



MEETING OF THE COUNCIL OF THE COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Hybrid Meeting

Monday, March 25, 2024, from 9:00 – 4:15 p.m.

Tuesday, March 26, 2024, from 9:00 – 2:20 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.

Strategic Plan
2022-2026

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

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

Regulation and Risk

Engagement and Partnerships

Performance and Accountability

People and Culture

Values

Integrity & Trust » Inclusion & Respect » Transparency & Accountability » Collaboration



COUNCIL AGENDA

Closed Education Session:

9:00 a.m.	<p>Indigenous Rights - Blanket Exercise</p> <p>Council and Committee members will participate in a blanket exercise with the goal to build an understanding about our shared history as Indigenous and non-Indigenous peoples in Canada.</p>
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Monday, March 25, 2024

Item	Time	Topic	Page	Purpose
*	12:45 p.m.	<p>Welcome and Call to Order (N. Madhvani & A. Grunin)</p> <ul style="list-style-type: none"> Roll Call Territory Acknowledgement 	N/A	N/A
1.	12:50 p.m.	<p>Review and Approval of the Agenda (N. Madhvani)</p>	2-7	Decision
2.	12:55 p.m.	<p>Approval of the Consent Agenda (N. Madhvani)</p> <ul style="list-style-type: none"> Approval of the December 14-15, 2023 Council minutes Acceptance of the November 27, 2023 Executive Committee Report 	8-20	Decision
3.	1:00 p.m.	<p>President's Report (N. Madhvani)</p> <p>Council is provided with an overview and updated regarding key activities and initiatives.</p>	21-26	Information
4.	1:10 p.m.	<p>Proposed Improvements to Governance Terminology and Processes (M. Berger)</p> <p>Council is being asked to approve updates to the By-laws and Governance Policies.</p>	27-171	Decision



5.	1:30 p.m.	Meeting Guidelines <i>(C. O'Kelly)</i> Council is being asked to approve revisions to the College By-laws around the Meeting Guidelines for Council Meetings.	172-181	Decision
6.	2:00 p.m.	Finalizing Implementation of the Vice-Chair Model <i>(M. Berger)</i> Council is being asked to approve the continuous implementation of the Vice-Chair model.	182-205	Decision
7.	2:15 p.m.	President, Vice-President and Executive Committee Election <i>(C. Roxborough)</i> Council will elect their President, Vice-President and Executive Committee for the 2024-2025 Council year.	206-212	Decision
*	3:00 p.m.	Break (15 minutes)		
8.	3:15 p.m.	Trauma-Informed Care <i>(A. Ashton)</i> Anita Ashton is going to share a presentation on trauma-informed care.	214	Education
*	4:15 p.m.	Adjournment of Day One		



Tuesday, March 26, 2024

Item	Time	Topic	Page	Purpose
9.	9:00 a.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.	215	Decision
10.	9:30 a.m.	Committee Composition <i>(M. Berger)</i> Council is being asked to approve revisions to the College By-laws around Committee composition.	216-241	Decision
11.	10:00 a.m.	Q3 Financial Report <i>(Z. Robinson)</i> Council will be provided with an update on the College's Q3 financial performance.	242-259	Information
*	10:30 a.m.	Break (15 minutes)		
12.	10:45 a.m.	Approval of the 2024-2025 Budget <i>(C. Roxborough & Z. Robinson)</i> Council is asked to review and approve the proposed budget for Fiscal Year 2024-2025.	260-310	Decision
13.	11:15 a.m.	Registrar's Report (with Dashboard) <i>(C. Roxborough)</i> Council is provided with an overview and update regarding key activities and initiatives.	311-408	Information
*	12:00 p.m.	Lunch (45 minutes)		



14.	12:45 p.m.	Approval and Review of Revised Standards (2nd batch) <i>(E. Ermakova)</i> Council is being asked to approve the second group of revised Standards for circulation.	409-420	Decision
15.	1:15 p.m.	Ratification of Academic Councillor: Queens University <i>(C. O'Kelly)</i> Council is being asked to appoint an academic representative to Council.	421-424	Decision
16.	1:30 p.m.	Committee Slate Amendment <i>(C. O'Kelly)</i> Council is being asked to amend the committee slate.	425-430	Decision
17.	1:45 p.m.	Ontario Clinical Exam Update <i>(A. Sandhu)</i> Council is provided with an update regarding the Ontario Clinical Exam.	431	Information
18.	2:15 p.m.	Members' Motion(s) <i>Standing Item</i>	432	N/A
	2:20 p.m.	Adjournment of 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.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 1.0

**Council Meeting
March 25-26, 2024**

Agenda #1.0: Approval of the Agenda

It is moved by

and seconded by

that:

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



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 2.0

**Council Meeting
March 25-26, 2024**

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 December 14-15, 2023, Council minutes.
- Acceptance of the October – December 2023 Executive Committee Report.



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

MINUTES

Thursday, December 14 and Friday, December 15, 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

Guests:

Deanna Williams, The Regulators Practice
Harry Cayton, The Regulators Practice
Bradley Chisholm, The Regulators Practice
Kirsten Pavelich, Physiotherapist
Margaret Kakepetum
Maxine Rae
Bill Quinn, RBC
Cameron Clark, RBC

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
Barbara Hou, Registration Administrator

Recorder:

Joyce Huang, Manger, Strategy

Public Member Regrets:

Laina Smith
Jesse Finn (December 14)

Professional Member Regrets:

Pulak Parikh (December 15)

Thursday, December 14, 2023

9:00 a.m. Welcome and Call to Order



N. Madhvani, Chair, welcomed all members of Council and invited P. Parikh, Professional Member of Council to provide the Territory Acknowledgement.

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 Review and Approval of the Agenda

The order of some agenda items has been amended to accommodate availability of external speakers.

Motion

1.0

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

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

CARRIED.

2.0 Approval of the Consent Agenda

Motion

2.0

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

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

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

CARRIED.

3.0 Governance Practices Review Debrief

D. Williams, H. Cayton, and B. Chisholm of The Regulator's Practice provided Council with an overview of their findings and recommendations from the governance practices review that they conducted for the College.

After the presentation of their findings and recommendations, Council members engaged in discussions in break-out groups to identify areas of improvement that they believe the College should prioritize.



Based on the discussions, the following themes were identified:

- Clarifying the roles of Committees, particularly the Executive Committee
- Public interest focus and stakeholder outreach: outreach and engagement with registrants and public; greater focus on public interest during meetings
- Meetings and processes: simplifying rules of order; board composition to ensure better diversity, competency; separating board from committees; changing/enforcing term limits
- Are we ready for change? Are we being proactive?
- Learning and education: full Council and individualized
- Evaluation of Board and committees as whole and individuals
- Diversity, Equity and Inclusion (DEI): how to best approach DEI and getting other perspectives into Council (tied to term limits)

4.0 President's Report

N. Madhvani provided an overview of the President activities since the September Council meeting, which included a summary of the post Council meeting survey results and associated action items. He also noted the recent resignation of Council member A. Wang which will result in a by-election; ongoing efforts to establish collaborative partnerships with the Registrar; recent Chairs facilitation training; proposal to use meeting norms for Council meetings; and ongoing engagement with the Ontario Physiotherapy Association.

5.0 Strategic Initiatives for 2024-2025

C. Roxborough, Registrar & CEO, provided an update on activities underway to develop the 2024-2025 Operational Plan with a focus on potential strategic priorities for the year ahead. Council was asked to provide feedback on whether the strategic priorities identified align with Council's vision for the organization.

Council was generally in support of the list of priorities identified by staff and noted the need to include action items



resulting from the governance practices review. It was also noted that Council will need to consider the resources required to support these priorities.

6.0 Revised Standards – First Group

M. Berger, Director Policy, Governance & General Counsel and E. Ermakova, Policy Analyst provided an overview of the work underway to adopt national standards for use in Ontario, and the specific work completed to adopt the first group of four national standards.

Council noted that certain provisions in the Duty to Care and Assessment, Diagnosis, Treatment Standards require closer consideration following the consultation period.

Motion 6.0

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

Council approve the following draft Standards for 60-day consultation:

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

CARRIED.

N. Madhvani left the meeting at 2:30 p.m. T. Stevens chaired the remainder of the meeting on December 14.

7.0 Registrar's Report

C. Roxborough, Registrar & CEO, provided an overview of key operational activities and initiatives over the last quarter, including an overview of the dashboard metrics. There was some discussion around the College's performance against the 150-day benchmark for resolving complaints.

8.0 Emergency Class Policy: Opening, Monitoring, and Resolution

M. Berger and E. Ermakova provided background about the emergency class of registration and an overview of the draft Emergency Class Policy: Opening, Monitoring, and Resolution.



Council asked questions to clarify how applicants in the emergency class will be screened and what terms and restrictions will apply once they are registered, which staff responded to. It was also noted that Council may want to consider whether to charge a fee for the emergency class certificate before a situation arises that requires the class to be opened.

Motion 8.0

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

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

CARRIED.

Adjournment of Day One

The meeting was adjourned at 3:50 p.m.

Friday, December 15, 2023

N. Madhvani, Chair, called the meeting to order at 9:00 a.m.

9.0 Committee Slate Amendment

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.

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

Motion 9.0

It was moved by G. Rehan and seconded by R. O'Brien that:

Council approves the following amendment to the committee slate:

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

CARRIED.

10.0 Code of Ethical Conduct: Circulation for Consultation



M. Berger and E. Ermakova provided background on the development of the draft national Code of Ethical Conduct, and why it is being proposed that this College considers adopting the national Code.

It was noted that the use of the term “client” in the draft Code should be changed to “patient” to better fit the Ontario context.

Motion 10.0

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

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

CARRIED.

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

M. Berger and E. Ermakova provided background regarding the proposed 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, and offered an overview of the feedback received through the consultation process.

Council asked clarifying questions regarding the College’s information sharing obligations to our system partners and had some discussion about the role of the Executive Committee in making decisions about collecting additional information in the future.

Motion 11.0

It was moved by G. Rehan and A. Grunin that:

Council approve 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.

CARRIED.

Motion 11.1



The motion read: “Council approve 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.” This motion did not have a mover or seconder.

FAILED.

12.0 Q2 Financial Report

Z. Robinson, VP, Finance & Reporting provided 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), and the financial forecast to March 31, 2024.

13.0 Providing PT Services in Northern Ontario

Kirsten Pavelich, Physiotherapist, Margaret Kakepetum, and Maxine Rae, two Community Rehabilitation Worker Program participants, presented to Council to share their experiences with the Community Rehabilitation Worker Program, and reflected on the realities and challenges of providing rehabilitation care in remote Indigenous communities in northern Ontario.

At the end of their presentation, Council was encouraged to reflect on and consider the issues highlighted in their presentation in future decision-making and to engage with these communities.

Following the presentation, Council had reflections about the importance of incorporating perspectives from remote communities in decision-making, and the need to consider whether the College’s Standards may pose challenges for accessing care in some contexts.

14.0 Final Approval: Proposed Fee Increase

At their September 2023 meeting, Council approved in principle a 4% increase to registration and administrative fees for Fiscal Year 2025. The associated by-law changes were circulated for a 60-day consultation period.



C. Roxborough and Z. Robinson provided an overview of feedback that was received during the consultation period and shared updated financial analysis and projections.

It was also noted that the consultation materials did not include sections of the By-laws dealing with Professional Health Corporation fees, therefore any increases would not apply to those fees.

Council considered alternatives including not increasing fees, increasing fees by the proposed 4%, or increasing fees by an amount lower than 4%, and how each of those alternatives may impact the College's future financial sustainability.

Motion

14.0

It was moved by G. Rehan and seconded by K. Schulz 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 2024/2025 renewal period.

After further debate, a motion was made to amend the original motion.

Motion to Amend

It was moved by G. Rehan and seconded by K. Schulz that the original motion be amended to:

Council approves the By-law changes to sections 8.4, 8.5, and 8.6 to increase registration and administrative fees by 2% on April 1, 2024. The annual registration fee will be in place for the 2024/2025 renewal period.

CARRIED.

Motion

14.0

It was moved by G. Rehan and seconded by K. Schulz that:

Council approves the By-law changes to sections 8.4, 8.5, and 8.6 to increase registration and administrative fees by 2% on April 1, 2024. The annual registration fee will be in place for the 2024/2025 renewal period.

CARRIED.

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



15.0 Review of College Investments

B. Quinn and C. Clark of RBC Dominion Securities provided Council with a review of the College's investments, which included a market overview, an overview of the College's investment principles, and an overview of the College's current investment portfolio.

16.0 Provisional Practice Certificate and Ontario Clinical Exam Fees

C. Roxborough and Z. Robinson provided information and 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.

Council was asked to provide direction in response to recommendations from the Risk, Audit, and Finance Committee (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.

Motion 16.0

It was moved by G. Rehan and seconded by C. Baxter that:

Council approves, in principle, an increase to the fee for the Certificate of Registration Authorizing Provisional Practice to an annualized fee of \$648, subject to proration, and authorizes the circulation of the necessary By-law amendments for feedback.

Staff noted that there may be challenges related to operationalizing the proration of the fee that need to be considered.

Council had discussions around the impact of the proposed fee increase on the College's revenue, how the fee would apply in different scenarios, the operational challenges related to proration, and alternative fee structures. As a result of this discussion, it was recognized that more information is required to understand the operational impact of prorating the PPC fee to assess the impact before Council would be able to make the



decision. Staff was directed to bring this matter back to Council at a future meeting.

G. Rehan, requested to withdraw the motion, C. Baxter agrees with the withdrawal. **WITHDRAWN**

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

Motion 17.0

It was moved by M. Heller and A. Grunin that:

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

18.0 Member's Motion(s)

G. Rehan, Council member, made a member's motion that the College establish a formal position as it relates to support for public member compensation.

Staff noted that the College is already working with other regulators through Health Profession Regulators of Ontario (HPRO) to consider issues related to public members, including compensation.

In response, G. Rehan withdrew the motion.

Adjournment of Meeting

M. Vanwart motioned that the meeting be adjourned. The meeting adjourned at 2:50 p.m.

Nitin Madhvani, Chair



Executive Committee Report

Reporting Period: October – December 2023

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

- November 27, 2023

Regular Executive Committee Meetings

Date:	November 27, 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:	
<p><i>Feedback on materials to Council:</i></p> <ul style="list-style-type: none"> • Strategic initiatives for 2024-2025: The Committee provided feedback to staff on a briefing about activities underway to develop the 2024-2025 Operational Plan and potential strategic priorities for the year ahead to ensure the strategic priorities identified align with Council’s vision for the organization. • Revised Standards – First Group: The Committee provided feedback to staff on materials regarding the first group of revised standards before they are presented to Council for approval for consultation. • Provisional Practice Certificate and Ontario Clinical Exam fees: The Committee provided feedback to staff on materials about the Risk, Audit, and Finance Committee’s recommendations regarding the Ontario Clinical Exam and Provisional Practice Certificate fees before they are presented to Council for consideration. • Consultation Update: Proposed Fee Increase: The Committee received an update about the ongoing consultation about the proposed fee increase and provided feedback to staff on materials that will be presented to Council for decision. • Emergency Class Policy: The Committee provided feedback to staff on a draft policy that has been developed to provide guidance around opening the new Emergency class of registration before it is presented to Council for consideration and approval. 	



- Code of Ethics: The Committee provided feedback to staff on a briefing to present a draft Code of Ethical Conduct to Council for consideration.
- Consultation Update: Proposed By-law Additions for Collecting Practice and/or Demographic Information: The Committee received an update about the ongoing consultation about the proposed by-law changes regarding additional data collection and provided feedback to staff on materials that will be presented to Council for decision.

Recommendations to Council:

- Committee slate amendment: The Executive Committee recommended that Council appoint Frank Massey to the Risk, Audit, and Finance Committee. The Committee also discussed, but recommended against, appointing a public member to the Examinations Committee.

Decisions made within Executive Committee's authority:

- 2024-2025 Council Education Plan: The Executive Committee approved the following education priorities for 2024-2025: Equity, Diversity and Inclusion; Chairs training; and governance training. The Committee also directed staff to budget for Council and/or Committee Chairs to attend conferences.

Other:

- President's Report – received for information
- Registrar's Report – received for information
- Q2 Financial Results – received for information
- The President also sought advice from the Executive Committee on a confidential matter

Executive Committee Acting on behalf of Council:

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

COUNCIL BRIEFING NOTE

For Information

Topic:	President's Report
Public Interest Rationale:	President provides leadership to Council and works collaborative 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

Governance

- The Governance Practices Review has concluded after a debrief during the December Council meeting, and the College has now received the final report. The next step is to start working on the implementation of recommendations prioritized by Council. The initial set of recommendations are included in this Council package. Within, you will find items related to the enhancements of governance terminology, meeting guidelines and committee composition. With more items to follow in the coming months.
- Congratulations to public member Jesse Finn who has been re-appointed to Council until 2027 and best wishes to public member Laina Smith, who has resigned from Council effective February 1, 2024.
- The College has completed the annual College Performance and Measurement Framework (CPMF) Report. The full report is being shared as an attachment to the Registrar's Report. It is important for Council members to review the CPMF Report and ask any questions they may have.

Partner Engagement

- The President and the Registrar attended a retirement party for Dorianne Sauvé, the outgoing CEO of the Ontario Physiotherapy Association on February 2nd which provided them with the opportunity to connect more informally with many of the College's partners.
- The President, together with his fellow Council Member Katie Schulz and the Registrar & CEO Craig Roxborough, participated in an Elections Webinar held by the College on February 7th. The webinar was a chance to answer questions and share information about the role and commitment of Council members. 17 candidates were in attendance and a recording of the webinar has been posted online.
- The President attended the OPA Webinar: A Chat with the College: Fostering Connections, New National Standards and Making Progress with EDI on March 5th alongside the Registrar & CEO and a Practice Advisor, Mary-Catherine Fraser Saxena. This was an opportunity for the College to talk



about the new national standards, ongoing work and education in equity, diversity, and inclusion, and how the College works with physiotherapists and system partners to protect the public interest.

- The President attended the annual OPA conference on March 22-23rd.

Council Performance Evaluation Framework: Mid-year check-in Calls

As part of the Council Performance Evaluation framework, Councillors were provided with an opportunity to self-reflect on their contributions and identify education/training needs for themselves and/or Council/Committees. This information was shared through one-on-one calls with the President.

The specific questions that were asked included:

1. How are you feeling about your time on Council?
2. How confident are you in understanding your governance role? If needed, what suggestions do you have to assist you in developing this area of expertise?
3. How do you assess your contribution to Council and Committees? (You might want to include such things as: attendance at meetings, participation, committee work, or any other areas on which you would like to comment)
4. Are there opportunities to enhance Council or Committee performance? If so, what does that look like?
5. Thinking back to education you have received on Council and/or committees, what do you continue to apply today to your college work?
6. If you could change one thing about our Council meetings what would it be and why?

While the individual responses are not being shared at this time, here are the general themes and feedback:

- A. Councillors generally feel good about their contributions and their *ability* to contribute. There were some comments about onerous work on committees, but those comments were an exception.
- B. Councillors consistently self-reported that they were aware of their governance role and that recent education has helped reinforce that. There was limited discussion about the “balance” the professional members need to strike, which gave the President an opportunity to reflect on



how to communicate the role of Council better and more precisely in governing the College to fulfil its mandate of professional self-regulation and public protection.

- C. Comments around Council performance included a desire to improve efficiency and look at other ways of conducting business. For example:
- Separate and group items for decision, substantive discussion, and information/education
 - Try for one-day meetings with a real focus on public protection items
 - Experiment with new methods of education/training (e.g., short role-play for a contested hearing)
 - Pairing new Council members with a “buddy” or peer mentor

Council Feedback from the December 2023 Council Meeting

- Council members were asked to complete a post-council evaluation survey that assessed the effectiveness of the meeting and materials, education sessions and overall satisfaction with the meeting. There was an 60% (9/15) completion rate.
- Overall, the feedback was positive with Council feeling that the meeting ran smoothly. The new Briefing Note format was well received. Some expressed that the education portion of the meeting was too long and overpowered the decision-making portion.
- Both the President’s and Registrar’s Reports were very well-received.
- Members enjoyed the Northern Ontario education session. They noted that the information was helpful and thought provoking, set the context for communities they might not have been familiar with, and very workable in terms of next steps.
- Suggestions for education sessions for the future included serving Indigenous communities, trauma-informed care, Emerging Technologies, and the purpose and mandate of health regulatory bodies.

Action Items arising from feedback received:

- Staff will explore various strategies to achieve a 100% completion rate for the post-meeting surveys.
- Staff will continue to identify efficiencies when organizing the order of agenda items.



Item	Responsibility	April	May	June	July	August	September	October	November	December	January	February	March	As Needed
3.4 Annual performance appraisal for Registrar/CEO – TBC.	Council													
4. Council Activities														
4.1 Approve committee slates and appointment of committee chairs	Council													
4.2 Appointment of new committee members (combined with slate as needed)	Council													
4.3 Approve Council minutes	Council													
4.4 Annual General Meeting (as part of a Council meeting)	Council													
4.5 Review annual committee reports	Council													
4.6 Elect President, Vice President, and Executive Committee members	Council													
4.7 Evaluate meeting performance	Council													
4.8 Complete Council self evaluations	Council													
4.9 Council mid-year check-in calls with the President	Council													
4.10 Committee member feedback from Committee Chairs and staff support	Council													
4.11 Council Operations evaluation	Council													
4.12 Review of College Performance Measurement Framework (CPMF) submission	Council													
4.13 Approve governance policies	Council													
4.14 Approve By-law changes	Council													
4.15 Approve new or revised Standards	Council													
5. Onboarding, Orientation and Education														



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Motion No.: 4.0

**Council Meeting
March 25-26, 2024**

Agenda #4.0: Proposed Improvements to Governance Terminology and Processes

It is moved by

and seconded by

that:

Council approves:

- the proposed amendments to the terminology used by the College,
- the proposed revisions to the role description of the President, which also impact the role descriptions for the Vice-President and the Registrar, and
- the proposed revision to the Allowances & Expenses Policy.

COUNCIL BRIEFING NOTE

For Decision

Topic:	Proposed Improvements to Governance Terminology and Processes
Public Interest Rationale:	Simplifies governance process and enhances public awareness of the College's governance structure by using more common terminology.
Strategic Alignment:	<i>Performance & Accountability:</i> Improvement of the College's governance structures to meet or exceed industry standards.
Submitted By:	Mara Berger, Director, Policy, Governance & General Counsel
Attachments:	Appendix A – Revised By-laws Appendix B – Revised Governance Policies

Issue

- Proposal to modernize the governance terminology used by the College to align with leading practice and respond to commitments emerging from the governance practices reviews.

Decision Sought

- Council is being asked to approve the proposed amendments to the terminology used by the College.
- Council is also being asked to approve the proposed revisions to the role description of the President, which also impact the role descriptions for the Vice-President and the Registrar, as well as the proposed revision to the Allowances & Expenses Policy.

Background

- As part of its strategic plan, the College has begun of identifying improvements that can be made to the College's current governance processes.
- In addition to the recommendations made as part of the 2023 governance practices review, the College is also continuing to explore other potential governance improvements.
- There has been a shift in recent years with respect to governance terminology in the regulatory community. Specifically, the terms Council, Councillor, President and Vice-President are slowly being replaced by Board, Director, Chair and Vice-Chair. The shift aligns with a recognition of the public interest role of the Colleges and their Boards.
- The governance practices review noted that the role description for the Role of the President includes some operational responsibilities.
 - Primarily, there are some responsibilities that should be shared between the President and the Registrar, such as setting agendas and functioning as a spokesperson for the College.



- The College has historically not paid allowances to full-time Academics that have been appointed to Council, which does not appear to be common practice within the regulatory community.
 - Full-time Academics are generally expected as part of their role to provide a service to the community. Sitting on Council has been seen to fall within that expectation.
 - Due to the service expectation, the provision in the Allowances & Expenses Policy that a Council member will not be paid an allowance for College activities that have been compensated by one's employer has been interpreted to apply to full-time Academics serving on Council.
 - Based on an environmental scan, the 9 other health Colleges that also have Academic Councillors and responded to the inquiry all pay their Academic Councillors the same allowance as their Professional Council members.

Current Status and Analysis

- The terms Board, Director, Chair and Vice-Chair are commonly used in both the not-for-profit and the for-profit sectors. As such, they are more easily understood by the public and more fit for purpose for the College.
- While the *Health Professions Procedural Code* and the *Physiotherapy Act, 1991* include references to Council, President and Vice-President, the College can update its own terminology and define those terms to include the terminology used in legislation.
 - An environmental scan conducted in 2023 showed that 7 other health regulators have so far made the switch to using Board, Director, Chair and Vice-Chair.
- To increase role clarity, some revisions to the Role of the President Governance Policy are being proposed. The proposed revisions would also result in some edits to the role descriptions for the Vice-President and the Registrar.
 - Acting as a spokesperson for the College, representing the College on external committees or representational opportunities, and developing agendas are being proposed as shared responsibilities between the President and the Registrar.
 - Because there is overlap between the responsibilities of the President, the Vice-President and the Registrar, the proposed revisions to the role description of the President would also need to be reflected in those for the Vice-President and the Registrar.
- With respect to the Allowances & Expenses Policy, removing the provision that no allowance will be paid for College activities reimbursed by one's employer will provide the College with the flexibility to pay the same allowance to Professional and full-time Academic Council members.
 - Even though full-time Academic Councillors are not specifically named in the provision, it has historically been interpreted to apply to them.



- All other references in the By-laws and the Allowances & Expense Policy cover both Professional and Academic Council Members.
- The change would provide the College with the flexibility to pay an allowance to full-time Academic Councillors unless otherwise stipulated by university or program-specific guidelines.
- It is also being proposed to remove the provision that the By-laws be signed by the President and Registrar from the By-laws and Governance Policies. The making, amending or revoking of By-laws is a responsibility of Council and any changes must be approved via a successful motion at Council. As such, the signatures of the President and Registrar are not needed to give effect to the By-laws.

Next Steps

- If approved, the proposed revisions will be reconciled with any other approved updates to the By-laws and Governance Policies, prior to being posted on the College website.
- Section 94 of the Health Professions Procedural Code under the *Regulated Health Professions Act, 1991*, allows the College to create By-laws regarding the execution of documents, setting out the duties and powers of the President and Vice-President, providing for the remuneration of members of Council (other than Public Appointees), and respecting the duties of the Registrar. Changes made to these By-laws can be approved by Council without circulation to the membership.

Questions for Council

- Is there anything about the proposed updates to the College's governance terminology and processes that requires additional clarification?



2017

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

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

Approved by Council March 22, 2017, Revised December 14, 2017,
Revised March 20, 2018, Revised June 23, 2021,
Revised December 12, 2022, Revised June 26, 2023, Revised
September 29, 2023. Revised December 15, 2023.

Made pursuant to section 94 of the *Health Professions Procedural Code*
(being Schedule 2 of the *Regulated Health Professions Act, 1991*)

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Official By-Laws of the College of Physiotherapists of Ontario

Revised March 22, 2017, Revised December 14, 2017, Revised March 20, 2018,
Revised June 23, 2021, Revised December 12, 2022. Revised June 26, 2023. Revised September 29,
2023. Revised December 15, 2023.

All previous by-laws relating to the administration of the affairs of the College
are hereby repealed and replaced with this by-law.

Part 1 — Definitions

DEFINITIONS

1.1. In these by-laws, unless otherwise defined or required by the context:

- (a) “Academic ~~Councillor~~Director” means a ~~Councillor~~Director who is selected from a faculty of physiotherapy or physical therapy of a university in Ontario in accordance with section 3.2 of these By-laws and section 6(1)(c) of the Act;
- (b) “Act” means the *Physiotherapy Act, 1991*;
- (c) “Deputy Registrar” means a senior employee of the College with signing authority as set out in the By-laws and policies of the College;
- (d) “Auditor” means the person or firm appointed under subsection 2.7 (1) of the By-laws;
- (e) “By-laws” means the By-laws of the College;
- (f) “~~Committee~~ Chair” means the person designated to preside over meetings of committees or panels of committees of the College;
- (g) “Code” means the Health Professions Procedural Code, being Schedule 2 to the RHPA;
- (h) “College” means the College of Physiotherapists of Ontario (l’Ordre des Physiothérapeutes de l’Ontario);
- (i) “Committee” means a committee mentioned in Part 7 of these By-laws and includes those committees set out in section 10 of the Code;
- (j) “~~Council~~Board” or “Board of Directors” means the board of directors of the College, referred to in the RHPA and established by section 6 of the Act as the Council of the College established by section 6 of the Act;
- (k) “~~Councillor~~Director” means a member of ~~Council~~the Board and includes an Elected ~~Councillor~~Director, an Academic ~~Councillor~~Director and a ~~Publicly Appointed~~Public ~~Councillor~~Director;
- (l) “Elected ~~Councillor~~Director” means a ~~Councillor~~Director who is a Registrant and who is elected or appointed in accordance with section 3.1 of these By-laws;
- (m) “Fiscal Year” means April 1 to March 31;
- (n) “Mail” means regular postal mail, courier mail, facsimile, or email;
- (o) “Minister” means the Minister of Health;
- (p) “Non-~~Council~~Board Committee Member” means a person who is not a ~~Councillor~~Director and who is appointed to serve on a committee in accordance with section 7.6 of these By-laws;
- (q) “Place of Practice” means any location where the Registrant practises physiotherapy;
- (r) “~~President~~Chair” means the ~~President~~Chair of ~~Council~~the Board and Chair of the Executive Committee, referred to in the Code and the Act as the President;

- (s) “~~Publicly Appointed Councillor~~Public Director” means a ~~Councillor~~Director who is appointed to the Board by the Lieutenant Governor in Council in accordance with section 6(1)(b) of the Act;
- (t) “Registrant” means a member of the College as set out in section 13 of the Code;
- (u) “Registrar” means the Registrar of the College as required by the Code and as further described in section 2.9 of these By-laws;
- (v) “Regulations” mean the regulations under the RHPA and the Act;
- (w) “RHPA” means the *Regulated Health Professions Act, 1991*, and includes the Code;
- (x) “Signing Officer” means the Registrar, Deputy Registrar(s), President and Vice-President; and
- (y) “Vice-~~President~~Chair” means the Vice-~~President~~Chair of the Board and Vice-Chair of the Executive Committee, referred to in the Code and the Act as the Vice-PresidentCouncil.

Part 2 — College Administration

SEAL



2.1. The seal depicted on the right is the seal of the College.

BANKING

- 2.2. (1) ~~Council~~The Board shall appoint one or more Canadian banks chartered under the *Bank Act (Canada)* for the use of the College.
- (2) All money belonging to the College shall be deposited in the name of the College, at such banks without deduction for any purpose whatsoever.
- (3) A staff member designated by a Signing Officer of the College may endorse a negotiable instrument for collection on account of the College through the bank or for deposit to the credit of the College with the bank.

BORROWING

- 2.3. (1) When authorized by resolution of ~~Council~~the Board, the ~~President~~Chair, together with the Registrar and such other officer or person, may:
- (a) borrow money on the credit of the College;
- (b) limit or increase the amount or amounts that may be borrowed;
- (c) issue, sell or pledge debt obligations of the College, including without limitation bonds, debentures, notes or similar obligations of the College, whether secured or unsecured; and
- (d) charge, mortgage, hypothecate or pledge all or any currently owned or subsequently acquired real or personal, moveable or immovable property of the College, including book debts, rights, powers, franchises and undertakings, to secure any such debt obligations or any money borrowed or other debt or liability of the College.

INVESTMENT

- 2.4 The Registrar may invest or reinvest funds of the College in keeping with the financial policies of the College.

CONTRACTS AND EXPENDITURES

- 2.5. (1) ~~Council~~The Board shall approve annually,
- (a) an operating budget for the College for each Fiscal Year; and
 - (b) a capital budget for the College for each Fiscal Year.
- (2) One or more Signing Officers may obtain services for the benefit of the College as set out in the financial policies of the College.
- (3) One or more Signing Officers may authorize the purchase or lease of capital goods for the benefit of the College as set out in the financial policies of the College.
- (4) One or more Signing Officers may sign or authorize a cheque, electronic funds transfer or other document with financial implications for the College as set out in the College's financial policies as approved by the Board~~Council~~.
- (5) A Signing Officer of the College must conduct their duties as set out in the College's financial policies as approved by the Board~~Council~~.

OTHER DOCUMENTS

- 2.6. (1) A Signing Officer may impress the seal of the College upon a document if the seal is required.
- (2) The Registrar, or the Deputy Registrar when designated by the Registrar, may sign notices and other documents on behalf of any committee of the College, except where otherwise provided by law.
- (3) No person shall sign or seal a document affecting the College unless authorized by the Act, the Regulations or these By-laws.

AUDIT

- 2.7. (1) The Board~~Council~~ shall appoint annually one or more Auditors who are licensed under the *Public Accounting Act, 2004* to audit the College's financial statements.
- (2) Financial statements for the College shall be prepared at the close of each Fiscal Year and audited financial statements, together with the Auditor's report, shall be presented annually to the Board~~Council~~.
- (3) The Auditor shall serve for a term of one year, but if an appointment is not made the Auditor shall continue to serve until a successor is appointed.
- (4) If the Auditor is unable to continue their duties or in the event Council is dissatisfied with the Auditor, ~~Council~~the Board may appoint a new Auditor. At a minimum, the College will issue tenders for audit services every five years, which does not preclude the current audit firm from submitting a proposal.

- (5) [The Board Council](#) shall cause the performance of the Auditor to be evaluated on an annual basis and shall take such evaluation into account when considering the re-appointment of the Auditor.
- (6) [The Board Council](#) shall confirm the appointment and remuneration of the Auditor in writing.
- (7) The Auditor has a right of access at all reasonable times to all records, documents, books, accounts and vouchers of the College and is entitled to require from the [Councillors Directors](#), officers and employees and relevant payees of the College such information as in their opinion is necessary to enable them to report as required by law or under this section.
- (8) The Auditor is entitled to attend any meeting of [the Board Council](#) and to be heard at any such meeting that they attend on any part of the business of the meeting that concerns them as Auditor. The Registrar shall provide reasonable notice of every [Board Council](#) meeting to the Auditor for this purpose.

BY-LAWS

- 2.8.** (1) The making, amending or revoking of a by-law shall be determined by a majority vote of the [Councillors Directors](#) present and voting. Advance notice is required for all motions or resolutions applying to the making, amending or revoking of a by-law.
- (2) [Every by law shall be signed by the President and by the Registrar.](#)
- (3) Every by-law, including every amendment and revocation, shall be maintained in the College's records.

THE REGISTRAR

- 2.9.** (1) The Registrar is the Chief Executive Officer of the College.
- (2) The Registrar is subject to the direction of [Council the Board](#) and between meetings, the direction of the Executive Committee.
- (3) If the office of the Registrar becomes vacant, [Council the Board](#) or the Executive Committee shall immediately appoint an employee of the College to act as Interim Registrar.
- (4) In circumstances where [Council the Board](#) or the Executive Committee is not able to meet promptly to make the appointment referred to in subsection (3) the [President Chair](#) may appoint an employee of the College to act as Interim Registrar. This appointment is subject to the ratification of [Council the Board](#) or the Executive Committee.
- (5) The Registrar has the authority and responsibility to perform the duties set out in the RHPA, the Act, the Regulations and the By-laws and the policies approved by [the Board Council](#).
- (6) An Interim Registrar has all of the authority and responsibilities and shall perform all of the duties of the Registrar.

MANAGEMENT OF COLLEGE PROPERTY

- 2.10.** The Registrar shall maintain responsibility for the management and maintenance of all College property.

Part 3 — Election or Appointment of Councillors

ELECTIONS

Electoral Districts

- 3.1. (1) The following electoral districts are established for the purpose of the election of registrants to [the Board Council](#):
- (a) Electoral district 1 (the south western electoral district): composed of the counties of Bruce, Elgin, Essex, Grey, Huron, Lambton, Middlesex, Oxford and Perth, and the municipality of Chatham-Kent.
 - (b) Electoral district 2 (the central western electoral district): composed of the counties of Dufferin and Wellington, the regional municipalities of Niagara and Waterloo, and the municipalities of the City of Hamilton, Haldimand County, Norfolk County, the County of Brant, and the City of Brantford.
 - (c) Electoral district 3 (the central eastern electoral district): composed of the counties of Haliburton, Northumberland and Peterborough, the regional municipalities of Durham and York, and the municipality of the City of Kawartha Lakes.
 - (d) Electoral district 4 (the eastern electoral district): composed of the counties of Frontenac, Hastings, Lanark, Lennox and Addington, Renfrew, Leeds and Grenville, Prescott and Russell and Stormont, Dundas and Glengarry, and the municipalities of the City of Ottawa and Prince Edward County.
 - (e) Electoral district 5 (the northern electoral district): composed of the city of Greater Sudbury, the districts of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Parry Sound, Rainy River, Sudbury, Thunder Bay and Timiskaming and the District Municipality of Muskoka.
 - (f) Electoral district 6 (the Toronto west electoral district): composed of the City of Toronto to the west of the centre of Yonge Street.
 - (g) Electoral district 7 (the Toronto east electoral district): composed of the City of Toronto to the east of the centre of Yonge Street.
 - (h) Electoral district 8 (the central electoral district): composed of the county of Simcoe and the regional municipalities of Halton and Peel.
- (2) If it is unclear to which electoral district a Registrant should be assigned, the Registrar may assign the Registrant to one of the electoral districts.
- (3) The counties, regional municipalities, districts, district municipalities, and single-tier municipalities described in this section are those that existed as of August 13, 2020, and the geographical territory of each electoral district shall be interpreted to ensure that all parts of Ontario fall into one of the above counties, united counties, regional municipalities, district municipalities, cities and districts. For greater certainty, separated municipalities found within the geographical territory of counties will fall within the electoral district of the county.

Entitlement to Vote

- (4) A Registrant is entitled to vote in an election if, 90 days before the election:
- (a) the Registrant is registered with the College;
 - (b) the Registrant practises or resides in Ontario; and
 - (c) the Registrant's home address registered with the College is in the electoral district for which an election is being held or, if the Registrant resides outside Ontario, the Registrant's primary business address is in the electoral district for which an election is being held.

Number of Registrants Elected

- (5) One Registrant shall be elected to ~~Council~~ the Board for each electoral district.

Term of Office

- (6) The term of office of an Elected ~~Councillor~~ Directors is approximately three years, commencing with the first regular ~~Board~~ Council meeting after the election and expiring when their successor takes office at the first regular ~~Board~~ Council meeting after the next election in their electoral district, unless the ~~Councillor~~ Director resigns, dies, is disqualified as set out in subsection (26) or is removed from office in accordance with the Code of Conduct in Appendix C.
- (7) An Elected ~~Director~~ Councillor shall not serve more than nine consecutive years on the Board ~~Council~~. And, following the completion of nine consecutive years on the Board ~~Council~~, they shall not commence another term on the Board ~~Council~~ until they have completed a one-year waiting period.

Election Date

- (8) (a) There shall be an election,
- (i) for central, eastern and northern electoral districts, in 2020 and every third year thereafter.
 - (ii) for central eastern and Toronto east and west electoral districts, in 2021 and every third year thereafter.
 - (iii) for south western and central western electoral districts, in 2022 and every third year thereafter.
- (b) An election shall be held on the third Wednesday in April.
- (c) If there is an interruption in access to the electronic voting system during a nomination or election, the Registrar shall extend the holding of nominations and the election for such minimum period of time as the Registrar considers necessary to compensate for the interruption.

Eligibility for Election

- (9) A Registrant is eligible for election to the Board ~~Council~~ for an electoral district if:

- (a) the Registrant is entitled to vote in an election in accordance with subsection (4);
- (b) at all times between the ninetieth day before the election and the date of the election:
 - (i) the Registrant continues to be registered with the College;
 - (ii) the Registrant continues to practise or reside in Ontario;
 - (iii) the Registrant's home address registered with the College continues to be in the electoral district for which the election is being held or, if the Registrant resides outside Ontario, the Registrant's primary business address is in the electoral district for which an election is being held;
 - (iv) the Registrant is not in default of any obligation to the College under the Regulations or the By-laws; and
 - (v) the Registrant is not the subject of Discipline or Fitness to Practise proceedings.
- (c) the Registrant has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated in the six years before the election;
- (d) the Registrant has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act*;
- (e) the Registrant's certificate of registration has not been subject to a term, condition or limitation other than a term, condition or limitation prescribed by the Regulations in the six years before the election;
- (f) the Registrant has not been found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Registrant's suitability to serve as a [Director/Councillor](#), unless a pardon or record suspension has been granted with respect to the finding;
- (g) the Registrant has not been disqualified or removed from [the Board/Council](#) in the three years before the election;
- (h) the Registrant is not and has not been in the twelve months before the election, a director, officer, Committee member, employee, or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
- (i) the Registrant does not hold and has not held in the twelve months before the election, a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
- (j) the Registrant is not a participant (other than on behalf of the College) in a legal action or application against the College;
- (k) the Registrant does not have a current notation on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints and Reports Committee;
- (l) the Registrant is not and has not been in the twelve months before the election an employee of the College;
- (m) the Registrant discloses all potential conflicts of interest in writing to the Registrar within five business days of being nominated and either does not have a conflict of

- interest to serve as a [Director/Councillor](#) or has agreed to remove any such conflict of interest before taking office;
 - (n) the Registrant has completed an orientation about the College's mandate, and the role and responsibilities of [Directors/Councillors](#); and
 - (o) the Registrant meets the competency requirements as set out in the applicable College policy approved by [the Board/Council](#).
- (10) Any disputes about a person's eligibility for election shall be determined by the Executive Committee. If the Executive Committee determines that a Registrant is ineligible for election, the Registrant may appeal that decision to [the Board/Council](#) and [the Board/Council's](#) determination shall be final, without appeal.

Notice of Election and Nominations

- (11) At least ninety days before the date of an election, the Registrar shall send electronically to every Registrant entitled to vote in an election a notification that an election will be held to elect a [Director/Councillor](#) and detailed instructions about the nomination procedure.

Nomination Procedure

- (12) (a) A Registrant who is eligible for election to [the Board/Council](#) may be nominated for election in an electoral district if the Registrant:
- (i) is nominated by a Registrant who is entitled to vote in the election and if the nomination is:
 - (A) in the form and manner required by the Registrar; and
 - (B) received by the Registrar no later than two o'clock in the afternoon Eastern Time on the date set by the Registrar; and
 - (ii) consents to the nomination.
- (b) A candidate in an election may remove their name from the ballot by notifying the Registrar of the withdrawal in writing no later than two business days before voting starts.
- (13) (a) At the close of the nomination period, if no candidates eligible to be nominated in an electoral district have been nominated, the Registrar shall establish a new election schedule, including, where necessary, a new date for the election.
- (b) The new election schedule may permit two additional calls for nomination, after which time the office of the [Director/Councillor](#) will be declared vacant in accordance with subsection (24).

Acclamation

- (14) If only one eligible candidate is nominated for election in an electoral district the Registrar shall declare the candidate elected by acclamation.

Administration

- (15) (a) The Registrar shall supervise the nomination and election of Elected [Directors/Councillors](#).

- (b) The Registrar shall appoint an independent electronic voting organization to administer the voting process and the counting of electronic ballots.
- (c) All questions arising in the counting of ballots, the recording of results or the determination of the result shall be decided by the Registrar.
- (d) When a candidate withdraws from the election during the voting period, the Registrar shall inform all voters of the withdrawal and the option to re-cast their votes.
- (e) Where the By-laws do not address an issue, the Registrar shall use their best judgment to ensure that the election is fair and democratic.

Voting

- (16) (a) Except for an election in which the Registrar has declared a candidate elected to ~~The Board Council~~ by acclamation, the Registrar shall, at least thirty days before the date of an election, send by Mail to every Registrant entitled to vote in the election:
 - (i) access to an electronic ballot listing all eligible candidates;
 - (ii) instructions for voting, including information on the electronic voting process; and
 - (iii) suitable biographical information about each candidate and any statement from each candidate in accordance with the College's governance policies as approved by ~~the Board Council~~.
- (b) The electronic ballot shall contain the name of each candidate in random order.
- (c) A Registrant entitled to vote in the election and who does not, for any reason, obtain access to an electronic ballot may ask the Registrar for replacement access to an electronic ballot and the Registrar shall provide the Registrant with such access provided the request is received at least forty-eight hours before the election day.
- (17) A Registrant may cast only one vote in an election for the electoral district in which the Registrant is entitled to vote.
- (18) Only electronic ballots cast by two o'clock in the afternoon Eastern Time shall be counted.

Counting Votes

- (19) (a) The electronic voting organization appointed by the Registrar shall accept electronic ballots until two o'clock in the afternoon Eastern Time on the election day and, promptly after that time, shall:
 - (i) count and record the total number of votes cast and the number of votes cast for each candidate in each election;
 - (ii) subject to paragraph (b), determine the candidates who received the highest number of votes in each election; and
 - (iii) provide a report of the voting results to the Registrar.
- (b) If two or more candidates receive the same number of votes in an election, the Registrar shall have the votes recounted.

- (c) The counting of the electronic votes shall be secret and conducted so that no person knows for whom any Registrant voted.

By-election Where a Tie Occurs

- (20) (a) If following the recount in subsection (19) (b), two or more candidates have received the same number of votes in an election, the Registrar will hold a by-election in the electoral district in which the tie occurred.
- (b) The candidates in the by-election shall be only those candidates who were tied.
- (c) The by-election shall be held in accordance with the procedures for a general election, with necessary modifications as determined by the Registrar.
- (d) In the event that the by-election results in a tie, the Registrar and the [Chair/President](#) shall select by random draw one name from the names of the candidates who were tied and the Registrar shall declare that person to be elected.

Documentation and Notification of Results

- (21) (a) Promptly after receiving the report of the voting results from the electronic voting organization, the Registrar shall:
 - (i) sign a copy of the report and retain the report in the College's records;
 - (ii) declare the name of the candidate elected in each election; and
 - (iii) inform:
 - (A) The [Chair/President](#) of the results of the election;
 - (B) The elected candidate and other candidates of the results of the election and the right to seek a review of the validity of the voting and counting process in accordance with subsection (22);
 - (C) [The Board/Council](#) and the Registrants of the results of the election; and
 - (D) Each elected candidate of the time and place of the first regular [Board/Council](#) meeting following the election.
- (22) (b) The Registrar shall direct the electronic voting organization to destroy the electronic record of all electronic ballots and other material from the election as follows:
 - (i) where there is no challenge of the results of the election, thirty-one days after the election; and
 - (ii) where there is a challenge of the results of the election once the process in subsections (22) and (23) has been completed.

Validity of Election and Inquiries

- (23) (a) The Registrar shall provide to all candidates a report of the results of the election as reported by the electronic voting organization.
- (b) Within thirty days of being notified of the results of the election, a candidate may make a written request to the Registrar to review the validity of the voting and counting process.

