Total Expenses - OCE | \$ 1,453,537 | \$ 1,658,347 | \$ 1,272,356 | \$ 1,314,552 | \$ 1,358,174 |
| Surplus/(Deficit) | \$ 446,108 | \$ 406,054 | -\$ 51,581 | -\$ 93,777 | -\$ 137,399 |
| <u>College Core Work</u> | | | | | |
| Total Revenue - Core | \$ 7,679,141 | \$ 7,876,839 | \$ 8,049,877 | \$ 8,221,440 | \$ 8,339,438 |
| Total Expenses - Core | \$ 7,636,987 | \$ 8,156,977 | \$ 8,186,838 | \$ 8,476,932 | \$ 8,377,637 |
| Surplus/(Deficit) | \$ 42,155 | -\$ 280,138 | -\$ 136,961 | -\$ 255,491 | -\$ 38,199 |
| <u>College Total - Overall</u> | | | | | |
| Revenue | \$ 9,578,786 | \$ 9,941,239 | \$ 9,270,652 | \$ 9,442,215 | \$ 9,560,213 |
| Expenses | \$ 9,090,524 | \$ 9,815,324 | \$ 9,459,194 | \$ 9,791,483 | \$ 9,735,811 |
| Surplus/(Deficit) | \$ 488,262 | \$ 125,916 | -\$ 188,542 | -\$ 349,268 | -\$ 175,598 |

Financial Projection with Proposed 4% Fee Increase

- If the 4% increase previously approved, in principle, by Council is adopted and applied going forward the College is projected to have a small surplus of \$30,000 in relation to core work for FY2025. The impact of the fee increase is outlined in Table 2 below.
 - As with above, while OCE revenue positions the College in a favourable position overall for FY2024-2025, these surpluses will be necessary to cover the projected annual deficits for the OCE from FY2026 through to FY2028.



Table 2 – Long-term Estimates with 4% Fee Increase in FY2025

| Fiscal Year | 2024 Forecast | 2025 Estimate | 2026 Estimate | 2027 Estimate | 2028 Estimate |
|--------------------------------|-------------------|-------------------|-------------------|-------------------|--------------------|
| Ontario Clinical Exam | | | | | |
| <i>Revenue - OCE</i> | \$ 1,899,645 | \$ 2,064,400 | \$ 1,220,775 | \$ 1,220,775 | \$ 1,220,775 |
| <i>Total Expenses - OCE</i> | \$ 1,453,537 | \$ 1,658,347 | \$ 1,272,356 | \$ 1,314,552 | \$ 1,358,174 |
| Surplus/(Deficit) | \$ 446,108 | \$ 406,054 | -\$ 51,581 | -\$ 93,777 | -\$ 137,399 |
| College Core Work | | | | | |
| <i>Total Revenue - Core</i> | \$ 7,679,141 | \$ 8,187,116 | \$ 8,367,239 | \$ 8,546,064 | \$ 8,671,506 |
| <i>Total Expenses - Core</i> | \$ 7,636,987 | \$ 8,156,977 | \$ 8,186,838 | \$ 8,476,932 | \$ 8,377,637 |
| Surplus/(Deficit) | \$ 42,155 | \$ 30,139 | \$ 180,401 | \$ 69,133 | \$ 293,868 |
| College Total - Overall | | | | | |
| Revenue | \$ 9,578,786 | \$ 10,251,516 | \$ 9,588,014 | \$ 9,766,839 | \$ 9,892,281 |
| Expenses | \$ 9,090,524 | \$ 9,815,324 | \$ 9,459,194 | \$ 9,791,483 | \$ 9,735,811 |
| Surplus/(Deficit) | \$ 488,262 | \$ 436,193 | \$ 128,820 | -\$ 24,644 | \$ 156,469 |

Next Steps

- Should Council approve the proposed fee increase, it will be operationalized as part of the 2024 annual renewal process in support of the 2025 fiscal year.

Questions for Council

- Does Council have any questions based on the feedback received so far?
- Does Council have any questions regarding the updated forecasts and financial projections?



Motion No.: 15.0

**Council Meeting
December 14-15, 2023**

Agenda #15.0: Provisional Practice Certificate and Ontario Clinical Exam Fees

It is moved by

and seconded by

that:

Council approves, in principle, an increase to the fee for the Certificate of Registration Authorizing Provisional Practice by a percentage to be determined by Council and authorizes the circulation of the necessary By-law amendments for feedback.