- (c) The Registrar shall report to [the Board Council](#) at its first meeting following any request for a review under paragraph (b), and [the Board Council](#) shall,
 - (i) if satisfied with the results, take no further action; or
 - (ii) decide to hold an inquiry under subsection (23).
- (24) (a) If [the Board Council](#) is of the opinion that there is a reasonable ground for doubt or dispute as to the validity of the election of any [Director Councillor](#), [the Board Council](#) shall hold an inquiry and decide whether the election of the [Director Councillor](#) is valid and, if an election is found to be invalid, [the Board Council](#) shall direct another election to be held.
- (b) No election is invalid merely because a person has not strictly complied with a requirement of this by-law.

Vacancies

- (25) (a) If an Elected [Director Councillor](#) dies, resigns, is disqualified or is otherwise removed from [the Board Council](#), the [Chair President](#) shall declare the office of the [Director Councillor](#) to be vacant.
- (b) If, during an election for [the Board Council](#), no candidates eligible for nomination in an electoral district have been nominated after two additional calls for nominations, the [Chair President](#) shall declare the office of the [Director Councillor](#) to be vacant.

Filling Vacancies

- (26) (a) If the office of an Elected [Director Councillor](#) is declared to be vacant and the remainder of that [Director Councillor](#)'s term is less than one year, [the Board Council](#) shall:
 - (i) leave the office vacant; or
 - (ii) appoint a successor from among the Registrants who would be eligible for election if an election were held.
- (b) If the office of an Elected [Director Councillor](#) is declared to be vacant as a result of lack of nominations during an election as described in subsection (24) (b), [the Board Council](#) shall appoint a successor from among the Registrants who would be eligible for election if an election were held.
- (c) If the office of an Elected [Director Councillor](#) is declared to be vacant when an elected [Director Councillor](#) dies, resigns, is disqualified or is otherwise removed from [the Board Council](#) as described in subsection (24) (a) and the remainder of the term of the [Director Councillor](#) whose office became vacant is more than one year, the Registrar shall hold a by-election for the electoral district.
- (d) A by-election to fill a vacancy on [the Board Council](#) shall be held on a date set by the Registrar and the [Chair President](#).
- (e) A by-election shall be held in accordance with the procedures for a general election, with necessary modifications as determined by the Registrar.

Disqualifications

- (27) (a) The following are grounds for disqualification for an Elected [Director Councillor](#) sitting

on [the Board Council](#):

- (i) ceases to be a Registrant;
 - (ii) no longer practises physiotherapy in Ontario and is no longer a resident of Ontario;
 - (iii) is in default of any obligation to the College under the Regulations or the By-laws for over sixty days;
 - (iv) is found guilty of professional misconduct, to be incompetent, or to be incapacitated;
 - (v) is found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Elected Councillor's suitability to serve as a [Director Councillor](#), unless a pardon or record suspension has been granted with respect to the finding;
 - (vi) becomes a director, officer, Committee member, employee, or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - (vii) is found to be mentally incompetent under the *Substitute Decisions Act, 1992* or *Mental Health Act*;
 - (viii) assumes a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - (ix) becomes a participant (other than on behalf of the College) in a legal action or application against the College;
 - (x) has a notation posted on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints and Reports Committee;
 - (xi) fails to attend two consecutive regular meetings of [the Board Council](#) without good reason in the opinion of [the Board Council](#); or
 - (xii) fails, in the opinion of [the Board Council](#), to discharge properly or honestly any office to which they have been elected or appointed.
- (b) An Elected [Director Councillor](#) does not become disqualified from sitting on [the Board Council](#) merely because their home address registered with the College ceases to be in the electoral district for which they were elected.
- (c) Subsections (26) (a) (i), (iv), (v), (vi), (vi), (vii) (viii), and (ix) shall result in automatic disqualification.
- (d) Subsections (26) (a) (ii), (iii), (x), (xi), and (xii) shall result in a vote by [the Board Council](#) regarding disqualification of the [Director Councillor](#).

Suspension

- (28) If an Elected [Director Councillor](#) sitting on [the Board Council](#) becomes the subject of Discipline or Fitness to Practise proceedings, they shall be suspended from sitting on [the Board Council](#) until the matter is resolved.

ACADEMIC DIRECTORSCOUNCILLORS

- 3.2. (1) For the purposes of paragraph 6 (1) (c) of the Act, two Registrants who are members of a faculty of physiotherapy or physical therapy of a university in Ontario shall be selected in accordance with this section to serve on the Board Council as Academic DirectorsCouncillors.
- (2) A Registrant is eligible to serve on the Board Council as an Academic DirectorCouncillor if:
- (a) the Registrant holds a certificate of registration authorizing independent practice;
 - (b) the Registrant is not in default of any obligation to the College under the Regulations or the By-laws;
 - (c) the Registrant is not the subject of a Discipline or Fitness to Practise proceeding;
 - (d) the Registrant has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated at any time in the six years before the date of the selection;
 - (e) the Registrant has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992* or the *Mental Health Act*;
 - (f) in the six years before the selection, the Registrant's certificate of registration has not been subject to a term, condition or limitation other than one prescribed by regulation;
 - (g) the Registrant has not been found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Registrant's suitability to serve as a DirectorCouncillor, unless a pardon or record suspension has been granted with respect to the finding;
 - (h) the Registrant has not been disqualified or removed from the Board Council in the three years before the selection;
 - (i) the Registrant is not and has not been in the last twelve months before the appointment a director, officer, Committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - (j) the Registrant is not a participant (other than on behalf of the College) in a legal action or application against the College;
 - (k) the Registrant does not have a current notation on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
 - (l) the Registrant does not hold and has not held in the last twelve months before the appointment a position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - (m) the Registrant discloses all potential conflicts of interest in writing to the Registrar within five business days of being nominated and either does not have a conflict of interest to serve as a Councillor or has agreed to remove any such conflict of interest before taking office;
 - (n) the Registrant has completed an orientation about the College's mandate, and their role and responsibilities prior to attending their first Board Council or committee meeting; and

- (o) the Registrant meets the competency requirements as set out in the applicable College policy approved by [the Board Council](#).

- (3) One Registrant shall be selected from a university mentioned in Column 1 of the following Table in the corresponding years indicated in Column 2:

Column 1	Column 2
University of Toronto	2020 and thereafter every 7 and 8 years alternatively
Western University	2021 and thereafter every 8 and 7 years alternatively
McMaster University	2023 and thereafter every 7 and 8 years alternatively
Queen's University	2024 and thereafter every 8 and 7 years alternatively
University of Ottawa	2026 and thereafter every 7 and 8 years alternatively

- (4) An Academic [Director Councillor](#) shall be selected by [the Board Council](#) in accordance with the above schedule at the last [Board Council](#) meeting prior to the start of their term and the Academic [Director Councillor](#) shall serve for a three-year term of office.
- (5) In a selection year for a university, the physical therapy or physiotherapy faculty at that university shall submit for [Board Council](#) approval the name of a Registrant who is willing and eligible to serve as a [Director Councillor](#). The candidate may be any member of the physical therapy or physiotherapy faculty. If the university does not submit a name of an eligible candidate for [the Board Council](#)'s approval in accordance with this section, [the Board Council](#) may nevertheless select a Registrant that meets the above eligibility requirements from any faculty of physiotherapy or physical therapy of a university in Ontario. The College encourages universities to consider applicants who are tenured faculty, and who are a member of one of the employment equity groups (women, aboriginal peoples, persons with disabilities, and members of visible minorities).
- (6) If an Academic [Director Councillor](#) dies, resigns, is disqualified or otherwise removed from [the Board Council](#), an eligible replacement shall be selected to serve the remainder of the term of office from among the members of the faculty of physiotherapy or physical therapy from which the former Academic [Director Councillor](#) was selected.
- (7) The following are grounds for disqualification for an Academic [Director Councillor](#) sitting on [the Board Council](#):
- ceases to be a Registrant with a certificate of registration authorizing independent practice;
 - no longer is a member of the faculty of physiotherapy or physical therapy from which they were selected;
 - is in default of any obligation to the College under the Regulations or the By-laws for over sixty days;
 - is found guilty of professional misconduct, to be incompetent, or to be incapacitated;
 - is found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Academic Registrant's suitability to serve as a [Director Councillor](#), unless a pardon or record suspension has been granted with respect to the finding;

- (f) becomes a director, officer, Committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - (g) is found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act*;
 - (h) assumes a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - (i) becomes a participant (other than on behalf of the College) in a legal action or application against the College;
 - (j) has a notation posted on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints and Reports Committee;
 - (k) fails to attend two consecutive regular meetings of the Board Council without good reason in the opinion of the Board Council; or
 - (l) fails, in the opinion of the Board Council, to discharge properly or honestly any office to which they have been selected or appointed.
- (8) Subsections (7)(a), (b), (d), (e), (f), (g), (h), and (i) shall result in automatic disqualification.
- (9) Subsections (7)(c), (j), (k), and (l) shall result in a vote by the Board Council regarding the disqualification of the Director Councillor.

Suspension

- (10) If an Academic Councillor-Director sitting on the Board Council becomes the subject of Discipline or Fitness to Practise proceedings, they shall be suspended from sitting on the Board Council until the matter is resolved.

DECLARATION OF OFFICE

- 3.3**
- (1) A person elected, appointed or selected to be a Director Councillor or non-Board Council Committee member must sign for the records of the College a declaration of office in the form attached as Appendix A.
 - (2) A person cannot act as a Director Councillor or non-Council-Board Committee member unless and until they sign the declaration of office.
 - (3) Any suspected or actual breach by a Councillor or non-Board Council Committee member of the declaration of office shall be addressed in the same manner as the College addresses a breach or suspected breach of the Code of Conduct.

REMUNERATION OF COUNCILLORS-DIRECTORS AND COMMITTEE MEMBERS

- 3.4.**
- (1) Directors Councillors and Committee members, other than Publicly Appointed Councillors, Public Directors may be paid for hours spent on preparation time, meeting time

and travel time in accordance with the College's governance policies as approved by [the Board Council](#).

- (2) [Directors/Councillors](#) and Committee members, other than ~~Publicly Appointed Councillors~~ [Public Directors](#), may be reimbursed for reasonable expenses in accordance the College's governance policies as approved by [the Board Council](#).

INDEMNIFICATION

- 3.5. (1) Every [Director/Councillor](#), Committee member, officer, and employee and each of their heirs, executors and administrators and estate, respectively, shall at all times be indemnified and saved harmless out of the funds of the College from and against:
 - (a) all costs, charges, expenses, awards and damages whatsoever that they sustain or incur in any action, suit or proceeding that is brought, commenced or prosecuted against them, for or in respect of any act, deed, omission, matter or thing whatsoever, made done or permitted by them, in the execution of the duties of their office; and
 - (b) all other reasonable costs, charges, expenses, awards and damages that they sustain or incur in or in relation to the affairs of the College, except such costs, charges, expenses, awards or damages as are occasioned by their own wilful neglect or default.
- (2) The College will purchase and maintain insurance to protect itself and its [Directors/Councillors](#), Committee members, officers, and employees and to provide coverage for the indemnity referred to in subsection (1).

Part 4 — Meetings of ~~Council~~ the Board and Committees

COMPOSITION AND DUTIES OF ~~COUNCIL~~ THE BOARD

- 4.1. (1) ~~The Board~~Council shall be composed of the Elected ~~Directors~~Councillors elected in accordance with section 3.1, the Academic ~~Directors~~Councillors selected in accordance with section 3.2, and the ~~Publicly Appointed Councillors~~Public Directors appointed by the Lieutenant Governor in Council pursuant to section 6 of the Act.
- (2) ~~The Board~~Council has the duties set out in section 2.1 of the Code and as set out in these By-laws and the policies of the College.

REGULAR MEETINGS

- 4.2. (1) ~~The Board~~Council shall hold at least four regular meetings in each Fiscal Year.
- (2) A regular meeting of ~~the Board~~Council shall be called by the ~~Chair~~President.
- (3) At a regular meeting, ~~the Board~~Council may only consider or transact:
- (a) matters brought by the Executive Committee;
 - (b) motions or matters where notice was given by a ~~Director~~Councillor at the preceding ~~Board~~Council meeting or in writing to the Registrar at least fourteen days before the meeting;
 - (c) matters which ~~the Board~~Council agrees to consider by a majority of those in attendance and voting; and
 - (d) routine and procedural matters in accordance with the rules of order.

SPECIAL MEETINGS

- 4.3. (1) A special meeting of ~~the Board~~Council may be called by the ~~Chair~~President or the majority of ~~Directors~~Councillors by submitting to the Registrar a direction for the meeting containing the matter or matters for decision at the meeting.
- (2) At a special meeting, ~~the Board~~Council may only consider or transact the specific matter or matters referred to in subsection (1).

NOTICE OF MEETINGS

- 4.4. (1) The Registrar shall provide notice to all ~~Directors~~Councillors at least thirty days before a regular meeting of ~~the Board~~Council.
- (2) The Registrar shall provide notice to all ~~Directors~~Councillors at least five days before a special meeting of ~~the Board~~Council.

- (3) The notice of any meeting of [the Board Council](#) shall state the date, time, and location of the meeting, and the nature of the matter or matters to be considered at the meeting. Where the meeting is held by technological means, the notice shall include details on how to access the meeting.
- (4) The College shall post the date and the meeting materials of every regular [Board Council](#) meeting on its website at least seven days before the meeting.
- (5) The College will make every reasonable effort to post the date and the meeting materials of every special [Board Council](#) meeting on its website at least five days before the meeting.
- (6) The College shall post the date of every Discipline hearing on its website at least seven days before the hearing as well as the allegations made against the Registrant.
- (7) No [Board Council](#) or Committee meeting shall be made void because of an inadvertent or accidental error or omission in giving notice. In addition, any [Director Councillor](#) may waive notice of a meeting and ratify, approve and confirm any proceedings taken at the meeting.

MEETINGS HELD BY TECHNOLOGICAL MEANS

- 4.5. (1) Any meeting of [Council-the Board](#) or of a committee or of a panel of a committee may be held in any manner that allows all the persons participating to communicate with each other simultaneously and instantaneously. Meetings may be held wholly or partly by technological means.
- (2) Persons participating in the meeting by such means are deemed to be present at the meeting.
- (3) A vote called at a meeting under subsection (1) shall be taken in such a manner as determined by the [President-Chair of the Board](#) or [the Committee](#) Chair unless a member of [the Board Council](#), committee or panel requests a roll call vote, in which case, a roll call vote shall be taken.

WRITTEN RESOLUTIONS

- 4.6. A resolution in writing, signed by all persons entitled to vote on that resolution at a meeting of [the Board Council](#) or a committee, is as valid as if it had been passed at a meeting. This section does not apply to hearings before a committee or a panel of a committee.

MINUTES

- 4.7. (1) The [Chair of the Board President](#) shall cause the proceedings of [Board Council](#) meetings to be recorded. The [Committee](#) Chair shall cause the proceedings of Committee meetings to be recorded.
- (2) The written record of the proceedings of [the Board Council](#) or Committee meetings when approved at a subsequent [Board Council](#) or Committee meeting, subject to any corrections made at a subsequent meeting, is conclusive proof of the accuracy of the contents of every such record.
- (3) After its approval, the written record of every [Board Council](#) or Committee meeting shall be retained in keeping with College policies.

RULES OF ORDER

- 4.8. Kerr and King's Procedures for Meetings and Organizations, Third Edition, are the rules of order for meetings of the Board~~Council~~ and form part of these By-laws.

Part 5 — Conduct of ~~Councillors~~ Directors and Committee Members

CONFLICT OF INTEREST — ~~COUNCIL~~ DIRECTORS AND COMMITTEE MEMBERS

- 5.1. (1) A conflict of interest exists where a reasonable person would conclude that a ~~Director~~~~Councillor~~ or Committee member's personal or financial interest may affect their judgment or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual or potential, or direct or indirect.
- (2) All ~~Directors~~~~Councillors~~ and Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a conflict of interest as set out in subsection (1). All ~~Directors~~~~Councillors~~ and Committee members have a duty to uphold and further the intent of the Act to regulate the practice and profession of physiotherapy in Ontario, and not to represent the views of advocacy or special interest groups.
- (3) Without limiting the generality of subsection (1), a ~~Director~~~~Councillor~~ or Committee member's personal or financial interests include the interests of the ~~Director~~~~Councillor~~ or Committee member's relative. For the purposes of this section, a "relative" is a person who is related to another person in one of the following ways: spouse or common-law partner, parent, child, sibling, through marriage, or through adoption. "Common-law partners" are people who have lived together as a couple for at least one year, or who have a child together, or who have entered into a cohabitation agreement.
- (4) Without limiting the generality of subsection (1), a ~~Director~~~~Councillor~~ or Committee member shall be perceived to have a conflict of interest in a matter and shall not serve on ~~the Board~~~~Council~~ or its committees at all if they are a director, officer, Committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession.
- (5) Without limiting the generality of subsection (1), a ~~Director~~~~Councillor~~ or Committee member shall be perceived to have a conflict of interest in a matter and should refrain from participating in any discussion or voting on that matter if they are a director, officer, Committee member, employee or holder of any position of decision-making influence of an organization where their duties may be seen by a reasonable person as influencing their judgment in the matter under consideration by ~~the Board~~~~Council~~ or the Committee.
- (6) An individual who has a conflict of interest in a matter before ~~the Board~~~~Council~~ or a committee shall:
- (i) declare the conflict to the ~~Chair of the Board~~~~President~~, Registrar, Committee Chair or Chair of the panel at the time the individual identifies the conflict;
 - (ii) not participate in the discussion, consideration or voting on the matter;

- (iii) withdraw from the meeting or portion of the meeting when the matter is being considered; and
 - (iv) not attempt in any way to influence the voting or do anything that may be perceived as attempting to influence the decision of other DirectorsCouncillors or Committee members on the matter.
- (7) Every declaration of a conflict of interest shall be recorded in the minutes of the meeting.

CODE OF CONDUCT FOR ~~COUNCILLORS~~ DIRECTORS AND ~~NON-COUNCIL~~ BOARD COMMITTEE MEMBERS

- 5.2. (1) DirectorsCouncillors and Non-BoardCouncil Committee Members shall abide by the Code of Conduct for DirectorsCouncillors and Non-BoardCouncil Committee Members that is attached as Appendix C and forms part of these By-laws.
- (2) DirectorsCouncillors and Non-BoardCouncil Committee Members may be sanctioned in accordance with the procedures set out in the Code of Conduct.

Part 6 — Election of Executive Committee

ELECTION OF ~~PRESIDENT~~CHAIR AND VICE-~~PRESIDENT~~CHAIR

- 6.1. (1) ~~The Board Council~~ shall annually elect a ~~Chair~~President, a Vice-~~Chair~~President and the three remaining members of the Executive Committee, who shall take office at the first regular ~~Board Council~~ meeting in the Fiscal Year and hold office until their successors take office.
- (2) Only ~~Directors~~Councillors are eligible to be elected to the Executive Committee.
- (3) The Registrar shall preside over the elections to the Executive Committee.
- (4) The election of the ~~Chair~~President and Vice-~~Chair~~President shall be conducted in the following manner:
- (a) The Registrar shall call for nominations for the position of ~~Chair~~President.
- (b) If only one candidate is nominated for the position of ~~President~~Chair, the Registrar shall declare that candidate elected by acclamation.
- (c) If more than one candidate is nominated for the position of ~~Chair~~President, the Registrar shall conduct an election by secret ballot, which may be done electronically, as follows:
- (i) ~~Directors~~Councillors will vote by ranking the candidates in order of preference, i.e., by marking a 1 for their first choice, a 2 for their second choice, and progressively higher numbers for each of their subsequent choices.
- (ii) The Registrar will ensure that the scores given to each of the candidates are tabulated.
- (iii) The Registrar will declare the candidate with the lowest total score (i.e., the highest level of support) to be elected.
- (iv) In the event of a tie for the lowest total score, a second vote will be conducted. The second vote shall only include the names of the candidates who tied for lowest total score. In the event of a tie following a second vote, the Registrar shall determine the election by a random draw from the names of the candidates who tied for lowest total score.
- (d) Once the ~~Chair~~President has been elected, the process set out in paragraphs (a), (b), and (c) shall be followed for the election of the Vice-~~Chair~~President.
- (5) If the office of the ~~Chair~~President becomes vacant, the Vice-~~Chair~~President shall become the ~~Chair~~President for the remainder of the term of the office and the office of the Vice-~~Chair~~President becomes vacant.
- (6) ~~The Board Council~~ shall fill any vacancy in the office of Vice-~~Chair~~President at a special meeting that the ~~Chair~~President shall call for that purpose as soon as possible after the vacancy is declared.
- (7) The office of ~~Chair~~President or Vice-~~Chair~~President becomes vacant if the holder of the office dies, resigns, ceases to be a ~~Director~~Councillor, or is removed from office.

- (8) If the ChairPresident or Vice-ChairPresident who is elected fails to be re-elected or appointed to the BoardCouncil and is therefore unable to serve as ChairPresident or Vice-ChairPresident, their position will be declared vacant and be filled at the first successive meeting of the the BoardCouncil in a manner consistent with the College By-laws.

ELECTION OF REMAINING EXECUTIVE COMMITTEE MEMBERS

- 6.2. (1) Upon completing the election of the ChairPresident and Vice-ChairPresident, the Registrar will call for nominations for the remaining members of the Executive Committee. The election of the members of the Executive Committee shall be conducted in the following manner:
- (a) If only three candidates are nominated for the remaining positions of the Executive Committee and the candidates meet the composition requirements set out in these By-laws, the Registrar shall declare those candidates elected by acclamation.
 - (b) If the candidates do not meet the composition requirements, the Registrar shall call for additional nominations.
 - (c) If more than three candidates are nominated for the remaining positions of the Executive Committee, then the Registrar shall conduct an election by secret ballot, which may be done electronically, as follows:
 - (i) DirectorsCouncillors will vote by ranking the candidates in order of preference, i.e., by marking a 1 for their first choice, a 2 for their second choice, a 3 for their third choice, and progressively higher numbers for each of their subsequent choices.
 - (ii) The Registrar will ensure that the scores given to each of the candidates are tabulated.
 - (iii) The Registrar will declare the three candidates with the lowest total scores (i.e., the highest levels of support) to be elected to the remaining positions of the Executive Committee, unless the composition requirements set out in these By-laws are not met in which case the Registrar shall declare the candidate with the next lowest score who meets the composition requirements to be elected.
 - (iv) Subject to the composition requirements set out in these By-laws, in the event of a tie for one of the three lowest scores, a second vote will be conducted but the second vote will only include the names of the candidates who tied. In the event of a tie following a second vote, the Registrar shall determine the election by a random draw from the names of the candidates who tied for lowest total score.
- (2) If a member of the Executive Committee who is elected fails to be re-elected or appointed to the BoardCouncil and is therefore unable to serve as a member of the Executive Committee, their position will be declared vacant and be filled at the first successive meeting of the BoardCouncil in a manner consistent with the College By-laws.

DUTIES AND POWERS OF PRESIDENT-CHAIR AND VICE-CHAIRPRESIDENT

- 6.3. (1) The duties of the Chair-President are to:
- (a) be cognisant of the affairs of the College;

- (b) give or cause to be given notice of all meetings of Council and the Executive Committee;
 - (c) preside or ensure that a designate presides at all meetings of [the Board Council](#) and meetings of the Executive Committee;
 - (d) ensure that the College is represented at all relevant meetings;
 - (e) oversee the implementation of all orders and resolutions of the Executive Committee and [the Board Council](#);
 - (f) act as a liaison between the College and other professional organizations as appropriate; and
 - (g) perform other duties as outlined in the College's governance policies as approved by [the Board Council](#).
- (2) The duties of the Vice-[Chair President](#) are to,
- (a) act on behalf of the [Chair President](#) in the [Chair President](#)'s absence; and
 - (b) perform other duties as outlined in the College's governance policies as approved by [the Board Council](#).
- (3) The [Chair President](#) is the most senior official and representative of the College and the Vice-[Chair President](#) shall assist the [Chair President](#) in the discharge of the [Chair President](#)'s duties.

Part 7—Statutory and Non-statutory Committees

STATUTORY COMMITTEES

The Executive Committee

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

The Registration Committee

- (2) (a) The Registration Committee shall be composed of at least five persons of whom:
- (i) at least one is an Elected [Director Councillor](#);

- (ii) at least one is an Academic ~~Director~~Councillor;
 - (iii) at least two are ~~Publicly Appointed Councillors~~Public Directors; and
 - (iv) at least one is a Non-~~Council Board~~ Committee Member.
- (b) Quorum for panels of the Registration Committee is set out in subsection 17(3) of the Code.

The Inquiries, Complaints and Reports Committee

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

The Discipline Committee

- (4) (a) The Discipline Committee shall be composed of at least ten persons of whom:
- (i) at least two are ~~Councillors~~Directors who are Registrants;
 - (ii) at least three are ~~Publicly Appointed Councillors~~Public Directors; and
 - (iii) at least one is a Non-~~Council Board~~ Committee Member.
- (b) Quorum for panels of the Discipline Committee is indicated in set out in subsection 38 (5) of the Code.

The Fitness to Practise Committee

- (5) (a) The Fitness to Practise Committee shall be composed of at least ten persons of whom:
- (i) at least two are ~~Councillors~~Directors who are Registrants;
 - (ii) at least three are ~~Publicly Appointed Councillors~~Public Directors; and
 - (iii) at least one is a Non-~~Council Board~~ Committee Member.
- (b) Quorum for panels of the Fitness to Practise Committee is set out in subsection 64 (3) of the Code.

The Quality Assurance Committee

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

The Patient Relations Committee

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

EXECUTIVE DELEGATION

- 7.2. (1) The College shall post the following information on its website regarding meetings of the Executive Committee:
- (a) the date of the meeting;
 - (b) the rationale for the meeting;
 - (c) where the Executive Committee acts as Council or discusses issues that will be brought forward to or affect ~~the Board~~~~Council~~, a report of the discussion or decisions made; and
 - (d) a statement as to whether its decision or decisions will be ratified by ~~the Board~~~~Council~~.

NON-STATUTORY COMMITTEES

The Risk, Audit, and Finance Committee

- 7.3. ~~The Board~~~~Council~~ may, by resolution, establish non-statutory committees, task forces and advisory groups. For each non-statutory committee, task force or advisory group, ~~the Board~~~~Council~~ shall specify in the resolution the duties and responsibilities of the committee, its composition and its termination date or event.
- 7.4. (1) The Risk, Audit, and Finance Committee shall be composed of at least five ~~Directors~~~~Councillors~~, being:
- (a) the ~~President~~~~Chair~~ and Vice-~~Chair~~~~President~~; and
 - (b) at least three other ~~Directors~~~~Councillors~~, at least one whom shall be a ~~Publicly Appointed Member~~~~Public Director~~.
- (2) The Risk, Audit, and Finance Committee shall have the duties set out in the College's governance policies as approved by ~~the Board~~~~Council~~.

The Examinations Committee

- 7.5. The Examinations Committee shall be composed in accordance with the requirements set out in the Examinations Committee's Terms of Reference as approved by the Board ~~of Directors~~.

APPOINTMENT OF NON-~~COUNCIL-BOARD~~ COMMITTEE MEMBERS

- 7.6. (1) ~~The Board Council~~ may appoint persons who are not ~~Directors/Councillors~~ to serve on both statutory and non-statutory committees.
- (2) A Registrant is eligible for appointment to a committee under this section if, on the date of the appointment, the Registrant meets the eligibility requirements set out in subsection 3.1.(9) of these By-laws and any other criteria set out in the governance policies as approved by ~~the Board Council~~.
- (3) A person who is not a Registrant is eligible for appointment to a committee under this section if, on the date of the appointment:
- (a) the person resides in Ontario;
 - (b) the person is not the subject of a discipline or fitness to practise proceeding before any regulator;
 - (c) the person has not been found guilty of professional misconduct, to be incompetent or to be incapacitated by any regulator in the preceding six years;
 - (d) the person has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act*;
 - (e) the person has not been found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the person's suitability to serve as a Committee member, unless a pardon or record suspension has been granted with respect to the finding;
 - (f) the person has not been disqualified or removed from ~~the Board Council~~ or a committee in the preceding three years;
 - (g) the person is not and has not been in the twelve months before the appointment, a director, officer, Committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - (h) the person does not hold and has not held in the twelve months before the appointment, a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - (i) the person is not an employee of the College;
 - (j) the person is not a participant (other than on behalf of the College) in a legal action or application against the College;
 - (k) the person meets any other criteria set out in the governance policies as approved by ~~the Board Council~~;
 - (l) the person has completed an orientation about the College's mandate, and their role and responsibilities prior to attending their first committee meeting; and
 - (m) the person meets the competency requirements as set out in the applicable College policy approved by ~~the Board Council~~.
- (4) A Non-~~Board Council~~ Committee Member who is a Registrant is disqualified from serving on a committee based on the grounds for disqualification as set out in subsection 3.1 (26).
- (5) A Non-~~Board Council~~ Committee Member who is not a Registrant is disqualified from serving on a committee if the person:

- (a) ceases to meet the requirements in paragraphs (3) (c), (d), (e), (g), (h), or (j), above, which shall result in automatic disqualification,
 - (b) ceases to meet the requirements in paragraphs (3) (a), (i), or (k) above, which shall result in a vote by [the Board Council](#) regarding disqualification of the Non-[Board Council](#) Committee Member;
 - (c) fails to attend two consecutive meetings of the Committee without good reason in the opinion of [the Board Council](#); or
 - (d) fails, in the opinion of [the Board Council](#), to discharge properly or honestly any office to which they have been appointed.
- (6) If a Non-[Board Council](#) Committee Member who is not a Registrant becomes the subject of a discipline or fitness to practise proceeding before any regulator, they shall be suspended from serving on a committee until the matter is resolved.
 - (7) The determination of [the Board Council](#) as to whether a person is eligible for appointment or becomes disqualified under this section is final and without appeal.
 - (8) A Non-[Board Council](#) Committee Member shall not serve more than nine consecutive years on one or more committees of the College. And, following the completion of nine consecutive years of service on one or more committees, they shall not be appointed again to a committee until they have completed a one-year waiting period.
 - (9) In exceptional circumstances, the [Board Council](#) may exempt a person from compliance with the requirements set out in subsection (8), above.

SELECTION OF STATUTORY AND NON-STATUTORY COMMITTEES AND COMMITTEE CHAIRS

- 7.7. (1) As soon as possible after the annual election of the [Chair President](#), the Vice-[Chair President](#) and the Executive Committee, [the Board Council](#) shall appoint the [Committee Chair](#) and members of each committee in accordance with the College's governance policies as approved by [the Board Council](#).
- (2) If any vacancies occur in the [Committee Chair](#) or membership of any committee, [the Board Council](#) may appoint a replacement [Committee Chair](#) or Committee member in accordance with the College's governance policies as approved by [the Board Council](#).
- (3) Where the Chair of a committee is unable to act for a matter or a period of time, they shall appoint from the Committee a person to act on their behalf. Where the Chair of a committee is unable to act for more than two consecutive meetings, [the Board Council](#) shall appoint a new [Committee Chair](#).

STATUTORY AND NON-STATUTORY COMMITTEE PROCEDURES

- 7.8. (1) Each committee shall meet from time to time at the direction of [Council the Board](#) or at the call of the [Committee Chair](#) at a place in Ontario and at a date and time set by the [Committee Chair](#).
- (2) Subject to subsection (3), unless otherwise provided in the RHPA, the Act or the Regulations, a majority of members of a committee, or of a panel of a committee, including at least one [Publicly Appointed Councillor](#) or [Public Director](#) constitutes a quorum.

- (3) Unless otherwise provided in the RHPA, the Act or the Regulations, in exceptional circumstances, the Chair of a committee may determine that a committee meeting may proceed without the presence of at least one ~~Publicly Appointed Councillor~~ Public Director.
- (4) The Committee Chair or a designate shall preside over meetings of the Committee.
- (5) Every question which comes before the Committee may be decided by a majority of the votes cast at the meeting (including the Committee Chair's) and, if there is an equality of votes on a question, the question shall be deemed to have been decided in the negative.
- (6) A Non-~~Council Board~~ Committee Member is eligible for re-appointment to a committee annually, except that a Non-~~Board Council~~ Committee Member may not serve for more than nine consecutive years.
- (7) Where one or more vacancies occur in the membership of a committee, the Committee members remaining in office constitute the Committee as long as any composition or quorum requirements in the RHPA, the Act or the Regulations are satisfied.
- (8) In addition to other provisions in these By-laws that permit the removal of a Committee member in specific circumstances, any Committee member may be removed from the Committee, with or without cause, by a two-thirds majority vote of the ~~Councillors~~ Directors present at a Council Board meeting duly called for that purpose.



Part 10 — Council Approval

COUNCIL APPROVAL

~~APPROVED BY COUNCIL ON March 22, 2017 as confirmed by the signatures of the President and Vice-President of the College.~~

President

Vice President

Appendix A

DECLARATION OF OFFICE FOR COUNCILLORS/DIRECTORS AND NON-BOARD COMMITTEE MEMBERS

I, _____, (Name of ~~Director/Non-Board Committee Member~~Councillor) hereby agree that I will:

- Accept the office as a duly elected, selected or appointed ~~Councillor~~Director or non-~~Board~~Council Committee member of the College of Physiotherapists of Ontario;
- Act at all times, while serving as a ~~Councillor~~Director or non-~~Board~~Council Committee member, to fulfil the statutory duty of the Colleges “to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals” (Section 2.1 of the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*);
- Act at all times, while serving as a ~~Director~~Councillor or non-~~Board~~Council Committee member, to fulfil the statutory duty of the College to serve and protect the public interest while carrying out the objects of the College (Section 3 of the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*. A copy of the objects are set out in Schedule 1 to this Declaration);
- Comply with the College’s Code of Conduct, as amended by the Board~~Council~~ from time to time, including the confidentiality obligations contained therein; and
- Comply with the other policies of the College applicable to ~~Councillors~~Directors and non-~~Board~~Council Committee members, as amended by the Board~~Council~~ from time to time.

[~~Director/Non-Board Committee Member~~Councillor Signature]

Witness Signature

Date

Name of Witness

SCHEDULE 1 TO THE DECLARATION OF OFFICE FOR COUNCILLORS- DIRECTORS AND NON-BOARD COMMITTEE MEMBERS– OBJECTS OF THE COLLEGE

The College has the following objects:

1. To regulate the practice of the profession and to govern the members in accordance with the Health Profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.
- 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable.

Appendix C

CODE OF CONDUCT

Title:	Code of Conduct
Applicable to	Members of Council<u>the Board</u> and Council Committees
Date approved:	December 2003
Date revised:	June 2006, March 2008, June 2010, February 2013, June 2014, March 2017

Purpose

~~Councillors~~Directors and Committee members make decisions in the public interest, balancing this responsibility with an understanding of the profession and the settings in which it practices. They establish the College's goals and policies within its statutory mandate.

All ~~Councillor~~Directors and members of College committees are expected to exhibit conduct that is ethical, civil and lawful, in a manner that is consistent with the nature of the responsibilities of ~~Council~~the Board and the confidence bestowed on ~~Council~~the Board by the public and its registrants. The role of a non-~~Council~~Board Committee member is considered comparable to that of a ~~Councillor~~Director due to their direct participation in the committees that assist ~~Council~~the Board in fulfilling its statutory duties. Further, ~~Councillor~~Directors and members of committees are expected to aspire to excellence in their roles as governors.

This Code of Conduct serves to provide ~~Council~~the Board, and its committees with high standard of conduct to guide and support their work in the best interests of the College, its legislative mandate, and the public. Each individual, and the group as a whole, is accountable for its conduct and performance.

Performance Expectations

In performing their role, each ~~Councillor~~Director and Committee member will:

1. Promote the public interest in their contributions and in all discussions and decision-making.
2. Direct all activities toward fulfilling the College's objects as specified in the legislation.
3. Comply with the provisions of the *Regulated Health Professions Act*, the *Physiotherapy Act*, the Regulations made under these Acts and the By-laws of the College.
4. Conduct themselves in a manner that respects the integrity of the College by striving to be fair, impartial and unbiased in their decision making.
5. Refrain from engaging in any discussion with other ~~Council~~Board or Committee members that takes place outside the formal ~~Council~~Board or committee decision making process and that is intended to influence the decisions that the ~~Council~~Board or a committee makes on matters that come before it.
6. Respect the power, authority and influence associated with their role and not misuse this for personal gain.

7. Recognize, understand and respect the roles and responsibilities of ~~Council~~the Board, committees and staff and maintain respectful working relationships with other ~~Council~~Board members, Committee members and staff members. This includes acknowledging the appropriate authorities of the Registrar and the ~~President~~Chair.
8. Acquire, apply and maintain knowledge of ~~Council~~the Board and Committee policies, procedures, relevant legislation, College functions and current issues facing the College and the committees they participate in.
9. When personal circumstances may affect their ability to function objectively in their role, address the conflict situation by complying with the College By-laws that govern conduct in this situation by, as a minimum, declaring the conflict, abstaining from discussing or voting on the matter and removing themselves from the meeting.
10. Maintain the confidentiality of information coming into their possession in keeping with the provisions set out in the RHPA and the confidentiality policies of the College.
11. Maintain appropriate decorum during all ~~Council~~Board and Committee meetings by adhering to the rules of order adopted by the ~~Board~~Council.
12. Review and consider the information provided for ~~Council~~the Board and committee meetings and identify any information to enhance effective ~~Council~~Board and Committee decision-making as needed.
13. Respect the views and the expertise of other ~~Council~~Board and Committee members and appreciate the opportunity for varied viewpoints to be brought forward, considered and resolved through robust discussion.
14. Publicly uphold and support the decisions of ~~Council~~the Board and respect the ~~Chair~~President's role as ~~Council~~Board spokesperson.
15. Attend meetings to the best of their ability and be available to mentor and assist new members.
16. Regularly evaluate their individual performance, and that of the collective to assure continuous improvement.
17. Promote general interest in the physiotherapy community for ~~Council~~Board and non-~~Board~~Council positions.

Sanctions

1. All concerns related to the conduct or performance of a ~~Councillor~~Director or of a Committee member should be brought to the attention of the ~~President~~Chair of the College.
2. All concerns must be documented, specifically the questionable conduct or performance, in sufficient detail to enable it to be understood. The document should identify the element (s) of the Code that is of concern and include, where relevant, any supporting evidence.
3. After review of the material and dependent on the issue, the ~~President~~Chair has the discretion to either meet with the ~~Councillor~~Director or Committee member and provide individual coaching, or to raise the matter for ~~the Board~~Council's consideration. At any time the ~~President~~Chair may seek advice from the Executive Committee and/or the Registrar. All decisions taken are to be recorded and kept in the member's corporate file.
4. When the ~~President~~Chair identifies that an alleged breach of this Code of Conduct may have occurred and raises it for ~~the Board~~Council's consideration, ~~the Board~~Council shall adopt a process to deal with

the alleged breach that is consistent with the rules of order of ~~Council~~ the Board and that provides the person whose conduct has been called into question with an opportunity to explain their actions.

5. When ~~the Board~~Council determines that a breach of the Code of Conduct did take place, the ~~Council~~ Board may, on the basis of a resolution that has been properly moved, seconded and assented to by two thirds of ~~Councillor~~Directors, impose a sanction that may include one or more of the following:
 - a. Requesting a change in the behaviour of the person;
 - b. Requesting that the person apologize for their behaviour;
 - c. Censuring the person for their behaviour;
 - d. Declining to appoint a person to any committee or to a specific committee;
 - e. Declining to provide confidential information to the person, in circumstances where concern over breach of confidentiality has occurred;
 - f. Requesting the person's resignation from the ~~Council~~Board, committee or other activity in which they had been acting on behalf of the College;
 - g. Removing an Elected ~~Councillor~~Director or Academic ~~Councillor~~Director from the ~~Board~~Council, committee or other activity in which they had been acting on behalf of the College in accordance with the By-laws;
 - h. Removing a ~~Publicly Appointed Councillor~~ Public Director appointed by the Lieutenant Governor from the committee or other activity that they had been acting on, on behalf of the College in accordance with the By-laws; or
 - i. Requesting that the Minister remove a ~~Publicly Appointed Councillor~~Public Director from the ~~Board~~Council.
6. If the ~~Council~~ Board removes an Elected ~~Councillor~~Director it shall treat the circumstances as if the vacancy was a result of the resignation of the ~~Councillor~~Director.

Procedural and Other Safeguards

1. In determining whether to impose a sanction, and which sanction to impose, ~~Council~~ the Board shall be mindful of the general principle that sanctions are to be remediative not punitive.
2. ~~Council~~ The Board shall not consider whether to impose a sanction without first providing the person with an opportunity to address ~~Council~~ the Board personally or through legal counsel.
3. A resolution of at least two thirds of the ~~Councillor~~Directors at a meeting duly called for that purpose shall be required to sanction a member.
4. A ~~Councillor~~Director whose conduct or performance is the subject of concern shall not attend or take part in any ~~Council~~ Board deliberation respecting their conduct or performance and if the person is the subject of a vote taken under this Code of Conduct, they shall not vote on the matter.
5. A ~~Councillor~~Director whose conduct or performance is the subject of concern shall be temporarily suspended from ~~Council~~ the Board including any committees on which they sit, pending the decision on their conduct.
6. Any deliberation or vote taken under this Code of Conduct shall be public except in circumstances where information presented during the deliberation may be detrimental to the person whose conduct or performance is the subject of concern (e.g. information on their health status is presented).

7. The College will not be responsible for any costs of the ~~Councillor~~Director or Committee member whose conduct is being examined.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO
Regulating Physiotherapists

Agenda Item: 4.0
Appendix B

2023

Governance Manual

Governance Manual

September 2023

INDEX

STATUS¹

Section 1.0 Roles & Responsibilities

1.1	<u>Role of Councilthe Board</u>	Revised, June 2021
1.2	<u>Role of a CouncilBoard Member</u>	Revised, September 2023
1.3	<u>Role of a Committee Chair</u>	Revised, September 2023
1.4	<u>Role of a Non-CouncilBoard Committee Member</u>	Revised, September 2023
1.5	<u>Role of PresidentRole of Chair</u>	Revised, September 2023
1.6	<u>Role of Vice-PresidentChair</u>	Revised, September 2023
1.7	<u>Role of Registrar</u>	Revised, September 2023

Section 2.0 Terms of Reference

2.1	<u>Inquiries, Complaints and Reports Committee – Statutory</u>	Revised, June 2021
2.2	<u>Discipline Committee – Statutory</u>	Revised, September 2023
2.3	<u>Executive Committee – Statutory</u>	Revised, September 2023
2.4	<u>Fitness to Practise Committee – Statutory</u>	Revised, September 2023
2.5	<u>Patient Relations Committee – Statutory</u>	Revised, June 2021
2.6	<u>Quality Assurance Committee – Statutory</u>	Revised, June 2021
2.7	<u>Registration Committee – Statutory</u>	Revised, June 2021
2.8	<u>Risk, Audit, and Finance Committee – Non-Statutory</u>	Revised, September 2023
2.9	<u>Examinations Committee – Non Statutory</u>	September 2022

Section 3.0 Confidentiality

3.1	<u>Confidentiality – General</u>	Revised, June 2021
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4.2	<u>Signing Officers</u>	Revised, June 2021
4.3	<u>Investments and Investment Strategy</u>	Revised, September 2023
4.4	<u>Insurance</u>	Revised, June 2021
4.5	<u>Capital Assets</u>	Revised, June 2021

¹ This refers to the date of the most recent approval or revision or whether it is under review.

Section 5.0 Policy

- 5.1 College Policy Review Schedule Revised, September 2023
- 5.2 Approval of Official Positions Revised, June 2021

Section 6.0 Intellectual Property

- 6.1 Intellectual Property and Related Uses Revised, September 2023

Section 7.0 General

- 7.1 Strategic Planning Cycle Revised, June 2021
- 7.2 Succession Planning Revised, June 2021
- 7.3 Public Member Representation on College Confirmed, June 2021
- 7.4 Public Member Attendance at Committee Meetings Revised, September 2023
- 7.5 Selection of Individuals to Committees, Task Forces and Advisory Groups Revised, September 2023
- 7.6 Performance Review Process for Registrar Revised, June 2021
- 7.7 Emergency Management Plan Revised, June 2021
- 7.8 Election Campaign Revised, June 2021
- 7.9 ~~Council~~Board Education/Orientation Revised, September 2023
- 7.10 ~~Council~~Board – Staff Relations Revised, June 2021
- 7.11 Appointment of a Task Force and/or an Advisory Group Revised, June 2021
- 7.12 Specialty Designation Confirmed, June 2021
- 7.13 ~~Council~~Board In Camera Minutes – Storage and Access Approved, June 2021
- 7.14 Enterprise Risk Management September 2023

Section 8.0 Evaluation

- 8.1 Measurement and Reporting Revised, June 2021

Section:	Roles & Responsibilities	Policy #1.1
Title:	Role of Council<u>the Board</u>	
Date approved:	June 2002	
Date revised:	June 2006, June 2007, December 2009, June 2021	
Date confirmed:	December 2011	

Legislative References

- a. *Physiotherapy Act*: s.6
- b. Health Professions Procedural Code: s.2.1, s.3, s.4, s.5, s.6, s.7, s.8, s.9, s.10
- c. *Regulated Health Professions Act, 1991*: s.2, s.3, s.4, s.5, s.6

Definition

The ~~Council~~Board of the College is its board of directors and consists of appointed and elected members as defined in the *Physiotherapy Act*.

Primary Function

~~Council~~The Board is the College's board of directors who manages and administers its affairs.

It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.

The College's objects are defined in section 3 of the Code.

Specific Responsibilities

In carrying out its role, the College ~~Council~~Board will:

1. Fulfill the legislated responsibilities under the *Regulated Health Professions Act*, the Code and the *Physiotherapy Act* and ensure that all other statutory responsibilities of the College, its committees and its employees are upheld.
2. Understand the objects of the College and ensure that it achieves them.
3. Establish rules of order for use during ~~Council~~Board and committee meetings.
4. Review and approve College Governance Policies, Regulations, By-laws, Standards, position statements, ~~Council~~Board policies and Committee policies.

5. Establish and promote the College's mission, vision and values.
6. Develop and approve the strategic direction of the College and monitor the work of ~~Council~~the Board and its committees to ensure achievement of goals.
7. Use the College's strategic plan to direct its activities and allocate its resources by setting budget priorities, and approve budgets based on these priorities.
8. Receive reports from all statutory committees, non-statutory committees, task forces, the ~~President~~Chair and the Registrar.
9. Consider and recommend the legislative changes necessary for the College to meet its mandate.
10. Appoint the College Registrar and receive regular reports on the Registrar's performance.
11. Appoint the College auditor.
12. Annually elect the ~~President~~Chair, Vice-~~President~~Chair, and members of the Executive Committee, and appoint the Committee Chair and members of each College committee.
13. Establish non-statutory committees and task forces.
14. Develop, monitor and evaluate the governance, financial management and reporting frameworks of the College.
15. Monitor and evaluate on an ongoing basis whether the College is meeting its statutory mandate.
16. Make decisions respecting the appropriate sanctions for violation of the College's Code of Conduct.

Section:	Roles & Responsibilities	Policy #1.2
Title:	Role of a Council <u>Board</u> Member	
Date approved:	June 2002	
Date revised:	June 2006, June 2007, September 2009, February 2013, June 2021, September 2023	

By-law References

- a. By-laws: s.3, s.5, Appendix A, Appendix C

Definition

~~Council members~~Directors are either physiotherapists or members of the public. Physiotherapists are elected by their peers through district elections for the purpose of carrying out the self-regulatory function. Two academic members are selected by the academic community. Public members are appointed by the Lieutenant Governor in Council to bring the public perspective to ~~Council~~Board discussions.

Primary Function

~~Council members~~Directors are committed to the mandate of the College and bring individual perspectives to collective decision making in the public interest. A ~~Council member~~Director is responsible for contributing fully to debates and decisions of ~~Council~~the Board and those committees on which they serve.

Specific Responsibilities

1. Serve on ~~Council~~the Board and at least one statutory committee to which they are appointed.
2. Serve on additional committees or task forces as required.
3. Attend required orientation(s).
4. Review all materials sent in advance for ~~Council~~Board and Committee meetings and demonstrate a reasonably comprehensive knowledge of it.
5. Acquire and apply a working knowledge of the statutory requirements and policies related to their specific statutory committee(s).
6. Develop and maintain knowledge of the regulatory framework of the College and current issues facing ~~Council~~the Board.

7. Be available for meetings and attend them.
8. Be available to mentor and assist new ~~Council members~~Directors.
9. Contribute to ~~Council~~Board and Committee discussions.
10. Raise issues in a respectful manner that encourages open discussion.
11. Demonstrate independent judgment through their willingness to voice concerns, take an independent stand or espouse an unpopular or controversial idea.
12. Understand, respect and adhere to the rules of order and the Code of Conduct as prescribed by ~~Council~~the Board.
13. Acquire a working knowledge of health system issues and financial issues relevant to the role of a ~~Council member~~Director.
14. Raise matters arising in the broader environment for ~~Council~~Board consideration for action.
15. Publicly support the decisions of ~~Council~~the Board providing rationale as requested.
16. Redirect matters to the ~~President~~Chair as appropriate.

Terms of Office

- A. Elected ~~Council members~~Directors are eligible to serve a maximum of three years in one term, to a maximum of nine consecutive years.
- B. The appointment of Academic ~~Council members~~Directors is determined by By-law section 3.2(4).
- C. Public appointees serve terms as approved by the Lieutenant Governor.
- D. Appointment to a committee is one year and renewable annually.

<u>Section:</u>	Roles & Responsibilities	Policy #1.3
Title:	Role of a Committee Chair	
Date approved:	June 2002	
Date revised:	June 2006, September 2007, September 2009, February 2013, June 2021, September 2023	

By-law References

- a. By-laws: s.7.6, s.7.7, s.7.8

Primary Function

The Committee Chair is a member of a statutory committee, non-statutory committee or task force and is appointed by ~~Council~~[the Board](#) to serve as [Committee](#) Chair.

The [Committee](#) Chair provides leadership and direction to the Committee or Task Force to ensure it fulfills its mandate. The [Committee](#) Chair is accountable to ~~Council~~[the Board](#) through regular reporting on committee activity and progress. The [Committee](#) Chair collaborates with an identified senior staff person to facilitate the ongoing management of the Committee's work.

Specific Responsibilities

Committee or Task Force Chairs are expected to:

1. Provide direction and guidance to the Committee in keeping with its ~~Council~~[Board](#) approved terms of reference and any related legislative responsibilities.
2. Utilize the ~~Council~~[Board](#) selected Rules of Order, approved By-Laws, Code of Conduct and Governance Policies in overseeing committee meetings.
3. Collaborate with appropriate staff to:
 - a. orient new Committee members;
 - b. develop the agenda;
 - c. identify policy issues for consideration by ~~Council~~[the Board](#) where appropriate;
 - d. prepare committee reports and recommendations for presentation to ~~Council~~[the Board](#);
 - e. develop objectives and long-range plans for committee consideration; and
 - f. identify budget and business plan implications for the Registrar.
4. Encourage broad respectful debate amongst members in achieving decisions or direction on committee matters.

5. Manage committee function and introduce strategies to resolve conflicts when they arise. When the issues are not manageable, consult with the ~~President~~Chair.
6. Act as the principal spokesperson for the Committee in reporting to ~~Council~~Board at all meetings.
7. Raise matters arising in the broader environment related to committee mandate for ~~Council~~Board consideration for action.
8. Conduct regular evaluation of Committee members and processes to ensure high levels of performance.
9. Where a Committee Chair identifies a performance issue or concern with a Committee member, inform the ~~President~~Chair in order to facilitate the ability of the ~~President~~Chair to manage the issue or concern appropriately.
10. Attend required orientation(s).
11. Be available to mentor and assist new Committee members.
12. To authorize a Committee member to claim additional preparation time above what is allowed in the Allowances and Expenses Policy.

Terms of Office

- A. Committee Chairs are nominated by the Executive Committee and appointed annually by ~~Council members~~Directors. The number of times a ~~Council member~~Director or a non-~~Council~~Board Committee member can be appointed as a Committee Chair to any particular committee is nine times.
- B. Both Directors and non-Board Committee members may serve as Committee Chair when it is in the best interest of the continuity of the ongoing work of the Committee.

Section:	Roles & Responsibilities	Policy #1.4
Title:	Responsibility of a Non-CouncilBoard Committee Member / Member of a Task Force and Advisory Groups	
Date approved:	June 2002	
Date revised:	June 2006, June 2007, March 2010, February 2013, June 2021, September 2023	

By-law References

- a. By-laws: s.7.6

Definition

Non-Board Committee members and members of a task force or an advisory group are appointed in accordance with College By-laws and established selection criteria.

Primary Function

Non-Board Committee members and members of a task force or an advisory group are working participants of committees, task forces and advisory groups and facilitate the achievement of desired outcomes as approved by the CouncilBoard.

Specific Responsibilities

1. Serve on the Committee, Task Force or Advisory Group to which they are appointed.
2. Attend required orientation(s).
3. Review all materials sent in advance of meetings.
4. Acquire and apply a working knowledge of the statutory requirements, terms of reference, and policies related to the Committee, Task Force or Advisory Group.
5. Be available for meetings and attend them.
6. Be available to mentor and assist new non-Board Committee members.
7. Raise issues in a respectful manner that encourages open discussion.
8. Demonstrate independent judgment through their willingness to voice concerns, take an independent stand or espouse an unpopular or controversial idea.

9. Understand, respect, and adhere to the Rules of Order and the Code of Conduct.
10. Maintain confidentiality of matters discussed and decisions made at committee that are confidential in nature.

Term of Appointment

- A. Non-~~Council~~Board Committee members, members of task forces or advisory groups are appointed for one year and renewable annually to a maximum of nine consecutive times.

Section:	Roles & Responsibilities	Policy #1.5
Title:	Role of President <u>Chair</u>	
Date approved:	June 2002	
Date revised:	June 2006, June 2007, December 2009, December 2011, February 2013, March 2014, June 2021, September 2023	

By-law References

- a. By-laws: s.6.3(1) & (3)

Primary Function

The ~~President~~Chair- is elected by ~~Council~~the Board to serve as its most senior officer in facilitating governance effectiveness and alignment with the mission and vision. For greater clarity, the ~~President~~Chair- is the senior most official of the College. The ~~President~~Chair works effectively with the Registrar, acts as a key representative in public forums, and highlights ~~Council~~Board's stewardship role in the self-regulation of the profession.

Term

The ~~President~~Chair serves a one-year term and is elected annually in March and takes office at the first regular ~~Council~~Board meeting following an election. An individual may hold this office twice during any period of consecutive service on ~~Council~~Board.

Specific Responsibilities

In addition to duties outlined in subsection 6.3(1) of the By-laws the ~~President~~Chair shall:

1. Promote, in conjunction with Registrar, the establishment and evaluation of the College's strategic plan.
2. In coordination with the Registrar, identify issues, develop objectives and establish priorities to be deliberated by the ~~Council~~Board and oversee the planning, chairing and evaluation of all ~~Council~~Board meetings.
3. Act as a signing authority for ~~By-laws~~, Regulations, contracts and cheques on behalf of the College as required.
4. Serve as the Chair of the Executive Committee and participate on other committees and task forces as directed by ~~Council~~the Board.
5. Serve as a member of the Risk, Audit, and Finance Committee.

6. In coordination with the Registrar, represent the College at public functions and official liaison opportunities to promote the development of beneficial relationships with other organizations.
7. In cooperation with the Registrar, act as ~~the key~~ spokesperson of the College.
8. Where appropriate, represent the College on external committees or representational opportunities, either solely or with the Registrar, or appoint a member of the ~~Council~~Board to represent the ~~Council~~Board in keeping with the By-laws or as directed by ~~Council~~the Board.
9. Receive all matters directed to the attention of the Executive Committee and ~~Council~~the Board and review and determine, with the Executive Committee as appropriate, a best course of action on such matters related to the performance of committees or ~~Councillors~~Directors.
10. In partnership with the Registrar, ~~To~~ develop the ~~Council~~ Executive Committee and Board agendas and identify matters that should be discussed in camera. In the event of disagreement between the Chair and the Registrar regarding agenda items, the decision of the Chair shall be final.
11. Maintain awareness of activities and of issues facing the ~~Council~~Board, external and internal to the College; and together with the Registrar act as a key spokesperson on ~~Council~~Board matters and the College.
12. On behalf of ~~Council~~the Board and in accordance with policy, negotiate the Registrar's contract and coordinate the Registrar's annual performance review.
13. Advise ~~Directors~~Councillors or non-Board Committee members on issues relating to conflicts of interest in consultation with the Registrar and legal counsel as required.
14. Establish an ongoing ~~Councillor~~Director and non-~~council~~Board Committee member performance management system which includes providing individual ~~Council~~ members~~Directors with performance feedback on an annual basis and managing any performance issues or concerns in accordance with the College's Code of Conduct.~~
15. Each year where the College is a member of the Canadian Alliance of Physiotherapy Regulators (CAPR), the ~~College President~~Chair, in consultation with the members of the Executive Committee, will nominate a person to serve as a director of the CAPR board.
16. Monitor and manage all risk-related matters and periodically reports this information to Council.

17. The ~~President~~Chair's duties also include any other duties as defined in the College By-laws and these Governance Policies.
18. In fulfilling these duties, the ~~President~~Chair may contact a past ~~President~~Chair for information, advice and guidance as needed.

Section:	Roles & Responsibilities	Policy #1.6
Title:	Role of Vice-PresidentChair	
Date approved:	June 2002	
Date revised:	June 2006, June 2007, December 2011, February 2013, March 2014, June 2021, September 2023	

By-law References

- a. By-laws: s.6.3(2)

Primary Function

The Vice-~~President~~Chair is elected by ~~Council~~the Board to serve as an officer of the College and to assist and collaborate with the ~~President~~Chair in their role.

Term

The Vice-~~President~~Chair- serves a one-year term and is elected annually in March and takes office at the first regular ~~Council~~Board meeting following an election. An individual may hold this office twice during any period of consecutive service on ~~Council~~the Board.

Subject to the election process, incumbents in the Vice-~~President~~Chair's role will typically take over the role of the ~~President~~Chair when the ~~President~~Chair has completed their term(s).

Responsibilities

In addition to duties outlined in By-law section 6.3(2), the Vice-~~President~~Chair- shall:

1. In the absence of the ~~President~~Chair, perform the ~~President~~Chair's duties including:
 - a. chair ~~Council~~Board and Executive Committee meetings;
 - b. act as a signing officer of the College;
 - c. receive and review all matters directed to the attention of the ~~Council~~Board
 - d. In cooperation with the Registrar, act as ~~the a~~ key-spokesperson of the College;
 - e. monitor and manage all risk-related matters and periodically report this information to Council; and
 - f. where appropriate, represent the College, either solely or with the Registrar, at public functions and official liaison opportunities.

2. Serve as a member of the Executive Committee and participate on other committees and task forces as directed by ~~Council~~the Board.
3. Serve as a member of the Risk, Audit, and Finance Committee.
4. As advised by the ~~President~~Chair, develop their personal knowledge of the role and duties of the ~~President~~Chair in order to prepare to undertake this role.
5. Chair an appeal process where the Registrar has concerns or disagrees with the performance review process or the outcome. (Policy # 7.6 — Registrar’s Performance Review).
6. Assist and advise the ~~President~~Chair in performing their duties.

<u>Section:</u>	Roles & Responsibilities	Policy #1.7
Title:	Role of Registrar	
Date approved:	June 2002	
Date revised:	June 2006, March 2007, February 2013, June 2021, September 2023	

Definition

The Registrar is the principal staff member retained by ~~Council~~[the Board](#) to act as the College's Chief Executive Officer.

Primary Function

The Registrar is the only employee of the College to report solely and directly to the ~~Council~~[Board](#). They shall report to the ~~President~~[Chair](#)- and to ~~Council~~[the Board](#) through and with approval of the ~~President~~[Chair](#). If the Registrar and the ~~President~~[Chair](#)- disagree about what should be reported to ~~Council~~[the Board](#), the Registrar can consult the Vice-~~President~~[Chair](#). The Registrar is subject to direction from ~~Council~~[the Board](#) and in between meetings, direction from the Executive Committee. The Registrar acts as a collaborative leader in the development and implementation of the College's vision, mission, values and strategic goals. The Registrar is responsible for directing and managing the day-to-day operations of the College within financial targets as set by ~~Council~~[the Board](#). The Registrar hires and maintains an effective staff organization which includes providing timely and relevant policy and program information and recommendations to ~~Council~~[the Board](#) and its committees. The Registrar fulfills the statutory mandate of the role and assists ~~Council~~[the Board](#) in meeting its governance and legislative obligations.

Specific Responsibilities

The Registrar is accountable for the following subsets of responsibilities:

Executive Leadership/Organizational Management

1. Plans and directs the organization's activities to achieve stated/agreed targets and standards for legislative adherence, financial performance and culture.
2. Develops and implements strategy for operational management of the organization.
3. Implements processes to ensure continuous quality improvement of the organization and its activities.
4. Meets statutory obligations as defined by the *Regulated Health Professions Act, 1991*.

Financial, Risk and Facilities Management

5. Recommends yearly budget for ~~Council~~Board approval and prudently manages the College's resources within those budget guidelines according to current laws and regulations.
6. Provides relevant, timely and complete financial information to facilitate informed decision making by ~~Council~~the Board.
7. Sets risk assessment strategy with ~~Council~~the Board to ensure financial controls and compliance mechanisms are managed and monitored.
8. Establishes a risk analysis and mitigation framework.
9. Identifies, contains and resolves any issues where consequences could result in liability and damage to the organization.
10. In coordination with the ~~President~~Chair, monitors and manages all risk related matters and ~~assists the President in preparing~~prepares risk reports to ~~Council~~the Board.
11. Creates a safe and efficient work environment that supports the effective utilization of all resources.

Governance and Strategy

12. Facilitates the coordination and implementation of regular review of strategic objectives of the organization including its vision, mission, values and goals.
13. Assists the ~~President~~Chair in their role to enable the ~~Council~~Board to fulfill its governance function.
14. Supports operations and administration of the ~~Council~~Board including advising and informing ~~Council members~~Directors, interfacing between ~~Council~~Board and staff (through the ~~President~~Chair).
15. ~~Provides support to~~In partnership with the Chair, -the President in preparing ~~Council~~prepares Board and Executive Committee agendas, background information and materials. In the event of disagreement between the Chair and the Registrar regarding agenda items, the decision of the Chair shall be final.
16. Collaborates with the ~~President~~Chair in identifying issues and trends relevant for ~~Council~~Board consideration and potential action, including policy recommendations.

17. Collaborates with the ~~President~~Chair to identify the skills that the Vice-~~President~~Chair requires to improve their capacity to serve as ~~President~~Chair and assists the Vice-~~President~~Chair to gain these skills in advance of their ~~normal~~-potential ~~appointment~~-election as ~~President~~Chair.
18. Implements a tactical plan to facilitate accomplishing defined strategic objectives and reports to ~~Council~~the Board on progress.
19. Ensures operational systems support reporting (i.e. the Dashboard or other measures) and monitoring.

Human Resource Management

20. Effectively manages the human resources of the College according to personnel policies and procedures that fully conform to current laws and regulations.
21. Develops and maintains an effective staff organization and structure which provides appropriate policy and program recommendations for consideration by the ~~Council~~Board and its committees, and which delivers services, programs and information consistent with the legislative framework and regulations that govern the College's functions.

Public Relations

22. ~~Supports~~-In cooperation with the ~~President~~Chair, ~~-in their role~~acts as ~~the key~~a spokesperson for the College.
23. Ensures that any public statement and College communications that references ~~Council~~the Board's position is consistent with the official position of ~~Council~~the Board.
24. Maintains and develops organizational culture, values and reputation (always consistent with the direction of the Executive Committee and ~~Council~~the Board) with the public, government, staff, registrants, partners and regulatory peers.

Other

25. The Registrar must notify the ~~President~~Chair when they appoint a senior employee of the College to act as the Interim Registrar during absences.

Section:	Terms of Reference	Policy #2.1
Title:	Inquiries, Complaints and Reports Committee	
Date approved:	March 2009	
Date revised:	June 2010, February 2013, September 2013, June 2021	

Type

Statutory

Legislative / By-law References

- a. Health Professions Procedural Code: s.10, s.11, s.25, s.25.1, s.25.2, s.26, s.27, s.28, s.28.1, s.29, s.36, s.38, s.54, s.57, s.58, s.59, s.60, s.61, s.62, s.63, s.64, s.79
- b. By-laws: s.7.1(3)

Role

The role of the Inquiries, Complaints and Reports Committee (ICRC) is to investigate complaints and consider 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.

Accountability

~~Council~~[Board](#)

Duties

1. To investigate complaints, reports and inquiries filed with the Registrar regarding the conduct or actions of a registrant in accordance with the requirements of the legislation.
2. To consider investigation reports provided by the Registrar as per section 79 of the Code. Reports of this nature are generated by Registrar's inquiries, mandatory reports or referrals from the Quality Assurance Committee.
3. To make inquiries as to whether a registrant may be incapacitated as per sections 58 and 59 of the Code.
4. To dispose of complaints in accordance with the timelines prescribed in the Code.
5. To consider the need for interim orders and emergency appointments of an investigator where required.
6. To dispose of complaints and investigation reports (mandatory reports, Registrar's Inquiries) in accordance with the Committee's powers as specified in the Code.

7. To deliberate on matters returned from the Health Professions Appeal and Review Board related to decisions of the ICRC.
8. To monitor environmental trends that are relevant to the mandate of the Committee and inform ~~Council~~the Board of issues that are relevant.
9. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and ~~Council~~the Board for consideration and approval.

Composition

A. Committee

Composition of the Committee is determined by subsection 7.1(3) of the College by-laws.

B. Panel

Quorum for panels of the Inquiries, Complaints and Reports Committee is indicated in subsection 25(3) of the Health Professions Procedural Code.

Term of Office

Appointment to the Inquiries, Complaints and Reports Committee is one year and renewable annually to a maximum of nine consecutive times.

Section:	Terms of Reference	Policy #2.2
Title:	Discipline Committee	
Date approved:	May 1995	
Date revised:	December 2003, December 2008, June 2010, September 2013, June 2021, September 2023	

Type

Statutory

Legislative / By-law References

- a. Health Professions Procedural Code: s.10, s.11, s.36 to s.56, s.70, s.71, s.71.1, s.71.2, s.73
- b. By-laws: 7.1(4)

Role

The role of the Discipline Committee is to, through panels, hold hearings related to specified allegations concerning a registrant's conduct or competence and to determine whether the registrant has committed an act(s) of professional misconduct or is incompetent as defined in the legislation and/or regulation.

Accountability

Courts and ~~Council~~[the Board](#)

Duties

1. To hold hearings, by way of panels, on specified allegations of a registrant's conduct and/or competence referred by the Investigations, Complaints and Reports Committee, in accordance with the requirements of the legislation.
2. To consider the need for interim orders where required as provided in the Health Professions Procedural Code.
3. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and ~~Council~~[the Board](#) for consideration and approval.

Composition

A. Committee

Composition of the Committee is determined by subsection 7.1(4) of the College By-laws.

B. Panel

The Chair of the Discipline Committee shall select a panel from among the members of the Committee to hold a hearing of any matter referred to the Committee in accordance with subsection 38 of the Health Professions Procedural Code.

- (i) Quorum: Quorum for panels of the Discipline Committee is indicated in subsection 38 (5) of the Health Professions Procedural Code.

Term of Office

Appointment to the Discipline Committee is one year renewable annually to a maximum of nine consecutive times.

<u>Section:</u>	Terms of Reference	Policy #2.3
Title:	Executive Committee	
Date approved:	February 2002	
Date revised:	June 2003, June 2006, September 2007, March 4, 2009 in effect June 2009, June 2010, September 2010, September 2011, October 2012, February 2013, September 2013, March 2014, March 2015, June 2021, September 2023	

Type

Statutory

Legislative / By-law References

- a. Health Professions Procedural Code: s.10, s.11, s.12
- b. By-laws: s.7.1(1) and s.7.2(1)

Role

The role of the Executive Committee is to provide leadership to ~~Council~~the Board, to promote governance excellence at all levels, to facilitate effective functioning of the College, to act on behalf of ~~Council~~the Board between meetings with respect to matters that, in the Committee's opinion, require immediate attention, and when required, to act as the College Privacy Committee to deal with appeals regarding the manner in which personal information is managed by the College.

Accountability

~~Council~~Board

Duties

Governance Excellence

1. To regularly monitor, evaluate and recommend practices that will promote and enhance overall governance excellence at both the level of ~~Council~~the Board and committees.
2. To provide oversight on individual and general education of ~~Council~~the Board and non-Board Committee members.

Administrative Matters

3. Without unduly exercising ~~Council~~the Board's authority, to exercise all the powers of ~~Council~~the Board between ~~Council~~Board meetings with respect to matters that, in the Committee's opinion, require immediate attention. Exceptions include the power to make, amend or revoke regulations or by-laws, or where policy dictates limitations.
4. To provide, for publication on the College's website, the date of every meeting, the rationale for the meeting, and whether any decision made will be ratified by ~~Council~~the Board.
5. To provide, for publication on the College's website, where the Committee acts as ~~Council~~the Board or discusses issues that will be brought forward to or affect ~~Council~~the Board, a report of the discussion or decisions made.
6. To review By-Laws, Governance Policies, and the College's official documents to ensure currency and the need for ~~Council~~Board review.
7. To recommend the Committee, Task Force or Advisory Group slate for presentation and approval by ~~Council~~the Board.
8. To provide direction and support to committees and ~~Council~~the Board as requested.
9. To act as the advisory panel to the ~~President~~Chair.

Policy Development

10. To maintain current awareness of issues that affect the College's mandate and strategic direction and to provide recommendations and advice to ~~Council~~the Board on such matters.
11. To provide guidance and support, as requested, to policy development or operational projects at staff, task force or committee level and to make recommendations to ~~Council~~the Board with respect to policy direction, as required.

Working with the Registrar

12. To provide guidance and support to the Registrar.
13. To provide direction to the Registrar on matters that require immediate attention in between meetings of ~~Council~~the Board.
14. To receive and adjudicate grievances of staff reporting to the Registrar.
15. To ensure that the Registrar is involved in their annual performance review,

16. To ensure the employment contract of the Registrar and any related amendments are confirmed by ~~Council~~[the Board](#).

College Privacy Committee

17. To act as the College Privacy Committee to deal with appeals regarding the manner in which personal information is managed by the College, including concerns regarding an individual's request for access to their personal information.

Registrar's Performance Review Panel

18. To act as the Registrar's Performance Review Panel in order to gather and assemble feedback about the Registrar's performance and to provide a recommendation to ~~Council~~[the Board](#) as to the outcome of the Registrar's annual performance review.

Composition

Composition of the Committee is determined by subsection 7.1(1) of the College By-laws.

Term of Office

Appointment to the Executive Committee is one year and renewable annually to a maximum of nine consecutive times.

Section: Terms of Reference Policy #2.4
Title: Fitness to Practise Committee
Date approved: September 1995
Date revised: December 2003, December 4, 2008, March 4, 2009, in effect June 2009, June 2010, September 2013, June 2021, September 2023

Type

Statutory

Legislative / By-law References

- a. Health Professions Procedural Code: s.10, s.11, s.61, s.62, s.64, s.65, s.66, s.67, s.68, s.69, s.70, s.71, s.72 and s.73
- b. By-laws: s. 7.1(5)

Role

The role of the Fitness to Practise Committee is, through panels, to hold hearings related to specified allegations concerning a registrant's capacity to practice the profession and to determine whether the registrant is an incapacitated member of the profession as defined in the legislation.

Accountability

Courts and ~~Council~~[the Board](#)

Duties

1. To hold hearings, by way of panels, on specified allegations concerning a registrant's capacity to practice the profession as referred by the Investigations, Complaints and Reports Committee in accordance with the requirements of the legislation.
2. To consider the need for interim orders where required as provided in the Health Professions Procedural Code.
3. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and ~~Council~~[the Board](#) for consideration and approval.

Composition

A. Committee

Composition of the Committee is determined by subsection 7.1(5) of the College By-laws.

B. Panel

The Chair of the Fitness to Practise Committee shall select a panel from among the members of the Committee to hold a hearing of any matter referred to the Committee by the Inquiries, Complaints and Reports Committee in accordance with subsection 64(2) of the Health Professions Procedural Code.

- (i) Quorum: Quorum for panels of the Fitness to Practise Committee is indicated in subsection 64 (3) of the Health Professions Procedural Code.

Term of Office

Appointment to the Fitness to Practise Committee is one year renewable annually to a maximum of nine consecutive times.

Section: Terms of Reference **Policy #2.5**
Title: Patient Relations Committee
Date approved: August 1994
Date revised: September 2002, December 2008, December 2010,
September 2013, June 2021

Type

Statutory

Legislative / By-law References

- a. Health Professions Procedural Code: s.10, s.11, s.84, s.85, s.85.7
- b. By-laws: s.7.1(7)

Role

The role of the Patient Relations Committee is to advise ~~Council~~[the Board](#) with respect to the patient relations program and to administer the program to provide funding for therapy and counseling.

Accountability

~~Council~~[Board](#)

Duties

1. To develop, implement, and evaluate measures for preventing and dealing with the sexual abuse of patients as defined in subsection 84(3) of the Health Professions Procedural Code. These measures include:
 - a. educational requirements for registrants; and
 - b. guidelines for the conduct of registrants with their patients.
2. To review applications for funding for therapy and counseling from sexual abuse victims and determine eligibility.
3. To administer the Therapy and Counseling Fund.
4. To advise ~~Council~~[the Board](#) with respect to the College's Patient Relations Program.
5. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and ~~Council~~[the Board](#) for consideration and approval.

Composition

Composition of the Committee is determined by section 7.1(7) of the College's By-laws.

Term of Office

Appointment to the Patient Relations Committee is one year and renewable annually to a maximum of nine consecutive times.

Section: Terms of Reference **Policy #2.6**
Title: Quality Assurance Committee
Date approved: October 1994
Date revised: January 2003, June 2006, July 2008, March 2009,
September 2013, June 2021
Date confirmed: June 2011

Type

Statutory

Legislative / By-law References

- a. Health Professions Procedural Code: s.10, s.11, s.80, s.80.1, s.80.2, s.81, s.82, s.83, s.83.1
- b. By-laws: s.7.1(6)

Role

The role of the Quality Assurance Committee is to administer the College's Quality Assurance program as defined in section 80.1 of the Health Professions Procedural Code.

Accountability

~~Council~~[Board](#)

Duties

1. To administer the Quality Assurance Program as defined in section 80.1 of the Health Professions Procedural Code.
2. To evaluate and recommend improvements to the Quality Assurance Program for ~~Council~~[Board](#) consideration.
3. To appoint assessors to assess a member's practice and prepare a report for submission to the Committee.
4. To make decisions regarding registrants who participate in the Quality Assurance Program in accordance with section 80.2 of the Health Professions Procedural Code.
5. To monitor environmental trends that are relevant to the mandate of the Committee and inform ~~Council~~[the Board](#) of issues that are relevant.
6. To prepare regular reports to ~~Council~~[the Board](#).

7. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and ~~Council~~[the Board](#) for consideration and approval.

Composition

Composition of the Quality Assurance Committee is defined by subsection 7.1(6) of the College's By-laws.

Term of Office

Appointment to the Quality Assurance Committee is one year and renewable annually to a maximum of nine consecutive times.

<u>Section:</u>	Terms of Reference	Policy #2.7
Title:	Registration Committee	
Date approved:	April 1996	
Date revised:	June 2003, June 2006, June 2008, June 2010, September 2013, June 2021	

Type

Statutory

Legislative / By-law References

- a. Health Professions Procedural Code: s.10, s.11, s.15, s.17, s.18, s.19, s.20, s.21, s.22, s.23
- b. By-laws: s.7.1(2)

Role

The role of the Registration Committee is to make 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.

Accountability

~~Council~~[Board](#)

Duties

1. To consider applications referred to it by the Registrar.
2. To review applications from registrants who apply for removal or modification of any term, condition or limitation imposed on their certificate.
3. To make decisions regarding applications in accordance with the Committee's powers as specified in the Health Professions Procedural Code.
4. To monitor environmental trends that are relevant to the mandate of the Committee and inform ~~Council~~[the Board](#) of issues that are relevant.
5. To monitor and advise ~~Council~~[the Board](#) with respect to the College's registration program.
6. To prepare regular reports to ~~Council~~[the Board](#).

7. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and ~~Council~~[the Board](#) for consideration and approval.

Composition

A. Committee:

Composition of the Registration Committee is defined by subsection 7.1(2) of the College By-laws.

B. Panel:

(i) Composition: Composition of a panel of the Registration Committee is defined by subsection 17(2) of the Health Professions Procedural Code.

(ii) Quorum: Quorum for a panel of the Registration Committee is defined by subsection 17(3) of the Health Professions Procedural Code.

Term of Office

Appointment to the Registration Committee is one year and renewable annually to a maximum of nine consecutive times.

Section:	Terms of Reference	Policy #2.8
Title:	Risk, Audit, and Finance Committee	
Date approved:	December 2010	
Date revised:	September 2011, October 2012, February 2013, September 2013, June 2021, September 2023	

Type

Non-Statutory

Legislative / By-law References

- a. By-laws: s.7.4

Role

The role of the Risk, Audit, and Finance Committee is to monitor financial planning, management and reporting matters, and enterprise risk management matters of the College, to make recommendations and deliver reports to ~~Council~~[the Board](#), and to serve as the College's Audit Committee.

Accountability

~~Council~~[Board](#)

Duties

1. To make recommendations for ~~Council~~[Board](#) approval and/or deliver reports to ~~Council~~[the Board](#) in the following areas:
 - a. Annual operating and capital budget;
 - b. Annual audited financial statements;
 - c. Appointment of auditors; and
 - d. Policies related to financial management.

2. To report to ~~Council~~[the Board](#) at each ~~Council~~[Board](#) meeting on:
 - a. Financial planning, management and reporting issues;
 - b. Interim financial reports;
 - c. Reports from auditors and administration on internal control issues;
 - d. Enterprise risk management, including all risks considered by the Committee; and
 - e. Other matters.

3. To monitor environmental trends that are relevant to the mandate of the Committee and inform ~~Council~~the Board of issues that are relevant.
4. To receive and review enterprise risk management reports.
5. To review policies related to enterprise risk management.
6. To serve as the Audit Committee:
 - a. To review the audited annual financial statements, in conjunction with the report of the external auditors, and obtain an explanation from management of:
 - (i) all variances between comparative reporting periods;
 - (ii) a response to any identified weakness; and
 - (iii) observations related to the financial efficiency and future viability of the organization.
 - b. To enquire into the financial risks faced by the organization, and the appropriateness of related controls to minimize their potential impact.
 - c. To discuss with the auditor any recommended changes to the existing accounting policies and practices.
 - d. To meet privately with the external auditors (without the presence of management) and with senior management (without the external auditors) to obtain full disclosure about any concerns with the audit process prior to the ~~Council~~Board meeting at which the audited statements are received.
 - e. To recommend, when appropriate, approval of the audited financial statements to the ~~Council~~Board.
 - f. To annually evaluate the performance of the external auditors and recommend to the ~~Council~~Board the appointment or changes to the appointment of a firm of chartered accountants as the organization's external auditors.
 - g. To oversee the tendering for an audit firm, when directed by ~~Council~~the Board.
7. When needed, to develop finance policies and recommend them to the Executive Committee and ~~Council~~the Board for consideration and approval.

Composition

Composition of the Risk, Audit, and Finance Committee is defined by subsection 7.1(1) of the College's By-laws.

Term of Office

Appointment to the Risk, Audit, and Finance Committee is one year and renewable annually to a maximum of nine consecutive times.

Section: Terms of Reference **Policy #2.9**
Title: Examinations Committee
Date approved: September 23, 2022
Date revised:

Type

Non-Statutory

Legislative / By-law References

- a. By-laws: s.3.1(9), s.7.5, s.7.6

Accountability

~~Council~~[Board](#)

Role

The Examinations Committee is responsible for providing oversight of the development, administration and implementation of a fair, valid and reliable Ontario Clinical Exam (Exam).

Accountability

~~Council~~[Board](#)

Duties

1. Monitor the status of exam development, administration and implementation.
2. Provide financial oversight of the Exam program and make recommendations to ~~Council~~[the Board](#) as needed.
3. Review and approve changes to the Examination Blueprint (including exam structure and timing) with appropriate advice from psychometricians and other experts.
4. Monitor the status of item and exam form generation and the item bank.
5. Establish and review the cut score with appropriate advice from psychometricians and other experts.
6. Ensure the reliability and validity of the Exam in an ongoing way, including:

- a. Consider feedback from candidates and examiners collected through exam surveys and make recommendations where appropriate,
 - b. Review technical reports provided by consulting psychometricians and make recommendations related to information presented.
7. Review the assessment methodology used for the Ontario Clinical Exam every 5 years.
 8. Consider current literature on standards of competency assessment, examinations and testing and make recommendations if appropriate.
 9. Consider and approve Exam policies as needed.
 10. To provide regular reports to ~~Council~~[the Board](#).
 11. To advise and/or make recommendations to ~~Council~~[the Board](#) on substantive issues relating to exam development, administration and implementation.
 12. Serve as the appeal body in cases where a candidate is dissatisfied with the outcome of the Exam Review in accordance with the Appeal Policy.
 13. Establish and review committee roles and composition and make recommendations to ~~Council~~[the Board](#).
 14. Such other activities related to the development, administration and implementation of the Exam that are advisable.

Composition

The committee composition will include:

- A. At least one physiotherapist with an Independent Practice Certificate who graduated from a Canadian Physiotherapy Program within the last five years
- B. A least one physiotherapist with an Independent Practice Certificate who graduated from a Physiotherapy University Program outside of Canada and received their Independent Practice Certificate within the last five years
- C. At least two physiotherapists who have current experience with supervising or mentoring entry-level practitioners (for example, final year PT students, PT Residents, etc.)
- D. A member of the public with experience in the areas of assessment or testing

E. A publicly-appointed member of ~~Council~~the Board

Members of the Committee who are physiotherapists will be chosen to include a diversity of experience with different practice settings, systems, and patient populations.

The Committee is properly constituted and may act despite it not being composed as specified above.

The Committee will be supported by College staff, assessment experts, a psychometrician, legal counsel and other advisors as needed.

Recruitment and Appointment

Prospective members of the Committee will be identified through a formal recruitment process based on the criteria defined in this policy, and according to the procedure defined in Governance Policy 7.5.

Non-Board Committee members, including a Chair, will be appointed by ~~Council~~the Board in consultation with the Registrar. The Registrar will assist the Executive Committee and ~~Council~~the Board in the recruitment and selection process.

Exclusion Criteria

In addition to the eligibility criteria defined in the College's By-laws, members of the Committee cannot:

- Currently be or have been in the past a professional member of the ~~Council~~Board for the College of Physiotherapists of Ontario, a voting Board member of the OPA / CPA, or a Board member of the Canadian Alliance of Physiotherapy Regulators
- Have any actual or perceived conflicts of interest
- Have Professional Conduct history with the College where the outcome was:
 - Registrar Directed Education
 - Advice and/or Recommendations
 - Caution
 - Undertaking
 - Specified Continuing Education and Remediation Program (SCERP)

- Referral to the Discipline Committee
- Referral to the Fitness to Practise Committee

- Have gone through an assessment through the quality assurance program where the outcome was a SCERP, terms limitations or restrictions imposed on their certificate or referral to the Inquiries Complaints and Reports Committee or its predecessor

- **Have been the subject of charges or findings under the:**
 - *Criminal Code of Canada*
 - *Controlled Drugs and Substances Act*
 - *Health Insurance Act*

Quorum

Quorum is confirmed when the majority of the Committee is in attendance.

Term of Office

Appointment to the Examinations Committee is one year and renewable, to a maximum of nine years total. Members may be re-appointed after each one-year term after ~~Council~~the Board has considered the results of a performance evaluation.

Termination Event

The Examinations Committee shall be dissolved when ~~Council~~the Board passes a resolution that it is no longer required to fulfill the College's mandate.

Section:	Confidentiality	Policy #3.1
Title:	Confidentiality — General	
Applicable to:	Councillors Directors , members of statutory committees, non-statutory committees, task forces, advisory groups, staff, and any agents of the College acting in any capacity	
Date approved:	June 2006 (Replaced previous 4.6, Confidentiality of Council Board Information, Rescinded, June 2006)	
Date revised:	March 2010, February 2013, June 2021	

Policy

~~Directors~~Councillors, members of statutory committees, non-statutory committees, task forces, advisory groups, staff, and any agents of the College acting in any capacity shall acknowledge and adhere to the confidentiality provisions set out in section 36 of the *Regulated Health Professions Act, 1991* (“RHPA”) and section 83 of the Health Professions Procedural Code.

Procedure

1. Every person to whom this policy applies will review the confidentiality provision set out in the RHPA and sign a confidentiality undertaking, provided by the College, indicating that they have read, understood and are willing to comply with the confidentiality requirements that apply to their activities on behalf of the College.
2. On an annual basis, every person to whom this policy applies will review the confidentiality provision set out in the RHPA.

<u>Section:</u>	Confidentiality	Policy #3.2
Title:	Privacy Procedures — Requests for Access or Corrections to Personal Information and Privacy Concerns	
Date approved:	September, 2010	
Date revised:	June 2021	

Policy

This policy addresses:

- A. Requests for access to personal information held by the College
- B. Requests to correct personal information held by the College
- C. Concerns received by the College about its handling of personal information
- D. The College’s privacy breach protocol

A staff member will be designated as the Privacy Officer.

For purposes of these procedures, the following persons may make an access or correction request for or make a complaint about the handling of personal information to the College:

- The individual to whom information relates or their legal counsel;
- A substitute decision-maker for the individual to whom the information relates if the individual is incapable of making their own decisions (that incapacity having been confirmed in writing by a health care provider, capacity assessor or evaluator or a court or other legal authority); or
- If the individual to whom information relates is deceased, the individual’s estate trustee or executor named in a will or a person who has taken over administration of the individual’s estate as confirmed in writing.

A. Procedures — Access to Personal Information

General — Access to Personal Information

1. Individuals may ask for access to records of their personal information.
2. Requests for access to personal information are made in writing. Requesters are asked to fill out a “Request for Access to Personal Information” form. The Privacy Officer will assist those who require help to prepare an access request.
3. The Privacy Officer will review requests for access to personal information and decide whether full or partial access will be granted.

4. The College will make reasonable efforts to respond to requests for access with a written decision within 30 days, unless an extension of time is required. Where an extension is necessary, the requester will be informed of the estimated timeline for response.

Privacy Officer Review of Access to Personal Information Requests

5. Upon receipt of a request from an individual for access to their personal information held by the College, the Privacy Officer will:
 - a. Provide written notice of the request to the College Registrar, and
 - b. Acknowledge receipt of the request to the requester.
6. The original of the written request for access shall be placed with the individual's file (if the College keeps a file in relation to the individual and if not, the Privacy Officer will maintain a file for access requests) and must contain the following:
 - a. A description of the information requested,
 - b. Information sufficient to show that the person making the request for access is the person to whom the personal information relates (or an authorized substitute decision-maker),
 - c. The signature of the person making the request, and
 - d. The date the written request was signed.
7. The Privacy Officer will review the request to determine whether access will be granted.
8. In certain situations, the College may choose not to provide an individual with access to all or part of their records of personal information. Examples of situations where access may be denied, or only partial information provided, include:
 - a. If it is impractical or impossible for the College to retrieve the information;
 - b. The record contains references to another individual(s) that cannot reasonably be severed;
 - c. Providing access may result in significant risk of harm to the requester or a third party;
 - d. If granting access could reasonably be expected to interfere with the administration or enforcement of the By-laws or the College's objects or obligations in law, for example because:
 - (i) it would violate section 36 of the RHPA;
 - (ii) the information was collected or created in the course of an inspection, investigation, inquiry, assessment or similar procedure; or

- (iii) providing access may defeat the purposes for which the information was collected;
 - e. The information cannot be disclosed for legal, security or commercial proprietary reasons;
 - f. The information is subject to a legal privilege;
 - g. The information was generated in the course of a resolution process or proceeding (and that proceeding and any appeals have not been concluded); or
 - h. The request is frivolous, vexatious, made in bad faith or otherwise an abuse of process.
9. In cases where the personal information forms part of a record created by another organization (or person), the Privacy Officer may refer the individual to the organization (or person) that created the record (unless it is inappropriate to do so) so that the individual may obtain access to the personal information from the original source rather than the College.
10. Upon completion of the review, the Privacy Officer will provide a written decision to the requester. The written decision will include:
- a. A description of what information was requested;
 - b. A statement of whether the College has responsive records and if so, the decision to:
 - (i) permit access;
 - (ii) permit partial access (i.e. provide personal information but with redactions, for example where records also contain the personal information of another individual or there is a significant risk of harm);
 - (iii) deny access; or
 - (iv) refer the individual to the person or organization that created the record(s);
 - c. The reasons for the decision²;
 - d. If applicable, the fee imposed for a copy; and
 - e. If applicable, a copy of the records available for access.

Copies and Originals

11. In most situations, the College provides a copy of records of personal information.

² Except in circumstances where providing reasons would compromise the ability of the College to fulfill our objects or obligations in law. In some situations, we may advise an individual that the College can neither confirm nor deny the existence of a record.

12. If an individual wishes to read an original record, someone from the College must be present to ensure the records are not altered or removed. Individuals may not make notes on original records or remove originals from College files or otherwise alter records.

Fees

13. Copies of records of personal information are typically provided at no cost to the requester. However, depending on the nature of the request and the amount of information involved, the College may impose a cost recovery fee. In these circumstances, the College will inform the individual of the cost to provide the response and proceed to respond to the request upon payment by the individual of the fee.

B. Procedures — Correction of Personal Information

General — Requests for Correction of Personal Information

1. The College corrects personal information in its custody or control if it is inaccurate or incomplete for the purposes it is to be used or disclosed by the College.
2. Requests for correction are made in writing and must explain what information is to be corrected and why. Requesters are asked to fill out a “Request for Correction to Personal Information” form. The Privacy Officer will assist those who require help to prepare a correction request.
3. The Privacy Officer will review requests for correction to personal information and decide whether corrections will be made.
4. The College will make reasonable efforts to respond to requests for correction with a written decision within 30 days, unless an extension of time is required. Where an extension is necessary, the requester will be informed of the estimated timeline for response.

Privacy Officer Review of Correction to Personal Information Requests

5. Upon receipt of a request from an individual for correction to their personal information held by the College, the Privacy Officer will:
 - a. Provide written notice of the request to the College Registrar, and
 - b. Acknowledge receipt of the request to the requester.

6. The original of the written request for correction shall be placed with the individual's file (if the College keeps a file in relation to the individual and if not, the Privacy Officer will maintain a file for correction requests) and must contain the following:
 - a. A description of the information requested to be corrected,
 - b. Information sufficient to show that the person making the request for correction is the person to whom the personal information relates (or an authorized substitute decision-maker),
 - c. The signature of the person making the request, and
 - d. The date the written request was signed.
7. The Privacy Officer will review the request to determine whether the correction will be made.
8. In certain situations, the College may choose not to correct all or part of a record of personal information. Examples of situations where a correction request may be denied, or only partial information corrected, include:
 - a. Where the requester has not proven the information is inaccurate or incomplete for the purposes for which the College uses or discloses the information;
 - b. The record was not originally created by the College and the College does not have the knowledge, expertise or authority to correct the record;
 - c. The information consists of a professional observations or opinion which was made in good faith;
 - d. If the record relates to a decision of the ~~College Council~~[Board](#) or Committee;
 - e. If making the correction could reasonably be expected to interfere with the administration or enforcement of the By-laws or the College's objects or obligations in law; or
 - f. The request is frivolous, vexatious, made in bad faith or otherwise an abuse of process.
9. Corrections are made in the following ways:
 - a. Striking out the incorrect information in a manner that does not obliterate the record or
 - b. If striking out is not possible:
 - (i) labelling the information as incorrect, severing it from the record, and storing it separately with a link to the record that enables us to trace the incorrect information, or
 - (ii) ensuring that there is a practical system to inform anyone who sees the record or receives a copy that the information is incorrect and directing that person to the correct information.
10. Upon completion of the review, the Privacy Officer will provide a written decision to the requester. The written decision will include:

- a. A description of what information was requested to be corrected;
- b. A statement of whether the College has responsive records and if so, the decision to:
 - (i) make the correction;
 - (ii) make partial corrections;
 - (iii) refuse the correction; or
 - (iv) refer the individual to the person or organization that created the record(s);
- c. The reasons for the decision³; and
- d. If applicable, a copy of the corrected record(s).

C. Procedures — Privacy Breach and Privacy Complaints

General — Privacy Breach and Privacy Complaints

1. All privacy complaints, incidents, and actual or potential breaches must be reported immediately to the Privacy Officer.
2. A privacy breach happens whenever personal information in the custody or control of the College is lost or stolen or is used, modified or destroyed by or disclosed to an unauthorized person. For example:
 - a. Our electronic systems are hacked and held ransom after an email with a virus is opened
 - b. An unencrypted laptop with personal information saved on the hard drive is stolen
 - c. Personal information is shared in contravention of section 36 of the RHPA
 - d. A courier package of records of personal information is not delivered to the correct address
 - e. An unencrypted USB key with an Excel spreadsheet with personal information or Word files is lost
 - f. A College employee or ~~Council~~Board member talks about a registrant or a complainant with a personal friend or posts information on a personal social media account with enough detail that an individual would be identifiable
 - g. Records with personal information to be disposed of are recycled and not shredded
 - h. A fax with personal information is misdirected to a business where the fax number was entered incorrectly
3. Any person may ask questions or challenge the College's compliance with our Privacy Code or our privacy procedures by contacting the Privacy Officer.