COUNCIL BRIEFING NOTE

For Decision

| | |
|-----------------------------------|---|
| Topic: | Provisional Practice Certificate and Ontario Clinical Exam Fees |
| Public Interest Rationale: | The financial stability of the College is essential to discharging our regulatory obligations and serving the public interest. |
| Strategic Alignment: | <i>People & Culture:</i> Ensuring staff and Council have the resources they need to do their best work. <i>Risk & Regulation:</i> Applying a risk-based approach to regulating the profession. |
| Submitted By: | Craig Roxborough, Registrar & CEO Zoe Robinson, VP Finance & Reporting |
| Attachments: | N/A |

Issue

- Council is provided with information and an analysis of (a) registration fees for the Provisional Practice Certificate (PPC) and (b) fees associated with the Ontario Clinical Exam (OCE) in response to a Member’s Motion passed at the September 2023 Council meeting.
- Additionally, the Risk, Audit, and Finance Committee (RAFC) has made recommendations to Council in relation to both PPC and OCE fees.

Decision Sought

- Council is being asked for direction in response to recommendations from RAFC to (a) raise the PPC fee by an amount to be determined by Council and (b) to maintain the OCE fee at its current level and to review it annually.

Background

- In June 2023 as part of a broader discussion on the Financial Sustainability of the College (see [Council materials](#) pp. 105-108), Council provided direction that the full costs associated with operating the OCE be determined. More specifically, that resources currently being offered “in-kind” be studied to examine the full cost of the program for future consideration of the fees charged for the exam.
- In September 2023, Council was presented with a comprehensive overview of the College’s financial position along with a recommendation from the Finance Committee¹ to increase administration and registration fees by 4% for the upcoming year (see [Council materials](#) pp. 56-65).

¹ The Finance Committee has since been renamed the “Risk, Audit, and Finance Committee”.



- Council approved this recommendation, in principle, and will consider the recommendation for final approval in December 2023 following the required consultation period.
- As part of this proposal, administration and registration fees associated with the PPC will be increased, however, no increase in the OCE fee was proposed at this time.
- In September 2023, also Council passed a Member’s Motion requesting information regarding (a) the fees charged for the PPC and (b) the costs and fees associated with the OCE be brought forward for consideration at the December Council meeting.

Current Status and Analysis

- As information was being collected in response to Council’s direction, the RAFC was engaged to consider the information that would be presented to Council. This information provided and the resulting recommendations from RAFC are outlined below.

A. Provisional Practice Certificate

Nature of the Certificate class

- The purpose of the PPC is to offer individuals an ability to practice in a supervised manner while they wait to complete their second required examination.
 - The certificate is typically issued for 6-9 months and only to those individuals who have completed the CAPR PCE written exam and who are registered for the next available OCE.
 - Individuals who successfully complete the OCE are then able to apply for an IPC. Individuals who are not successful at the OCE lose the ability to hold this certificate.
- Historically, 10% or less of the College’s total membership come from the PPC class (see Table 1).

Table 1 – CPO Membership Composition

| Year (Dec 31st) | IPC | PPC | Total | %PPC |
|-----------------|--------|-------|--------|-------|
| 2020 | 8,780 | 515 | 9,295 | 5.5% |
| 2021 | 9,651 | 1,078 | 10,729 | 10.0% |
| 2022 | 10,208 | 975 | 11,183 | 8.7% |
| 2023 | 10,830 | 706 | 11,536 | 6.1% |
| Totals | 39,469 | 3,274 | 42,743 | 7.7% |

Source: HPDB report

- Using data related to the OCE as an indicator of the composition of the PPC class, approximately 58% of individuals within this class have been internationally educated physiotherapists since 2022. The ratio between IEPTs and CEPTs is beginning to trend towards more of a 50-50 split.



Current Fees and Revenue

- Currently the PPC fee is set at \$83 and will raise to \$87 if the proposed 4% increase is approved by Council December.
 - The PPC is currently 13% of the full cost of an IPC and is charged one-time, regardless of how long an individual holds this class of licensure.
 - Currently, revenue from the PPC represents 3% of the Colleges total revenue compared to 70% for revenue generated from IPC fees.

Jurisdictional Comparison

- The College's approach to the PPC fees is relatively unique compared to other physiotherapy regulators within Canada, although it appears that the intended length of the class is also variable.
 - Most regulators surveyed with a comparable class to the PPC, charge the same fee as they do for their equivalent of an independent practice certificate. Only Manitoba has a reduced fee, at 75% of the cost for their equivalent of an independent practice certificate.
 - Fees for an IPC equivalent at other physiotherapy regulators ranged from \$325 to \$820.²
- Other Ontario Colleges within the health regulatory environment with similar provisional or supervised classes of registration tend to offer a fee that is substantively lower than what is charged for an equivalent to the College's IPC.
 - For example, medical residents pay 20% of the costs associated with an independent medical license and supervised psychologists pay 50% of the fee associated with an independent certificate of practice.