³ Except in circumstances where providing reasons would compromise the ability of the College to fulfill our objects or obligations in law. In some situations, we may advise an individual that the College can neither confirm nor deny the existence of a record.

4. The Privacy Officer will review and answer all privacy-related questions and complaints on behalf of the College.
5. Complaints about the handling of personal information by College staff, appointees and members of ~~Council~~[the Board](#), committees or working groups and others who collect, use or disclose personal information on our behalf should be made to the College in writing. The Privacy Officer will assist those who require help to write their complaint.
6. Upon receipt of a privacy complaint, the Privacy Officer will:
 - a. Provide written notice of the complaint to the College Registrar, and
 - b. Acknowledge receipt of the complaint to the complainant.
7. The College will use reasonable efforts to respond to questions and complaints within 30 days, unless an extension of time is required. Where an extension is necessary, the individual will be informed of the estimated timeline for receiving a response.

Privacy Breach Protocol

Step 1: Respond immediately by implementing the privacy breach protocol

- Ensure the Registrar and other appropriate internal staff are immediately notified of the breach.
- Address the priorities of containment and notification as set out in the following steps.
- Consider engaging legal counsel or a privacy breach coach if appropriate.
- Consider when to notify the insurer (which may be a condition of coverage).

Step 2: Containment — Identify the scope of the potential breach and take steps to contain it

- Retrieve and secure any personal information that has been disclosed or inappropriately used or collected (including all electronic or hard copies). This might include attending at the scene to determine whether there are any other records in public.
- Ensure that no copies of personal information have been made or retained by the individual who was not authorized to collect, use or receive the information. Obtain the person's contact information in the event that follow-up is required.

- Determine whether the privacy breach would allow unauthorized access to any other personal information (e.g. an electronic information system) and take whatever necessary steps are appropriate (e.g. change passwords or identification numbers, temporarily shut down a system, suspend an individual or group's access to the system, implement security, institute a restriction to the file).
- Consider whether calling the police to report a theft or crime is appropriate.

Step 3: Clarify the facts

- Consider whether there is sufficient expertise to conduct an internal investigation or whether a specialist (such as a privacy or IT security specialist) is required.
- Determine the scope of the breach:
 - Details of the incident and how it was discovered
 - Number of people affected
 - Who was involved
 - Dates
 - Type of incident (such as:)
 - Unauthorized use
 - Unauthorized disclosure
 - Hacking, malware, security breach
 - Lost/stolen mobile device
 - Lost/stolen hard copies
 - Fax to wrong number
 - Refused access or correction request
 - Email to wrong recipient
- Determine how it happened and who was involved and why.

Step 4: Notification — Identify those individuals whose privacy was breached and notify them of the breach

- At the first reasonable opportunity, any affected individuals whose personal information has been affected will be notified. We give careful consideration to whether affected individuals need to know immediately (especially where despite our efforts, the breach is ongoing or where the information in question is of a highly sensitive nature or there is reason to believe that it will be used in a malicious way).

- The type of notification will be determined based on the circumstances (such as the sensitivity of the personal information, the number of people affected, and the potential effect the notification will have on the individual(s)). For example:
 - Notification may be in person or by telephone or in writing depending on the circumstances.
 - In some cases, a public notice will be the most efficient and effective method of notice.

We focus on considerations such as:

- The potential privacy impact of calling the individual's home or sending a letter
 - Whether the affected individual could be told in person
 - Whether anyone affected is in a vulnerable state of health or deceased or incapable to make informed decisions such that notice would be given to a substitute decision-maker and consider the best way to manage those sensitive issues
- Provide details of the extent of the breach and the specifics of the personal information at issue.
 - Advise affected individuals of the steps that have been or will be taken to address the breach, both immediate and long-term, including any steps taken to:
 - Reduce potentially harmful effects on the individual; and
 - Prevent a similar breach from happening.
 - Provide affected individuals with contact information for the Privacy Officer who can provide additional information.
 - Establish a plan to address what College staff and others should do if they receive calls about the privacy breach.
 - Consider notifying legal counsel if appropriate. Consider whether it is necessary to call police.

Step 5: Investigation and Remediation

- Conduct an internal investigation into the matter. The objectives of the investigation will be to:
 - Ensure the immediate requirements of containment and notification have been addressed.

- Review the circumstances surrounding the breach.
 - Review the adequacy of existing policies and procedures in protecting personal information.
 - Address the situation on a systemic basis.
 - Identify opportunities to prevent a similar breach from happening in the future.
- Change practices as necessary.
 - Ensure all College employees, appointees and members of ~~Council~~[the Board](#), committees and working groups are appropriately re-educated and re-trained with respect to compliance with reasonable privacy protection standards and the recommendations of how to avoid privacy breaches in the future.
 - Continue notification obligations to affected individuals as appropriate.
 - Consider notifying legal counsel as appropriate. Consider whether it is necessary to call police.
 - Consider any disciplinary consequences with employees, appointees and members of ~~Council~~[the Board](#), committees or working groups or contract issues with independent contractors or vendors that follow from the privacy breach.

Step 6: Recordkeeping

- Keep a record of all privacy complaints, incidents and breaches including investigations, notifications and remedial action taken.

Section:	Finance	Policy #4.1
Title:	Allowances and Expenses	
Applicable to:	Councillors <u>Directors</u> who are members of the profession ⁴ , <u>non-Board</u> committee members, members of task forces and working groups, and, where applicable, independent contractors ⁵	
Date approved:	March, 2015	
Date revised:	December 2017, April 2018, June 2021, March 2023, September 2023	

Section 1: Purpose Statement

The purpose of the policy is to establish and articulate the process of compensation for work done on behalf of the College and for expenses incurred while on College business.

Section 2: Principles⁶

1. The basis of College work is public service. Any remuneration that may be paid is not expected to be competitive with the marketplace or an individual's usual occupational compensation. Allowances are paid to partially offset the cost of an individual's contribution rather than to pay for services rendered or compensate for lost income or the opportunity to earn income.
2. Registrant dollars are used prudently and responsibly with a focus on accountability and transparency.
3. Expenses for travel, meals, and accommodations support the work of the College.
4. Travel is approved only after other methods of hosting the meeting or event are considered.
5. Meetings that are not full day should be conducted virtually. Full day meetings can be held virtually, hybrid, or in person.

⁴ ~~Directors~~ Councillors who are appointed to ~~Council~~ the Board by the Lieutenant Governor (public appointees) are paid by the government and as such the rules for their compensation and expenses are established and monitored by the Ministry of Health and Long-Term Care. Therefore, this policy does not apply to them.

⁵ Independent contractors are retained by the College for specific services according to the terms of a contract and include assessors, examiners, coaches, and other as determined by the College. Independent contractors may refer to this policy unless they are already subject to guidelines that are established outside of this policy. Independent contractors exclude consultants and firms hired for projects. In this case, expenses are negotiated as part of the agreement with the College. This policy applies when expenses are not negotiated or outlined in a contractual agreement for services provided.

⁶ Principles are benchmarked to the Remuneration Framework and Highlights of Allowable Expenses for Public Appointees to the Health Professions Regulatory Colleges from the Health Boards Secretariat (HBS).

6. Plans for travel, meals and accommodation are necessary and economical with due regard for health and safety.
7. Authorized expenses incurred during or performing College business are reimbursed.
8. Individuals who reside in the area where the College function is being held are encouraged to use available and convenient transit options without the need for overnight accommodation.

Section 3: Policy

3.1 Rules for Allowances

Application and Scope

An *allowance* is a payment for time spent on College-related business. Allowances are composed of allowances, travel time, and preparation time. Allowances are paid to ~~Councillors~~ Directors who are members of the profession, non-~~Council~~ Board Committee members, members of task forces and working groups, and independent contractors for participating in activities that are relevant to College business.

Payments are made based on the rules in this policy and the Rate Schedule. The Rate Schedule is not considered part of this policy and will be reviewed and updated each year by staff based on reference benchmarks and communicated broadly to affected parties.

Allowance rates are reviewed on an annual basis. Allowance rates may be adjusted based on changes in cost-of-living rates. The amount of any adjustment would be determined by the College each fiscal year. Any changes to the rates will be communicated broadly to affected parties.

Allowance General

- a) A claim for an allowance may include any or all meeting-related time, travel time, and/or preparation time in keeping with the rules in this policy and the Rate Schedule.
- b) One allowance claim may be submitted for the corresponding meeting.
- c) A full day implies seven hours of work.
- d) Teleconferences and virtual meetings are meetings and are therefore considered to be time that may be claimed.
- e) Meetings involving deliberations of a panel are considered to be scheduled meetings.

- f) Allowances will be paid to individuals⁷ who are requested by the College to attend a function for representation or education purposes.

Meeting Time

- g) Any allowance claim for meeting time may be claimed in 15-minute increments consistent with the Rate Schedule.
- h) For meetings that are three hours or less in duration, the actual number of full or partial hours up to a maximum of three hours may be claimed.
- i) For meetings that are more than three hours in duration or scheduled to be more than three hours in duration, a full day allowance may be claimed, even if the meeting concludes earlier than its scheduled duration.
- j) If a single day meeting, hearing, or function is cancelled without at least 2 business days' notice, those who were scheduled to attend may claim an allowance equal to the duration of the scheduled meeting. If a single day meeting is cancelled with more than 2 business days' notice, no allowance is paid.
- k) If a consecutive multi-day meeting, hearing, or function is cancelled without at least 2 business days' notice, those who were scheduled to attend may claim an allowance of 50% of the total meeting duration. For example, for a 5-day consecutive meeting (typically a hearing), 2.5 days may be claimed. If a multi-day meeting is cancelled 3-5 business days prior to the start of the hearing, those who were scheduled to attend may claim 25% of the total meeting duration. If a multi-day meeting is cancelled with more than 5 business days' notice, no allowance is paid.

~~l) Allowances will not be paid for College activities that have been compensated by one's employer.~~

Additional Activities of Committee Chairs

- m) Additional activities refer to work that is required to fulfill the role of the [Committee](#) Chair or to support the work of the Committee.

⁷ Consistent with the Application and Scope for Allowances.

- n) A Committee Chair may claim allowance for participation in additional activities outside of meeting preparation time, meeting attendance time, and travel time. These activities will be reimbursed at the Chairs' allowance rate.
- o) Reimbursement for additional activities for Committee Chairs is subject to an annual maximum amount, consistent with the Rate Schedule.
- p) Once the annual maximum amount is reached, additional activities for chairs will not be reimbursed for the remainder of the fiscal year.

Additional Activities of the ~~President~~Chair

- q) Additional activities refer to work that is required to fulfill the role of the ~~President~~Chair- or to support the work of ~~Council~~the Board.
- r) The ~~President~~Chair may claim allowance for participation in additional activities outside of meeting preparation time, meeting attendance time, and travel time. These activities will be reimbursed at the ~~President~~Chair's allowance rate.
- s) Reimbursement for additional activities for the ~~President~~Chair- is subject to an annual maximum amount, consistent with the Rate Schedule.
- t) Once the annual maximum amount is reached, additional activities for the ~~President~~Chair will not be reimbursed for the remainder of the fiscal year.

Additional Activities of the Vice ~~President~~Chair

- u) Additional activities refer to work that is required to fulfill the role of the Vice ~~President~~Chair.
- v) The Vice ~~President~~Chair may claim allowance for participation in additional activities outside of meeting preparation time, meeting attendance time, and travel time. These activities will be reimbursed at the ~~President~~Chair's allowance rate.
- w) Reimbursement for additional activities of the Vice ~~President~~Chair is subject to an annual maximum amount, consistent with the Rate Schedule.
- x) Once the annual maximum amount is reached, additional activities for the Vice ~~President~~Chair will not be reimbursed for the remainder of the fiscal year.

Preparation Time

- y) Preparation time is a payment for time spent getting prepared for College-related activities⁸. The goal of preparation time is to ensure that individuals are adequately prepared to participate in upcoming meetings or, where applicable, other College activities.
- z) The time billed for preparation should be less than or equal to the time billed for the meeting. For example, for meetings of up to three hours duration, the maximum preparation time is three hours. For meetings of more than three hours duration that have been billed for seven hours, the maximum preparation time is seven hours.
- aa) When a Committee member requires more time for preparation than is permitted under bb., the Committee Chair may authorize additional preparation time.
- bb) When a Committee Chair requires more time for preparation than is permitted under bb., a request for additional preparation time may be approved by the individual through which chairs submit their claims, in accordance with the Procedure section of this policy.
- cc) There are no restrictions on the number of requests for additional preparation that a Committee member or chair may make during a year.
- dd) Activities that are allowed to be claimed as preparation time are at the discretion of the approving authority.
- ee) Preparation time is paid in accordance with the Rate Schedule.

Travel Time

- ff) Travel time is a payment for time spent getting to and from College-related business. The actual time spent traveling from an individual's starting point of travel to the meeting or event destination is subject to reimbursement.

3.2 Rules for Expenses

Application and Scope

Eligible expenses are reimbursed to ~~Directors~~Councillors who are members of the profession (including academic members); non-Council~~Board~~ Committee members; members of task forces and working groups; and independent contractors when they are incurred while conducting College business. Reimbursement is made based on the rules in this policy and the Rate Schedule.

⁸ For the purposes of this policy, preparation time will include decision writing and decision review.

Expense rates are benchmarked against Canada Revenue Agency (CRA) and National Joint Council (NJC) guidance for the current year. The Rate Schedule is reviewed and updated by staff on an annual basis to maintain consistency with the CRA and NJC rates. Any changes to the rates will be communicated broadly to affected parties.

Expenses – General

- a. Detailed itemized invoices or receipts are required for all expense claims (i.e., not just the credit card receipt).
- b. Invoices and/or receipts must include a description of the goods purchased or services rendered, the cost, taxes, gratuities, and, if applicable, the HST Registration Number⁹.

Expenses – Travel

- c. Travel includes:
 - Economy airfare for flights;
 - Economy class train fare for trips less than two hours;
 - Business class train fare for trips of greater than two hours;
 - Local public transportation;
 - Taxi;
 - Ride-sharing service; or
 - Use of a personal car.
- d. Only in limited circumstances is business class travel acceptable for train trips under two hours, and only with prior approval, such as:
 - Choosing a travel time that allows you to reduce expenditures on meals or accommodation (e.g., compare an economy class ticket plus a meal with the cost of a business class VIA Rail ticket, where meals are included)
 - Accommodation or accessibility requirements; and/or
 - Health and safety considerations.
- e. The cost of the most economical or practical mode of travel may be claimed unless other means are more practical, and this is evident from the explanation on the claim form¹⁰.

⁹ For internet purchases, a copy of the payment confirmation should also be included.

¹⁰ Such reasons may include: urgency, transportation delays, inconvenient train or bus schedules, more than one person travelling together by car, taxi because of baggage, automobile and parking instead of public transportation, etc.

- f. Local taxis or ride-sharing service may be used when warranted by expedience and practicality.
- g. Travel expenses incurred in traveling to/from home or place of employment, or to/from the point of business and public transportation terminal may be claimed when they are part of a larger journey.
- h. An allowance per kilometer will be paid for the use of a personal car in accordance with the Rate Schedule.

Expenses – Accommodation

- i. Hotel accommodation¹¹ will be covered for individuals if it is not practical to travel to and from the meeting or event on the day of the meeting or event, such as if an individual is required to travel out of town and overnight to attend a College function.
- j. Reimbursement will be made for hotel accommodation based on a basic/standard room, conveniently located and comfortably equipped.
- k. Where overnight stays are required, people may choose to stay at the hotel at which the College has negotiated a corporate rate, if available, or another hotel of their choosing, in accordance with the Rate Schedule. If a corporate hotel rate is available, reimbursement will be made for the lower of the two rates.
- l. Exceptions to the maximum accommodation rates in the Rate Schedule may be made where necessary and appropriate.
- m. Individuals are responsible for managing their own hotel bookings. Penalties related to cancellations or changes of hotel reservations are the claimant's responsibility and may be reimbursed only in exceptional circumstances¹².
- n. Hotel accommodation at conventions, congresses etc. should take advantage of any special group or convention rates at the conference hotel or be taken at another hotel where the rate does not exceed the conference hotel rate.

¹¹ For the purposes of this policy, hotel accommodations include private homestay rentals listed on online property sharing platforms (for example, Airbnb or similar platforms).

¹² Such circumstances include where there is no adequate notice of a meeting cancellation or re-scheduling.

- o. When private accommodations (e.g. friends or family) are used in lieu of hotel accommodation, claims for reimbursement may be submitted in accordance with the Rate Schedule.

Expenses – Meals

- p. Meal expenses incurred while travelling on College business may be claimed when it is not practical to travel to and from the meeting or event on the day of the meeting or event, and where meals are not provided by the College on the travel days.
- q. Meal expenses cannot be claimed when the College provides a meal during its meeting/event.
- r. Meal expenses do not include alcoholic beverages.

Expenses – Gratuities

- s. Reasonable gratuities for meals may be claimed over and above the maximum allowable for the meal. (i.e. for a meal of \$35.00, the expense claim may include the \$35.00 meal and a gratuity for a total of \$35.00 + gratuity = claim).
- t. Reasonable gratuities for accommodation, taxis, and ride-sharing services should be included in the cost claimed along with the accompanying receipt.
- u. A reasonable amount may be claimed for gratuities paid for other services (such as porters, delivery, etc.).

Expenses – Other Allowable¹³

- v. Parking.
- w. Purchased services such as printing, copying, etc. when they cannot conveniently be provided.
- x. Internet. The most economical rate for hotel internet costs when the internet is reasonably required for the College business being conducted.

Expenses – Additional Interpretation

¹³ When attending College business only

- y. Expenses not covered by the rules in this policy must be approved in advance by the individual responsible for approving the claim.

Section 4: Procedure

1. Claims for allowances or expenses must be submitted to the College within 30 calendar days of the activity that resulted in the claims.
2. Claims not submitted within 30 days will not be paid.
3. Claims will be submitted to and reviewed and approved by the individual with oversight for the activity that resulted in the claims. Adjustments to the claim may be made to ensure adherence to this policy.
4. Any discrepancies between what this policy permits and the claims submitted will be addressed with the claimant by the approving individual, and by the Registrar.
5. The College will do its best to pay claims within 30 days of receiving them.
6. For statutory committees, the Program area managers will review and approve the Committee member and Chairs' claims. Any discrepancies will be reviewed by the COO. For non-statutory committees, the Program area will review and approve the Committee member and Chairs' claims. Any discrepancies will be reviewed by the [PresidentChair](#).
7. The Registrar will review and approve the [PresidentChair](#)'s claims.
8. The [PresidentChair](#) will review and approve the Registrar's claims.

Government Taxes

Claims for time are considered to be taxable income by the Canada Revenue Agency and as such are processed through the College's payroll office. In keeping with Canada Revenue Agency Rules, the College will annually prepare and provide T4s to those who claim time-based allowances from the College.

Section:	Finance	Policy #4.2
Title:	Signing Officers	
Applicable to:	Council Board and staff	
Date approved:	December 2007	
Date revised:	December 2011, March 2014, June 2021	
Date confirmed:	March 2009	

Policy

For the purposes of subsections 2.5(2), (3), (4), and (5) and section 2.6 of the By-laws, the signing officers for the College will be the ~~President~~Chair, Vice-~~President~~Chair, the Registrar, and the Deputy Registrar.

No one will approve their own expense claims.

Two signatories are required on all single expenditures above \$7,500:

- One of the ~~President~~Chair or Vice-~~President~~Chair, and
- One of the Registrar or the Deputy Registrar.

Signing officers may approve purchases or leasing of goods and acquisition of services in accordance with the following:

1. The Registrar/Deputy Registrar may authorize expenses not exceeding \$50,000 if the expenditure has previously been approved as an item in the College budget;
2. The Registrar/Deputy Registrar and one ~~Council~~Board signing officer (~~President~~Chair or Vice-~~President~~Chair) may authorize expenses in excess of \$50,000 if the expenditure has previously been approved as an item in the College budget;
3. The Registrar/Deputy Registrar may authorize expenses not exceeding \$10,000 if the expenditure has not previously been approved as an item in the College budget if the Registrar/Deputy Registrar believes that the expenditure is necessary for the operations of the College; and
4. The Executive Committee shall review any proposed expense exceeding \$10,000 if the item is not an expenditure in the College budget and make recommendations to ~~Council~~the Board for approval. If immediate action is required, the Executive Committee may approve the expenditure.

Section:	Finance	Policy #4.3
Title:	Investments and Investment Strategy	
Applicable to:	Council Board	
Date approved:	December 2007	
Date revised:	June 2009, June 2021	
Date confirmed:	September 2011, September 2023	

Policy

The primary objective of the College's investment portfolio is the preservation of capital. The return objective is to attain a growth rate that is consistent with the rate of inflation, however, because the primary objective is capital preservation, there are times when the return objective will not be achieved so that the objective of capital preservation can be satisfied.

Funds held by the College that are not immediately required for operating expenses will be invested according to a two-part investment strategy; one part focused on the short-term investment of annual fees, and the second part focused on long term reserves.

The investment strategy will be developed in accordance with ~~Council~~the Board approved By-law 2.4 and relevant governance policies to ensure the long-term stability of the College.

Procedure

1. The College's investment portfolio will aim to maximize the use of instruments that are insured by the Canadian Deposit Insurance Corporation (CDIC), and to align the amounts invested in those instruments to the CDIC's coverage limit.
2. Short-term investments will be invested in easily cashable instruments which will yield the best results and will mature within a 12-month period or less.
3. Long-term investments will be invested in federal, provincial and municipal governments, bank and trust companies, corporations, mortgage-backed securities, coupons and residuals rated R1 or better for money market instruments and A or better for bonds, as determined by the Dominion Bond Rating Service. The proportion of the investment portfolio held in corporate funds shall not exceed 20% and, the amount invested with any one issuer is limited to 15%. Excluded from the corporate funds portion of the College's portfolio, Guaranteed Income Certificates (GICs) is a separate class. No single GIC issue will exceed \$100,000.
 - a. The College will adopt a ladder investment strategy for its long-term investments, ensuring maximum return, staggered fund release, and a minimum of a four-year platform.

- b. The Registrar or another staff member will present the status of College investments as part of the finance statements at every ~~Council~~Board meeting.
- c. The investment strategy and the specific investment instruments will be reviewed annually or more often if necessary.
- d. The ~~Council~~Board will meet annually with a representative of the investment firm to discuss and review independently the status of the Colleges' investments and investment strategy.
- e. Funds for short-term investments are cashed for the use of annual College operations. Long-term investments are only cashed at the direction of ~~Council~~the Board.

Section: Finance **Policy #4.4**
Title: Insurance
Applicable to: ~~Council~~[Board](#)
Date approved: December 2007
Date revised: December 2009, June 2021
Date confirmed: December 2011

Policy

The College obtains and maintains four types of insurance coverage:

1. Commercial,
2. Errors & Omissions and Directors' and Officers' Liability,
3. General Liability (including computer and social engineering fraud), and
4. Accident/Business Travel to support its risk management strategy.

Insurance coverage is reviewed annually by the Risk, Audit, and Finance Committee and ~~Council~~[the Board](#) against environmental trends as part of the budget process, or as necessary.

Section:	Finance	Policy #4.5
Title:	Capital Assets	
Applicable to:	Council Board	
Date approved:	March 2008	
Date revised:	March 2010, June 2021	
Date confirmed:	September 2011	

Policy

The College currently holds capital assets which contribute to the organization's value and net worth. Capital assets are attained and maintained in accordance with a planning cycle which supports the on-going work of the College. Capital asset expenditures are considered annually as one component of budget planning.

Definition

Capital assets comprise "property, plant and equipment" that meet all of the following criteria:

1. Are held for use in the production or supply of goods and services, for rental to others, for administrative purposes or for the development, construction, maintenance or repair of other capital assets;
2. Have been acquired with the intention of being used on a continuing basis; and
3. Are not intended for sale in the ordinary course of business.

For further clarification, capital assets include buildings, furniture, purchased computer software, computer hardware, equipment, leasehold improvements, and assets acquired by capital lease.

Procedure

1. Planning for capital asset need and expenditure is the responsibility of the Registrar in keeping with accountabilities related to operationalizing the approved business plan and budget.
 - a. A proposed capital assets budget is considered and approved annually by ~~Council~~[the Board](#) within broader budget discussions.
 - b. Capital assets are amortized in accordance with the auditor's recommendations and the published Generally Accepted Accounting Principles (GAAP).
 - c. The College will maintain a capital asset ledger.

- d. Capital assets are reviewed within a regular maintenance schedule to ensure preservation and full utilization.

Section:	Policy	Policy #5.1
Title:	College Policy Review Schedule	
Applicable to:	Council members <u>Directors</u> , members of statutory or non-statutory committees and task forces, staff	
Date approved:	June 2002	
Date revised:	October 2008, September 2010, March 2014, September 2023	
Date confirmed:	June 2021	

Policy

In order to ensure that they remain relevant in a changing practice and legal environment, all of the College's existing policies, By-laws and official documents (see definition below) are reviewed periodically.

Procedure

1. While Governance Policies, By-laws and official documents are in effect, they will be monitored by staff and ~~Council~~ the Board to assess whether any emerging issues suggest a requirement for an expedited review and/or require flagging at the time of the regularly scheduled review.
2. Unless a need to review them is identified sooner:
 - a. College Governance Policies and By-laws will be reviewed every year; and
 - b. Official documents will be reviewed at least every three years.
3. If, as a result of the reviews of College Governance Policies, By-laws or official documents, changes are proposed, these will be considered by ~~Council~~ the Board.
4. When changes in current circumstances or the current practice, regulatory and legal environment suggest the need, existing Governance Policies, By-laws or official documents will undergo immediate review regardless of when a prior review took place.
5. Official documents include:
 - a. Regulations;
 - b. Standards; and
 - c. Position statements.
 - d. Documents that are not official documents for these purposes include:
 - (i) reports, proposals and presentations;
 - (ii) brochures and similar informational materials;

- (iii) guides to official documents;
- (iv) information bulletins;
- (v) forms; and
- (vi) general web site content.

Section: Policy Policy #5.2
Title: Approval of Official Positions
Applicable to: ~~Council members~~ Directors, members of statutory or non-statutory committees and task Forces, staff
Date approved: June 2002
Date revised: October 2008, September 2010, March 2014, June 2021

Policy

The ~~Council~~ Board will approve official positions of the College by a formal motion and vote. Any College communication that references an official position must be consistent with that position.

Section:	Intellectual Property	Policy #6.1
Title:	Intellectual Property and Related Uses	
Applicable to:	Council members <u>Directors</u>, staff, contractors, College partners	
Date approved:	February 2004	
Date revised:	December 2008, March 2011, June 2021, September 2023	

Policy

The development of intellectual property is an inherent product of College work- related activity. Without limiting the generality of the preceding, intellectual property may be produced through policy analysis, research, or program evaluation. The College retains its rights to this intellectual property to ensure appropriate use, dissemination and attribution unless otherwise agreed to by ~~Council~~the Board.

Procedure

Ownership

1. Any intellectual property arising from research or work activity funded, sponsored or commissioned by the College, in whole or in part, is owned by the College (unless otherwise agreed to by ~~Council~~the Board).
2. Where such intellectual property is of commercial value, the associated proceeds (including without limitation financial proceeds, the right to publish, or intangibles such as academic recognition) may be shared as agreed to by ~~Council~~the Board with 3rd parties. The sharing of proceeds associated with College intellectual property does not apply to College employees, agents or contractors.
3. The copyright for any materials resulting from any research or work activity that is funded, sponsored or commissioned by the College in whole or in part belongs to the College and is not attributable to any other individual or person, unless otherwise agreed to by ~~Council~~the Board.

Publication/Dissemination

4. Unless the prior written approval by the Registrar has been obtained, a researcher contracted by the College may not publish the results of College research or evaluation.
5. Research or evaluation outcomes may only be published as approved by ~~Council~~the Board.

6. When considering requests to publish, the Registrar will consider whether:
 - a. The proposed publication tool or vehicle is in keeping with the College's mandate, mission and vision and strategic initiatives;
 - b. The publication would undermine the College's regulatory function;
 - c. The publication would infringe on existing commercial, property or moral rights of which the College is aware;
 - d. Confidential data is included in the publication;
 - e. Personal information is included in the publication; or
 - f. There is a need to adhere to an agreement specifying a delayed publication date.

Authorship

7. Any material published by the College that is intended to portray the College's position or advice on particular issues, or to inform registrants or other persons of the College's activities will be published without an attributed author (unless the Registrar determines otherwise).
8. Any material published by the College intended to serve as a report of research that was conducted or supported in whole or part by the College may be published with one or more authors being designated. Designated author(s) will be determined by the ~~Council~~[Board](#).
9. Any material published by the College, regardless of authorship decision, will acknowledge the specific College Committee at which the primary content development occurred (as the ~~Council~~[Board](#) determines appropriate); if the ~~Council~~[Board](#) determines that it is inappropriate to acknowledge a specific College committee, then the College's ~~Council~~[Board](#) will be acknowledged (unless the ~~Council~~[Board](#) determines that such acknowledgement is inappropriate).

<u>Section:</u>	General	Policy #7.1
Title:	Strategic Planning Cycle	
Date approved:	December 2009	
Date revised:	December 2011, February 2013, June 2021	

Policy

The purpose of strategic planning is to guide the College to achieve its statutory mandate now and in the future, grounded in the concept of quality assurance. The ~~Council~~[Board](#) is deliberate in its use of strategic discussion and direction setting to enhance its mandated objectives. It utilizes a vision statement within a framework to set tactics which further its goals of safe, quality physiotherapy care in the public interest. ~~Council~~[The Board](#) regularly evaluates its progress within its most current plan and determines opportunity to revisit its framework not less than every three years.

Procedure

1. ~~Council~~[The Board](#) has established key elements for its strategic framework which may include, but are not limited to:
 - a. A vision statement;
 - b. A set of assumptions about its future;
 - c. A series of objectives and high level tactics; and
 - d. Critical success factors and key indicators of success.
2. Progress against the Strategic Plan is measured and reported to ~~Council~~[the Board](#) at every ~~Council~~[Board](#) meeting.
3. Planning for the development of a new framework is started by the ~~President~~[Chair](#)- and the Registrar.

<u>Section:</u>	General	Policy #7.2
Title:	Succession Planning	
Applicable to:	Executive Committee members	
Date approved:	February 2013	
Date revised:	March 2014, June 2021	

Policy

The College will establish and maintain a transparent process of succession planning for key roles on the ~~Council~~Board's Executive Committee to promote the ~~Council~~the Board's capacity to achieve and maintain optimal performance in its role.

Procedure

1. Term limits for the ~~President~~Chair and the Vice-~~President~~Chair shall be no more than two terms for each position during any period of consecutive service on ~~Council~~Board¹⁴.
2. In order to ensure that successive ~~President~~Chairs of the College have an opportunity to learn the key skills required to perform effectively in this role, it is desirable that Vice-~~President~~Chairs, subject to the ~~Council~~Board election process, succeed into the role of the ~~President~~Chair- following the completion of the ~~President~~Chair's term.
3. When considering candidates for the positions of Vice-~~President~~Chair- and ~~President~~Chair, it is desirable that the ~~Council~~Board consider factors including their previous performance as members of ~~Council~~the Board.

¹⁴ The establishment of term limits is intended to enable ~~President~~Chairs and Vice-~~President~~Chairs to be able to rotate into and out of these roles while still being eligible to serve as members of ~~Council~~the Board and to enable them to transfer knowledge and skills to their successors.

Section:	General	Policy #7.3
Title:	Public Member Representation on College Committees	
Applicable to:	Statutory and Non-Statutory College Committees	
Date approved:	June 2002	
Date confirmed:	December 2008, September 2010, June 2021	

Policy

It is a core value of the College of Physiotherapists of Ontario that the input of the public, as represented by the publicly appointed members of ~~Council~~[the Board](#), should be a part of all decision-making processes.

In order to ensure that this core value is upheld, all of the College's statutory and non-statutory committees must include at least one member of ~~Council~~[the Board](#) who has been appointed by the Lieutenant Governor (a publicly appointed member of ~~Council~~[the Board](#)) in their composition.

This requirement must be met regardless of any other rules in the statute, regulation or by-laws prescribing the composition of committees.

Procedure

1. When the Executive Committee prepares its annual proposed membership of nominees for positions on the College's statutory and non-statutory committees, the Executive Committee must ensure that the proposed membership of each committee includes at least one publicly appointed member of ~~Council~~[the Board](#).
2. When ~~Council~~[the Board](#) approves the annual membership of the College's statutory and non-statutory committees, each approved committee membership must include at least one publicly appointed member of ~~Council~~[the Board](#).
3. If the publicly appointed member of a College statutory or non-statutory committee must be replaced prior to the annual approval of College committee membership, the revised committee composition must still include at least one publicly-appointed member.
4. Regardless of other considerations, the membership of College statutory or non-statutory committees must still meet all other requirements for committee composition prescribed in the statute, regulation or By-laws.

Section:	General	Policy #7.4
Title:	Public Member Attendance at Committee Meetings	
Applicable to:	Statutory Committees	
Date approved:	June 2002	
Date revised:	June 2021, September 2023	
Date confirmed:	December 2008, September, 2010	

Legislative references

- a. Health Professions Procedural Code: s.17, s.25, s.38, s.64
- b. By-laws: s. 7.1

Policy

It is a core value of the College of Physiotherapists of Ontario that the input of the public, as represented by the publicly appointed Members of ~~Council~~[the Board](#), should be a part of decision-making processes.

In order to uphold this core value, meetings of statutory committees, or panels of such committees, must not be scheduled unless at least one of the Committee member(s) appointed by the Lieutenant Governor (a publicly appointed Member(s) of ~~Council~~[the Board](#)) is/are available to attend the meeting. Meetings of statutory committees, or panels of such committees, should not be held, other than in exceptional circumstances, unless at least one of the Committee member(s) appointed by the Lieutenant Governor (a publicly appointed Member(s) of ~~Council~~[the Board](#)) is/are available to attend the meeting.

Procedure

If at least one publicly appointed Member is not able to attend the meeting of a statutory committee, the meeting should be postponed until such time as the publicly appointed Member is able to attend. In exceptional circumstances, a meeting may proceed when the planned attendance of the publicly appointed Member is interrupted by unforeseen immediate personal circumstances, provided that proceeding would not contravene the Code. The determination whether to proceed shall be made by the Committee Chair in conjunction with all Committee members that are present at the meeting. In making that determination, the Committee Chair and Committee members will consider whether the interests of the affected parties outweigh the desirability to have a Public Member present.

Section:	General	Policy #7.5
Title:	Selection of Individuals to Committees, Task Forces and Advisory Groups	
Applicable to:	Council the Board , Committees, Task Forces and Advisory Groups	
Date approved:	June 2002	
Date revised:	June 2006, March 2007, March 2010, February 2013, March 2014, June 2021, September 2023	

By-law references

- a. By-law: 7.3

Policy

The College will establish and maintain a transparent process for the appointment of individuals to serve on committees, task forces or advisory groups of ~~Council~~the Board. Selection will be based on criteria developed to meet the terms of reference and needs of a specific initiative or purpose as established by ~~Council~~the Board including the ongoing development of ~~Councillor~~Director competencies. Appointments will be confirmed by ~~Council~~the Board.

Procedure

1. The Executive Committee, after considering expressions of interest, will recommend individuals to serve on statutory and non-statutory committees to ~~Council~~the Board at the first opportunity following an election, and from time to time as required.
2. The Executive Committee will include in its recommendations the identification of suggested Committee Chairs.
3. The Executive Committee will base its recommendations on selection criteria including:
 - a. Availability;
 - b. Eligibility;
 - c. Experience;
 - d. Interest;
 - e. Previous performance;
 - f. Development of Director~~Councillor~~ competencies;
 - g. Avoidance of foreseeable conflicts of interest; and
 - h. Recommendations from Committee Chairs.

4. Individual physiotherapists with specific expertise may be solicited to participate on a committee, task force or advisory group dependent on the ~~Council~~[Board](#)-determined terms of reference.
5. All committee, task force or advisory group appointments will be for one year or the set term of the Task Force or Advisory Group, unless specific circumstances require a different term length.

Section:	General	Policy #7.6
Title:	Performance Review Process for Registrar	
Date approved:	December 2003	
Date revised:	June 2006, March 2007, June 2009, March 2012, February 2013, March 2015, June 2021	

Policy

The evaluation of the Registrar's performance will be coordinated by the ~~President~~Chair- and involve the Executive Committee. The final review of the Registrar's performance will be made by the ~~Council~~Board, in camera.

Procedure

1. The ~~President~~Chair will coordinate the Registrar's annual performance review, based on:
 - a. goals set annually by ~~Council~~the Board, including direction on priorities, and
 - b. operational performance indicators, including timelines.
2. The ~~President~~Chair will meet semi-annually with the Registrar to determine and help facilitate the requirements to help the Registrar accomplish such goals.
3. The annual review cycle is to be initiated no later than October.
4. The performance review will gather and assemble multi-source feedback about the Registrar's performance from:
 - a. all ~~Directors~~Councillors;
 - b. senior staff; and
 - c. relevant external contacts, identified by both the Registrar and the ~~President~~Chair.
5. The Registrar will provide the ~~President~~Chair- with contact information for staff and external contacts to facilitate the review. The ~~President~~Chair- may identify additional external contacts from whom to obtain input.
6. The ~~President~~Chair- will write a draft report, tabulating all comments from the above sources, as well as the ~~President~~Chair's own experiences with the Registrar. The report is to provide feedback, to assist the Registrar toward optimal performance.
7. The Registrar will then be given the draft to review and provide commentary.

8. The ~~President~~Chair- will then present the draft report with the Registrar's comments to the Executive Committee for consideration.
9. The Executive Committee will make a recommendation regarding the draft report to ~~Council~~the Board.
10. The ~~President~~Chair will present the final draft report to ~~Council~~the Board in camera. ~~Council~~The Board will make any changes it sees fit and approve the final performance review.
11. The ~~President~~Chair will report ~~Council~~the Board's performance review to the Registrar.

Section:	General	Policy #7.7
Title:	Emergency Management Plan	
Applicable to:	CouncilBoard, Committees, Staff and Agents	
Date approved:	March 2011 (replaces previous 4.24 Pandemic Influenza, September 2009)	
Date revised:	June 2021	

Policy

The College of Physiotherapists of Ontario maintains an overarching Emergency Management Plan to ensure a consistent approach to all emergencies, in particular ensuring the safety of all [Directors](#)[Councillors](#), [non-Board](#) Committee members, staff and agents of the College. The Plan also consists of specific subsets related to fire and public health crises given their unique features and urgent risks. All parties to whom the Emergency Management Plan applies will receive an annual orientation to its contents.

1. The Emergency Management Plan addresses events that can be classified as emergencies. These include but are not limited to:
 - a. Access to the building because of fire, flooding, etc.;
 - b. Technological incidents including electronic data processing and telecommunications disruptions;
 - c. Staffing disruption due to illness, weather; and
 - d. Public health crisis that may be of a small or large magnitude
2. The Emergency Management Plan is developed in keeping with best practices, incorporating a consistent cycle of mitigation and response (see Appendix A).
3. The Emergency Management Plan establishes an Emergency Response Team consisting of the [President](#)[Chair](#), the Registrar and the Registrar's designates.
4. The Emergency Management Plan has three components:
 - a. An overarching structure which applies in all circumstances;
 - b. A specific set of additional elements relevant to fire safety; and
 - c. A specific set of additional elements relevant to a public health crisis.
5. The Emergency Management Plan is reviewed bi-annually by the Registrar and a designated staff member, to ensure it is current and relevant.
6. All new staff, [Councillors](#)[Directors](#), [non-Board](#) Committee members and agents will receive an orientation to the Emergency Management Plan and its components on an annual basis, including training drills where relevant.

7. The ~~President~~Chair will report to ~~Council~~the Board any events resulting in the initiation of the Emergency Management Plan through periodic reports on risk assessment.

APPENDIX A

Emergency Management Continuum



* EMP = Emergency Management Plan

Section:	General	Policy #7.8
Title:	Election Campaign	
Applicable to:	Council members <u>Directors</u> and election nominees	
Date approved:	February 2004	
Date revised:	March 2009, March 2011, February 2013, June 2021	

Policy

A fair and democratic election process for selecting physiotherapist ~~Councillors~~ Directors to ~~Council~~ the Board is important to the profession as one element in ensuring a strong governance structure. Elected individuals provide the profession's perspective to a self-regulatory, public interest model. Registrants eligible to vote require adequate, reliable and consistent information about each electoral candidate to assist them in exercising an informed vote. The College facilitates this process through the distribution of candidate materials in its voting package. In addition, to promote registrant engagement, the College provides a means for nominees to provide campaign materials to voters in the relevant district, separate and apart from the College processes.

Procedure

1. Individual physiotherapists, who are nominated and are eligible for election as per section 3.1 of the By-laws, will provide the College with their biographical information and a statement, using language provided by the College, confirming their understanding of their obligation to act in the public interest if elected to ~~Council~~ the Board.
2. Candidates may also provide a candidate statement to be included with the other election materials.
3. A candidate's statement cannot exceed 500 words.
4. Candidates must frame their remarks in relation to self-regulation and the public interest. A candidate who is a current Committee member or agent of the College (e.g. assessor) must not comment on College business that is not in the public domain. A candidate must not make disparaging remarks about the College. A candidate's statement must not include a photograph.
5. The Registrar will review candidates' statements to ensure adherence to this policy. If a candidate's statement does not adhere this policy, the Registrar will request that the candidate revise their statement. If the candidate is unwilling to revise their statement to adhere to this policy, then the matter will be brought to the Executive Committee,

who may make a recommendation to ~~Council~~the Board. Only ~~Council~~the Board can decide whether to disqualify a candidate from running in the election.

6. The College will circulate the materials provided by candidates to all eligible voters in the respective candidates' districts.
7. A candidate may choose to campaign within their district. To facilitate this process, all candidates will be provided with a means to contact the eligible voters in their district that is in keeping with the College's statutory confidentiality obligations.
8. Campaign materials are not reviewed or endorsed by the College.
9. Candidates will make every effort to ensure that the views portrayed are verifiable, true and consistent with their stated understanding of their obligation to act in the public interest if elected to the ~~Council~~Board of the College.
10. Information contained in this policy will be disclosed to all candidates at the time of nomination confirmation.

Section:	General	Policy #7.9
Title:	Council <u>Board</u> Education/Orientation	
Applicable to:	All <u>Directors</u> Councillors and <u>non-Board</u> Committee members	
Date approved:	March 2009	
Date revised:	March 2011, March 2013, June 2021, September 2023	

Policy

All Directors~~Councillors~~ and non-Board Committee members are required to participate in annual orientation programming, including the College's mandate, their role and responsibilities, prior to attending any meeting of a committee to which they have been appointed. In the case of ~~Council members~~ Directors, they must complete the orientation programming prior to standing for election. The current Directors~~Councillors~~ and non-Board Committee members act as mentors in supporting new member integration and understanding.

Procedures

1. Orientation of Directors~~Councillors~~ and non-Board Committee members will continue as needed and in keeping with this Policy, the By-laws and direction from the ~~President~~Chair- and the Executive Committee.
2. The Executive Committee is charged annually with the task of identifying the education needs of ~~Council~~the Board and its committees.
 - a. The Executive Committee sets an annual education strategy based on identified needs, in collaboration with the Registrar. Proposed ~~Council~~Board education is budgeted and approved by ~~Council~~the Board annually in March.
 - b. Education opportunities external to the College are considered on an individual basis by the Executive Committee. All requests must be directly relevant to the College mandate and the competency development needs of the requestor.
 - c. Registration fees, per diems and expenses for such events are covered by the College for professional members. For public members, the provisions as set out in the Remuneration Framework of the Health Board Secretariat will apply.

Section: General **Policy #7.10**
Title: ~~Council~~Board — Staff Relations
Date approved: December 2009
Date revised: February 2013, March 2014, June 2021

Policy

The College, its ~~Council~~Board and its staff, foster a culture of clear, open, honest, and transparent communication focused on mandate, the collective vision, and organizational values. Communication channels acknowledge and respect the difference between governance and operations. All communications, whether verbal or written (including electronic) aim to positively further the work of the College, effectively and efficiently.

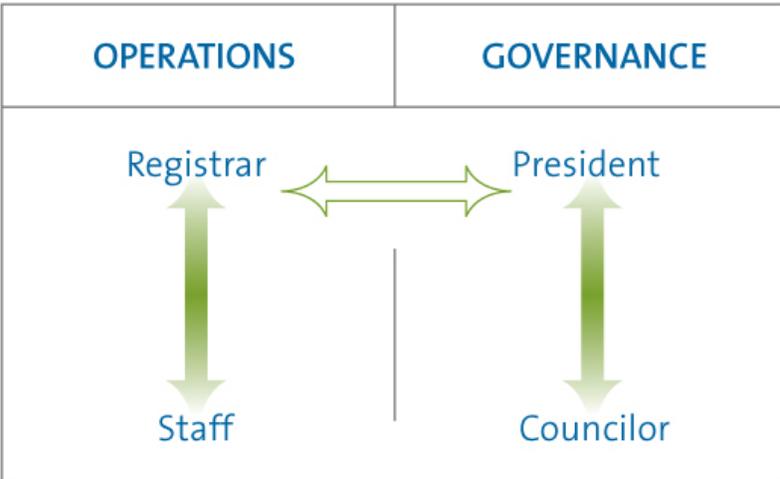
Procedure

1. The Registrar is accountable to ~~Council~~the Board.
2. ~~Council~~Board matters related to the staff and ~~Council~~the Board relationship are managed at the level of the ~~President~~Chair- and the Registrar.
3. Committee matters related to the relationship between staff and non-Board Committee members are first managed at the level of the senior staff and the Committee Chair. Should any matter not be resolved, either the Registrar via the staff person or the ~~President~~Chair- via the Committee Chair can be consulted to assist with the resolution of the issue.
4. Where any matter either at a ~~Council~~Board or a committee level remains an ongoing concern, the ~~President~~Chair- and the Registrar will convene a meeting of relevant parties to seek a satisfactory resolution. If the matter cannot be resolved, it should be brought to the Executive Committee for consideration. The Executive Committee will make a decision, which will be final, except for matters related to the Code of Conduct, which will be brought to ~~Council~~the Board for consideration.

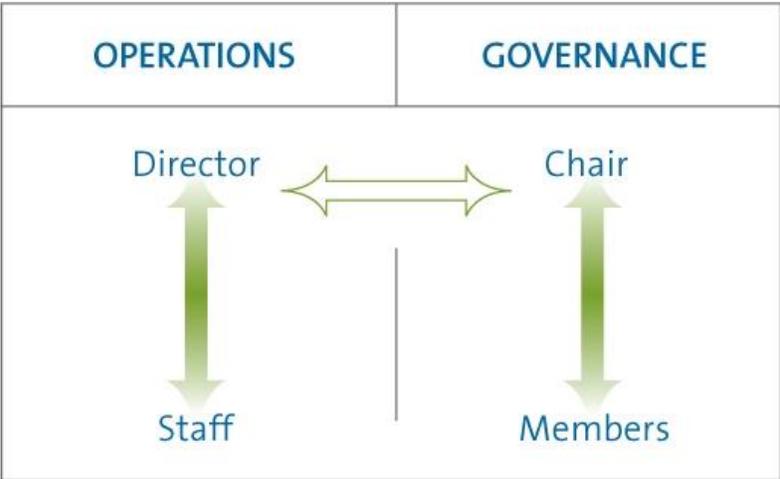
Communication Framework

Commented [MB1]: If the new terminology is adopted, the graphic will be updated accordingly.

Council



Committee



Section:	General	Policy #7.11
Title:	Appointment of a Task Force and/or an Advisory Group	
Applicable to:	CouncilBoard, Task Forces and Advisory Groups	
Date approved:	March 2010	
Date revised:	June 2021	

Policy

From time to time, to accomplish a specific initiative, Councilthe Board may choose to establish a task force or an advisory group. Either entity is under the development and direction of Councilthe Board and may be comprised of DirectorsCouncillors, registrants, and/or individuals with specific expertise external to the profession that meet the competency requirements as set out in the applicable College policy approved by Councilthe Board. All deliverables of a task force or an advisory group are provided to Councilthe Board for final approval.

Procedure

1. A task force or an advisory group is appointed by Councilthe Board for a specific purpose and duration.
2. Either entity, once appointed, will report directly to Councilthe Board, through the Executive Committee.
3. CouncilThe Board will approve the terms of reference of a task force or an advisory group. Such terms will include, at a minimum, its membership including a Chair, objectives, and deliverables.
4. A task force or an advisory group will report on its progress toward set objectives at every meeting of Councilthe Board.
5. Professional members of a task force or an advisory group will be reimbursed for allowances and expenses by the College as per relevant College policies. Publicly appointed members of a task force or an advisory group must seek approval from the government to pay for their per diems and expenses. Pre-approval is coordinated by the Registrar and Governance Analyst.
6. Every task force or advisory group will be supported by staff as designated by the Registrar.
7. The process and outcomes of every task force and advisory group will be evaluated for effectiveness and impact.

Section:	General	Policy #7.12
Title:	Specialty Designation	
Date approved:	March 2012	
Date confirmed:	June 2021	

Policy

Section 1, paragraph 20, of Ontario Regulation 388/08, Professional Misconduct, indicates that it is professional misconduct for a registrant to use the title “specialist” unless the registrant holds a specialty designation approved by the College. In keeping with this requirement, the College will consider the approval of specialty certifications recognized by the Canadian Alliance of Physiotherapy Regulators (CAPR), as designations that College registrants are entitled to use in conjunction with the title “specialist”.

Procedure

1. The College, as a member of the CAPR Board of Directors, will approve the policy and processes used to recognize specialty certification programs relevant to the practice of physiotherapy in Canada and in Ontario.
2. CAPR will approve specialty certification programs relevant to the practice of physiotherapy in Canada. The decisions of CAPR respecting the approval of specialty certification programs in Canada are not subject to appeal through the College.
3. A specialty certification program approved by the CAPR Board of Directors as meeting the level of rigor required to satisfy use of a title of “specialist” in Canada will be presented to the ~~Council~~[Board](#) for consideration of its approval prior to recognition in Ontario. The College will maintain a list of all specialty certification programs and their designations approved by ~~Council~~[the Board](#).
4. A registrant may apply to the College to use the title “specialist”. In their application the registrant must identify the specialty certification program from which their specialty was conferred. If the specialty designation is on the list approved by ~~Council~~[the Board](#), the registrant will be entitled to use the title “specialist”.
5. Where a registrant applies to use the title “specialist” and their specialty certification program is not recognized (on the list), the registrant may provide the details of their program to CAPR for national review and consideration. If the specialty certification program is then approved by CAPR, procedures #3 and #4 above must occur before the registrant is entitled to use the title “specialist” in Ontario. If the specialty certification program is not approved, the registrant will not be permitted to use the title “specialist” in Ontario.

6. Any registrant entitled to use the title specialist will have the relevant information indicating the type of specialist certification(s) they hold listed on the College's public register.
7. Any registrant entitled to use the title "specialist" in Ontario will use their registered title first (i.e. physiotherapist) and then acknowledge their specialty with a designation (i.e. Orthopaedic specialist or specialist, orthopaedics).

Section: General Policy #7.13
Title: ~~Council~~Board *In Camera* Minutes — Storage and Access
Applicable to: ~~Council~~Board, Staff
Date approved: June 2021
Date revised:

Legislative references

- a. Health Professions Procedural Code: s.7

Policy

From time to time, ~~Council~~the Board holds *in camera* discussions. These discussions typically involve proprietary matters, human resources matters, the receipt of legal advice or other such matters that are appropriately not to be in the public domain and permitted by subsection 7(2) of the Health Professions Procedural Code

Records of such meetings must be stored in a secure environment, and access to such records must be limited to ~~Council~~the Board. The conduit of access to such records are the ~~President~~Chair, Vice-~~President~~Chair, and Chair of the Risk, Audit, and Finance Committee.

Access to these Minutes is restricted to the officials named above. Anyone other than those permitted who attempts to access these Minutes will be subjected to sanction up to and including termination of employment in the case of an employee and disqualification in the case of a ~~Director~~Councillor or non-Board Committee member.

Procedure

1. During *in camera* meetings, the ~~President~~Chair shall appoint an individual to record the Minutes.
2. Once the *in camera* Minutes are approved, they shall be signed by the ~~President~~Chair and Vice ~~President~~Chair, then scanned and saved in a secure file on the College's computer network.
3. All *in camera* Minutes will be made available to all ~~Council members~~Directors upon request. Access to them will be through the ~~President~~Chair, Vice-~~President~~Chair, and Chair of the Risk, Audit, and Finance Committee.

4. The Registrar may request access to specific *in camera* Minutes. Such requests shall be made to the ~~President~~Chair, and the ~~President~~Chair- will seek approval from ~~Council~~the Board to release the *in camera* Minutes.
5. The documents will be password protected and the password passed from the outgoing ~~President~~Chair to the incoming ~~President~~Chair.
6. The incoming ~~President~~Chair- shall change the password upon taking office and share the new password with the Vice-~~President~~Chair and the Chair of the Risk, Audit, and Finance Committee.
7. Staff, ~~Directors~~Councillors and ~~non-Board~~Committee members are to be made aware that it is a serious breach of privacy to attempt to access *in camera* Minutes. Such actions are cause for termination of employment in the case of staff, disqualification in the case of ~~Directors~~Councillors and ~~non-Board~~Committee members as well as any other action that ~~Council~~the Board decides.
8. The ~~President~~Chair- and Executive Committee will investigate incidents of unauthorized access to *in camera* Minutes and bring the matter to ~~Council~~the Board for a decision. If the unauthorized access involves staff, then the ~~President~~Chair- will investigate the matter in consultation with the Registrar, and ~~Council~~the Board will consider the matter *in camera*.

Section:	General	Policy #7.14
Title:	Enterprise Risk Management	
Applicable to:	Council Board , Committees and Staff	
Date approved:	September 2023	
Date revised:		

Introduction

The College of Physiotherapists of Ontario (the “College”) uses an enterprise-wide approach to managing regulatory and business risks. The Enterprise Risk Management (ERM) approach supports the utilization of a uniform approach for identifying, measuring, mitigating, and reporting on risk.

This approach enables ~~Council~~the Board to effectively fulfill its mandate, discharge its governance responsibilities, and provide direction to the Registrar & CEO and College Leadership as they exercise their due diligence. It also recognizes that all members of the organization have a role to play in risk management and demonstrates our collective commitment to risk management both internally and externally.

Purpose

The ERM policy provides the framework needed to support a uniform process for identifying, measuring, mitigating, and reporting on key organizational risks. This includes, but is not limited to, strategic, public interest, and operational risks.

The policy achieves this objective by:

- Promoting an environment where risk management is an integral part of the College’s organizational culture;
- Establishing a commitment to risk assessment as part of all College decision-making;
- Outlining clear responsibilities and accountabilities throughout the College;
- Requiring an articulation of the College’s risk appetite and tolerance and monitoring risk management processes through the development of a risk registry; and
- Supporting College-wide communication and monitoring regarding risk management.

Risk Culture

The College recognizes that taking reasonable risks is inherent to its work and that risk cannot, nor should it, be eliminated. However, risk needs to be managed efficiently and effectively to acceptable levels.

As part of this, the College is committed to managing risk in a manner that is transparent and builds confidence both internally and externally that the College will take the action needed to fulfill its mandate to serve the public interest.

The College recognizes that risk management requires both an organization-wide and departmental approach that balances risk with anticipated benefits in all decision-making. This process engages all individuals throughout the organization to consider risk as part of normal day to day activities.

Roles, Responsibilities, and Accountability

While recognizing that all individuals throughout the organization have a role to play in risk management, key roles within the organization possess specific responsibilities and accountabilities in relation to specific types of risk.

Role	Responsibility and Accountability	Type of Risk
Council Board	Responsible for approval of CPO's strategic plan, annual operational budget, governance policies, including the ERM policy, and by-laws. This includes the development of the College's risk appetite and tolerance and monitoring the College's risk management processes through review of regular risk reports.	Strategic, public interest, regulatory, and key operational (material) risks
Committee Members	To consider risk within their scope of responsibility as defined by statute, College by-laws, and policies when making decisions within their statutory role.	Committee decisions related to statutory role.
Executive Committee	Act on behalf of Council the Board to discharge Council the Board's risk responsibilities as required between meetings of the Council Board.	Strategic, public interest, regulatory, and key operational (material) risks
Risk, Audit and Finance Committee	Responsible for reviewing enterprise risk management policies and enterprise risk management reports prior to their presentation to Council the Board, providing more regular oversight of the College's enterprise risk management processes	Strategic, public interest, regulatory, and key operational (material) risks, with a focus on financial and audit related risks.

through regular updates from the Registrar & CEO or their designate. This Committee will support ~~Council~~[the Board](#) in its review of the ERM policy and provide recommendations when appropriate.

Registrar & CEO	Responsible for managing organizational risks, developing and implementing the College’s ERM program, ensuring the ERM program is actively utilized, and reporting to Council the Board in support of its oversight responsibilities. These responsibilities may be delegated as necessary, but overall accountability rests with the Registrar & CEO.	Strategic, operational, and regulatory risks.
Risk Officer	Identified by the Registrar & CEO as a member(s) of the CPO’s Leadership Team, the Risk Officer has primary responsibility for leadership and daily management of the ERM processes and risk register. The Risk Officer provides support across the organization to support the implementation of risk management processes and supports reporting processes to both the Risk, Audit, and Finance Committee and Council the Board .	Strategic, operational, and regulatory risks.
Leadership Team	Responsible for identifying, assessing, managing, and reporting risks within their scope of authority and accountability. They provide direction on the implementation and evolution of these processes and priority areas of focus.	Strategic, operational (particularly departmental and project), and regulatory risks.
Project Leads	Responsible for identifying and assessing risks within the scope of projects, programs, or services that they lead. They will engage leadership in these processes as needed and support risk-based decision-making regarding the project, program, or service.	Operational project risks.

Policy

Approach and Commitment

The College’s approach to risk management:

- Is guided by the Strategic Plan, annual operational budget, governance policies, College by-laws, and relevant legislation. It is through these foundational resources and frameworks that key risks will be identified and managed.
- Is informed by an understanding that risk is inherent to fulfilling our regulatory obligations and implementing innovative approaches to fulfilling our strategic objectives.
- Recognizes there are a diversity of risks that the organization might face, including but not limited to, regulatory, strategic, operational, and financial.
- Requires an organization-wide approach to identifying, assessing, mitigating and managing, and reporting on risks in relation to all decision-making processes.
- Necessitates that all individuals captured by this policy be aware of and apply risk management processes in line with their level of responsibility and role within the organization.
- Recognizes that risk management processes must continuously evolve to respond to changing environments.
- Requires employees and ~~Council members~~ Directors to learn about the principles of enterprise risk management and be regularly trained to fulfill their respective responsibilities.

Risk Appetite and Tolerance

~~Council~~The Board will establish the College's level of risk appetite and tolerance.

All risks will be assessed and managed in accordance with ~~Council~~the Board's risk appetite and tolerance assessment.

Procedure

Risk management within the College is a deliberate process of identifying, analyzing, monitoring, and consciously accepting or mitigating risk within approved risk tolerances.

College staff need to implement risk management practices in accordance with their organizational responsibility, being aware of the limitations on their ability to respond to an identified risk and reporting up through the organization, including to the Registrar & CEO, where appropriate.

The Risk, Audit, and Finance Committee and ~~Council~~[the Board](#) will be kept apprised of any significant or material risks that have been identified in a timely manner, urgently if necessary, having regard to the nature and scope of the risk.

Monitoring and Reporting

Risk register(s) will be developed reflecting the risk appetite and tolerance articulated by ~~Council~~[the Board](#) and to support risk assessments throughout the organization. Risk registers will identify the risk, the likelihood and impact of the risk, and controls in place to mitigate the risk.

The Registrar & CEO or their designate will routinely report on the College's key risks to the Risk, Audit, and Finance Committee and ~~Council~~[the Board](#) to support their oversight responsibilities.

Responding to Changing Needs

This policy and the risk appetite and tolerance set by ~~Council~~[the Board](#) will be reviewed annually to ensure currency.

The Risk, Audit, and Finance Committee will provide recommendations to ~~Council~~[the Board](#) regarding any changes that may be needed to the policy.

Allocation of Resources

The College's annual budgeting and long-term planning will include the allocation of financial and human resources for the management of the College's risks.

Section:	Evaluation	Policy #8.1
Title:	Measurement and Reporting	
Applicable to:	CouncilBoard and Non-Board Committee Members	
Date approved:	June 2002	
Date revised:	September 2007, December 2009, February 2013, March 2015, June 2021	

Policy

The ~~Council~~Board of the College is committed to an organizational culture that measures and reports on organizational performance and continually evaluates and improves the performance of its ~~Council~~Board and committees.

To demonstrate its commitment to these goals, the College will:

- A. Incorporate mechanisms into its operational activities to assure that data are regularly gathered to measure effectiveness. This data forms a basis on which the College reports annually to the Minister on meeting expectations within its mandated public interest role.
- B. Annually conduct performance evaluations of its ~~Council~~Board and ~~non-Board~~ Committee members and use the output of this evaluation to improve its orientation, education and committee appointment processes.

Procedure

Measurement

1. The College will use performance measurement tools, such as a balanced scorecard approach, to collect and assess organizational performance data and report on this data using the current version of the College's dashboard.

Evaluation

2. Committee Chairs will evaluate the performance of every member of the Committee based on the performance expectations for ~~non-Board~~ Committee members as defined in the By-laws and Governance Policies and provide that information to the ~~President~~Chair.

3. The ~~President~~Chair- will evaluate the performance of every member of ~~Council~~the Board based on the performance expectations for ~~Council members~~Directors as defined in the By-laws and Governance Policies.
4. The ~~President~~Chair will evaluate Committee Chairs based on the best information available to them.
5. The ~~President~~Chair- will collate the evaluation information for ~~Council~~Board and non-Board Committee members and have a discussion with each of them.
6. The ~~President~~Chair is responsible for managing any performance issues or concerns in accordance with the College's Code of Conduct.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 5.0

Council Meeting
March 25-26, 2024

Agenda #5.0: Meeting Guidelines

It is moved by

and seconded by

that:

Council approves amendments to the College By-laws to establish new Meeting Guidelines for Board Meetings.

COUNCIL BRIEFING NOTE

For Decision

Topic:	Meeting Guidelines
Public Interest Rationale:	Customized Meeting Guidelines allow Council to tailor procedures to its specific needs and eliminates unnecessary steps. This benefits the public by ensuring that Council resources are used effectively.
Strategic Alignment:	<p><i>Performance and Accountability:</i> Establish effective governance structures to support Council performance.</p> <p><i>EDI:</i> Tailoring the Meeting Guidelines allows Council to incorporate inclusive practices that promote diversity of thought and perspectives. This inclusivity can result in more comprehensive and well-informed decision making reflective the diverse interest of the public.</p>
Submitted By:	Caitlin O’Kelly, Governance Specialist
Attachments:	<p>Appendix A: Proposed Amendments to College By-laws</p> <p>Appendix B: Draft Appendix D of College By-laws: Meeting Guidelines for the Board of Directors</p>

Issue

- Council meetings are currently governed by a complicated set of parliamentary rules that are difficult to access and understand.
- Council has identified the creation of simpler, more tailored meeting guidelines as one of the priorities following the review of the College’s governance practices review in 2023.

Decision Sought

- Council is being asked to approve amendments to the College’s By-laws that would establish new Meeting Guidelines for Council meetings.

Background

- Council’s current rules of order as outlined in the By-laws are *Kerr and King’s Procedure for Meetings and Organizations, Third Edition*.
- These rules have served as the foundation for Council’s decision-making processes, providing a structured framework for conducting meetings.
- While these rules offer a standardized approach, it is recognized that they are not easily accessible.
- 11 Colleges follow an established rules of order process. Examples include:



- Bourinot's Rules of Order
- The Standard Code of Parliamentary Procedure by Sturgis
- The Standard Code of Parliamentary Procedure
- American Institute of Parliamentarians' Standard Code of Parliamentary Procedure
- Keesey's Modern Parliamentary Procedures
- Wainberg's Society Meetings
- Roberts Rules of Order.
- Meeting Rules and Procedures for Non-Profit Organizations
- 16 Colleges have their own rules of order typically attached as an appendix to the College By-laws.
- The College of Physiotherapists is the only College that uses *Kerr and King's Procedure for Meetings and Organizations, Third Edition*.
- As part of Council's ongoing commitment to governance improvements, Council is considering a strategic initiative to update and tailor the rules of order to better align with the College's unique organizational structure and public interest mandate.
- The 2023 review of the Colleges governance practices highlighted concerns regarding the accessibility and relevance of the current rules of order for Council meetings. Recommendations from the review include:
 - Replace the "rules of order" with customized meeting guidelines that are more accessible, less intimidating and support robust dialogue.
 - Remove "member motions" in favour of a clear process within the meeting guidelines outlining how a Council member requests an issue be brought to Council.

Current Status and Analysis

- Based on direction from Council, staff have created draft Meeting Guidelines specifically tailored to the needs of the College. See Appendix B attached.
- The proposed Meeting Guidelines aim to be concise, clearer, and user-friendly. Enhancing accessibility and readability will help support the orientation of Council members.

- The proposed Meeting Guidelines align with the practices of other Colleges¹ that have sought to modernize their approach. This alignment aims to support the College to keep pace with emerging best practices in board governance.

Highlights and Notable Changes

- The attached Meeting Guidelines have been drafted using the updated terminology being proposed in another agenda item. However, these guidelines are subject to modification based on the outcome of discussions and decisions made by Council.
- The proposed Meeting Guidelines enable Council to discuss items prior to a formal motion being made. This allows members to explore ideas, share perspectives and consider viewpoints before formal decisions are put forward. This fosters a more informed decision-making process and encourages collaborative problem solving.
- The revised By-laws outline when a Chair can vote. When the Chair refrains from voting on matters during a Council meeting, it ensures impartiality and fosters an environment of fairness. This practice helps maintain the Chair's role as a neutral facilitator. However, the Chair may exercise their voting right in situations where there is a tie, when their vote would make a decisive difference. This enhances transparency and strengthens the perception of well-balanced governance structures.
- The Meeting Guidelines allow Council members to ask the President and Registrar to add an item to the Agenda of an upcoming Council meeting. This process would replace the current Member's Motions and provide for a more streamlined approach for Council members to raise issues they would like Council to consider at a future meeting.

Next Steps

- Section 94 of the Health Professions Procedural Code under the *Regulated Health Professions Act, 1991*, allows the College to create By-laws regarding conducting Council meetings. Changes made to these By-laws can be approved by Council without circulation to the membership.

Questions for Council

- Do you have any questions about the proposed Meeting Guidelines for Council meetings?
- Are the proposed Meeting Guidelines for meetings easy to understand?

¹ Sources consulted for the development of these meeting guidelines include College of Dietitians of Ontario, College of Physicians and Surgeons of Ontario, and the College of Opticians of Ontario.

Part 4 — Meetings of Council and Committees

COMPOSITION AND DUTIES OF COUNCIL

- 4.1. (1) Council shall be composed of the Elected Councillors elected in accordance with section 3.1, the Academic Councillors selected in accordance with section 3.2, and the Publicly-Appointed Councillors appointed by the Lieutenant Governor in Council pursuant to section 6 of the Act.
- (2) Council has the duties set out in section 2.1 of the Code and as set out in these By-laws and the policies of the College.

REGULAR MEETINGS

- 4.2. (1) Council shall hold at least four regular meetings in each Fiscal Year.
- (2) A regular meeting of Council shall be called by the President.
- (3) At a regular meeting, Council may only consider or transact:
- (a) matters on the agenda;
 - (b) matters brought by the Executive Committee for information, deliberation or ratification;
 - ~~(a)~~(c) reports by the Chair of the Board and the Registrar
 - ~~(b)~~ motions or matters where notice was given by a Councillor at the preceding Council meeting or in writing to the Registrar at least fourteen days before the meeting;
 - ~~(e)~~(d) matters which Council agrees to consider by a majority of those in attendance and voting; and
 - ~~(d)~~(e) routine and procedural matters in accordance with the rules of order.

SPECIAL MEETINGS

- 4.3. (1) A special meeting of Council may be called by the President or the majority of Councillors by submitting to the Registrar a direction for the meeting containing the matter or matters for decision at the meeting.
- (2) At a special meeting, Council may only consider or transact the specific matter or matters referred to in subsection (1).

NOTICE OF MEETINGS

- 4.4. (1) The Registrar shall provide notice to all Councillors at least thirty days before a regular meeting of Council.
- (2) The Registrar shall provide notice to all Councillors at least five days before a special meeting of Council.

- (3) The notice of any meeting of Council shall state the date, time, and location of the meeting, and the nature of the matter or matters to be considered at the meeting. Where the meeting is held by technological means, the notice shall include details on how to access the meeting.
- (4) The College shall post the date and the meeting materials of every regular Council meeting on its website at least seven days before the meeting.
- (5) The College will make every reasonable effort to post the date and the meeting materials of every special Council meeting on its website at least five days before the meeting.
- (6) The College shall post the date of every Discipline hearing on its website at least seven days before the hearing as well as the allegations made against the Registrant.
- (7) No Council or Committee meeting shall be made void because of an inadvertent or accidental error or omission in giving notice. In addition, any Councillor may waive notice of a meeting and ratify, approve and confirm any proceedings taken at the meeting.

MEETINGS HELD BY TECHNOLOGICAL MEANS

- 4.5. (1) Any meeting of Council or of a committee or of a panel of a committee may be held in any manner that allows all the persons participating to communicate with each other simultaneously and instantaneously. Meetings may be held wholly or partly by technological means.
- (2) Persons participating in the meeting by such means are deemed to be present at the meeting.
- (3) A vote called at a meeting under subsection (1) shall be taken in such a manner as determined by the President or Chair unless a member of Council, committee or panel requests a roll call vote, in which case, a roll call vote shall be taken.

VOTING

- 4.6. (1) Unless specifically provided for otherwise under the RHPA, the Act, the regulations, or these By-laws, every motion which properly comes before the Board shall be decided by a simple majority of the votes cast by the Directors in attendance. If the majority of the Board members present votes in favour of the motion, the motion shall be carried, otherwise, the motion shall be defeated.
- (2) The Chair of the meeting shall not vote on any matter unless there is a tie. In the event of a tie vote, the motion is defeated unless the Chair chooses to cast the deciding vote.
- (3) Proxy voting is prohibited.
- (4) A member may have their dissenting vote on a motion recorded in the minutes of the meeting by requesting so immediately after the result of the vote is announced at the meeting.

WRITTEN RESOLUTIONS

- 4.67. A resolution in writing, signed by all persons entitled to vote on that resolution at a meeting of Council or a committee, is as valid as if it had been passed at a meeting. This section does not apply to hearings before a committee or a panel of a committee.

MINUTES

- 4.78. (1) The President shall cause the proceedings of Council meetings to be recorded. The Chair shall cause the proceedings of Committee meetings to be recorded.
- (2) The written record of the proceedings of Council or Committee meetings when approved at a subsequent Council or Committee meeting, subject to any corrections made at a subsequent meeting, is conclusive proof of the accuracy of the contents of every such record.
- (3) After its approval, the written record of every Council or Committee meeting shall be retained in keeping with College policies.

RULES OF ORDER

- 4.89. ~~Kerr and King's Procedures for Meetings and Organizations, Third Edition, are the rules of order for meetings of Council and form part of these By-laws. Except where inconsistent with the RHPA, the Act, or these By-laws, the rules for the meeting of the Board are set out in Appendix D of these By-laws.~~

By-laws: Appendix D

MEETING GUIDELINES FOR THE BOARD OF DIRECTORS

Agendas

1. Agendas for Board meetings will be prepared by the Registrar in collaboration with the Chair and will be aligned with the Strategic Plan. In the event of disagreement between the Chair and the Registrar regarding agenda items, the decision of the Chair shall be final.
2. Directors who wish to request that an item be added to the agenda may bring the matter to the attention of the Chair and the Registrar at least 30 days prior to the scheduled meeting. In considering the request, the Chair and the Registrar will take the following factors into account:
 - a. Board meeting time/capacity.
 - b. Alignment with the Board's strategic agenda/work plan, objectives and Governance Manual.
 - c. Any information collection or research that may be required for the Board to adequately consider the matter, and the time needed to collect the information or conduct the research.
3. If the item is added to the agenda, the General Procedures outlined below apply. Staff will assist with the preparation of any materials related to the item the Director has put forward.
4. If the item is not added to the agenda, the Chair and Registrar shall inform the Director whether the item has been postponed to a future meeting or whether the item has been declined.
5. If an item is declined, the Chair and Registrar should provide reasons for the decision to the Director. If the Director is not satisfied with the reasons provided, the Director can seek a review of the decision by the entire Board.
6. The Board can either uphold the decision of the Chair and Registrar or decide that the item originally proposed by the Director should be added to the agenda for the following Board meeting. The Board's decision is final.

General Procedures

7. Each agenda topic shall be introduced briefly by the person or Committee representative raising it.
8. Any topic on the agenda can be discussed without a motion needing to be made first.
9. The Board will make decisions through motions. Motions will commonly be made if:

- a. a decision will commit the College to an action or a public position, or
 - b. the Chair or the Board is of the opinion that the nature of the matter or discussion warrants a motion.
10. For a decision by motion, the Chair shall call for a motion when it appears to the Chair that the debate has concluded, or when the time allocated to the debate of the matter has concluded. If a motion is made, the rules on motions will apply.
 11. These rules shall apply, with necessary modifications, to meetings conducted by teleconference or any other electronic means permitted by the By-laws, including audio or video conferencing.
 12. These rules may be relaxed by the meeting Chair if greater informality is beneficial in the particular circumstances unless the Board requires strict adherence.
 13. These meeting guidelines are subject to review periodically.

Motions

14. Motions require a mover and a seconder.
15. Any motions that have not yet been moved, including any proposed motions in the meeting materials, may be modified prior to being put forward.
16. When the motion contains distinct proposals, any Director may require the vote upon each proposition to be taken separately.
17. No Director shall be present in the room, participate in a debate, or vote upon any motion in which they have a conflict of interest, and the vote of any Director with a conflict of interest shall be disallowed.
18. When a matter is being voted on, no Director shall enter or leave the meeting, and no further debate is permitted.
19. Any motion decided by the Board shall not be re-introduced during the same session except by a two-thirds vote of the Board present at the meeting.

Amendments and Other Subordinate Motions

20. A motion that has been moved and seconded may be amended by a motion to amend. The Chair shall rule a motion to amend out of order if it is irrelevant to the main motion or defeats the basic effect of the main motion.
21. When a motion has been moved and seconded, no other motion may be made except:
 - a. a motion to amend the motion,
 - b. a motion to refer the original motion to a Committee for further study or consideration,
 - c. a motion to postpone the motion, either indefinitely or to a specific meeting,

- d. a motion to call the question and proceed to a vote, or
- e. a motion to adjourn the meeting.

- 22. When a motion to refer a motion to a Committee has been made, it shall be decided before any amendment is decided and, if it is passed, no further debate or discussion is permitted.
- 23. A motion to amend the main motion shall be disposed of before the main motion is decided. Only one motion to amend a motion can be made at a time.

Preserving Order

- 24. The Chair shall preserve order and decorum and shall rule on any question of order or procedure, except where such a ruling would be inconsistent with the *Regulated Health Professions Act, 1991*, the *Physiotherapy Act, 1991*, the regulations, the By-Laws or the Governance Policies of the College. A Director may appeal the Chair's ruling to the Board.
- 25. Whenever the Chair is of the opinion that a motion offered to the Board is contrary to these meeting guidelines or the By-laws, they shall rule the motion out of order and give their reasons for doing so.
- 26. When any Director wishes to speak, they shall indicate so by raising their hand.
- 27. The meeting Chair shall manage the speaking order or may delegate management of the speaking order.
- 28. When called upon, the Director shall address the Chair and confine the discussion to the matter under debate.
- 29. The Chair may limit the number of times a Director may speak, limit the length of speeches, and impose other restrictions reasonably necessary to finish the agenda of a meeting.
- 30. If a Director believes that another Director has behaved improperly or if there is a violation of the College's By-laws or meeting guidelines, they can raise a concern called a "point of order." The Chair shall promptly rule on the point of order. If the Director disagrees with the Chair's decision, they can ask the entire Board to review the matter. The decision of the entire Board is final.
- 31. Staff members and consultants with expertise in a matter may be called upon to answer questions. In addition, the Registrar may provide information relevant to a matter on their own initiative, subject to the direction of the Chair.
- 32. Observers at a Board meeting are not allowed to speak to address the Board unless a specific request to address the Board has been made and approved prior to the meeting, and Directors shall not discuss Board matters with the observers.
- 33. Directors shall mute their electronic devices during Board meetings. Electronic devices can be used during Board meetings to review materials related to the matter under debate and to make notes on the debate.
- 34. Directors are to be silent while others are speaking.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 6.0

**Council Meeting
March 25-26, 2024**

Agenda #6.0: Finalizing Implementation of the Committee Vice-Chair Model

It is moved by

and seconded by

that:

Council approves the proposed role description for the Committee Vice-Chair and the proposed By-law and Governance Policy revisions to fully implement the Committee Vice-Chair model.

COUNCIL BRIEFING NOTE

For Decision

Topic:	Finalizing Implementation of the Committee Vice-Chair Model
Public Interest Rationale:	Fosters efficiency by establishing a consistent backup for Committee Chairs to ensure continuity in the work of the committee if the Committee Chair is unavailable. Also supports succession planning.
Strategic Alignment:	<i>Performance & Accountability:</i> Enhances the stability of committees and supports skills development and succession planning for potential Committee Chairs.
Submitted By:	Mara Berger, Director, Policy, Governance & General Counsel
Attachments:	Appendix A: Draft Governance Policy – Role of the Committee Vice-Chair Appendix B: Draft By-law Revisions Appendix C: Revised Allowances & Expense Policy

Issue

- The College is seeking direction regarding finalizing the implementation of a Committee Vice-Chair model for committees.
- The Committee Vice-Chair model ran as a pilot project for the past year. Continuing the Committee Vice-Chair model for the upcoming committee year would require amendments to the By-laws and Governance Policies to set out the responsibilities of Committee Vice-Chairs and provide for the appropriate remuneration.

Decision Sought

- Council is being asked to approve the proposed role description for the Committee Vice-Chair and the proposed By-law and Governance Policy revisions to fully implement the Committee Vice-Chair model.

Background

- At the [June 2023](#), Council meeting, Council approved a pilot project to test the implementation of a Vice-Chair model for committees.
- In support of the pilot, Vice-Chairs for most of the College's committees were approved as part of the 2023-2024 Committee Slate.
 - The only exceptions are the Quality Assurance Committee, the Registration Committee and the Patient Relations Committee, which do not currently have a Committee Vice-Chair.



- Because this was a pilot project, no updates to the By-laws or the Governance Policies were made at the time. The understanding was that any necessary updates would be introduced at the end of the pilot as part of the discussion whether to fully implement the Committee Vice-Chair model going forward.
- With the current committee year coming to an end, the College is now seeking direction regarding making the necessary updates to the By-laws and Governance Policies to finalize the implementation of the Vice-Chair model.

Current Status and Analysis

- Having Committee Vice-Chairs appointed can result in more efficiency regarding meeting management and provides a consistent approach to situations where a Committee Chair is unavailable to attend a meeting.
 - All of the College's committees meet frequently. While the meeting schedule is set at the beginning of the committee year, it is understood that Committee Chairs may not be able to attend every committee meeting.
 - When the Committee Chair is unavailable, the Committee Vice-Chair automatically steps in to chair the meeting, ensuring that the meeting can proceed as scheduled.
 - In the absence of a designated Committee Vice-Chair, the Committee Chair would have to canvass the other Committee members to determine whether one of them would be able to chair the meeting in their absence.
 - If no Committee member felt comfortable chairing, the meeting would need to be rescheduled, leading to a delay in the consideration of the matters before the Committee.
- While some absences of Committee Chairs are known in advance, Committee Chairs can become unavailable to chair a committee meeting on short notice, for example due to sudden illness. Because the Committee Vice-Chair is a designated stand-in for the Committee Chair, the Committee Vice-Chair can step in on an emergency basis without needing prior notice.
- Having Committee Vice-Chairs appointed also ensures continuity and certainty in instances where a Committee Chair may have to take an unexpected leave from the Committee or resigns throughout the Committee year. This helps to mitigate the risks that would otherwise result from a sudden turnover of the Committee leadership.
- The Committee Vice-Chair model also supports succession planning by allowing more Committee members to actively develop the skills necessary to chair a committee should the opportunity arise. Specifically, it provides the Vice-Chairs with an opportunity to prepare for the move to being a Chair by allowing them to observe the Chair and stepping in for the Chair when needed.

Operational Considerations:

- Revisions to the By-laws, specifically sections 7.7. and 7.8. are being proposed to officially establish the role of the Vice-Chair.
 - The revised By-laws would require the appointment of Committee Vice-Chairs as part of the Committee Slate and outline the process to address any vacancies.
- Draft role description for the Committee Vice-Chair has been created. The role description provides for both short-term absences of a Committee Chair (e.g., situations where a Committee Chair may have to miss a committee meeting) and a longer-term absence (e.g., situations where a Committee Chair has to take a leave of absence due to personal reasons).
 - The draft role description outlines the responsibilities of a Committee Vice-Chair, including the kind of activities they may be asked to undertake if the Committee Chair is absent.
 - It also establishes the terms of office by confirming the appointment process and the number of a Council member or non-Council Committee member can be appointed as Vice-Chair of a committee.
- There are no extra costs associated with implementing the Committee Vice-Chair model. Committee Vice-Chairs would be compensated at the same rate as Committee Chairs under the Allowances & Expenses Policy whenever they assume the Committee Chair role.
 - During the pilot, Committee Vice-Chairs were reimbursed at the Committee Chair rate whenever they took on that role.
 - An addition to the Allowances & Expenses Policy that provides for the remuneration of Committee Vice-Chairs at the Committee Chair rate whenever they fulfill that role is being proposed that would now officially establish that principle.
 - Committee Vice-Chairs that only chair part of a meeting would be able to claim the hourly Committee-Chair rate for the portion of the meeting that they chaired. For the remainder of the meeting, they would be reimbursed at the Committee member rate.
- No additional work is otherwise expected from Committee Vice-Chairs that would necessitate additional funds to be set aside.

Next Steps

- If approved, the proposed revisions will be reconciled with any other approved updates to the By-laws and Governance Policies, prior to being posted on the College website.



- Section 94 of the Health Professions Procedural Code under the *Regulated Health Professions Act, 1991*, allows the College to create By-laws regarding the composition of committees and the remuneration of Committee members. Changes made to these By-laws can be approved by Council without circulation to the membership.

Questions for Council

- Do you have any questions regarding the briefing materials?

<u>Section:</u>	Roles & Responsibilities	Policy #
Title:	Role of Committee Vice-Chair	
Date approved:		
Date revised:		

By-law References

- a. By-laws: s.7.6, s.7.7, s.7.8

Primary Function

The Vice-Chair is a member of a statutory committee, non-statutory committee or task force and is appointed by Council to serve as Vice-Chair.

The Vice-Chair provides support to the Chair of the Committee or Task Force to ensure the Committee or Task Force fulfills its mandate. This includes providing advice to the Chair when asked and stepping in as the Chair when needed, for example to chair a Committee or Task Force meeting when the Chair is unavailable. All the Chair's responsibilities can be delegated to the Vice-Chair.

Specific Responsibilities

Committee Vice-Chairs are expected to:

1. Provide support and advise to the Committee Chair as needed.
2. Develop their personal knowledge of the role and duties of the Committee Chair.
3. In the absence of the Committee Chair, perform the Committee Chair's duties as needed, including but not limited to:
 - a. Collaborating with appropriate staff to set meeting agendas;
 - b. Chairing Committee meetings utilizing the Meeting Guidelines established by Council;
 - c. Encouraging respectful debate among Committee members to reach a decision or direction on committee matters;
 - d. Authorizing a Committee member to claim additional preparation time above the limit provided for in the Allowances and Expense Policy;
 - e. Evaluating Committee and Committee member performance;
 - f. Addressing any potential conflicts of interest of Committee members;
 - g. Addressing any Committee member performance issues or potential breaches of the Code of Conduct and bringing them to the attention of the President if needed;
 - h. Collaborating with appropriate staff to orient and support new Committee members; and

- i. Working with appropriate staff to prepare committee reports for Council.
4. Keep the Committee Chair apprised, as needed, of any issues that arose during the Committee Chair's absence.
5. Respond to staff questions and make decisions on behalf of the Chair when the Chair is unavailable.

Terms of Office

- A. Committee Vice-Chairs are nominated by the Executive Committee and appointed annually by Council members. The number of times a Council member or a non-Council Committee member can be appointed as a Vice-Chair to any committee is nine times.



2017

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

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

Approved by Council March 22, 2017, Revised December 14, 2017,
Revised March 20, 2018, Revised June 23, 2021,
Revised December 12, 2022, Revised June 26, 2023, Revised
September 29, 2023. Revised December 15, 2023.

Made pursuant to section 94 of the *Health Professions Procedural Code*
(being Schedule 2 of the *Regulated Health Professions Act, 1991*)

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Official By-Laws of the College of Physiotherapists of Ontario

Revised March 22, 2017, Revised December 14, 2017, Revised March 20, 2018,
Revised June 23, 2021, Revised December 12, 2022. Revised June 26, 2023. Revised September 29,
2023. Revised December 15, 2023.

All previous by-laws relating to the administration of the affairs of the College
are hereby repealed and replaced with this by-law.

Part 1 — Definitions

DEFINITIONS

1.1. In these by-laws, unless otherwise defined or required by the context:

- (a) “Academic Councillor” means a Councillor who is selected from a faculty of physiotherapy or physical therapy of a university in Ontario in accordance with section 3.2 of these By-laws and section 6(1)(c) of the Act;
- (b) “Act” means the *Physiotherapy Act, 1991*;
- (c) “Deputy Registrar” means a senior employee of the College with signing authority as set out in the By-laws and policies of the College;
- (d) “Auditor” means the person or firm appointed under subsection 2.7 (1) of the By-laws;
- (e) “By-laws” means the By-laws of the College;
- ~~(f)(a)~~ ~~“Chair” means the person designated to preside over meetings of committees or panels of committees of the College;~~
- ~~(g)~~(f) “Code” means the Health Professions Procedural Code, being Schedule 2 to the RHPA;
- ~~(h)~~(g) “College” means the College of Physiotherapists of Ontario (l’Ordre des Physiothérapeutes de l’Ontario);
- ~~(h)~~(h) “Committee” means a committee mentioned in Part 7 of these By-laws and includes those committees set out in section 10 of the Code;
- (i) “Committee Chair” means the person designated to preside over meetings of committees or panels of committees of the College;
- (j) “Committee Vice-Chair” means the person designated as the Committee Vice-Chair for a statutory or non-statutory committee;
- ~~(j)~~(k) “Council” means the Council of the College established by section 6 of the Act;
- ~~(k)~~(l) “Councillor” means a member of Council and includes an Elected Councillor, an Academic Councillor and a Publicly-Appointed Councillor;
- ~~(l)~~(m) “Elected Councillor” means a Councillor who is a Registrant and who is elected or appointed in accordance with section 3.1 of these By-laws;
- ~~(m)~~(n) “Fiscal Year” means April 1 to March 31;
- ~~(n)~~(o) “Mail” means regular postal mail, courier mail, facsimile, or email;
- ~~(o)~~(p) “Minister” means the Minister of Health;
- ~~(p)~~(q) “Non-Council Committee Member” means a person who is not a Councillor and who is appointed to serve on a committee in accordance with section 7.6 of these By-laws;
- ~~(q)~~(r) “Place of Practice” means any location where the Registrant practises physiotherapy;
- ~~(r)~~(s) “President” means the President of Council and Chair of the Executive Committee;

~~(s)~~(t) “Publicly-Appointed Councillor” means a Councillor who is appointed by the Lieutenant Governor in Council in accordance with section 6(1)(b) of the Act;

~~(t)~~(u) “Registrant” means a member of the College as set out in section 13 of the Code;

~~(u)~~(v) “Registrar” means the Registrar of the College as required by the Code and as further described in section 2.9 of these By-laws;

~~(v)~~(w) “Regulations” mean the regulations under the RHPA and the Act;

~~(w)~~(x) “RHPA” means the *Regulated Health Professions Act, 1991*, and includes the Code;

~~(x)~~(y) “Signing Officer” means the Registrar, Deputy Registrar(s), President and Vice-President; and

~~(y)~~(z) “Vice-President” means the Vice-President of Council.

SELECTION OF STATUTORY AND NON-STATUTORY COMMITTEES, ~~AND~~ COMMITTEE CHAIRS AND COMMITTEE VICE-CHAIRS

- 7.7. (1) As soon as possible after the annual election of the President, the Vice-President and the Executive Committee, Council shall appoint the [Committee Chair](#), [Committee Vice-Chair](#), and members of each committee in accordance with the College's governance policies as approved by Council.
- (2) If any vacancies occur in the [Committee Chair](#), [Committee Vice-Chair](#) or membership of any committee, Council may appoint a replacement [Committee Chair](#), [Committee Vice Chair](#) or Committee member in accordance with the College's governance policies as approved by Council.
- (3) Where the Chair of a committee is unable to act for a matter or a period of time, [the Committee Vice-Chair shall act on their behalf, unless the Committee Vice-Chair role is vacant, in which case the Committee Chair](#) ~~they~~ shall appoint from the Committee a person to act on their behalf. Where the Chair of a committee is unable to act for more than two consecutive meetings [and the Committee does not currently have a Committee Vice-Chair](#), Council shall appoint a new Chair.

STATUTORY AND NON-STATUTORY COMMITTEE PROCEDURES

- 7.8. (1) Each committee shall meet from time to time at the direction of Council or at the call of the [Committee](#) Chair at a place in Ontario and at a date and time set by the [Committee](#) Chair.
- (2) Subject to subsection (3), unless otherwise provided in the RHPA, the Act or the Regulations, a majority of members of a committee, or of a panel of a committee, including at least one Publicly-Appointed Councillor constitutes a quorum.
- (3) Unless otherwise provided in the RHPA, the Act or the Regulations, in exceptional circumstances, the Chair of a Committee may determine that a committee meeting may proceed without the presence of at least one Publicly-Appointed Councillor.
- (4) The [Committee](#) Chair, [Committee Vice-Chair](#) or a designate shall preside over meetings of the Committee.
- (5) Every question which comes before the Committee may be decided by a majority of the votes cast at the meeting (including the [Committee](#) Chair's) and, if there is an equality of votes on a question, the question shall be deemed to have been decided in the negative.
- (6) A Non-Council Committee Member is eligible for re-appointment to a committee annually, except that a Non-Council Committee Member may not serve for more than nine consecutive years.
- (7) Where one or more vacancies occur in the membership of a committee, the Committee members remaining in office constitute the Committee as long as any composition or quorum requirements in the RHPA, the Act or the Regulations are satisfied.
- (8) In addition to other provisions in these By-laws that permit the removal of a Committee member in specific circumstances, any Committee member may be removed from the Committee, with or without cause, by a two-thirds majority vote of the Councillors present at a Council meeting duly called for that purpose.

Section:	Finance	Policy #4.1
Title:	Allowances and Expenses	
Applicable to:	Councillors who are members of the profession¹, committee members, members of task forces and working groups, and, where applicable, independent contractors²	
Date approved:	March, 2015	
Date revised:	December 2017, April 2018, June 2021, March 2023, September 2023	

Section 1: Purpose Statement

The purpose of the policy is to establish and articulate the process of compensation for work done on behalf of the College and for expenses incurred while on College business.

Section 2: Principles³

1. The basis of College work is public service. Any remuneration that may be paid is not expected to be competitive with the marketplace or an individual's usual occupational compensation. Allowances are paid to partially offset the cost of an individual's contribution rather than to pay for services rendered or compensate for lost income or the opportunity to earn income.
2. Registrant dollars are used prudently and responsibly with a focus on accountability and transparency.
3. Expenses for travel, meals, and accommodations support the work of the College.
4. Travel is approved only after other methods of hosting the meeting or event are considered.
5. Meetings that are not full day should be conducted virtually. Full day meetings can be held virtually, hybrid, or in person.
6. Plans for travel, meals and accommodation are necessary and economical with due regard for health and safety.
7. Authorized expenses incurred during or performing College business are reimbursed.

¹ Councillors who are appointed to Council by the Lieutenant Governor (public appointees) are paid by the government and as such the rules for their compensation and expenses are established and monitored by the Ministry of Health and Long-Term Care. Therefore, this policy does not apply to them.

² Independent contractors are retained by the College for specific services according to the terms of a contract and include assessors, examiners, coaches, and other as determined by the College. Independent contractors may refer to this policy unless they are already subject to guidelines that are established outside of this policy. Independent contractors exclude consultants and firms hired for projects. In this case, expenses are negotiated as part of the agreement with the College. This policy applies when expenses are not negotiated or outlined in a contractual agreement for services provided.

³ Principles are benchmarked to the Remuneration Framework and Highlights of Allowable Expenses for Public Appointees to the Health Professions Regulatory Colleges from the Health Boards Secretariat (HBS).

8. Individuals who reside in the area where the College function is being held are encouraged to use available and convenient transit options without the need for overnight accommodation.