Regulatory Burden

- Members of the PPC have full access to the regulatory services of the College and are subject to the regulatory responsibilities we are obliged to discharge (e.g., investigations, discipline).
- Among the total number of investigations opened each year since 2020, approximately 9% of those cases were related to individuals holding the PPC which is comparable to the proportion of the registrant base that they comprise (see Table 2).

² A breakdown of IPC equivalent fees across physiotherapy regulators surveyed: British Columbia - \$500; Alberta - \$805; Saskatchewan - \$500; Manitoba - \$820; New Brunswick - \$400; Nova Scotia - \$480; Prince Edward Island - \$400; Newfoundland and Labrador - \$325; Quebec - \$754.



Table 2 – Investigations of PPC Registrants

| Fiscal Year | Total # | PPC only | %PPC |
|---------------|--------------|------------|-------------|
| 2020 | 216 | 5 | 2.3% |
| 2021 | 320 | 34 | 10.6% |
| 2022 | 293 | 46 | 15.7% |
| 2023 | 281 | 18 | 6.4% |
| Totals | 1,110 | 103 | 9.3% |

Impact of Potential Changes in Fee

- It is anticipated that the College will see higher than historical registration in the PPC class for at least FY2025 due to increased enrollment in the OCE.
- Table 3 outlines the potential increase in revenue associated with different fee increases (set as a percentage of the IPC) for estimated PPC registrations for FY 2025 of 838 and with an assumption that continued enrollment in this class will continue.

Table 3 – Impact of Different PPC Fees as a % of IPC

| | # PPC Holders (FY 2025) / % of IPC | Base PPC \$ FY 2025 | % of IPC Fee FY 2025 (IPC = \$661) | | | | | | | | |
|------------------------------|------------------------------------|---------------------|------------------------------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | | | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |
| PPC Fee | | \$ 87.00 | \$ 132.00 | \$ 198.00 | \$ 264.00 | \$ 331.00 | \$ 397.00 | \$ 463.00 | \$ 529.00 | \$ 595.00 | \$ 661.00 |
| Total PPC Fee based on % IPC | 838 | \$72,906.00 | \$110,616.00 | \$ 165,924.00 | \$221,232.00 | \$277,378.00 | \$332,686.00 | \$387,994.00 | \$443,302.00 | \$498,610.00 | \$553,918.00 |
| PPC Fee FY 2025 | | \$72,906.00 | \$ 72,906.00 | \$ 72,906.00 | \$ 72,906.00 | \$ 72,906.00 | \$ 72,906.00 | \$ 72,906.00 | \$ 72,906.00 | \$ 72,906.00 | \$ 72,906.00 |
| Variance with FY 2025 Fee | | \$ - | \$ 37,710.00 | \$ 93,018.00 | \$148,326.00 | \$204,472.00 | \$259,780.00 | \$315,088.00 | \$370,396.00 | \$425,704.00 | \$481,012.00 |

B. Ontario Clinical Exam

Historical Approach to Cost Recovery

- The Ontario Clinical Exam fee is currently \$1,985. Council has directed that the exam be cost neutral (in relation to direct costs) by March 2028. More specifically, to be cost neutral over the *life* of the program. Direct costs include: program staff, software platform, and examiner costs.
- As presented to Council in September 2023, projections at that time suggested that the program would run a deficit of approximately \$138,000 by the end of 2028 (See [Council materials](#) pp. 55-65).



In-Kind Costs

- In addition to direct costs associated with running the OCE, many areas of the College are engaged in supportive work that has historically not been captured. This includes:
 - IT support (e.g., supporting examiner training, phone and IT set-up, town hall, etc.)
 - Communications support (e.g., website management, town hall coordination, communications material review, etc.)
 - Business Operations and People & Culture support (e.g., contract drafting, review, maintenance, onsite logistics, etc.)
- This additional time is both reflective of work undertaken with each administration along with one-time or more ad hoc work that needs to be supported going forward.
- Tracking of these additional services was undertaken for the October 2023 exam administration. The total cost of these in-kind contributions for the October 2023 exam administration is approximately \$13,000.
 - The per cycle cost may be subject to variation going forward as each administration of the exam affords an opportunity to find additional efficiencies for future iterations and resourcing needs vary with enrollment for each cycle.
 - It will be important to continue to monitor the utilization of the resources for each exam cycle to understand and account for their true cost.
- Additional one-time costs of approximately \$7000 were incurred associated with development of the French exam. There will be ongoing costs associated with maintaining a French exam.