Section 3: Policy

3.1 Rules for Allowances

Application and Scope

An *allowance* is a payment for time spent on College-related business. Allowances are composed of allowances, travel time, and preparation time. Allowances are paid to Councillors who are members of the profession, non-Council Committee members, members of task forces and working groups, and independent contractors for participating in activities that are relevant to College business.

Payments are made based on the rules in this policy and the Rate Schedule. The Rate Schedule is not considered part of this policy and will be reviewed and updated each year by staff based on reference benchmarks and communicated broadly to affected parties.

Allowance rates are reviewed on an annual basis. Allowance rates may be adjusted based on changes in cost-of-living rates. The amount of any adjustment would be determined by the College each fiscal year. Any changes to the rates will be communicated broadly to affected parties.

Allowance General

- a) A claim for an allowance may include any or all meeting-related time, travel time, and/or preparation time in keeping with the rules in this policy and the Rate Schedule.
- b) One allowance claim may be submitted for the corresponding meeting.
- c) A full day implies seven hours of work.
- d) Teleconferences and virtual meetings are meetings and are therefore considered to be time that may be claimed.
- e) Meetings involving deliberations of a panel are considered to be scheduled meetings.
- f) Allowances will be paid to individuals⁴ who are requested by the College to attend a function for representation or education purposes.

⁴ Consistent with the Application and Scope for Allowances.

Meeting Time

- g) Any allowance claim for meeting time may be claimed in 15-minute increments consistent with the Rate Schedule.
- h) For meetings that are three hours or less in duration, the actual number of full or partial hours up to a maximum of three hours may be claimed.
- i) For meetings that are more than three hours in duration or scheduled to be more than three hours in duration, a full day allowance may be claimed, even if the meeting concludes earlier than its scheduled duration.
- j) If a single day meeting, hearing, or function is cancelled without at least 2 business days' notice, those who were scheduled to attend may claim an allowance equal to the duration of the scheduled meeting. If a single day meeting is cancelled with more than 2 business days' notice, no allowance is paid.
- k) If a consecutive multi-day meeting, hearing, or function is cancelled without at least 2 business days' notice, those who were scheduled to attend may claim an allowance of 50% of the total meeting duration. For example, for a 5-day consecutive meeting (typically a hearing), 2.5 days may be claimed. If a multi-day meeting is cancelled 3-5 business days prior to the start of the hearing, those who were scheduled to attend may claim 25% of the total meeting duration. If a multi-day meeting is cancelled with more than 5 business days' notice, no allowance is paid.
- l) Allowances will not be paid for College activities that have been compensated by one's employer.

Additional Activities of Committee Chairs

- m) Additional activities refer to work that is required to fulfill the role of the Chair or to support the work of the Committee.
- n) A Committee Chair may claim allowance for participation in additional activities outside of meeting preparation time, meeting attendance time, and travel time. These activities will be reimbursed at the Chairs' allowance rate.
- o) Reimbursement for additional activities for Committee Chairs is subject to an annual maximum amount, consistent with the Rate Schedule.

p) Once the annual maximum amount is reached, additional activities for chairs will not be reimbursed for the remainder of the fiscal year.

q) In any instance where the Committee Vice-Chair functions as the Committee Chair, the Committee Vice-Chair shall be reimbursed at the Committee Chair's allowance rate.

Additional Activities of the President

r) Additional activities refer to work that is required to fulfill the role of the President or to support the work of Council.

s) The President may claim allowance for participation in additional activities outside of meeting preparation time, meeting attendance time, and travel time. These activities will be reimbursed at the President's allowance rate.

t) Reimbursement for additional activities for the President is subject to an annual maximum amount, consistent with the Rate Schedule.

u) Once the annual maximum amount is reached, additional activities for the President will not be reimbursed for the remainder of the fiscal year.

Additional Activities of the Vice President

v) Additional activities refer to work that is required to fulfill the role of the Vice President.

w) The Vice President may claim allowance for participation in additional activities outside of meeting preparation time, meeting attendance time, and travel time. These activities will be reimbursed at the President's allowance rate.

x) Reimbursement for additional activities of the Vice President is subject to an annual maximum amount, consistent with the Rate Schedule.

y) Once the annual maximum amount is reached, additional activities for the Vice President will not be reimbursed for the remainder of the fiscal year.

Preparation Time

z) Preparation time is a payment for time spent getting prepared for College-related activities⁵. The goal of preparation time is to ensure that individuals are adequately

⁵ For the purposes of this policy, preparation time will include decision writing and decision review.

prepared to participate in upcoming meetings or, where applicable, other College activities.

~~z)~~aa) _____ The time billed for preparation should be less than or equal to the time billed for the meeting. For example, for meetings of up to three hours duration, the maximum preparation time is three hours. For meetings of more than three hours duration that have been billed for seven hours, the maximum preparation time is seven hours.

~~aa)~~bb) _____ When a Committee member requires more time for preparation than is permitted under bb., the Committee Chair may authorize additional preparation time.

~~bb)~~cc) _____ When a Committee Chair requires more time for preparation than is permitted under bb., a request for additional preparation time may be approved by the individual through which chairs submit their claims, in accordance with the Procedure section of this policy.

~~ee)~~dd) _____ There are no restrictions on the number of requests for additional preparation that a Committee member or chair may make during a year.

~~dd)~~ee) _____ Activities that are allowed to be claimed as preparation time are at the discretion of the approving authority.

~~ee)~~ff) _____ Preparation time is paid in accordance with the Rate Schedule.

Travel Time

~~ff)~~gg) _____ Travel time is a payment for time spent getting to and from College-related business. The actual time spent traveling from an individual's starting point of travel to the meeting or event destination is subject to reimbursement.

3.2 Rules for Expenses

Application and Scope

Eligible expenses are reimbursed to Councillors who are members of the profession (including academic members); non-Council Committee members; members of task forces and working groups; and independent contractors when they are incurred while conducting College business. Reimbursement is made based on the rules in this policy and the Rate Schedule.

Expense rates are benchmarked against Canada Revenue Agency (CRA) and National Joint Council (NJC) guidance for the current year. The Rate Schedule is reviewed and updated by staff on an annual basis to maintain consistency with the CRA and NJC rates. Any changes to the rates will be communicated broadly to affected parties.

Expenses – General

- a. Detailed itemized invoices or receipts are required for all expense claims (i.e., not just the credit card receipt).
- b. Invoices and/or receipts must include a description of the goods purchased or services rendered, the cost, taxes, gratuities, and, if applicable, the HST Registration Number⁶.

Expenses – Travel

- c. Travel includes:
 - Economy airfare for flights;
 - Economy class train fare for trips less than two hours;
 - Business class train fare for trips of greater than two hours;
 - Local public transportation;
 - Taxi;
 - Ride-sharing service; or
 - Use of a personal car.
- d. Only in limited circumstances is business class travel acceptable for train trips under two hours, and only with prior approval, such as:
 - Choosing a travel time that allows you to reduce expenditures on meals or accommodation (e.g., compare an economy class ticket plus a meal with the cost of a business class VIA Rail ticket, where meals are included)
 - Accommodation or accessibility requirements; and/or
 - Health and safety considerations.
- e. The cost of the most economical or practical mode of travel may be claimed unless other means are more practical, and this is evident from the explanation on the claim form⁷.
- f. Local taxis or ride-sharing service may be used when warranted by expedience and practicality.

⁶ For internet purchases, a copy of the payment confirmation should also be included.

⁷ Such reasons may include: urgency, transportation delays, inconvenient train or bus schedules, more than one person travelling together by car, taxi because of baggage, automobile and parking instead of public transportation, etc.

- g. Travel expenses incurred in traveling to/from home or place of employment, or to/from the point of business and public transportation terminal may be claimed when they are part of a larger journey.
- h. An allowance per kilometer will be paid for the use of a personal car in accordance with the Rate Schedule.

Expenses – Accommodation

- i. Hotel accommodation⁸ will be covered for individuals if it is not practical to travel to and from the meeting or event on the day of the meeting or event, such as if an individual is required to travel out of town and overnight to attend a College function.
- j. Reimbursement will be made for hotel accommodation based on a basic/standard room, conveniently located and comfortably equipped.
- k. Where overnight stays are required, people may choose to stay at the hotel at which the College has negotiated a corporate rate, if available, or another hotel of their choosing, in accordance with the Rate Schedule. If a corporate hotel rate is available, reimbursement will be made for the lower of the two rates.
- l. Exceptions to the maximum accommodation rates in the Rate Schedule may be made where necessary and appropriate.
- m. Individuals are responsible for managing their own hotel bookings. Penalties related to cancellations or changes of hotel reservations are the claimant's responsibility and may be reimbursed only in exceptional circumstances⁹.
- n. Hotel accommodation at conventions, congresses etc. should take advantage of any special group or convention rates at the conference hotel or be taken at another hotel where the rate does not exceed the conference hotel rate.
- o. When private accommodations (e.g. friends or family) are used in lieu of hotel accommodation, claims for reimbursement may be submitted in accordance with the Rate Schedule.

Expenses – Meals

⁸ For the purposes of this policy, hotel accommodations include private homestay rentals listed on online property sharing platforms (for example, Airbnb or similar platforms).

⁹ Such circumstances include where there is no adequate notice of a meeting cancellation or re-scheduling.

- p. Meal expenses incurred while travelling on College business may be claimed when it is not practical to travel to and from the meeting or event on the day of the meeting or event, and where meals are not provided by the College on the travel days.
- q. Meal expenses cannot be claimed when the College provides a meal during its meeting/event.
- r. Meal expenses do not include alcoholic beverages.

Expenses – Gratuities

- s. Reasonable gratuities for meals may be claimed over and above the maximum allowable for the meal. (i.e. for a meal of \$35.00, the expense claim may include the \$35.00 meal and a gratuity for a total of \$35.00 + gratuity = claim).
- t. Reasonable gratuities for accommodation, taxis, and ride-sharing services should be included in the cost claimed along with the accompanying receipt.
- u. A reasonable amount may be claimed for gratuities paid for other services (such as porters, delivery, etc.).

Expenses – Other Allowable¹⁰

- v. Parking.
- w. Purchased services such as printing, copying, etc. when they cannot conveniently be provided.
- x. Internet. The most economical rate for hotel internet costs when the internet is reasonably required for the College business being conducted.

Expenses – Additional Interpretation

- y. Expenses not covered by the rules in this policy must be approved in advance by the individual responsible for approving the claim.

Section 4: Procedure

1. Claims for allowances or expenses must be submitted to the College within 30 calendar days of the activity that resulted in the claims.
2. Claims not submitted within 30 days will not be paid.

¹⁰ When attending College business only

3. Claims will be submitted to and reviewed and approved by the individual with oversight for the activity that resulted in the claims. Adjustments to the claim may be made to ensure adherence to this policy.
4. Any discrepancies between what this policy permits and the claims submitted will be addressed with the claimant by the approving individual, and by the Registrar.
5. The College will do its best to pay claims within 30 days of receiving them.
6. For statutory committees, the Program area managers will review and approve the Committee member and Chairs' claims. Any discrepancies will be reviewed by the COO. For non-statutory committees, the Program area will review and approve the Committee member and Chairs' claims. Any discrepancies will be reviewed by the President.
7. The Registrar will review and approve the President's claims.
8. The President will review and approve the Registrar's claims.

Government Taxes

Claims for time are considered to be taxable income by the Canada Revenue Agency and as such are processed through the College's payroll office. In keeping with Canada Revenue Agency Rules, the College will annually prepare and provide T4s to those who claim time-based allowances from the College.



COUNCIL BRIEFING NOTE

For Decision

Topic:	Executive Committee Elections 2024-2025
Public Interest Rationale:	Ensuring appropriate governance of the CPO through elections of the Executive Committee.
Strategic Alignment:	Performance & Accountability
Submitted By:	Craig Roxborough, Registrar & CEO
Attachments:	Candidate Statements Received

Issue

- There are upcoming openings for the President, Vice-President and Members at large positions on the Executive Committee for 2024-2025. A vote will take place at the March 2024 Council meeting to fill these positions.

Background

- The Executive Committee consists of the President, Vice President, and three Members at Large. There must be at least one but no more than two Public Appointees on the Committee.
- The new Executive Committee will assume its role at the June 24-25th Council meeting.
- The term for Executive Committee members is one year.
- The Executive Committee's current 2023-2024 composition includes:
 - Nitin Madhvani, President
 - Theresa Stevens, Vice-President
 - Carole Baxter, Member at Large
 - Katie Schulz, Member at Large
 - Janet Law, Member at Large

Current Status and Analysis

- The following are nominations that were received prior to the deadline of Wednesday March 13th:
 - Nitin Madhvani, President
 - Katie Schulz, Vice-President or Member at Large
 - Gary Rehan, Vice-President or Member at Large
 - Theresa Stevens, Member at Large
 - Carole Baxter, Member at Large
 - Frank Massey, Member at Large

- Nominations from the floor are permitted.
- All nominees will be given the opportunity to address Council prior to the election.
- The election will be administered by the Registrar.
- Where there is only one candidate for a position, the candidates will be acclaimed. Where there is more than one candidate for a position, an election will be held using an electronic voting software that facilitates secret ballot voting. All Council members must have access to their computer during the voting period to access the voting link.



2024-2025 Executive Committee Candidate Statement



Nitin Madhvani

Public Member

Nominated for:

President

Appointed Council Terms:

December 6, 2019 – December 5, 2020

December 6, 2020 – December 5, 2023

December 6, 2023 – December 5, 2026

CPO Committees:

Patient Relations Committee	2021-2022
Executive Committee	2021-2024
Risk, Audit and Finance Committee	2020-2024
Discipline and Fitness to Practice Committees	2020-2023
Quality Assurance Committee	2020-2021

Candidate Statement:

It is an honour to be nominated for Council President for fiscal 2025 and it has been a privilege to have served this past year. I believe we've come a long way over the past few years, especially under Theresa's leadership and I'm excited about working with the positive momentum to keep going. I am especially energized by the governance changes we are planning for the coming year, allowing us to continue to focus on guiding the College with the right data and information to drive decisions, while giving our wonderful staff the room to creatively address our changing regulatory landscape. I also want to continue highlighting our partnerships with other health system organizations, bringing a continuous and comprehensive understanding of who, how, when, and why we regulate physiotherapists, with an eye on the societal value of self-regulation. We still have a lot to do, but I'm excited to be doing it alongside all of you.



2024-2025 Executive Committee Candidate Statement



Gary Rehan

District 4 Eastern

Nominated for:

Vice President & Member-at-large

Elected Council Terms:

2014 – 2017

2017 – 2020

2023 – 2026

CPO Committees:

Discipline and Fitness to Practice Committees	2014 - 2016, 2023 - 2024
Quality Assurance Committee	2012 - 2016
Executive Committee	2015 - 2020
Inquiries, Complaints and Reports Committee	2011 - 2012, 2016 - 2024
Registration Committee	2016 - 2017
Risk, Audit and Finance Committee	2016 - 2021, 2023 - 2024

Candidate Statement:

I am honored to have been nominated to serve as the next Vice President and Member of the Executive Committee at the College.

The current organizational posture and upcoming projects on the horizon for Council demand informed, experienced, and knowledgeable leadership. My shared vision with Council focuses on organizational risk readiness, implementation of governance changes, progressing forward on our strategic plan, and enhancing supports to ensure Council and Committee success – with the goal of ensuring ongoing access to quality, safe, and competent physiotherapy services to all Ontarians.

At times when regulatory and governance changes appear to be on the horizon, Council requires sound leadership to navigate new opportunities for organizational modernization and growth.

I have a demonstrated record of excellence in leadership at the College, and within provincial and federal organizations. Over the past 13 years, I have been privileged to have the opportunity of serving on all College committees, and Chairing the Registration, ICRC, Finance, and Executive Committee.

I have previously served as Vice President of the College, where, in partnership with the President and Council, I successfully led the organization through a phase of challenge and change. This opportunity helped me demonstrate the specific strategic leadership skills, knowledge, and time commitment necessary for the Vice President position.

I have earned a Master's Degree in Health Management from the DeGroot School of Business, and remain credentialed as a Certified Health Executive in Canada. The combination of my education and broad leadership experience, with my organizational experience at the College spanning over a decade, position me well to be a true partner with the President, Registrar, and Council in leading our College into the future.

I appreciate your support of my candidacy. I promise to continue working hard in upholding your trust in furthering the College's mandate of public protection.

Gary Rehan, PT CHE



2024-2025 Executive Committee Candidate Statement



Katie Schulz

District 2 Central Western

Nominated for:

Vice-President or Member at Large

Elected Council Terms:

2019 – 2022

2022 – 2025

CPO Committees:

Executive Committee	2021 – 2022, 2023 – 2024
Inquiries, Complaints and Reports Committee	2022 – 2024
Discipline and Fitness to Practice Committees	2019 – 2024
Registration Committee	2019 – 2024

Candidate Statement:

When considering what makes a good Executive Committee member, I think of the following: the ability to synthesize large amounts of information and consider its importance and relevance in protection of the public and following the CPO's mission and vision. Time management and organisational skills are key to success. Having lived experience on various committees, both as a member and as chair, provide the relevant knowledge and wisdom to either discuss or facilitate, as needed.

Since starting on Council in 2019, I have progressively taken on more responsibility, serving on Executive Committee for 2 years, and acting as Chair of the Registration Committee, Vice-Chair of the ICRC, and Panel Chair for Discipline Hearings. I have received positive feedback on my contributions from both colleagues and staff. I am highly organized, have a solid work ethic, and have an excellent attendance rate over the past 5 years. I take my job on council seriously and strive to represent myself in a professional, yet welcoming manner. I have developed strong working relationships with staff, the Registrar, and Deputy Registrar through my committee and council work. I pride myself on staying calm under pressure. I have chaired many meetings and acted as a Panel Chair on the Discipline Committee and have found effective ways to facilitate the group through some difficult and emotional decisions. Through my work as faculty at McMaster University, I have developed strong facilitation and feedback skills, which have provided me with comfort and confidence when presented with challenging situations at Council and on Committees. Serving as Vice-President is the logical next step, and I would represent and serve the council well in this role.



2024-2025 Executive Committee Candidate Statement



Carole Baxter

Public Member

Nominated for:

Member at Large

Appointed Council Terms:

May 13, 2021 - May 12, 2022

May 13, 2022 - May 12, 2025

CPO Committees:

Inquiries, Complaints and Reports Committee	2021-2024
Executive Committee	2022-2024
Discipline and Fitness to Practice Committees	2021-2024
Registration Committee	2022-2023
Quality Assurance Committee	2021-2022



2024-2025 Executive Committee Candidate Statement



Frank Massey

Public Member

Nominated for:

Member at Large

Appointed Council Terms:

August 17, 2023 – August 16, 2024

CPO Committees:

Discipline and Fitness to Practice Committees	2023-2024
Registration Committee	2023-2024
Risk, Audit and Finance Committee	2023-2024

Candidate Statement:

The role of the Executive Committee is to provide leadership to Council, to promote governance excellence, and to facilitate effective functioning of the College. My experience at the intersection of enterprise risk management and emerging technology would serve the College well. The governance, risk and compliance challenges in adopting emerging technology need to be appropriately managed. To tackle these challenges, leaders need to be conversant with the opportunities and risks these technologies present to the College, the physiotherapy profession, and the broader healthcare landscape.

Having spearheaded regulatory governance programs, serving on advisory committees, and building risk teams from the ground up, place me in a good position to address these challenges. I completed the Directors Education Program at the Institute of Corporate Directors and blend a computer science background with an MBA in finance. While leading enterprise risk management and compliance initiatives, I have liaised with external audit, rating agencies and financial regulators. I have spoken at the CPA Ontario Association, the Rotman School of Management, and the Global Risk Institute in Financial Services on "Artificial Intelligence: Optimizing Business Transformation, Reducing Risk & Scaling Profitability."

To navigate the waters ahead, we need steady hands to chart a successful course. This includes continuing to set the College up to succeed in a shifting regulatory environment, healthcare systems mergers, investing in digital health, serving northern Ontario communities, embracing equity, diversity and inclusion. My experience and background are well-suited to help the College chart such a successful course.



2024-2025 Executive Committee Candidate Statement



Theresa Stevens

District 1 South Western

Nominated for:

Member at Large

Elected Council Terms:

2016 – 2019

2019 – 2022

2022 – 2025

CPO Committees:

Inquiries, Complaints and Reports Committee	2011-2014, 2015-2016, 2018-2019, 2020-2021, 2023-2024
Executive Committee	2017-2024
Discipline and Fitness to Practice Committees	2013-2015, 2020-2021, 2023-2024
Risk, Audit and Finance Committee	2019-2024
Quality Assurance Committee	2009-2012, 2016-2018, 2019-2021

Candidate Statement:

I am honoured to accept the nomination to serve on the Executive Committee. I have worked as a physiotherapist in diverse public and private sectors, spanning rural and urban settings, for 35 years. I have two decades of leadership experience overseeing clinical and operational aspects of rehabilitation facilities. I believe my knowledge and skills will assist the Executive Committee in supporting the work of this College.

Additionally, my role as an international surveyor with the Commission for Accreditation of Rehabilitation Facilities (CARF) has given me a global perspective on healthcare standards and practices, enriching my ability to contribute meaningfully to this Council.

Throughout my career, I've actively participated in many College committees including Executive, Finance, Quality Management, Inquiries, Complaints and Reports, Discipline, and Fitness to Practice. This involvement has allowed me to develop a comprehensive understanding of the College's scope of work, and I deeply appreciate the challenges and opportunities faced by this College and Council.

My tenure as president provided me with insights into leadership amidst challenges and change, enabling me to help us navigate some significant difficulties encountered by the College. I am genuinely pleased to see a return to more normal operations at CPO this year.

Over the past 20 years, my involvement in key committees has improved my regulatory acumen and leadership skills essential for effective decision-making. I believe my unique blend of experiences positions me to contribute to the Executive Committee's mandate. This organizational experience is particularly important as Council contemplates significant governance changes proposed in the recent governance review.

Thank you for considering my candidacy. I am happy to serve in any capacity deemed valuable by this Council.



COLLEGE OF
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Council

8. Trauma-Informed Care

Anita Ashton

(Presentation)



COLLEGE OF
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de l'ONTARIO

Motion No.: 9.0

Council Meeting
March 25-26, 2024

Agenda #9.0: 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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de l'ONTARIO

Motion No.: 10.0

**Council Meeting
March 25-26, 2024**

Agenda #10.0: Committee Composition

It is moved by

and seconded by

that:

Council approves the proposed amendments to the College's By-laws and Governance Policies that would establish revised committee composition requirements and rescind Governance Policy #7.3 and #7.4 due to redundancy.

COUNCIL BRIEFING NOTE

For Decision

Topic:	Committee Composition
Public Interest Rationale:	Ensuring independence and impartiality in committee decision-making processes. Fostering diversity of perspectives and expertise within committees.
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 & General Counsel
Attachments:	Appendix A: Proposed Amendments to College By-laws Appendix B: Proposed Amendments to College Policies

Issue

- The College's current committee composition requirements favour the appointment of Council members to the College's statutory and non-statutory committees, often beyond the composition requirements established by the *Health Professions Procedural Code* ("the Code")¹. This has resulted in a challenging workload for Council members.
- Changes are being proposed to the College's By-laws and Governance Policies to provide more flexibility regarding committee composition and to foster greater separation of Council and committees in line with governance best practice.

Decision Sought

- Council is being asked to approve the proposed amendments to the College's By-laws and Governance Policies that would establish revised committee composition requirements and rescind Governance Policy #7.3 and #7.4 due to redundancy.

Background

- The *Code* requires that Public Council Members are appointed to the Registration, Discipline and Fitness to Practice Committees, as well as to the Inquiries, Complaints and Reports Committee. The Code also requires that Professional Council Members are appointed to the Discipline Committee.
 - The Code does not require that Professional Council Members are appointed to any other Committee.
- The College's By-laws and Governance Policies establish additional requirements for Professional and Public Council members to be appointed to all of the College's statutory and non-statutory committees.

¹ The *Health Professions Procedural Code* is Schedule 2 of the *Registered Health Professions Act, 1991*.



- The only exception is the Examinations Committee. While the Terms of Reference for the Examinations Committee seek the appointment of a Public Council member, they also provide the flexibility for the Examinations Committee to be properly constituted without one.
- The 2023 review of the College's governance practices identified several concerns with the current practice of appointing Professional and Council members to serve on the committees:
 - Lack of separation between governance, which is the focus of Council, and the adjudicative and regulatory work of committees, resulting in an inherent conflict of interest.
 - Lack of role clarity resulting in Council being drawn into focusing on regulatory operational details.
 - A challenging workload due to the responsibilities associated with serving on Council and at least one committee.
 - Over reliance of having Council members serve on committees for oversight purposes. Because committees play only a small role in the overall regulatory programs, this may not be the most effective oversight mechanism.
- Having different individuals serve on Council and committees has emerged as a governance best practice, and in some provinces that separation has now been mandated by legislation.
 - In Ontario, both the College of Physicians and Surgeons and the Ontario College of Pharmacists have transitioned away from appointing Council members to all of their committees. The Ontario College of Teachers only appoints Council members to three Council Subcommittees (Human Resources Subcommittee, Selection and Nominating Subcommittee and Audit and Finance Subcommittee).
 - Other health Colleges have indicated interest in pursuing a greater separation of Council and committee but have not yet made the necessary changes.
- A complete separation of Council and committees would require legislative changes to the Code. Nevertheless, there is an opportunity to create greater flexibility with respect to the appointment of Council members to committees. This would allow for a transition to most committees being primarily constituted with non-Council Committee members, including public non-Council Committee members.
 - The Executive Committee and the Risk, Audit and Finance Committee would be exceptions. These committees directly support Council with its governance and oversight role and should be composed of Council members.



- As part of the broader committee composition updates, it is also being proposed to require two Public Council members to sit on the Executive Committee to better balance the Committee, unless having two Public Council members appointed to the Executive Committee is not feasible due to limited availability of Public Council members. Currently, only one Executive Committee member must be a Public Council member.

Current Status and Analysis

- Currently, members of Council make up the majority of Committee members on most of the statutory and non-statutory committees, with the only exception being the Examinations Committee. Based on recommendations of the governance practices review, this does not seem to represent best practice nor a good use of resources.
- While the College has the ability to recruit non-Council Committee members, including public non-Council Committee members, that ability is not currently being used to its full advantage.
- Creating more flexibility in the College's By-laws and Governance Policies to allow for less dependence on Council members serving on committees has several potential benefits that align with priorities identified by Council as part of the governance practices review:
 - Creating a greater separation of Council and Committee members, where possible and appropriate, would reduce the potential blurring of roles. It would allow Council members to direct most of their focus on governance and strategic oversight, while the Committee members could focus on the mandate of their respective committees.
 - There would be less of a burden placed on Council members, alleviating some of the workload concerns that have been raised. This includes less reliance on Public Council members to be represented on all of the committees, since there is no statutory requirement for Public Council members to be appointed to the Quality Assurance Committee, the Patient Relations Committee or the Examinations Committee.
 - By no longer having strict requirements for Council members to serve on committees, physiotherapists, who may be deterred by the time commitment associated with serving on both Council and committees, may be encouraged to run for Council positions.
 - Increased recruitment of non-Council Committee members, including public non-Council Committee members, would provide opportunities for greater diversity of perspectives and specific expertise on committees through competency- and needs-based recruitment.
- The proposed changes are not meant to explicitly prevent Council members from being on committees; instead, they are drafted in a manner that no longer mandates Council members presence on committees unless required by the Code.
- As part of the shift, it is also proposed that Governance Policies #7.3 – Public Member Representation on College Committees and #7.4 – Public Member Attendance at Committee Meetings be rescinded.



- The composition requirements for each committee include at least one Publicly Appointed Councillor or public non-Council Committee member. Because their inclusion is already mandated by the composition requirements for the committees, Governance Policy #7.3 is not needed. Should any new committees be established in the future, the requirement to have a Publicly Appointed Councillor or public non-Council Committee member as part of the Committee can likewise be established via the composition requirements.
- With respect to Governance Policy #7.4, the By-laws also have a provision that addresses when a committee meeting may proceed without a Publicly Appointed Councillor or public non-Council Committee member present. To streamline, it is being proposed to amend the provision in the By-laws to capture the considerations that inform the decision on whether to proceed with the meeting currently outlined in the Governance Policy and rescind the Policy.
- Additionally, Governance Policy #7.11 – Appointment of a Task Force and/or an Advisory Group would be amended to also permit the appointment of public non-Council Committee members to a task force or advisory group when deemed appropriate.
- Council members currently constitute a significant portion of committee membership. This necessitates the continued presence of Council members to ensure consistency and a smooth knowledge transfer while the College would transition to the new committee composition model.
 - As part of the transition, the College would also work on establishing appropriate oversight mechanisms to ensure Council has effective oversight over the Committees irrespective of the committee composition.

Table of Proposed Committee Composition Changes

Committee	Current Composition	Proposed Composition
Executive Committee	5 people: <ul style="list-style-type: none"> ● At least 3 Professional Members of Council ● At least 1 but not more than 2 Public Members of Council 	5 people: <ul style="list-style-type: none"> ● At least 3 Professional Members of Council ● 2 Public Members of Council, unless availability is limited, in which case 1 Public Member of Council shall be sufficient
Inquiries, Complaints and Reports	Minimum of 5 people, at least: <ul style="list-style-type: none"> ● 2 Professional Members of Council ● 2 Public Members of Council ● 1 Non-Council Committee Member 	Minimum of 5 people, including at least: <ul style="list-style-type: none"> ● 2 Registrants (Professional Council Members or non-Council Committee members) ● 2 Public Members of Council



Committee	Current Composition	Proposed Composition
Discipline & Fitness to Practise	Minimum of 10 people, at least: <ul style="list-style-type: none"> • 2 Professional Members of Council • 3 Public Members of Council • 1 Non-Council Committee Member 	No changes
Quality Assurance	Minimum of 5 people, at least: <ul style="list-style-type: none"> • 2 Professional Members of Council • 2 Public Members of Council • 1 Non-Council Committee Member 	Minimum of 5 people, including at least: <ul style="list-style-type: none"> • 2 Registrants (Professional Council Members or non-Council Committee Members) • 1 Public Member of Council or public non-Council Committee Member
Registration	Minimum of 5 people, at least: <ul style="list-style-type: none"> • 1 Professional Member of Council • 1 Academic Member • 2 Public Members of Council • 1 Non-Council Committee Member 	Minimum of 5 people, including at least: <ul style="list-style-type: none"> • 2 Registrants (Professional Council Members or non-Council Committee Members) • 2 Public Members of Council
Patient Relations	Minimum of 3 people, at least: <ul style="list-style-type: none"> • 1 Professional Member of Council • 1 Public Member of Council • 1 Non-Council Committee Member 	Minimum of 3 people, including at least: <ul style="list-style-type: none"> • 1 Registrant (Professional Council Members or non-Council Committee Members) • 1 Public Member of Council or public non-Council Committee Member
Risk, Audit, and Finance (non-statutory)	Minimum of 5 people, at least: <ul style="list-style-type: none"> • President • Vice President • 3 Councillors including at least 1 Public Member of Council 	No changes
Examinations (non-statutory)	<ul style="list-style-type: none"> • At least 1 Canadian-educated recent Registrant (IPC) • At least 1 Internationally Educated recent Registrant (IPC) • At least 2 Physiotherapy Supervisors • 1 Member of the Public (Testing/Assessment Experience) • 1 Public Member of Council 	<ul style="list-style-type: none"> • At least 1 Canadian-educated recent Registrant (IPC) • At least 1 Internationally Educated recent Registrant (IPC) • At least 2 Physiotherapy Supervisors • 1 public non-Council Committee Member (Testing/Assessment Experience)



Next Steps

- If approved, the proposed revisions will be reconciled with any other approved updates to the By-laws and Governance Policies, prior to being posted on the College website.
- Section 94 of the Health Professions Procedural Code under the *Regulated Health Professions Act, 1991*, allows the College to create By-laws regarding committee composition. Changes made to these By-laws can be approved by Council without circulation to the membership.

Questions for Council

- Is there anything regarding the proposed changes to the committee composition requirements that requires additional clarification?



2017

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



Part 7—Statutory and Non-statutory Committees

STATUTORY COMMITTEES

The Executive Committee

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

The Registration Committee

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

The Inquiries, Complaints and Reports Committee

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

The Discipline Committee

- (4) (a) The Discipline Committee shall be composed of at least ten persons of whom:



- (i) at least two are Councillors who are Registrants;
- (ii) at least three are Publicly-Appointed Councillors; and
- (iii) at least one is a Non-Council Committee Member.

~~(b) Quorum for panels of the Discipline Committee is indicated in set out in subsection 38 (5) of the Code.~~

The Fitness to Practise Committee

- (5) (a) The Fitness to Practise Committee shall be composed of at least ten persons of whom:
 - (i) at least two are Councillors who are Registrants;
 - (ii) at least three are Publicly-Appointed Councillors; and
 - (iii) at least one is a Non-Council Committee Member.

~~(b) Quorum for panels of the Fitness to Practise Committee is set out in subsection 64 (3) of the Code.~~

The Quality Assurance Committee

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

The Patient Relations Committee

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

EXECUTIVE DELEGATION

- 7.2. (1) The College shall post the following information on its website regarding meetings of the Executive Committee:
 - (a) the date of the meeting;
 - (b) the rationale for the meeting;
 - (c) where the Executive Committee acts as Council or discusses issues that will be brought forward to or affect Council, a report of the discussion or decisions made; and
 - (d) a statement as to whether its decision or decisions will be ratified by Council.



NON-STATUTORY COMMITTEES

The Risk, Audit, and Finance Committee

- 7.3. Council may, by resolution, establish non-statutory committees, task forces and advisory groups. For each non-statutory committee, task force or advisory group, Council shall specify in the resolution the duties and responsibilities of the committee, its composition and its termination date or event.
- 7.4. (1) The Risk, Audit, and Finance Committee shall be composed of at least five Councillors, being:
- (a) the President and Vice-President; and
 - (b) at least three other Councillors, at least one whom shall be a Publicly-Appointed Member.
- (2) The Risk, Audit, and Finance Committee shall have the duties set out in the College's governance policies as approved by Council.

The Examinations Committee

- 7.5. The Examinations Committee shall be composed in accordance with the requirements set out in the Examinations Committee's Terms of Reference as approved by the Board of Directors.

APPOINTMENT OF NON-COUNCIL COMMITTEE MEMBERS

- 7.6. (1) Council may appoint persons who are not Councillors to serve on both statutory and non-statutory committees.
- (2) A Registrant is eligible for appointment to a committee under this section if, on the date of the appointment, the Registrant meets the eligibility requirements set out in subsection 3.1.(9) of these By-laws and any other criteria set out in the governance policies as approved by Council.
- (3) A person who is not a Registrant is eligible for appointment to a committee under this section if, on the date of the appointment:
- (a) the person resides in Ontario;
 - (b) the person is not the subject of a discipline or fitness to practise proceeding before any regulator;
 - (c) the person has not been found guilty of professional misconduct, to be incompetent or to be incapacitated by any regulator in the preceding six years;
 - (d) the person has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act*;
 - (e) the person has not been found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the person's suitability to serve as a Committee



- member, unless a pardon or record suspension has been granted with respect to the finding;
- (f) the person has not been disqualified or removed from a Council or a committee in the preceding three years;
 - (g) the person is not and has not been in the twelve months before the appointment, a director, officer, Committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - (h) the person does not hold and has not held in the twelve months before the appointment, a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - (i) the person is not an employee of the College;
 - (j) the person is not a participant (other than on behalf of the College) in a legal action or application against the College;
 - (k) the person meets any other criteria set out in the governance policies as approved by Council;
 - (l) the person has completed an orientation about the College's mandate, and their role and responsibilities prior to attending their first committee meeting; and
 - (m) the person meets the competency requirements as set out in the applicable College policy approved by Council.
- (4) A Non-Council Committee Member who is a Registrant is disqualified from serving on a committee based on the grounds for disqualification as set out in subsection 3.1 (26).
- (5) A Non-Council Committee Member who is not a Registrant is disqualified from serving on a committee if the person:
- (a) ceases to meet the requirements in paragraphs (3) (c), (d), (e), (g), (h), or (j), above, which shall result in automatic disqualification,
 - (b) ceases to meet the requirements in paragraphs (3) (a), (i), or (k) above, which shall result in a vote by Council regarding disqualification of the Non-Council Committee Member;
 - (c) fails to attend two consecutive meetings of the Committee without good reason in the opinion of Council; or
 - (d) fails, in the opinion of Council, to discharge properly or honestly any office to which they have been appointed.
- (6) If a Non-Council Committee Member who is not a Registrant becomes the subject of a discipline or fitness to practise proceeding before any regulator, they shall be suspended from serving on a committee until the matter is resolved.
- (7) The determination of Council as to whether a person is eligible for appointment or becomes disqualified under this section is final and without appeal.
- (8) A Non-Council Committee Member shall not serve more than nine consecutive years on one or more committees of the College. And, following the completion of nine consecutive years of



service on one or more committees, they shall not be appointed again to a committee until they have completed a one-year waiting period.

- (9) In exceptional circumstances, the Council may exempt a person from compliance with the requirements set out in subsection (8), above.

SELECTION OF STATUTORY AND NON-STATUTORY COMMITTEES AND COMMITTEE CHAIRS

- 7.7. (1) As soon as possible after the annual election of the President, the Vice-President and the Executive Committee, Council shall appoint the Chair and members of each committee in accordance with the College's governance policies as approved by Council.
- (2) If any vacancies occur in the Chair or membership of any committee, Council may appoint a replacement Chair or Committee member in accordance with the College's governance policies as approved by Council.
- (3) Where the Chair of a committee is unable to act for a matter or a period of time, they shall appoint from the Committee a person to act on their behalf. Where the Chair of a committee is unable to act for more than two consecutive meetings, Council shall appoint a new Chair.

STATUTORY AND NON-STATUTORY COMMITTEE PROCEDURES

- 7.8. (1) Each committee shall meet from time to time at the direction of Council or at the call of the Chair at a place in Ontario and at a date and time set by the Chair.
- (2) Subject to subsection (3), unless otherwise provided in the RHPA, the Act or the Regulations, a majority of members of a committee, or of a panel of a committee, ~~including at least one Publicly-Appointed Councillor~~ constitutes a quorum.
- (3) Unless otherwise provided ~~for~~ in the RHPA, the Act or the Regulations, in exceptional circumstances, the Chair of a Committee, in conjunction with the Committee members present at the meeting, may determine that a committee meeting may proceed without the presence of at least one Publicly-Appointed Councillor or public non-Council Committee member when the planned attendance of the Publicly-Appointed Councillor or the public non-Council Committee member is interrupted by unforeseen personal circumstances and the benefit of proceeding outweighs the desirability of having a Publicly-Appointed Councillor or public non-Council Committee member present.
- (4) The Chair or a designate shall preside over meetings of the Committee.
- (5) Every question which comes before the Committee may be decided by a majority of the votes cast at the meeting (including the Chair's) and, if there is an equality of votes on a question, the question shall be deemed to have been decided in the negative.
- ~~(6) A Non-Council Committee Member is eligible for re-appointment to a committee annually, except that a Non-Council Committee Member may not serve for more than nine consecutive years.~~
- ~~(7)~~(6) Where one or more vacancies occur in the membership of a committee, the Committee members remaining in office constitute the Committee as long as any composition or quorum requirements in the RHPA, the Act or the Regulations are satisfied.

Commented [MB1]: Duplication - this is covered in s.7.6(8)



~~(8)~~(7) In addition to other provisions in these By-laws that permit the removal of a Committee member in specific circumstances, any Committee member may be removed from the Committee, with or without cause, by a two-thirds majority vote of the Councillors present at a Council meeting duly called for that purpose.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO
Regulating Physiotherapists

Agenda Item: 10.0
Appendix B

2023

Governance Manual

Governance Manual

September 2023

INDEX

STATUS¹

Section 1.0 Roles & Responsibilities

1.1	<u>Role of Council</u>	Revised, June 2021
1.2	<u>Role of a Council Member</u>	Revised, September 2023
1.3	<u>Role of a Committee Chair</u>	Revised, September 2023
1.4	<u>Role of a Non-Council Committee Member</u>	Revised, September 2023
1.5	<u>Role of President</u>	Revised, September 2023
1.6	<u>Role of Vice President</u>	Revised, September 2023
1.7	<u>Role of Registrar</u>	Revised, September 2023

Section 2.0 Terms of Reference

2.1	<u>Inquiries, Complaints and Reports Committee – Statutory</u>	Revised, June 2021
2.2	<u>Discipline Committee – Statutory</u>	Revised, September 2023
2.3	<u>Executive Committee – Statutory</u>	Revised, September 2023
2.4	<u>Fitness to Practise Committee – Statutory</u>	Revised, September 2023
2.5	<u>Patient Relations Committee – Statutory</u>	Revised, June 2021
2.6	<u>Quality Assurance Committee – Statutory</u>	Revised, June 2021
2.7	<u>Registration Committee – Statutory</u>	Revised, June 2021
2.8	<u>Risk, Audit, and Finance Committee – Non-Statutory</u>	Revised, September 2023
2.9	<u>Examinations Committee – Non Statutory</u>	September 2022

Section 3.0 Confidentiality

3.1	<u>Confidentiality – General</u>	Revised, June 2021
3.2	<u>Privacy Procedures – Requests for Access or Corrections to Personal Information and Privacy Concerns</u>	Revised, June 2021

Section 4.0 Finance

4.1	<u>Allowances and Expenses</u>	Revised, September 2023
4.2	<u>Signing Officers</u>	Revised, June 2021
4.3	<u>Investments and Investment Strategy</u>	Revised, September 2023
4.4	<u>Insurance</u>	Revised, June 2021
4.5	<u>Capital Assets</u>	Revised, June 2021

¹ This refers to the date of the most recent approval or revision or whether it is under review.

Section 5.0 Policy

- 5.1 College Policy Review Schedule Revised, September 2023
- 5.2 Approval of Official Positions Revised, June 2021

Section 6.0 Intellectual Property

- 6.1 Intellectual Property and Related Uses Revised, September 2023

Section 7.0 General

- 7.1 Strategic Planning Cycle Revised, June 2021
- 7.2 Succession Planning Revised, June 2021
- 7.3 ~~Public Member Representation on College~~ Confirmed, June 2021
- 7.4 ~~Public Member Attendance at Committee Meetings~~ Revised, September 2023
- 7.5 Selection of Individuals to Committees, Task Forces and Advisory Groups Revised, September 2023
- 7.6 Performance Review Process for Registrar Revised, June 2021
- 7.7 Emergency Management Plan Revised, June 2021
- 7.8 Election Campaign Revised, June 2021
- 7.9 Council Education/Orientation Revised, September 2023
- 7.10 Council – Staff Relations Revised, June 2021
- 7.11 Appointment of a Task Force and/or an Advisory Group Revised, June 2021
- 7.12 Specialty Designation Confirmed, June 2021
- 7.13 Council In Camera Minutes – Storage and Access Approved, June 2021
- 7.14 Enterprise Risk Management September 2023

Section 8.0 Evaluation

- 8.1 Measurement and Reporting Revised, June 2021

Section: Terms of Reference **Policy #2.9**
Title: Examinations Committee
Date approved: September 23, 2022
Date revised:

Type

Non-Statutory

Legislative / By-law References

- a. By-laws: s.3.1(9), s.7.5, s.7.6

Accountability

Council

Role

The Examinations Committee is responsible for providing oversight of the development, administration and implementation of a fair, valid and reliable Ontario Clinical Exam (Exam).

Accountability

Council

Duties

1. Monitor the status of exam development, administration and implementation.
2. Provide financial oversight of the Exam program and make recommendations to Council as needed.
3. Review and approve changes to the Examination Blueprint (including exam structure and timing) with appropriate advice from psychometricians and other experts.
4. Monitor the status of item and exam form generation and the item bank.
5. Establish and review the cut score with appropriate advice from psychometricians and other experts.
6. Ensure the reliability and validity of the Exam in an ongoing way, including:

- a. Consider feedback from candidates and examiners collected through exam surveys and make recommendations where appropriate,
 - b. Review technical reports provided by consulting psychometricians and make recommendations related to information presented.
7. Review the assessment methodology used for the Ontario Clinical Exam every 5 years.
 8. Consider current literature on standards of competency assessment, examinations and testing and make recommendations if appropriate.
 9. Consider and approve Exam policies as needed.
 10. To provide regular reports to Council.
 11. To advise and/or make recommendations to Council on substantive issues relating to exam development, administration and implementation.
 12. Serve as the appeal body in cases where a candidate is dissatisfied with the outcome of the Exam Review in accordance with the Appeal Policy.
 13. Establish and review committee roles and composition and make recommendations to Council.
 14. Such other activities related to the development, administration and implementation of the Exam that are advisable.

Composition

The committee composition will include:

- A. At least one physiotherapist with an Independent Practice Certificate who graduated from a Canadian Physiotherapy Program within the last five years
- B. A least one physiotherapist with an Independent Practice Certificate who graduated from a Physiotherapy University Program outside of Canada and received their Independent Practice Certificate within the last five years
- C. At least two physiotherapists who have current experience with supervising or mentoring entry-level practitioners (for example, final year PT students, PT Residents, etc.)
- D. A member of the public with experience in the areas of assessment or testing

~~E. A publicly appointed member of Council~~

Members of the Committee who are physiotherapists will be chosen to include a diversity of experience with different practice settings, systems, and patient populations.

The Committee is properly constituted and may act despite it not being composed as specified above.

The Committee will be supported by College staff, assessment experts, a psychometrician, legal counsel and other advisors as needed.

Recruitment and Appointment

Prospective members of the Committee will be identified through a formal recruitment process based on the criteria defined in this policy, and according to the procedure defined in Governance Policy 7.5.

Committee members, including a Chair, will be appointed by Council in consultation with the Registrar. The Registrar will assist the Executive Committee and Council in the recruitment and selection process.

Exclusion Criteria

In addition to the eligibility criteria defined in the College's By-laws, members of the Committee cannot:

- Currently be or have been in the past a professional member of the Council for the College of Physiotherapists of Ontario, a voting Board member of the OPA / CPA, or a Board member of the Canadian Alliance of Physiotherapy Regulators
- Have any actual or perceived conflicts of interest
- Have Professional Conduct history with the College where the outcome was:
 - Registrar Directed Education
 - Advice and/or Recommendations
 - Caution
 - Undertaking
 - Specified Continuing Education and Remediation Program (SCERP)

- Referral to the Discipline Committee
- Referral to the Fitness to Practise Committee

- Have gone through an assessment through the quality assurance program where the outcome was a SCERP, terms limitations or restrictions imposed on their certificate or referral to the Inquiries Complaints and Reports Committee or its predecessor

- **Have been the subject of charges or findings under the:**
 - *Criminal Code of Canada*
 - *Controlled Drugs and Substances Act*
 - *Health Insurance Act*

Quorum

Quorum is confirmed when the majority of the Committee is in attendance.

Term of Office

Appointment to the Examinations Committee is one year and renewable, to a maximum of nine years total. Members may be re-appointed after each one-year term after Council has considered the results of a performance evaluation.

Termination Event

The Examinations Committee shall be dissolved when Council passes a resolution that it is no longer required to fulfill the College's mandate.

<u>Section:</u>	General	Policy #7.3
Title:	Public Member Representation on College Committees	
Applicable to:	Statutory and Non-Statutory College Committees	
Date approved:	June 2002	
Date confirmed:	December 2008, September 2010, June 2021	

Policy

~~It is a core value of the College of Physiotherapists of Ontario that the input of the public, as represented by the publicly appointed members of Council, should be a part of all decision-making processes.~~

~~In order to ensure that this core value is upheld, all of the College's statutory and non-statutory committees must include at least one member of Council who has been appointed by the Lieutenant Governor (a publicly appointed member of Council) in their composition.~~

~~This requirement must be met regardless of any other rules in the statute, regulation or by laws prescribing the composition of committees.~~

Procedure

- ~~1. When the Executive Committee prepares its annual proposed membership of nominees for positions on the College's statutory and non-statutory committees, the Executive Committee must ensure that the proposed membership of each committee includes at least one publicly appointed member of Council.~~
- ~~2. When Council approves the annual membership of the College's statutory and non-statutory committees, each approved committee membership must include at least one publicly appointed member of Council.~~
- ~~3. If the publicly appointed member of a College statutory or non-statutory committee must be replaced prior to the annual approval of College committee membership, the revised committee composition must still include at least one publicly appointed member.~~
- ~~4. Regardless of other considerations, the membership of College statutory or non-statutory committees must still meet all other requirements for committee composition prescribed in the statute, regulation or By laws.~~

Section: General **Policy #7.4**
Title: Public Member Attendance at Committee Meetings
Applicable to: Statutory Committees
Date approved: June 2002
Date revised: June 2021, September 2023
Date confirmed: December 2008, September, 2010

Legislative references

- a. ~~Health Professions Procedural Code: s.17, s.25, s.38, s.64~~
- b. ~~By-laws: s. 7.1~~

Policy

~~It is a core value of the College of Physiotherapists of Ontario that the input of the public, as represented by the publicly appointed Members of Council, should be a part of decision-making processes.~~

~~In order to uphold this core value, meetings of statutory committees, or panels of such committees, must not be scheduled unless at least one of the Committee member(s) appointed by the Lieutenant Governor (a publicly appointed Member(s) of Council) is/are available to attend the meeting. Meetings of statutory committees, or panels of such committees, should not be held, other than in exceptional circumstances, unless at least one of the Committee member(s) appointed by the Lieutenant Governor (a publicly appointed Member(s) of Council) is/are available to attend the meeting.~~

Procedure

~~If at least one publicly appointed Member is not able to attend the meeting of a statutory committee, the meeting should be postponed until such time as the publicly appointed Member is able to attend. In exceptional circumstances, a meeting may proceed when the planned attendance of the publicly appointed Member is interrupted by unforeseen immediate personal circumstances, provided that proceeding would not contravene the Code. The determination whether to proceed shall be made by the Committee Chair in conjunction with all Committee members that are present at the meeting. In making that determination, the Committee Chair and Committee members will consider whether the interests of the affected parties outweigh the desirability to have a Public Member present.~~

Section:	General	Policy #7.5
Title:	Selection of Individuals to Committees, Task Forces and Advisory Groups	
Applicable to:	Council, Committees, Task Forces and Advisory Groups	
Date approved:	June 2002	
Date revised:	June 2006, March 2007, March 2010, February 2013, March 2014, June 2021, September 2023	

By-law references

- a. By-law: 7.3

Policy

The College will establish and maintain a transparent process for the appointment of individuals to serve on committees, task forces or advisory groups of Council. Selection will be based on criteria developed to meet the terms of reference and needs of a specific initiative or purpose as established by Council including the ongoing development of Councillor [and Committee member](#) competencies. Appointments will be confirmed by Council.

Procedure

1. The Executive Committee, after considering expressions of interest, will recommend individuals to serve on statutory and non-statutory committees to Council at the first opportunity following an election, and from time to time as required.
2. The Executive Committee will include in its recommendations the identification of suggested Committee Chairs.
3. The Executive Committee will base its recommendations on selection criteria including:
 - a. Availability;
 - b. Eligibility;
 - c. Experience;
 - d. Interest;
 - e. Previous performance;
 - f. Development of Councillor [and Committee member](#) competencies;
 - g. Avoidance of foreseeable conflicts of interest; and
 - h. Recommendations from Committee Chairs.

4. Individual physiotherapists with specific expertise may be solicited to participate on a committee, task force or advisory group dependent on the Council-determined terms of reference.
5. All committee, task force or advisory group appointments will be for one year or the set term of the Task Force or Advisory Group, unless specific circumstances require a different term length.

Section:	General	Policy #7.11
Title:	Appointment of a Task Force and/or an Advisory Group	
Applicable to:	Council, Task Forces and Advisory Groups	
Date approved:	March 2010	
Date revised:	June 2021	

Policy

From time to time, to accomplish a specific initiative, Council may choose to establish a task force or an advisory group. Either entity is under the development and direction of Council and may be comprised of Councillors, registrants, and/or individuals with specific expertise external to the profession that meet the competency requirements as set out in the applicable College policy approved by Council. All deliverables of a task force or an advisory group are provided to Council for final approval.

Procedure

1. A task force or an advisory group is appointed by Council for a specific purpose and duration.
2. Either entity, once appointed, will report directly to Council, through the Executive Committee.
3. Council will approve the terms of reference of a task force or an advisory group. Such terms will include, at a minimum, its membership including a Chair, objectives, and deliverables.
4. A task force or an advisory group will report on its progress toward set objectives at every meeting of Council.
5. Professional members or public non-Council Committee members appointed ~~of~~ to a task force or an advisory group will be reimbursed for allowances and expenses by the College as per relevant College policies. ~~Publicly appointed members of~~ Publicly Appointed Councillors assigned to a task force or an advisory group must seek approval from the government to pay for their per diems and expenses. Pre-approval is coordinated by the Registrar and Governance ~~Analyst.~~ Specialist.
6. Every task force or advisory group will be supported by staff as designated by the Registrar.
7. The process and outcomes of every task force and advisory group will be evaluated for effectiveness and impact.



COUNCIL BRIEFING NOTE

For Information

Topic:	Q3 Financial Results
Public Interest Rationale:	Financial planning will ensure the programs and services provided the College are properly financially supported to protect and serve the public interest in each of the identified areas.
Strategic Alignment:	Performance and Accountability
Submitted By:	Zoe Robinson, CPA, CMA, VP Finance and Reporting
Attachments:	Appendix A: FY 2024 - Q3 - Statement of Operations - budget v actuals Appendix B: FY 2024 - Q3 - Statement of Financial Position Comparison Appendix C: FY 2024 - Q3 - Statement of Operations - compare to Prior Year Appendix D: FY 2024 - Q3 - Statement of Cash Flows

Issue

- This briefing note provides a summary of the College’s financial performance and health for period April 1, 2023, to December 31, 2023, of Fiscal Year 2024 (i.e., Q1, Q2, and Q3).

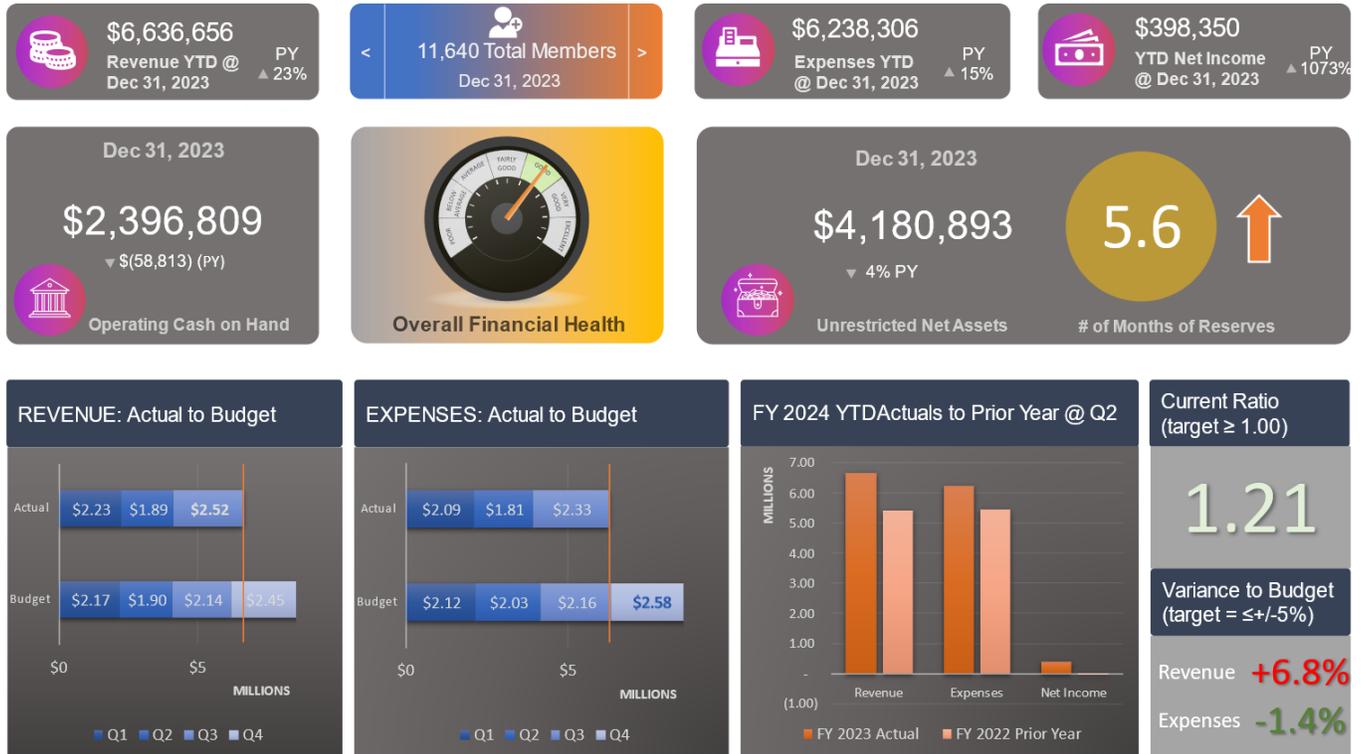
Decision/Outcome Sought

- The Q3 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)

Executive Summary

The College's core business continues to financially perform better than anticipated over the first 3 quarters of fiscal year 2024. Revenue that supports the College's core business is up 1% when compared to our budget while core business expenses are 4% lower than planned. These variances are within the Colleges established variance of 5%.

The Ontario Clinical Exam (OCE) is performance financially better than anticipated as enrolment is higher than planned for the OCE administrations held in FY 2024 between April 1, 2024 and December 31, 2023. The higher enrolment has results in higher revenues and higher expenses, although the surplus from the exam is higher than planned.

Overall, the College is performance financially better than planned when considering the combined results of the College's core business and the OCE.

The forecast to March 31, 2024, the end of the current fiscal year, anticipates the core business generating a small surplus while the OCE will generate a significantly higher surplus than anticipated. The College is anticipating a surplus of \$444,500 for the year ending March 31, 2024, with the OCE contributing nearly 90% of the surplus.

Overall Corporate Performance

- As of the end of FY 2024 Q3, December 31, 2023, the College has a \$398,350 surplus.
 - This is 358% higher than anticipated for the fiscal year 2024 annual operating budget for the period April 1, 2023, to December 31, 2023.
 - The improved financial performance was due to 6.8% increase in total revenue, while total expenses were 1.4% lower than the operating budget for the period April 1, 2023, to December 31, 2023.
- Overall revenue for the period April 1, 2023, to December 31, 2023, is \$6,636,656, approximately \$422,660 higher than budgeted.
 - Increased revenue over the period April 1, 2023, to December 31, 2023, is driven by higher revenue:
 - From the Ontario Clinical Exam in Q1 and Q3 as more candidates completed the exam than was planned (\$341,420 higher than planned)
 - Higher interest earned and accrued than planned in first 3 quarters for the fiscal year from cash operating accounts and investment portfolio (\$135,955 higher than planned)
 - Note: The Exam Exemption policy sunset as of March 31, 2023, and all PTs who were granted Independent Practice Certificates through the exam exemption policy completed all requirements to receive their IPC. No further revenue from the exam exemption policy will be recognized in FY 2024. The revenue generated from the exam exemption policy was \$62,600 lower than planned.
- Total expenses for the period April 1, 2023, to December 31, 2023, were \$6,238,306 and are 1.4% lower than budgeted for the same period.
 - Expenses continue to be lower than planned for:
 - Council and committee per diems, partly due to the timing of receiving Council member expense claims for various committees.
 - Translation costs for communications are lowered than planned.
 - Online communication costs are lower than planned at the end of Q3 as the College started to purchase Google Ads near the end of quarter following months of being unable to place ads.
 - Fewer external investigators or PC chart review required than planned to the end of Q3.
 - Legal expenses for discipline cases because discipline hearings were not held as planned in Q2 and the cost of legal fees for cases heard in Q3 was lower than anticipated.
 - 5 discipline cases that were accrued as of March 31, 2023, were closed in Q3 and added a credit of \$32,297 to the Complaints and Discipline Accrued Expenses. 16 discipline cases have been closed in FY 2024 that previously accrued as of March 31, 2023, totalling a credit of \$127,931 to legal fees, therefore, lowering the expense of the legal fees as of December 31, 2023.



- Expenses were higher in some areas notwithstanding the overall reduced expenses for the first 3 quarters of the fiscal year:
 - Bank and service charges are higher due to more candidates for the OCE which results in more revenue paid by credit cards.
 - Telephone and internet costs are higher than planned due to higher costs to provide services.
 - Ontario Clinical Exam expenses are higher than planned as of December 31, 2023, due to more candidates writing the exam than planned in June 2023 and October 2023.
 - The amount of cost orders received as of December 31, 2023, is lower than anticipated, and therefore, increases expenses by \$159,015. Cost orders represent the amounts of recouped discipline hearing expenses from Registrants.

Comparison of OCE and Core Business Statement of Operations (as of 12/31/2023)

The OCE generated an additional \$341,400 of revenue than planned by the end of Q3, 72% higher than planned. Expenses are 25% higher as more candidates complete the OCE, equalling \$794,000, including exam management, delivery, and CPO staff. Overall, the OCE is generating \$181,000 more net income than planned leading to a surplus as of December 31, 2023, of \$23,800. This result is following 2 administrations of the OCE: June 2023 and October 2023.

The College’s Core Business, excluding the OCE, is generating slightly higher revenue than planned, exceeding the plan by 1% due to increased revenue from interest earned and accrued. The expenses to operate the core business are 4% lower than planned. The combined effect is a surplus of \$374,550 from the Core Business as of December 31, 2023.

Table 1 - OCE v Core Business as of December 31, 2023

Item	Actuals	Budget	Variance (\$)	Variance (%)
Ontario Clinical Exam				
Revenue	\$817,820	\$476,400	\$341,420	72%
Expenses	\$794,021	\$633,696	\$160,325	25%
Surplus / (Deficit)	\$23,799	\$(157,296)	\$181,095	115%
Core Business				
Revenue	\$5,818,836	\$5,737,596	\$81,240	1%
Expenses	\$5,444,285	\$5,691,602	\$(247,327)	(4)%
Surplus / (Deficit)	\$374,551	\$45,994	\$328,556	721%
Total Corporate				
Revenue	\$6,636,656	\$6,213,996	\$422,660	6.8%
Expenses	\$6,238,350	\$6,325,298	\$(86,992)	(1.4)%
Surplus / (Deficit)	\$398,350	\$(111,301)	\$509,651	457%

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



- Assets decreased in Q3 from Q2 due to cash to support normal operations.
- Liabilities decreased in Q3 from Q2 as deferred revenue is recognized as revenue during the quarter.
- Current Ratio (e.g., current assets divided by current liabilities) = 1.21. This is higher than in Q2.
 - The College is financially stable, with over \$4.45 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 December 31, 2023 = 5.6 months.
 - This is 0.1 months higher than reported on September 30, 2023 (i.e., 5.5 months)

Looking Forward - Forecast

The forecast to the end of the fiscal year, March 31, 2024, anticipates an overall surplus of approximately \$445,000. The OCE is contributing approximately 88% of the surplus. The College's Core Business, excluding the OCE, is anticipated to generate a surplus of \$51,800 as revenues are forecasted to be 1% higher than planned and expenses are expected to be 2% lower than planned. The variances for the Core Business are within the College's 5% variance policy.

The OCE will be administered twice during Q4 in January and March. Higher revenues are expenses are expected with two administrations with the overall surplus for the OCE expected to increase.

In Q4, the core business' revenue remains flat relative to Q3 but expenses in Q4 are expected to be higher due to:

1. Higher bank fees and service charges as credit card processing fees are charged on renewals for Independent Practice Certificates.
2. Planned legal fees for professional conduct.

The year-end will also include a variety of accruals related to discipline cases and vacation that are not yet known, but may have an impact on the year-end financial results.

Table 2 - OCE v Core Business - Forecast as of March 31, 2024

Item	Forecast	Budget	Variance (\$)	Variance (%)
Ontario Clinical Exam				
Revenue	\$1,905,600	\$1,071,900	\$833,700	78%
Expenses	\$1,512,777	\$1,117,515	\$372,002	35%
Surplus / (Deficit)	\$392,823	\$(45,615)	\$438,438	961%
Core Business				
Revenue	\$7,707,177	\$7,596,715	\$110,240	1%
Expenses	\$7,655,326	\$7,796,053	\$(140,929)	(2)%
Surplus / (Deficit)	\$51,851	\$(199,338)	\$251,189	126%
Total Corporate				
Revenue	\$9,612,777	\$8,668,615	\$943,940	10.9%
Expenses	\$9,158,103	\$8,913,568	\$231,073	2.6%
Surplus / (Deficit)	\$444,673	\$(244,953)	\$689,627	281%

College of Physiotherapists of Ontario

Budget vs. Actuals: FY 2024 Statement of Operations

April - December, 2023

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Income				
4001 Registration Fees				
4007 Registration fee credits	-36,025.00	-32,144.75	-3,880.25	112.07 %
4011 Independent Practice - \$635	4,901,911.51	4,929,663.75	-27,752.24	99.44 %
4012 Independent Practice - ProRated	259,381.87	240,851.53	18,530.34	107.69 %
4013 Prof Corp Fees \$277	87,215.00	91,410.00	-4,195.00	95.41 %
4014 Provisional Practice Fees \$83	44,322.00	37,350.00	6,972.00	118.67 %
4021 Cross Border Fee \$111		333.00	-333.00	
Total 4001 Registration Fees	5,256,805.38	5,267,463.53	-10,658.15	99.80 %
4002 Interest Income	263,740.55	127,785.50	135,955.05	206.39 %
4008 Admin Fees				
4015 Application Fees \$111	134,066.00	129,728.48	4,337.52	103.34 %
4016 Letter of Prof Stand / NSF \$56	10,486.00	10,500.00	-14.00	99.87 %
4017 Wall Certificates \$28	3,853.00	1,995.00	1,858.00	193.13 %
4018 Late Fees \$249	2,490.00	2,801.25	-311.25	88.89 %
4019 Prof Corp Application \$774	24,620.00	26,122.50	-1,502.50	94.25 %
Total 4008 Admin Fees	175,515.00	171,147.23	4,367.77	102.55 %
4010 Miscellaneous Income	6,125.00		6,125.00	
4023 Sublease Income	5,800.00		5,800.00	
Total 4010 Miscellaneous Income	11,925.00		11,925.00	
4030 ETP Assessment Fees				
4031 Reg Com Exemption Fees (\$800)	108,600.00	171,200.00	-62,600.00	63.43 %
4032 Reg Com Screening Interview Fee	2,250.00		2,250.00	
4033 Reg Com - OCE Fee (\$1,985)	817,820.00	476,400.00	341,420.00	171.67 %
Total 4030 ETP Assessment Fees	928,670.00	647,600.00	281,070.00	143.40 %
Services	0.00		0.00	
Total Income	\$6,636,655.93	\$6,213,996.26	\$422,659.67	106.80 %
GROSS PROFIT	\$6,636,655.93	\$6,213,996.26	\$422,659.67	106.80 %
Expenses				
0051 do not use GST Expenses	0.00		0.00	
5000 Committee Per Diem				
5001 Chairs Education - per diem	3,625.50	8,037.00	-4,411.50	45.11 %
5002 ICRC - per diem	40,220.25	40,045.03	175.22	100.44 %
5003 Council - per diem	29,954.95	42,587.00	-12,632.05	70.34 %
5005 Discipline Committee - per diem	15,225.50	28,838.00	-13,612.50	52.80 %
5006 Executive - per diem	7,277.00	16,066.40	-8,789.40	45.29 %
5010 Patient Relations - per diem	158.50	2,812.20	-2,653.70	5.64 %
5011 QA Committee - per diem	2,265.25	7,592.33	-5,327.08	29.84 %
5012 Registration Com. - per diem	3,202.00	7,413.54	-4,211.54	43.19 %
5017 Finance Committee - per diem	3,047.00	4,529.67	-1,482.67	67.27 %
5018 Exam Committee - per diem	878.00		878.00	
Total 5000 Committee Per Diem	105,853.95	157,921.17	-52,067.22	67.03 %
5050 Committee Reimbursed Expenses				
5051 Chairs Education- expenses	6,582.28	14,337.00	-7,754.72	45.91 %
5052 ICRC - expenses	7,078.84	2,352.00	4,726.84	300.97 %
5053 Council - expenses	38,184.60	36,314.50	1,870.10	105.15 %

College of Physiotherapists of Ontario

Budget vs. Actuals: FY 2024 Statement of Operations

April - December, 2023

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
5055 Discipline Committee - expenses	0.00		0.00	
5056 Executive Committee - expenses	3,254.60	5,794.00	-2,539.40	56.17 %
5075 Finance Committee - expenses	941.35	2,108.00	-1,166.65	44.66 %
Total 5050 Committee Reimbursed Expenses	56,041.67	60,905.50	-4,863.83	92.01 %
5100 Information Management				
5101 IT Hardware	18,831.41	16,265.92	2,565.49	115.77 %
5102 Software	94,822.50	61,919.61	32,902.89	153.14 %
5103 IT Maintenance	121,896.68	119,184.62	2,712.06	102.28 %
5104 IT Database	104,925.48	112,438.00	-7,512.52	93.32 %
5109 IT Implementation Costs	34,114.79		34,114.79	
Total 5100 Information Management	374,590.86	309,808.15	64,782.71	120.91 %
5200 Insurance	13,028.31	9,243.99	3,784.32	140.94 %
5300 Networking	1,567.85	300.00	1,267.85	522.62 %
5301 Conferences and Travel	4,943.04		4,943.04	
5400 Office and General				
5402 Bank & service charges	61,341.06	23,119.50	38,221.56	265.32 %
5403 Maintenance & repairs	2,216.26	1,100.00	1,116.26	201.48 %
5405 Memberships & publications	15,350.38	22,837.63	-7,487.25	67.22 %
5406 CAPR Fees	185,059.88	179,487.09	5,572.79	103.10 %
5407 Office & kitchen supplies	3,151.70	4,500.00	-1,348.30	70.04 %
5408 Postage & courier	5,642.95	4,400.00	1,242.95	128.25 %
5409 Rent	391,736.88	380,799.53	10,937.35	102.87 %
5411 Printing, Filing & Stationery	4,232.55	2,250.00	1,982.55	188.11 %
5412 Telephone & Internet	30,063.15	15,238.08	14,825.07	197.29 %
5413 Bad Debt		7,500.00	-7,500.00	
Total 5400 Office and General	698,794.81	641,231.83	57,562.98	108.98 %
5500 Regulatory Effectiveness				
5502 Strategic Operations	62,120.04	71,560.00	-9,439.96	86.81 %
5503 Council Education	5,312.94	11,315.00	-6,002.06	46.95 %
5504 Elections	3,837.68		3,837.68	
5505 Policy Development	51,806.85	49,186.25	2,620.60	105.33 %
Total 5500 Regulatory Effectiveness	123,077.51	132,061.25	-8,983.74	93.20 %
5600 Communications				
5605 Translation Services	-7,506.59	16,300.00	-23,806.59	-46.05 %
5620 Print Communication	290.37	600.00	-309.63	48.40 %
5621 Online Communication	40,873.83	80,598.45	-39,724.62	50.71 %
5622 In-Person Communication	2,528.50	3,500.00	-971.50	72.24 %
Total 5600 Communications	36,186.11	100,998.45	-64,812.34	35.83 %
5700 Professional fees				
4004 Cost recovery from cost orders	-33,985.02	-193,000.00	159,014.98	17.61 %
5701 Audit	1,130.00	0.00	1,130.00	
5702 Hearing Expenses	4,514.28	10,219.09	-5,704.81	44.17 %
5704 Investigation Services				
5710 Undercover Assessment Fees	2,425.67	678.00	1,747.67	357.77 %
5711 External Investigators	68,430.84	72,000.00	-3,569.16	95.04 %
5712 PC - Chart Review	2,650.50	18,000.00	-15,349.50	14.73 %

College of Physiotherapists of Ontario

Budget vs. Actuals: FY 2024 Statement of Operations

April - December, 2023

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
5713 Summons - Conduct fees	226.00	300.00	-74.00	75.33 %
5714 Fees to Secure Records	475.05	150.00	325.05	316.70 %
5715 Corporate Searches	408.21	94.00	314.21	434.27 %
5716 Transcripts	5,875.45	5,400.00	475.45	108.80 %
Total 5704 Investigation Services	80,491.72	96,622.00	-16,130.28	83.31 %
5705 Professional services - Other	10,057.00	10,000.00	57.00	100.57 %
5706 Investigator travel		2,700.00	-2,700.00	
5707 Decision writing	33,325.30	28,590.00	4,735.30	116.56 %
5708 Peer / Expert opinions	18,552.60	32,400.00	-13,847.40	57.26 %
5750 Legal				
5751 Legal - QA	130.52	6,695.25	-6,564.73	1.95 %
5752 Legal - Registration	15,296.81	22,300.00	-7,003.19	68.60 %
5753 Legal - Professional Conduct				
5760 General Counsel	14,534.41	0.00	14,534.41	
5761 Independent Legal Advice	33,881.93	79,987.05	-46,105.12	42.36 %
5762 Hearing Counsel	40,558.01	154,245.00	-113,686.99	26.29 %
5763 Court Proceedings & Appeals	17,204.37	0.00	17,204.37	
Total 5753 Legal - Professional Conduct	106,178.72	234,232.05	-128,053.33	45.33 %
5754 Legal - Council Advice	7,897.01	13,560.00	-5,662.99	58.24 %
5755 General Legal	3,362.88	6,750.00	-3,387.12	49.82 %
5756 C & D Accrual Expense	-127,931.20		-127,931.20	
5757 Legal - Corporate Obligations	226.00	4,500.00	-4,274.00	5.02 %
5758 Legal - Practice Advice	6,857.97	2,050.00	4,807.97	334.54 %
5759 Legal - Policy	180.80		180.80	
Total 5750 Legal	12,199.51	290,087.30	-277,887.79	4.21 %
Total 5700 Professional fees	126,285.39	277,618.39	-151,333.00	45.49 %
5800 Programs				
4022 Recovery of Therapy Costs	-1,111.12		-1,111.12	
5802 Jurisprudence	14,086.09	12,465.57	1,620.52	113.00 %
5810 Quality Program				
5821 Assessor Travel		2,292.00	-2,292.00	
5823 Assessor Training	3,557.00	10,250.00	-6,693.00	34.70 %
5824 Assessor Onsite Assessment Fee	2,250.00	6,750.00	-4,500.00	33.33 %
5825 Assessor Remote Assessment	99,608.00	87,400.00	12,208.00	113.97 %
Total 5810 Quality Program	105,415.00	106,692.00	-1,277.00	98.80 %
5830 Entry to Practice - Projects	0.00		0.00	
5831 OCE Examiner Exam Fee	293,336.72	162,253.00	131,083.72	180.79 %
5832 OCE Examiner Training Fees	49,096.98	64,441.12	-15,344.14	76.19 %
5833 OCE Staff Compensation	0.00	15,372.15	-15,372.15	0.00 %
5834 Exam Committee - per diem	7,604.00	9,840.00	-2,236.00	77.28 %
5835 Exam - Technology costs	110,543.85	95,733.00	14,810.85	115.47 %
5836 Exam Delivery Costs	23,260.00		23,260.00	
5837 Exam - Admin / Misc. costs	20,015.26	18,928.00	1,087.26	105.74 %
5838 Exam - Consultant Fees	32,419.50	25,765.00	6,654.50	125.83 %
5839 Exam - Legal costs		0.00	0.00	
5840 Exam - Development / Misc.costs	23,372.19		23,372.19	

College of Physiotherapists of Ontario

Budget vs. Actuals: FY 2024 Statement of Operations

April - December, 2023

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
5841 Exam - PT Assessment costs	5,408.81	4,500.00	908.81	120.20 %
5842 Exam - Screening Interview cost	39,577.00	39,000.00	577.00	101.48 %
Total 5830 Entry to Practice - Projects	604,634.31	435,832.27	168,802.04	138.73 %
5880 Remediation				
4025 Office of Registrar Chargeback		0.00	0.00	
5871 QA Practice Enhancement fees	4,452.50	0.00	4,452.50	
4029 QA Remediation Chargeback	-325.00	0.00	-325.00	
Total 5871 QA Practice Enhancement fees	4,127.50	0.00	4,127.50	
5882 Remediation - ICRC	33,833.77	18,720.00	15,113.77	180.74 %
4028 ICRC Remediation Chargeback	-32,567.27	-18,720.00	-13,847.27	173.97 %
Total 5882 Remediation - ICRC	1,266.50	0.00	1,266.50	
5883 Remediation - Registration	2,064.31	0.00	2,064.31	
4027 Registration Chargeback	-1,962.50	0.00	-1,962.50	
Total 5883 Remediation - Registration	101.81	0.00	101.81	
5884 Remediation - Discipline	5,790.46	16,380.00	-10,589.54	35.35 %
4026 Discipline Chargeback	-6,667.96	-16,380.00	9,712.04	40.71 %
Total 5884 Remediation - Discipline	-877.50	0.00	-877.50	
5886 Remediation - Office+Registrar		0.00	0.00	
5887 Coach Training	2,953.60	0.00	2,953.60	
Total 5880 Remediation	7,571.91	0.00	7,571.91	
5890 Therapy and Counselling Fund	15,281.22	45,695.52	-30,414.30	33.44 %
Total 5800 Programs	745,877.41	600,685.36	145,192.05	124.17 %
5900 Staffing				
5901 Salaries	3,192,422.33	3,306,222.88	-113,800.55	96.56 %
5902 Employer Benefits	139,926.49	136,573.08	3,353.41	102.46 %
5903 Employer RRSP Contribution	153,040.28	173,215.23	-20,174.95	88.35 %
5904 Consultant fees	7,377.59	12,000.00	-4,622.41	61.48 %
5905 Staff Development	32,886.04	40,750.00	-7,863.96	80.70 %
5906 Recruitment	1,298.55	3,600.00	-2,301.45	36.07 %
5907 Staff Recognition	17,445.56	21,445.00	-3,999.44	81.35 %
5908 Registrar & Requested Education		325.00	-325.00	
5909 Employee Overtime	123,610.40		123,610.40	
5911 CPP - Canadian Pension Plan	97,736.02	122,080.00	-24,343.98	80.06 %
5912 EI - Employment Insurance	33,816.65	37,999.99	-4,183.34	88.99 %
5913 EHT - Employer Health Tax	67,562.00	56,699.99	10,862.01	119.16 %
5914 Vacation Pay Adjustment	-59.11		-59.11	
Total 5900 Staffing	3,867,062.80	3,910,911.17	-43,848.37	98.88 %
6001 Amortization	84,996.14	123,612.29	-38,616.15	68.76 %
Total Expenses	\$6,238,305.85	\$6,325,297.55	\$ -86,991.70	98.62 %
NET OPERATING INCOME	\$398,350.08	\$ -111,301.29	\$509,651.37	-357.90 %
NET INCOME	\$398,350.08	\$ -111,301.29	\$509,651.37	-357.90 %

College of Physiotherapists of Ontario

Statement of Financial Position Comparison

As of December 31, 2023

	TOTAL		
	AS OF DEC. 31, 2023	AS OF SEP. 30, 2023 (PP)	AS OF DEC. 31, 2022 (PY)
Assets			
Current Assets			
Cash and Cash Equivalent			
1000 Cash on Hand	0.00	0.00	0.00
1001 Petty Cash	0.00	0.00	250.00
1003 CC Clearing - RBC - 100-999-2	7,235.88	6,588.29	1,645.01
1005 Operating - RBC - 102-953-7	156,700.69	73,298.69	70,479.22
1103 Savings - RBC - 100-663-4	2,232,872.51	5,398,478.73	2,383,247.11
Total 1000 Cash on Hand	2,396,809.08	5,478,365.71	2,455,621.34
1100 Investments			
1101 RBC Prime Linked GIC	1,500,000.00	0.00	0.00
1102 Investments - Short Term	1,008,093.22	310,477.24	1,069,040.20
1104 Investments - Long Term	4,451,222.01	4,761,884.28	4,259,640.93
1105 RBC Investments - cash balance	1,314.02	278,843.64	
Total 1100 Investments	6,960,629.25	5,351,205.16	5,328,681.13
Virtual Wallet (CAD)	0.00		
WayPay Clearing Account (CAD)	0.00		
1205 Undeposited Funds	0.00	0.00	0.00
Total Cash and Cash Equivalent	\$9,357,438.33	\$10,829,570.87	\$7,784,302.47
Accounts Receivable (A/R)			
1200 Accounts Receivable	78,728.35	86,872.82	56,306.67
1207 Employer Health Tax Receivable	0.00	0.00	0.00
Total 1200 Accounts Receivable	78,728.35	86,872.82	56,306.67
Total Accounts Receivable (A/R)	\$78,728.35	\$86,872.82	\$56,306.67
1201 Allowance for Doubtful Accounts	-71,992.60	-71,992.60	-50,126.67
1206 Accrued Receivable	57,600.00	57,600.00	73,600.00
1400 Prepaid Expenses	72,829.80	0.00	0.00
1401 Prepaid Software	26,736.16	36,057.82	5,246.31
1403 Prepaid IT services	19,585.54	25,461.54	46,064.38
1405 Prepaid Insurance	11,928.60	7,096.41	931.50
1406 Prepaid Membership	260,405.40	63,395.79	248,728.19
1408 Prepaid staff development	0.00	0.00	2,160.00
1409 Prepaid Salary - COLA	41,203.46	82,406.93	0.00
1410 Prepaid meetings	0.00	796.50	0.00
1411 Prepaid Rent	0.00	0.00	0.00
1412 Prepaid OCE	1,436.02	1,436.02	88,268.32
Total 1400 Prepaid Expenses	434,124.98	216,651.01	391,398.70
Total Current Assets	\$9,855,899.06	\$11,118,702.10	\$8,255,481.17

College of Physiotherapists of Ontario

Statement of Financial Position Comparison

As of December 31, 2023

	TOTAL		
	AS OF DEC. 31, 2023	AS OF SEP. 30, 2023 (PP)	AS OF DEC. 31, 2022 (PY)
Non-current Assets			
Property, plant and equipment			
1301 Computer equipment	171,081.37	165,564.67	146,644.16
1302 Computer Software	110,740.00	110,740.00	110,740.00
1305 Computer equipment - Acc dep	-130,476.32	-124,568.81	-100,585.00
1306 Computer Software - Acc Dep	-110,740.00	-110,740.00	-101,511.64
1310 Furniture and Equipment	378,189.00	378,189.00	377,049.09
1312 Furniture & Equipment -Acc Dep	-368,709.31	-366,968.99	-361,653.13
1320 Leasehold Improvements	793,263.20	793,263.20	793,263.20
1322 Leasehold Improvements -Acc dep	-526,657.93	-506,587.05	-446,374.41
1325 Construction Work In Progress	0.00	0.00	0.00
Total Property, plant and equipment	\$316,690.01	\$338,892.02	\$417,572.27
1399 Suspense	0.00	0.00	0.00
Total Non Current Assets	\$316,690.01	\$338,892.02	\$417,572.27
Total Assets	\$10,172,589.07	\$11,457,594.12	\$8,673,053.44
Liabilities and Equity			
Liabilities			
Current Liabilities			
Accounts Payable (A/P)			
2000 Accounts Payable	487,958.67	123,806.22	113,609.68
Total Accounts Payable (A/P)	\$487,958.67	\$123,806.22	\$113,609.68
2010 Accrued Liabilities	456,189.01	441,811.75	214,201.64
2011 Vacation Accrual	251,024.07	251,024.07	224,088.63
2015 Sexual Abuse Fund	0.00	0.00	0.00
2100 Deferred Revenue	0.00	0.00	0.00
2101 Deferred Registration Fees	0.00	0.00	0.00
2102 Deferred Full Fee Revenue	1,623,900.33	3,247,800.66	1,386,063.64
2103 Deferred Pro-Rated Fee Revenue	131,974.56	199,026.04	83,961.19
2107 Deferred Reg Com Exemption Fee	60,200.00	60,200.00	103,200.00
2108 Deferred Revenue - OCE Fee	1,393,477.50	1,544,530.00	383,105.00
Total 2101 Deferred Registration Fees	3,209,552.39	5,051,556.70	1,956,329.83
2105 Deferred credit card charges	0.00	0.00	0.00
2110 Banked refunds	38,121.74	36,425.19	35,038.20
Total 2100 Deferred Revenue	3,247,674.13	5,087,981.89	1,991,368.03
2150 Other Payables			
2151 Due to Canada Life	0.00	0.00	0.00
2152 Due to Manulife (RRSP)	0.00	0.00	0.00
2153 Due to Allstate (CI)	0.00	0.00	0.00
2154 Citizen's Advisory Group	0.00	0.00	0.00
Total 2150 Other Payables	0.00	0.00	0.00
2400 Payroll Liabilities	0.00	3,602.94	
Total Current Liabilities	\$4,442,845.88	\$5,908,226.87	\$2,543,267.98

College of Physiotherapists of Ontario

Statement of Financial Position Comparison

As of December 31, 2023

	TOTAL		
	AS OF DEC. 31, 2023	AS OF SEP. 30, 2023 (PP)	AS OF DEC. 31, 2022 (PY)
Non-current Liabilities			
2125 Deferred Rent - Tenant Incentiv	90,357.93	97,134.76	117,465.25
2190 Lease Inducements	0.00	0.00	0.00
Total Non-current Liabilities	\$90,357.93	\$97,134.76	\$117,465.25
Total Liabilities	\$4,533,203.81	\$6,005,361.63	\$2,660,733.23
Equity			
3000 Unrestricted Net Assets	3,782,633.71	3,782,633.71	4,417,053.73
3001 Invested in Capital Assets	360,901.47	360,901.47	536,198.47
3010 Restricted Reserves	0.00	0.00	0.00
3011 Contingency Reserve / C&D	1,000,000.00	1,000,000.00	1,000,000.00
3012 Fee Stab / Sex Abuse Therapy	100,000.00	100,000.00	100,000.00
3013 Strategic Initiatives	0.00	0.00	0.00
3014 IT Improvements	0.00	0.00	0.00
Total 3010 Restricted Reserves	1,100,000.00	1,100,000.00	1,100,000.00
Retained Earnings	-2,500.00	-2,500.00	0.00
Profit for the year	398,350.08	211,197.31	-40,931.99
Total Equity	\$5,639,385.26	\$5,452,232.49	\$6,012,320.21
Total Liabilities and Equity	\$10,172,589.07	\$11,457,594.12	\$8,673,053.44

College of Physiotherapists of Ontario

Statement of Operations - Comparison

April - December, 2023

	TOTAL			
	APR - DEC., 2023	APR - DEC., 2022 (PY)	CHANGE	% CHANGE
INCOME				
4001 Registration Fees				
4007 Registration fee credits	-36,025.00	-32,919.85	-3,105.15	-9.43 %
4011 Independent Practice - \$635	4,901,911.51	4,202,186.76	699,724.75	16.65 %
4012 Independent Practice - ProRated	259,381.87	145,322.71	114,059.16	78.49 %
4013 Prof Corp Fees \$277	87,215.00	77,250.00	9,965.00	12.90 %
4014 Provisional Practice Fees \$83	44,322.00	39,300.00	5,022.00	12.78 %
4020 Courtesy Registration Fee \$100		1,100.00	-1,100.00	-100.00 %
Total 4001 Registration Fees	5,256,805.38	4,432,239.62	824,565.76	18.60 %
4002 Interest Income	263,740.55	124,601.44	139,139.11	111.67 %
4008 Admin Fees				
4015 Application Fees \$111	134,066.00	129,900.00	4,166.00	3.21 %
4016 Letter of Prof Stand / NSF \$56	10,486.00	10,600.00	-114.00	-1.08 %
4017 Wall Certificates \$28	3,853.00	1,700.00	2,153.00	126.65 %
4018 Late Fees \$249	2,490.00	2,925.00	-435.00	-14.87 %
4019 Prof Corp Application \$774	24,620.00	21,000.00	3,620.00	17.24 %
Total 4008 Admin Fees	175,515.00	166,125.00	9,390.00	5.65 %
4010 Miscellaneous Income	11,925.00		11,925.00	
4030 ETP Assessment Fees				
4031 Reg Com Exemption Fees (\$800)	108,600.00	385,600.00	-277,000.00	-71.84 %
4032 Reg Com Screening Interview Fee	2,250.00	4,050.00	-1,800.00	-44.44 %
4033 Reg Com - OCE Fee (\$1,985)	817,820.00	284,655.00	533,165.00	187.30 %
Total 4030 ETP Assessment Fees	928,670.00	674,305.00	254,365.00	37.72 %
Services	0.00		0.00	
Total Income	\$6,636,655.93	\$5,397,271.06	\$1,239,384.87	22.96 %
GROSS PROFIT	\$6,636,655.93	\$5,397,271.06	\$1,239,384.87	22.96 %
EXPENSES				
0051 do not use GST Expenses	0.00	0.00	0.00	
5000 Committee Per Diem				
5001 Chairs Education - per diem	3,625.50		3,625.50	
5002 ICRC - per diem	40,220.25	28,379.50	11,840.75	41.72 %
5003 Council - per diem	29,954.95	24,009.00	5,945.95	24.77 %
5005 Discipline Committee - per diem	15,225.50	19,544.50	-4,319.00	-22.10 %
5006 Executive - per diem	7,277.00	22,883.50	-15,606.50	-68.20 %
5010 Patient Relations - per diem	158.50	1,758.50	-1,600.00	-90.99 %
5011 QA Committee - per diem	2,265.25	4,493.00	-2,227.75	-49.58 %
5012 Registration Com. - per diem	3,202.00	2,909.00	293.00	10.07 %
5017 Finance Committee - per diem	3,047.00	2,498.00	549.00	21.98 %
5018 Exam Committee - per diem	878.00	1,944.50	-1,066.50	-54.85 %
Total 5000 Committee Per Diem	105,853.95	108,419.50	-2,565.55	-2.37 %
5050 Committee Reimbursed Expenses				
5051 Chairs Education- expenses	6,582.28		6,582.28	
5052 ICRC - expenses	7,078.84	3,756.49	3,322.35	88.44 %

College of Physiotherapists of Ontario

Statement of Operations - Comparison

April - December, 2023

	TOTAL			
	APR - DEC., 2023	APR - DEC., 2022 (PY)	CHANGE	% CHANGE
5053 Council - expenses	38,184.60	18,563.63	19,620.97	105.70 %
5055 Discipline Committee - expenses	0.00	865.50	-865.50	-100.00 %
5056 Executive Committee - expenses	3,254.60	5,831.02	-2,576.42	-44.18 %
5062 QA Committee - expenses		328.12	-328.12	-100.00 %
5075 Finance Committee - expenses	941.35	752.95	188.40	25.02 %
Total 5050 Committee Reimbursed Expenses	56,041.67	30,097.71	25,943.96	86.20 %
5100 Information Management				
5101 IT Hardware	18,831.41	13,434.50	5,396.91	40.17 %
5102 Software	94,822.50	64,192.52	30,629.98	47.72 %
5103 IT Maintenance	121,896.68	74,274.06	47,622.62	64.12 %
5104 IT Database	104,925.48	72,955.78	31,969.70	43.82 %
5109 IT Implementation Costs	34,114.79		34,114.79	
Total 5100 Information Management	374,590.86	224,856.86	149,734.00	66.59 %
5200 Insurance	13,028.31	14,424.21	-1,395.90	-9.68 %
5300 Networking	1,567.85	202.92	1,364.93	672.64 %
5301 Conferences and Travel	4,943.04	15,442.61	-10,499.57	-67.99 %
5400 Office and General				
5402 Bank & service charges	61,341.06	46,276.33	15,064.73	32.55 %
5403 Maintenance & repairs	2,216.26		2,216.26	
5405 Memberships & publications	15,350.38	18,110.26	-2,759.88	-15.24 %
5406 CAPR Fees	185,059.88	171,381.86	13,678.02	7.98 %
5407 Office & kitchen supplies	3,151.70	3,338.62	-186.92	-5.60 %
5408 Postage & courier	5,642.95	3,954.22	1,688.73	42.71 %
5409 Rent	391,736.88	358,591.52	33,145.36	9.24 %
5411 Printing, Filing & Stationery	4,232.55	2,034.51	2,198.04	108.04 %
5412 Telephone & Internet	30,063.15	27,752.42	2,310.73	8.33 %
5413 Bad Debt		17,778.75	-17,778.75	-100.00 %
Total 5400 Office and General	698,794.81	649,218.49	49,576.32	7.64 %
5500 Regulatory Effectiveness				
5502 Strategic Operations	62,120.04	52,319.00	9,801.04	18.73 %
5503 Council Education	5,312.94	5,622.76	-309.82	-5.51 %
5504 Elections	3,837.68	3,550.00	287.68	8.10 %
5505 Policy Development	51,806.85	5,084.73	46,722.12	918.87 %
5506 Entry to Practice - WG		14,755.71	-14,755.71	-100.00 %
5513 Governance		325.62	-325.62	-100.00 %
Total 5500 Regulatory Effectiveness	123,077.51	81,657.82	41,419.69	50.72 %
5600 Communications				
5605 Translation Services	-7,506.59	20,452.03	-27,958.62	-136.70 %
5620 Print Communication	290.37	192.43	97.94	50.90 %
5621 Online Communication	40,873.83	37,260.92	3,612.91	9.70 %
5622 In-Person Communication	2,528.50	2,014.23	514.27	25.53 %
5630 Consultants		5,191.33	-5,191.33	-100.00 %
Total 5600 Communications	36,186.11	65,110.94	-28,924.83	-44.42 %