Projection of Program Costs

- Given external environmental trends it is now anticipated that enrollment in the OCE will continue well above originally anticipated levels.
- Table 4 below provides an updated projection for the revenue and costs associated with the OCE based on forecasted enrollment numbers and including both in-kind and direct costs going forward. It also accounts for initial start-up costs, which are being recovered over time.
 - On the basis of the enrollment forecast, it is now anticipated that the program will generate a surplus of approximately \$238,000 over the life of the program. This stems from significant surpluses in 2024 and 2025, followed by modest deficits in 2026-2028.



- Importantly, should CAPR re-establish a national exam within the next 2-3 years that this College adopts in lieu of the OCE, it is possible that the College will remain in a surplus position.

Table 4 – OCE Revenue Projections including In-Kind Contributions

| Fiscal Year | FY 2024 | FY 2025 | FY 2026 | FY 2027 | FY 2028 |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|
| # Candidates | 957 | 1,040 | 615 | 615 | 615 |
| OCE Fee | \$ 1,985.00 | \$ 1,985.00 | \$ 1,985.00 | \$ 1,985.00 | \$ 1,985.00 |
| Revenue | 1,899,645.00 | 2,064,400.00 | 1,220,775.00 | 1,220,775.00 | 1,220,775.00 |
| Expenses | (1,524,219.00) | (1,658,346.50) | (1,272,356.36) | (1,314,551.76) | (1,358,174.00) |
| Surplus / (Deficit) for Current Fiscal Year | 375,426.00 | 406,053.50 | (51,581.36) | (93,776.76) | (137,399.00) |
| Balance Forward from Prior Year | (260,000.00) | 115,426.00 | 521,479.50 | 469,898.14 | 376,121.38 |
| Balance Remaining (CY + BF/PY) | 115,426.00 | 521,479.50 | 469,898.14 | 376,121.38 | 238,722.37 |

C. Reducing Barriers to Registration and the Financial Burden on New Registrants

- There are widespread shortages in health human resources across the health care system and governments are increasingly paying attention to the need to reduce or remove barriers to registration to ensure there is a stable and growing supply of health care professionals.
 - Any costs associated with entry to practice could be viewed as a potential barrier to entering practice and any increase in these costs may be viewed critically by system partners including the government.
- Feedback received in relation to the proposed 4% increase to all administrative and registration related fees (excluding the OCE) highlights concerns among registrants regarding the increasing costs faced by new registrants or those seeking to enter practice (see materials provided under separate cover for a full breakdown of the feedback received).
 - Additional feedback from students and the academic community continues to highlight the financial pressures experienced by students and residents making the transition to independent practice.
- The total costs incurred by a Canadian educated physiotherapist from the written exam to independent practice³ could be as much as approximately \$4300 within the span of a year to a year and a half and increase to approximately \$5800 for internationally educated physiotherapists.⁴
 - As noted above approximately 50% of new registrants are currently internationally educated physiotherapists. These individuals also often incur significant costs associated with move to Canada.

³ This includes the cost for the PCE Written Exam provided by CAPR, an application fee for the PPC, the PPC registration fee, the OCE fee, the application for an IPC, and a full year of the IPC registration fee.

⁴ In addition to the fees outlined in footnote 2 above, IEPTs are required to pay a credentialing fee to CAPR as well.



D. RAFC Recommendations

- Having considered the information and analysis presented above, the RAFC has recommended to Council that:
 1. PPC fees be increased at an amount to be determined by Council.
 2. OCE fees not be increased at this time, but continue to be reviewed annually.

Next Steps

- Should Council recommend any fee increases in response to RAFC's recommendations, the relevant by-law provisions will need to be circulated for feedback for 60 days prior to being implemented.

Questions for the Executive Committee

- Do you have any questions on the information provided in relation to either the PPC or OCE fees?
- Do you have any question in relation to the recommendations made by RAFC?



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16. Review of College Investments

Bill Quinn & Cameron Clark

RBC

(Presentation)



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Motion No.: 17.0

Council Meeting
December 14-15, 2023

Agenda #17.0: Motion to go in-camera pursuant to section 7.2(d) of the Health Professions Procedural Code

It is moved by

and seconded by

that:

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



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18. Members' Motion(s)