College of Physiotherapists of Ontario

Statement of Operations - Comparison

April - December, 2023

	TOTAL			
	APR - DEC., 2023	APR - DEC., 2022 (PY)	CHANGE	% CHANGE
5700 Professional fees				
4004 Cost recovery from cost orders	-33,985.02	-24,301.79	-9,683.23	-39.85 %
5701 Audit	1,130.00	0.00	1,130.00	
5702 Hearing Expenses	4,514.28	18,454.61	-13,940.33	-75.54 %
5704 Investigation Services		62.09	-62.09	-100.00 %
5710 Undercover Assessment Fees	2,425.67	6,552.16	-4,126.49	-62.98 %
5711 External Investigators	68,430.84	115,705.44	-47,274.60	-40.86 %
5712 PC - Chart Review	2,650.50	4,055.55	-1,405.05	-34.65 %
5713 Summons - Conduct fees	226.00		226.00	
5714 Fees to Secure Records	475.05	160.60	314.45	195.80 %
5715 Corporate Searches	408.21		408.21	
5716 Transcripts	5,875.45	5,595.54	279.91	5.00 %
Total 5704 Investigation Services	80,491.72	132,131.38	-51,639.66	-39.08 %
5705 Professional services - Other	10,057.00	11,675.74	-1,618.74	-13.86 %
5707 Decision writing	33,325.30	21,439.58	11,885.72	55.44 %
5708 Peer / Expert opinions	18,552.60	5,673.70	12,878.90	226.99 %
5750 Legal				
5751 Legal - QA	130.52	10,401.38	-10,270.86	-98.75 %
5752 Legal - Registration	15,296.81	73,128.53	-57,831.72	-79.08 %
5753 Legal - Professional Conduct				
5760 General Counsel	14,534.41	36,150.96	-21,616.55	-59.80 %
5761 Independent Legal Advice	33,881.93	65,457.50	-31,575.57	-48.24 %
5762 Hearing Counsel	40,558.01	109,967.62	-69,409.61	-63.12 %
5763 Court Proceedings & Appeals	17,204.37	24,528.28	-7,323.91	-29.86 %
Total 5753 Legal - Professional Conduct	106,178.72	236,104.36	-129,925.64	-55.03 %
5754 Legal - Council Advice	7,897.01		7,897.01	
5755 General Legal	3,362.88	9,856.31	-6,493.43	-65.88 %
5756 C & D Accrual Expense	-127,931.20	-275,953.58	148,022.38	53.64 %
5757 Legal - Corporate Obligations	226.00	20.58	205.42	998.15 %
5758 Legal - Practice Advice	6,857.97	188.15	6,669.82	3,544.95 %
5759 Legal - Policy	180.80		180.80	
Total 5750 Legal	12,199.51	53,745.73	-41,546.22	-77.30 %
Total 5700 Professional fees	126,285.39	218,818.95	-92,533.56	-42.29 %
5800 Programs				
4022 Recovery of Therapy Costs	-1,111.12	-5,500.02	4,388.90	79.80 %
5802 Jurisprudence	14,086.09	2,816.01	11,270.08	400.21 %
5810 Quality Program				
5811 QA Program Development & Eval.		5,712.00	-5,712.00	-100.00 %
5821 Assessor Travel		887.86	-887.86	-100.00 %
5823 Assessor Training	3,557.00	19,689.50	-16,132.50	-81.93 %
5824 Assessor Onsite Assessment Fee	2,250.00	6,698.00	-4,448.00	-66.41 %
5825 Assessor Remote Assessment	99,608.00	52,936.00	46,672.00	88.17 %
Total 5810 Quality Program	105,415.00	85,923.36	19,491.64	22.68 %

College of Physiotherapists of Ontario

Statement of Operations - Comparison

April - December, 2023

	TOTAL			
	APR - DEC., 2023	APR - DEC., 2022 (PY)	CHANGE	% CHANGE
5830 Entry to Practice - Projects	0.00	500,296.44	-500,296.44	-100.00 %
5831 OCE Examiner Exam Fee	293,336.72		293,336.72	
5832 OCE Examiner Training Fees	49,096.98		49,096.98	
5833 OCE Staff Compensation	0.00		0.00	
5834 Exam Committee - per diem	7,604.00		7,604.00	
5835 Exam - Technology costs	110,543.85		110,543.85	
5836 Exam Delivery Costs	23,260.00		23,260.00	
5837 Exam - Admin / Misc. costs	20,015.26		20,015.26	
5838 Exam - Consultant Fees	32,419.50		32,419.50	
5840 Exam - Development / Misc.costs	23,372.19		23,372.19	
5841 Exam - PT Assessment costs	5,408.81		5,408.81	
5842 Exam - Screening Interview cost	39,577.00		39,577.00	
Total 5830 Entry to Practice - Projects	604,634.31	500,296.44	104,337.87	20.86 %
5880 Remediation				
5871 QA Practice Enhancement fees	4,452.50	3,205.44	1,247.06	38.90 %
4029 QA Remediation Chargeback	-325.00		-325.00	
Total 5871 QA Practice Enhancement fees	4,127.50	3,205.44	922.06	28.77 %
5882 Remediation - ICRC	33,833.77	17,553.06	16,280.71	92.75 %
4028 ICRC Remediation Chargeback	-32,567.27	-13,466.48	-19,100.79	-141.84 %
Total 5882 Remediation - ICRC	1,266.50	4,086.58	-2,820.08	-69.01 %
5883 Remediation - Registration	2,064.31	1,413.75	650.56	46.02 %
4027 Registration Chargeback	-1,962.50	-1,377.50	-585.00	-42.47 %
Total 5883 Remediation - Registration	101.81	36.25	65.56	180.86 %
5884 Remediation - Discipline	5,790.46	5,634.05	156.41	2.78 %
4026 Discipline Chargeback	-6,667.96	-4,262.70	-2,405.26	-56.43 %
Total 5884 Remediation - Discipline	-877.50	1,371.35	-2,248.85	-163.99 %
5887 Coach Training	2,953.60	5,695.30	-2,741.70	-48.14 %
Total 5880 Remediation	7,571.91	14,394.92	-6,823.01	-47.40 %
5890 Therapy and Counselling Fund	15,281.22	22,775.01	-7,493.79	-32.90 %
Total 5800 Programs	745,877.41	620,705.72	125,171.69	20.17 %
5900 Staffing				
5901 Salaries	3,192,422.33	2,751,027.36	441,394.97	16.04 %
5902 Employer Benefits	139,926.49	104,499.27	35,427.22	33.90 %
5903 Employer RRSP Contribution	153,040.28	136,119.33	16,920.95	12.43 %
5904 Consultant fees	7,377.59	27,001.93	-19,624.34	-72.68 %
5905 Staff Development	32,886.04	39,191.50	-6,305.46	-16.09 %
5906 Recruitment	1,298.55	38,848.98	-37,550.43	-96.66 %
5907 Staff Recognition	17,445.56	19,807.14	-2,361.58	-11.92 %
5909 Employee Overtime	123,610.40		123,610.40	
5911 CPP - Canadian Pension Plan	97,736.02	84,610.18	13,125.84	15.51 %
5912 EI - Employment Insurance	33,816.65	28,468.88	5,347.77	18.78 %
5913 EHT - Employer Health Tax	67,562.00	56,156.56	11,405.44	20.31 %
5914 Vacation Pay Adjustment	-59.11		-59.11	
Total 5900 Staffing	3,867,062.80	3,285,731.13	581,331.67	17.69 %

College of Physiotherapists of Ontario

Statement of Operations - Comparison

April - December, 2023

	TOTAL			
	APR - DEC., 2023	APR - DEC., 2022 (PY)	CHANGE	% CHANGE
6001 Amortization	84,996.14	123,516.19	-38,520.05	-31.19 %
Total Expenses	\$6,238,305.85	\$5,438,203.05	\$800,102.80	14.71 %
PROFIT	\$398,350.08	\$ -40,931.99	\$439,282.07	1,073.20 %

College of Physiotherapists of Ontario

Statement of Cash Flows

April - December, 2023

	APR - JUN., 2023	JUL - SEP., 2023	OCT - DEC., 2023	TOTAL
OPERATING ACTIVITIES				
Net Income	132,852.35	78,344.96	187,152.77	\$398,350.08
Adjustments to reconcile Net Income to Net Cash provided by operations:				\$0.00
1200 Accounts Receivable	-2,660.56	-7,366.96	8,144.47	\$ -1,883.05
1206 Accrued Receivable	7,129.39			\$7,129.39
1400 Prepaid Expenses			-72,829.80	\$ -72,829.80
1401 Prepaid Expenses:Prepaid Software	1,912.81	-29,368.48	9,321.66	\$ -18,134.01
1403 Prepaid Expenses:Prepaid IT services	-9,931.97	6,079.39	5,876.00	\$2,023.42
1405 Prepaid Expenses:Prepaid Insurance	-476.01	891.27	-4,832.19	\$ -4,416.93
1406 Prepaid Expenses:Prepaid Membership	68,270.18	60,990.78	-197,009.61	\$ -67,748.65
1409 Prepaid Expenses:Prepaid Salary - COLA	-123,610.40	41,203.47	41,203.47	\$ -41,203.46
1410 Prepaid Expenses:Prepaid meetings	-796.50		796.50	\$0.00
1412 Prepaid Expenses:Prepaid OCE	31,438.72	23,954.86		\$55,393.58
2000 Accounts Payable	-90,731.92	-22,177.26	364,152.45	\$251,243.27
2010 Accrued Liabilities	-236,874.44	-135,666.38	14,377.26	\$ -358,163.56
2011 Vacation Accrual	26,876.33			\$26,876.33
2102 Deferred Revenue:Deferred Registration Fees:Deferred Full Fee Revenue	-	-	-1,623,900.33	\$ -4,867,069.67
2103 Deferred Revenue:Deferred Registration Fees:Deferred Pro-Rated Fee Revenue	211,465.18	-12,439.14	-67,051.48	\$131,974.56
2107 Deferred Revenue:Deferred Registration Fees:Deferred Reg Com Exemption Fee	-51,000.00	-4,800.00		\$ -55,800.00
2108 Deferred Revenue:Deferred Registration Fees:Deferred Revenue - OCE Fee	-12,702.50	663,982.50	-151,052.50	\$500,227.50
2110 Deferred Revenue:Banked refunds	6,448.93	-1,722.32	1,696.55	\$6,423.16
2151 Other Payables:Due to Canada Life	0.00	0.00	0.00	\$0.00
2152 Other Payables:Due to Manulife (RRSP)	-2,500.00	0.00	0.00	\$ -2,500.00
2153 Other Payables:Due to Allstate (CI)	0.00	0.00	0.00	\$0.00
24000 Payroll Liabilities	3,602.94		-3,602.94	\$0.00
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	-	-	-1,674,710.49	\$ -4,508,457.92
Net cash provided by operating activities	\$ -1,659,310.77	\$ -963,239.35	\$ -1,487,557.72	\$ -4,110,107.84
INVESTING ACTIVITIES				
1301 Computer equipment		-14,327.12	-5,516.70	\$ -19,843.82
1305 Computer equipment - Acc dep	7,708.79	5,913.02	5,907.51	\$19,529.32
1306 Computer Software - Acc Dep	3,076.11	-3,076.11		\$0.00
1312 Furniture & Equipment -Acc Dep	1,773.54	1,740.32	1,740.32	\$5,254.18
1322 Leasehold Improvements -Acc dep	20,070.88	20,070.88	20,070.88	\$60,212.64
Net cash provided by investing activities	\$32,629.32	\$10,320.99	\$22,202.01	\$65,152.32
FINANCING ACTIVITIES				
2125 Deferred Rent - Tenant Incentiv	-6,776.83	-6,776.83	-6,776.83	\$ -20,330.49
Net cash provided by financing activities	\$ -6,776.83	\$ -6,776.83	\$ -6,776.83	\$ -20,330.49
NET CASH INCREASE FOR PERIOD	\$ -1,633,458.28	\$ -959,695.19	\$ -1,472,132.54	\$ -4,065,286.01



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 12.0

**Council Meeting
March 25-26, 2024**

Agenda #12.0: Budget for Fiscal Year 2024-2025

It is moved by

and seconded by

that:

Council approves the 2024 – 2025 budget.

COUNCIL BRIEFING NOTE

For Decision

Topic:	Budget for Fiscal Year 2024-2025
Public Interest Rationale:	Ensuring the College has the financial resources needed to discharge its regulatory responsibilities and advance the Strategic Plan.
Strategic Alignment:	Performance and Accountability
Submitted By:	Craig Roxborough, Registrar & CEO Zoe Robinson, VP Finance and Reporting
Attachments:	Appendix A – Budget Summary Appendix B – Budget Detail by GL Code Appendix C – FY2025 Operating Plan

Issue

- Council is provided with an overview of the draft fiscal year 2024-2025 (FY2025) budget along with the recommendation and direction from the Risk, Audit, and Finance Committee.

Decision Sought

- Council is being asked whether it approves the proposed budget.

Background

- In recent years, the College implemented a strategy to purposefully reduce the operational reserve through planned deficits. More specifically, the College adopted structural deficits for four of the past six years.
- This approach could not be sustained indefinitely given rising costs and regulatory responsibilities. As such, a registration and administrative fee increase of 10.5% was approved to support FY2024 and begin to chart a path to financial stability.
- Council then approved a budget deficit of approximately \$212,000 for FY2024. Since the budget was approved, additional expenditures have been approved and implemented to support financial planning activities and provide additional training and education for the President.
- There have also been significant changes in the College's revenue and expenses since that budget was developed, particularly as it relates to the Ontario Clinical Exam (OCE). As a result, current forecasts suggest the College will close FY2024 with a \$444,673 surplus (\$51,851 for core business and \$392,823 for the OCE).



- To support planning for FY2025, Council considered and approved a 2% increase to all registration and administrative fees at its [December 2023](#) meeting.¹
 - As Council considered the proposed fee increase, financial modelling suggested a favourable position for FY2025 with an overall surplus of \$344,000, with a modest deficit of \$62,000 for core business (inclusive of expenditures for several strategic initiatives) and a \$400,000 surplus for the OCE.

Current Status and Analysis

1. Structure and Approach to the Budget

- The budget process was kicked off with an operational planning activity to identify both organization-wide and department specific activities that could be undertaken in FY2025 to advance key organizational priorities. This process also enables staff to identify what resources (e.g., human, technological, external, financial, etc.) may be required to deliver on these commitments.
 - Council was provided with an overview of the key *Strategic Initiatives* emerging from this work at the [December 2023](#) meeting.
 - The full Operational Plan has now been developed and is provided as an appendix to these materials, outlining not only the strategic initiatives that will be undertaken but provides additional insight into the College's core activities.
- Building on an approach piloted at the December 2023 Council meeting, for the purposes of budgeting and financial reporting, a delineation between the College's core business and the OCE has been implemented.
 - The College's registration and administrative fees are primarily intended to provide the revenue generation needed for the College's core regulatory activities.
 - Similarly, the fees charged for the OCE are intended to provide the revenue generation needed to cover the expenses associated with the exam.
 - Examining these two dimensions separately, provides a better understanding of how the College's revenue is supporting its work and whether the exam is cost-neutral.
 - The intention is to track any surpluses or deficits with respect to the exam separately to understand whether the program will be cost-neutral over the course of its tenure through to FY2028. For more information see the [December 2023](#) meeting materials.
- Finally, to support the budgeting process many assumptions regarding the Colleges revenue sources and expenses were needed.

¹ Only Professional Health Corporation applications and renewals are not captured by this change.



- Approximately 80% of the College's revenue is generated through registration and administrative fees. This requires estimations regarding the registrant base for the year ahead to be made (e.g., # of current registrants, new registrants based on OCE data, natural attrition, etc.) and utilization of administrative services.
- For the OCE, projections regarding the enrollment data impact both revenue generation and variable expenses relating to program operation. Enrollment continues to be higher than originally anticipated at program development but is continually changing in light of new data.
 - Current trends from the Canadian Alliance of Physiotherapy Regulators (CAPR) suggests that the output of candidates from CAPR is starting to taper off. This has led to a decrease in the projected enrollment since December 2023.
 - For the purposes of budgeting, modeling now suggests that approximately 902 candidates will sit the exam in FY2025.²
- Expenses for all external services or providers are continuing to increase (e.g., legal counsel, external investigators, catering, software subscriptions, insurance, etc.). Where information was available in advance of the budget, these increases have been incorporated, otherwise estimations of between 3-6% increases have been made based on historical trends.

2. Budget Overview

- The draft budget (see Appendix A and B) is provided for the Council's review and approval. Overall, the budget anticipates a surplus for FY2025. Revenue from registration and administrative fees is anticipated to be \$8,037,727 and revenue from the OCE is anticipated to be \$1,790,470.
 - With respect to the College's core business, a small deficit of \$50,622 is projected.
 - With respect to the OCE, it is anticipated that a surplus of \$331,669 will be generated if enrollment projections are correct.
 - When these two components of the College's business are taken together, the budget is projecting an anticipated surplus of \$281,047.
- The draft budget presented to Council differs from the version the Risk, Audit, and Finance Committee (RAFC) reviewed and recommended for approval, in light of feedback provided by both RAFC and the Executive Committee (EC).
 - The budget presented to RAFC included a projected core business deficit of \$47,713 and OCE surplus of \$325,745.

² Internal estimates suggest this may be as low as 830 or as high as 1000. Previously, information suggested that we could see as many as 1080 candidates in the year ahead. The College continues to manage capacity to meet that full demand should it occur.



- The budget presented to RAFC included a change in costs associated with the Inquiries, Complaints, and Reports Committee (ICRC) in light of a proposal to move the committee meeting format from full day/hybrid meetings every 5-6 weeks to half day/virtual meetings every 3 weeks.
- Both RAFC and EC provided feedback that the current full day/hybrid meeting format for ICRC was preferable and should be costed and presented to Council for consideration.
- Given the feedback of both RAFC and EC, to streamline the decision-making process for Council only the amended budget is presented for approval. A full overview of those changes is provided below.
 - The costs associated with retaining a full day/hybrid meeting structure for ICRC at the increased meeting frequency has now been included. This yielded an approximately \$50,000 addition over the budget considered by RAFC.
 - Feedback from EC supported an investigation as to whether the requested change for ICRC could be offset by additional savings throughout the budget. RAFC feedback also prompted an additional review of the projections related to staff benefits.
 - These actions together yielded a savings of approximately \$53,000 through updates in the assumptions regarding benefit utilization, reductions in HR consultant spending, and changes in President attendance at conferences based on changes in anticipated utilization.
 - The net result of all these changes is a slight increase in both the projected deficit in relation to core business and surplus in relation to the OCE, the full details of which are outlined at the beginning of this section.

3. Key Changes and Projects Included in the Draft Budget

- The College's budget process continues to be activities based, meaning departments construct their budgetary needs based on anticipated program expenditures and new projects.
- As a result, many new projects are included in the draft budget that implement the commitments articulated in the operational plan and changes have been made to address organizational gaps or to find efficiencies in how College resources are used.
 - It is worth noting that many of the additions to the budget represent a return to normal business, where standard business activities requiring financial resourcing have returned to the budget after being cut in previous years to manage the deficit (e.g., conference attendance, networking, staff training and engagement, outreach activities, etc.).
 - For greater clarity, the work highlighted in the *Strategic Initiatives* materials presented to Council in December and outlined in the Operational Plan included as an appendix are fully funded in the draft budget.



- Finally, many of the key projects that were deferred or delayed as part of the FY2024 budget cycle have been included in this year's budget (e.g., website redesign, external review of professional conduct department, Council and Committee conference attendance, return to cost-of-living and merit salary adjustments, etc.).
- An overview of key funding commitments included in the budget and changes that have been made is outlined below. Note that some financial information below is presented in the aggregate for simplicity or to reduce visibility as it relates to negotiated contracts, potential procurement, or where the information is otherwise sensitive in nature.

Supporting Internationally Educated Physiotherapists (IEPTs)

- One of the key pillars of the operational plan is to undertake work in FY2025 to more purposefully engage with and support the growing number of IEPTs practising in Ontario.
- It is anticipated that this work will continue beyond the upcoming fiscal year and so an initial investment of approximately \$20,500 has been allocated to conduct internal data analysis to identify areas of greatest need, to support engagement activities with IEPTs, and to develop new knowledge translations materials as needed. Additional funds that have historically been used to support collaborative policy issues is available to supplement this work as needed.

Process Reviews and Continuous Improvement Training

- Another key pillar from the operational plan is to build internal capacity among staff to implement continuous improvement initiatives through both formal and informal process reviews. A targeted review of the Professional Conduct space with external support is also planned in order to delve into the Council dashboard KPI. Approximately \$34,000 has been allocated for this work.

Information Technology Projects and Enhancements

- As part of the College's risk management strategy, an external consultant is being contracted to conduct an audit of the College's systems from a cyber security perspective. For FY2025 an initial \$40,000 has been allocated to undertake the audit itself and to begin to implement changes that are needed in response.
- The College's website has been due for an overhaul and this work was specifically deferred in FY2024. For FY2025 \$60,000 has been allocated to support a complete overhaul of the website.
- The introduction of a *Learning Management System* to support Council and Committee onboarding and the oversight of individuals in educational or remedial programs through the Compliance Monitoring department is planned for FY2025. An initial investment amount of approximately \$30,000 has been allocated to begin this work.
- As previously approved by Council, the budget now includes a subscription for a financial planning and analysis software (\$32,200 per year).

- The College has strengthened its relationship with a single IT developer and consolidated contracts that were previously divided across multiple service providers. The go-forward provider provides not just development support, but supports the building of internal capacity to address future development needs. Resources of \$75,000 have been allocated to support the continued enhancement of ATLAS (the College's CRM).

Workforce Assumptions

- College headcount has increased by 1 FTE as previously out-sourced IT technical support services are being moved in-house. This move replaces the costs of an external service provider with a single staff person with approximately a 30% savings. Additionally, it is anticipated that this additional staff person will significantly expand the College's ability to provide responsive technical support and more aggressively pursue IT enhancements.
- The budget also includes an average 4% increase in employee compensation, split between a cost-of-living increase (2%) and merit-based increases (2%) where expectations have been met.

Governance Changes

- A 2% increase in Council and Committee per diems has been included in the budget, mirroring the cost-of-living increases planned for College employees.
- Based on a historical interpretation of College policy, Academic Representatives on Council that hold full-time faculty positions *are not* remunerated for their College work. This will be amended going forward and the budget includes remuneration of all Academic Representatives.
- The budget reintroduces funds for Council/Committee member attendance at select and relevant conferences, to support the President in conference attendance and educational activities, and to support the Registrar Performance Evaluation process with an external consultant and to provide for Registrar Executive Coaching (for a total of approximately \$36,000).

Public Engagement and EDI

- Resources have also been allocated to support meaningful engagement with the public, patients, and caregivers primarily through consultation activities with the Citizen Advisory Group as well as with Indigenous community members. Additionally, resources have been allocated for internal EDI work requiring the support of a consultant. In total just over \$20,000 has been allocated to these activities.

Staff Training, Education, and Conference Attendance

- Significant training, education, and conference participations is planned for FY2025 with an allocation of just over \$64,000 to cover individualized training needs, new education and training related to EDI and plain language communication, conference attendance and participation, and specific training for the Management Team relating to leadership and EDI.



4. Additional Notes

- The College continues to have rental commitments of \$488,738 per year. This expense is now offset by subleases generating \$139,200 in revenue per year.
- The College continues to support CAPR through a membership fee and per-registrant levy, totaling approximately \$265,000 for FY2025.
- The College's annual operating budget includes a line for depreciation and amortization of \$127,000. This line represents the depreciation on capital items such as furniture, computers, and leasehold improvements to the office space that are depreciated over multiple years. For example, the College continues to recognize \$80,300 each year as depreciation for the leasehold improvements made to the College's office space.
- Currently the College processes credit card payments with the assistance of a third-party provider. Given significant increases in the number of transactions being processed, it is estimated that this service will cost the College approximately \$240,000 in FY2025.

Questions for Council

- What questions does Council have regarding the budget?
- Does Council approve the budget as proposed?

College of Physiotherapists of Ontario
Fiscal Year 2025
Operating Budget Summary
By Department

Date Generated: 2024-03-12 15:36

Department	Operating	Total
Exam		
Revenue	\$ 1,790,470	\$ 1,790,470
Expenses	\$ 1,458,801	\$ 1,458,801
OCE Net Income		\$ 331,669

Core Operating

Revenue

Registration

Registration Fees	\$ 7,363,969
Administration Fees	\$ 252,612

Finance & Reporting

Miscellaneous Income	\$ 139,200
Interest	\$ 281,946

Total Op Revenue	\$ 8,037,727
Total Corporate Revenue	\$ 9,828,197

Core Business Expenses

Statutory

Discipline	\$ 58,922
Compliance Monitoring	\$ 42,637
Patient Relations	\$ 1,444
Practice Advice	\$ 1,800
Professional Conduct	\$ 429,155
Quality Assurance	\$ 213,143
Registration	\$ 318,417
Therapy & Counselling	\$ 20,076
Salaries (Statutory)	\$ 2,383,948

Total Statutory Expenses	\$ 3,469,542
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Non-Statutory

Council	\$ 64,724
Executive Office	\$ -
Finance & Reporting	\$ 950,374
Governance	\$ 118,668
Business Operations	\$ 15,400
Communications	\$ 185,349
IT	\$ 393,495
People & Culture	\$ 202,947

College of Physiotherapists of Ontario
Fiscal Year 2025
Operating Budget Summary
By Department

Date Generated: 2024-03-12 15:36

Policy Department	\$	45,200
Policy Development	\$	15,126
Strategy	\$	54,495
Salaries (Non-Statutory)	\$	2,573,028
<hr/>		
Total Non-Statutory Expenses	\$	4,618,807
<hr/>		
Total Core Business Expenses	\$	8,088,349
<hr/>		
Core Business Net Surplus/(deficit)	-\$	50,622

Summary Expenses

Exam	\$	1,458,801
Core Business	\$	8,088,349
<hr/>		
Total Corporate Expenses	\$	9,547,151
<hr/>		
Total Corporate Net Income	\$	281,047

Statement of Operations Summary Report

All Departments

College of Physiotherapists of Ontario Budget FY 2025 v Forecast FY 2024		FY 2025 Budget Total	FY 2024 Forecast Total	Variance (\$)
4001 (Registration Fees)				
4007 (Registration Fee Credits)	All Departments	(37,373)	(46,740)	9,367
4011 (Independent Practice Certificate)	All Departments	6,976,368	6,545,133	431,235
4012 (Independent Practice Certificate)	All Departments	240,570	339,666	(99,096)
4013 (Professional Health Corporation)	All Departments	132,960	117,685	15,275
4014 (Provisional Practice Certificate F)	All Departments	51,000	56,772	(5,772)
4020 (Courtesy Registration Fees)	All Departments	-	-	-
4021 (Cross Border Fees)	All Departments	444	333	111
Total 4001 (Registration Fees)		7,363,969	7,012,849	351,120
4002 (Interest Income)				
4002 (Interest Income)	All Departments	281,946	309,989	(28,043)
Total 4002 (Interest Income)		281,946	309,989	(28,043)
4008 (Adminstration Fees)				
4015 (Application Fees)	All Departments	204,972	177,309	27,663
4016 (Letter of Professional Standing)	All Departments	14,500	13,986	514
4017 (Wall Certificates)	All Departments	2,900	4,518	(1,618)
4018 (Late Fees)	All Departments	2,540	3,424	(884)
4019 (PHC Application Fees)	All Departments	27,700	33,328	(5,628)
Total 4008 (Adminstration Fees)		252,612	232,564	20,048
4010-P (Miscellaneous Income Parent)				
4010 (Miscellaneous Income)	All Departments	-	-	-
4023 (Sublease Rent)	All Departments	139,200	40,925	98,275
Total 4010-P (Miscellaneous Income Parent)		139,200	40,925	98,275
4030-P (ETP Fees Parent)				
4030 (ETP Fees)	All Departments	-	-	-
4031 (Exam Exemption Fees)	All Departments	-	108,600	(108,600)
4032 (Exam Exemption Screening Inte)	All Departments	-	2,250	(2,250)
4033 (Ontario Clinical Exam Fees)	All Departments	1,790,470	1,905,600	(115,130)
Total 4030-P (ETP Fees Parent)		1,790,470	2,016,450	(225,980)
Total Revenue		9,828,197	9,612,777	215,421
5000 (Committee Per Diem)				
5001 (Chair Education Per Diem)	All Departments	15,126	3,626	11,501
5002 (ICRC Per Diem)	All Departments	65,870	54,448	11,422
5003 (Council Per Diem)	All Departments	56,944	41,360	15,584
5005 (Discipline Committee Per Diem)	All Departments	23,728	23,912	(183)
5006 (Executive Committee Per Diem)	All Departments	7,780	10,934	(3,154)
5010 (Patient Relations Committee Per)	All Departments	1,444	1,096	348
5011 (QA Committee Per Diem)	All Departments	7,668	4,306	3,362

Statement of Operations Summary Report

All Departments

College of Physiotherapists of Ontario Budget FY 2025 v Forecast FY 2024		FY 2025 Budget Total	FY 2024 Forecast Total	Variance (\$)
5012 (Registration Committee Per Diem)	All Departments	8,129	5,154	2,975
5017 (Risk, Audit, and Finance Commi)	All Departments	9,000	5,390	3,610
5018 (Exam Committee Expenses)	All Departments	-	878	(878)
Total 5000 (Committee Per Diem)		195,689	151,104	44,586
5050 (Committee Expenses)				
5051 (Chair Education Expenses)	All Departments	14,850	6,582	8,268
5052 (ICRC Expenses)	All Departments	44,385	7,079	37,306
5053 (Council Expenses)	All Departments	54,840	44,899	9,941
5055 (Discipline Committee Expenses)	All Departments	-	-	-
5056 (Executive Committee Expenses)	All Departments	10,564	5,178	5,386
5062 (QA Committee Expenses)	All Departments	-	-	-
5075 (Risk, Audit, and Finance Commi)	All Departments	10,856	2,889	7,967
Total 5050 (Committee Expenses)		135,495	66,627	68,868
5100 (Information Technology and Information Management)				
5101 (IT Hardware)	All Departments	2,742	19,293	(16,551)
5102 (IT Software)	All Departments	231,741	113,601	118,140
5103 (IT Maintenance)	All Departments	6,960	142,816	(135,856)
5104 (IT Database)	All Departments	137,000	136,875	125
5109 (IT Implementation Costs)	All Departments	-	42,115	(42,115)
Total 5100 (Information Technology and Information Management)		378,443	454,700	(76,257)
5400 (Office and General Expenses)				
5200 (Insurance)	All Departments	13,775	22,983	(9,209)
5300 (Networking)	All Departments	6,000	1,668	4,332
5301 (Conference and Travel)	All Departments	19,950	4,943	15,007
5402 (Bank and Service Charges)	All Departments	260,005	199,967	60,038
5403 (Maintenance & Repairs)	All Departments	800	2,716	(1,916)
5405 (Membership Publications)	All Departments	26,317	20,480	5,836
5406 (CAPR Membership Fees)	All Departments	265,832	244,889	20,944
5407 (Office and Kitchen Supplies)	All Departments	4,000	4,652	(652)
5408 (Postage and Courier)	All Departments	4,000	6,843	(2,843)
5409 (Office Rent)	All Departments	488,738	518,670	(29,932)
5411 (Printing and Stationary)	All Departments	6,600	4,983	1,617
5412 (Telephone and Internet)	All Departments	27,661	39,363	(11,702)
5413 (Bad Debt (Allowance for Doubtful))	All Departments	10,000	41,000	(31,000)
Total 5400 (Office and General Expenses)		1,133,679	1,113,157	20,522
5500 (Regulatory Effectiveness)				
5502 (Strategic Operations)	All Departments	54,495	64,945	(10,450)
5503 (Council Education)	All Departments	23,464	7,813	15,651
5504 (Elections)	All Departments	3,700	3,838	(138)
5505 (Policy Development)	All Departments	45,200	64,236	(19,036)
5506 (ETP Working Group)	All Departments	-	-	-
5513 (Governance)	All Departments	1,250	-	1,250

Statement of Operations Summary Report

All Departments

College of Physiotherapists of Ontario Budget FY 2025 v Forecast FY 2024		FY 2025 Budget Total	FY 2024 Forecast Total	Variance (\$)
Total 5500 (Regulatory Effectiveness)		128,109	140,831	(12,722)
5600 (Communications)				
[*] 5605 (Translation Services)	All Departments	22,750	(1,407)	24,157
[*] 5620 (Print Communications)	All Departments	900	490	410
[*] 5621 (Online Communications)	All Departments	143,090	41,548	101,542
[*] 5622 (In-person Communication)	All Departments	6,000	2,529	3,472
[*] 5630 (Consultants)	All Departments	-	-	-
Total 5600 (Communications)		172,740	43,160	129,580
5700 (Professional Fees)				
4004 (Cost recovery from cost orders)	All Departments	(42,000)	(74,985)	32,985
5701 (Audit)	All Departments	21,000	22,318	(1,318)
5702 (Hearing Expenses)	All Departments	5,735	5,765	(30)
5704 (Investigation Services)	All Departments	-	-	-
5706 (Investigator Travel)	All Departments	-	600	(600)
5707 (Decision Writing)	All Departments	59,850	43,165	16,685
5708 (Peer / Expert Opinions)	All Departments	40,000	27,353	12,647
5710 (Undercover Assessment Fees)	All Departments	-	2,652	(2,652)
5711 (External Investigators)	All Departments	83,040	92,431	(9,391)
5712 (PC Chart Review)	All Departments	13,680	8,651	5,030
5713 (Summons - Conduct Fees)	All Departments	300	326	(26)
5714 (Fees to Secure Records)	All Departments	600	525	75
5715 (Corporate Searches)	All Departments	200	502	(302)
5716 (Transcripts)	All Departments	10,080	7,675	2,405
5705 (Professional Services Other)	All Departments	10,000	10,057	(57)
5751 (Legal - QA)	All Departments	3,707	2,362	1,345
5752 (Legal - Registration)	All Departments	27,400	20,597	6,803
5760 (General Counsel)	All Departments	117,000	122,901	(5,901)
5761 (Independent Legal Advice)	All Departments	63,584	75,274	(11,690)
5762 (Hearing Counsel)	All Departments	98,875	85,645	13,230
5763 (Court Proceedings & Appeals)	All Departments	-	37,204	(37,204)
5756 (C&D Accrual Expense)	All Departments	(91,000)	(127,931)	36,931
5754 (Legal - Council Advice)	All Departments	10,000	12,417	(2,417)
5755 (General Legal)	All Departments	30,000	5,613	24,387
5757 (Legal - Corporate Obligations)	All Departments	-	1,726	(1,726)
5758 (Legal - Practice Advice)	All Departments	1,800	6,858	(5,058)
5759 (Legal - Policy)	All Departments	-	181	(181)
Total 5700 (Professional Fees)		463,851	389,881	73,970
5800 (Programs)				
[*] 5802 (Jurisprudence)	All Departments	15,255	14,086	1,169
[+] 5810 (QA Program)	All Departments	197,718	163,929	33,789
[-] 5830-P (Ontario Clinical Exam Panel)	All Departments	1,134,473	1,136,987	(2,515)
[*] 5830 (Ontario Clinical Exam)	All Departments	-	-	-
[*] 5831 (OCE - Examiner Exam Fee)	All Departments	727,176	617,352	109,824

Statement of Operations Summary Report

All Departments

College of Physiotherapists of Ontario Budget FY 2025 v Forecast FY 2024		FY 2025 Budget Total	FY 2024 Forecast Total	Variance (\$)
[*] 5832 (OCE - Examiner Training All Departments		6,125	157,663	(151,538)
[*] 5833 (OCE - Staff Compensator All Departments		28,850	6,090	22,760
[*] 5834 (OCE - Exam Committee P All Departments		9,093	10,835	(1,742)
[*] 5835 (OCE - Technology Costs) All Departments		235,740	186,294	49,446
[*] 5836 (OCE - Examiner Committe All Departments		-	23,260	(23,260)
[*] 5837 (OCE - Admin/Misc Costs) All Departments		38,908	69,317	(30,409)
[*] 5838 (OCE - Consultant Fees) All Departments		32,493	17,805	14,688
[*] 5839 (OCE - Legal Costs) All Departments		10,000	25,000	(15,000)
[*] 5840 (OCE - Development Costs All Departments		46,088	23,372	22,715
[*] 5841 (Exam Exemption - PT Assess All Departments		-	5,409	(5,409)
[*] 5842 (Exam Exemption - Screening All Departments		-	39,577	(39,577)
[-] 5870 (Practice Enhancement - QA) All Departments		-	-	-
[*] 5871 (Remediation, QA Complia All Departments		-	-	-
[-] 5880 (Remediation) All Departments		22,561		22,561
[*] 5881 (Remediation - QA) All Departments		9,336	15,053	(5,717)
[*] 4029 (QA Remediation Chargeb: All Departments		-	(6,635)	6,635
[*] 5882 (Remediation - ICRC) All Departments		44,000	46,949	(2,949)
[*] 4028 (Remediation - ICRC - Cha All Departments		(43,000)	(45,682)	2,682
[*] 5883 (Remediation - Registrator All Departments		10,400	5,064	5,336
[*] 4027 (Remediation - Registrator All Departments		(8,900)	(4,463)	(4,438)
[*] 5884 (Remediation - Discipline) All Departments		13,320	18,625	(5,305)
[*] 4026 (Remediation - Discipline - All Departments		(13,320)	(19,503)	6,183
[*] 5886 (Remediation - Office Regi: All Departments		-	750	(750)
[*] 4025 (Remediation - Office Regi: All Departments		-	(750)	750
[*] 5887 (Coach Training) All Departments		10,725	14,379	(3,654)
[*] 4022 (Remediation - Therapy an All Departments		-	(1,111)	1,111
[*] 5890 (Therapy and Counselling Fur All Departments		40,152	30,513	9,639
Total 5800 (Programs)		1,410,159	1,413,177	(3,019)
5900 (Staffing)				
5901 (Salaries) All Departments		4,514,374	4,294,497	219,877
5902 (Employer - Benefits) All Departments		221,256	192,851	28,405
5903 (Employer - RRSP Contribution) All Departments		277,261	244,323	32,938
5911 (Employer - CPP) All Departments		172,025	127,454	44,571
5912 (Employer - EI) All Departments		51,930	63,582	(11,652)
5913 (Employer - EHT) All Departments		44,459	68,853	(24,394)
5904 (HR Consultant Fees) All Departments		40,000	7,378	32,622
5905 (Staff Development) All Departments		54,500	44,136	10,364
5906 (Recruitment) All Departments		3,000	3,099	(99)
5907 (Staff Recognition) All Departments		23,180	23,111	69
5908 (Registrar Requested Education) All Departments		-	75	(75)
5909 (Employee Overtime) All Departments		-	171,739	(171,739)
5914 (Vacation Pay Adjustment) All Departments		-	(59)	59
Total 5900 (Staffing)		5,401,985	5,241,038	160,948
6000 (Amoritization)				
6001 (Amoritization - Tangible Assets) All Departments		127,000	154,429	(27,429)

Statement of Operations Summary Report

All Departments

College of Physiotherapists of Ontario Budget FY 2025 v Forecast FY 2024	FY 2025 Budget Total	FY 2024 Forecast Total	Variance (\$)
6004 (Amoritization - Intangible Assets All Departments)	-	-	-
Total 6000 (Amoritization)	127,000	154,429	(27,429)
Total Expenses	9,547,151	9,168,103	379,047
Total Profit	281,047	444,673	(163,627)



Fiscal Year 2024-2025 Operating Plan

Executive Summary

The College's operating plan is anchored by the College's mandate and strategic plan. It has three related components.

The work plan lays out priority areas where we intend to make progress in addition to our core work. It describes planned activities for the year, including organization-wide initiatives and department-level activities and projects.

The human resource plan outlines the workforce requirements and the College's practices for talent recruitment, retention and development. The College currently has 41 full-time staff to support our work.

The budget plan outlines the financial plan corresponding to the activities and workforce needs. The plan for the year includes an expected revenue of \$9,828,197 and an expected expense of \$9,547,151, which results in an expected surplus of \$281,047.

Mandate

The College has a duty to serve and protect the public interest. The College protects the public by ensuring that physiotherapists are delivering safe, high-quality and ethical care.

Strategic Plan 2022-2026



Mission

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



Vision

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



Values

Integrity
& Trust



Inclusion
& Respect



Transparency
& Accountability



Collaboration

Strategic Pillars

Regulation & Risk

Effectively regulate the physiotherapy profession in Ontario and advance its statutory work through a risk-based approach.

Engagement & Partnerships

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

People & Culture

Promote a collaborative environment and a culture based on equity, diversity and inclusion principles while ensuring staff and Council have the resources they need to do their best work.

Performance & Accountability

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



Focus on Equity, Diversity & Inclusion
(EDI)



Improve Governance Based on Government
Direction and Best Practices

Strategic Initiatives

Create, implement and maintain a culture grounded in risk-based assessments and evidence-informed decision making.

Assess the pathways to licensure to ensure that they are appropriate and fair to both Canadian trained and internationally educated physiotherapists.

Engage in purposeful and meaningful engagement, collaboration and partnerships which further our strategic goals and statutory mandates.

Develop and maintain an organizational infrastructure which supports our statutory obligations and strategic priorities.

Develop and maintain an enterprise risk management strategy which supports organizational, governance and statutory activities of the College.

Develop and implement a Data Management Strategy to support risk-based and evidence-informed decision making.



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



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

Strategic Alignment

Throughout this document, the following icons will be used to indicate alignment with the College's strategic pillars.



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity &
Inclusion



Governance Modernization

Work Plan

Work Plan Overview

This section outlines the College's work plan for Fiscal Year 2024-2025. The plan includes organization-wide initiatives and department-level activities and projects.

While this plan indicates our *intention* to make progress on the stated priorities, it does not mean that we will necessarily complete every single activity or project listed. There will be times when competing operational needs will require reallocation of resources and trade-offs.

Should there be major changes in our environment that requires a regulatory response, that will also have impact on this plan.

Our commitment is to be transparent and keep Council informed of our completion of planned work and any changes to the plan on an ongoing way.

Organization-Wide Initiatives



National Standards

Council approves groups 1 and 2 of new standards and College rolls them out with knowledge translation resources

Examples of activities:

- Adopt national standards for Ontario
- Roll out standards once approved
- Develop resources to promote understanding of standards

Strategic Alignment



Data Strategy

Support programs in implementing metrics to monitor and report on performance

Examples of activities:

- Identify meaningful metrics to monitor and report on performance
- Build data infrastructure that leverages technology tools and automation

Strategic Alignment



Process Reviews

Build internal capacity for doing process reviews and complete a comprehensive process review of at least 1 program area

Examples of activities:

- Build internal capacity to enable process reviews through training
- Complete external review of Professional Conduct process

Strategic Alignment



Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization

Organization-Wide Initiatives

Website Modernization

Modernize the CMS platform and streamline content for a more user-friendly experience

Examples of activities:

- Transition to new CMS
- Redesign website
- Review and refresh website content

Strategic Alignment  

Supporting IEPTs

Support successful transition to practice and level the playing field for IEPTs

Examples of activities:

- Analyze College data to identify needs
- Create resources to meet identified needs
- Outreach/engagement strategy to increase awareness of resources
- Collaboration with system partners

Strategic Alignment   

IT Enhancements

To improve efficiency of internal processes and improve experience for external users

Examples of activities:

- Various enhancements that can automate processes, improve efficiency and enhance user experience
- Implement a Learning Management System

Strategic Alignment  

Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization

Organization-Wide Initiatives



Outreach

Continue to foster relationship building with the College

Examples of activities:

- Townhalls, webinars and partner events
- Targeted outreach to PTA students
- Registrant survey

Strategic Alignment 



Equity, Diversity & Inclusion

Continue to incorporate EDI principles into our work

Examples of activities:

- Develop internal EDI strategy
- Increase diversity within pool of QA assessors
- Integrate EDI principles into Council and Committee recruitment
- Integrate a stronger EDI-lens into consultation process
- Begin development of EDI-focused standards

Strategic Alignment
Core value underpinning **all** strategic pillars



Pathways to Licensure

Continue to participate in and respond to modernization efforts in physiotherapy licensure

Examples of activities:

- Responding to changes occurring nationally
- Key decision points for Council as environment evolves
- Implementation of decisions and changes

Strategic Alignment  

Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization

Exam



Key Objectives

- Maintain capacity and resourcing levels to meet candidate volume demands
- Analysis of exam results data to inform future improvements and identify appropriate candidate resources
- Continuous quality improvement of exam administration and delivery
- Monitor exam risks and bolster exam security
- Produce technical report

Core Activities

- Day-to-day exam administration and delivery
- Ongoing documentation of all exam procedures
- Customer service focus
- Continuous quality improvement debriefs
- Ongoing examiner training

Projects

- Research and analysis of OCE data



Registration



Key Objectives

- Continue to improve user experience in the PT Portal
- Meeting legislative timelines for registration processes

Core Activities

- Process applications
- Respond to applicant inquiries
- Approve and process other registration-related requests
- Provide registration information to support other teams
- Support the Registration Committee

Projects

- Implement enhancements to PT Portal, such as new forms and self-service options

Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization

Practice Advice



Key Objectives

- Maintain a high level of customer service in responding to practice advice inquiries
- Create resources and engage in targeted outreach to support IEPTs
- Outreach to PTA students

Core Activities

- Respond to calls and email inquiries to practice advice
- Present to Ontario PT students, PTA students, and ad hoc presentations to PT workplaces
- Support various College committees
- Partner meetings and environmental scanning

Projects

- Create resources and targeted engagement to support IEPTs' transition to practice
- Refresh Practice Advice content on the website (in support of website redesign)

Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization

Quality Assurance



Key Objectives

- Targeted recruitment to increase diversity within pool of assessors
- Explore and plan for future work to refresh screening interview content and delivery mechanism

Core Activities

- Administer screening interviews and assessments
- Providing technical and other support to PTs and assessors
- Maintain and update PT and assessor resources
- Ongoing assessor training
- Support the Quality Assurance Committee
- Program evaluation
- Maintain and update program operating procedures

Projects

- Targeted recruitment to hire new assessors
- Analyze data to determine how to proceed with the refresh of screening interview content

Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization

Professional Conduct



Key Objectives

- Engage in a business process review to improve efficiency, timelines, and consistency in decision-making, and to identify meaningful metrics to monitor process
- Providing better support to complainants and registrants through the complaints and investigations process

Core Activities

- Conduct investigations
- Complete program policies and standard operating procedures
- Review and update current Complainant and Registrant surveys for the Investigations process
- Support Inquiries, Complaints and Reports Committee
- Update Committee overview templates and other meeting materials
- Bolster accuracy and timeliness of data

Projects

- Participate in business process review

Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization

Hearings Office



Key Objectives

- Enhance IT infrastructure to support hearings work
- Explore and consider alternative models of Discipline Committee composition and potential partnership opportunities

Core Activities

- Day-to-day support to the Discipline Committee
- Ongoing Committee training

Projects

- Enhance IT infrastructure (database and SharePoint)
- Create resource to assist with decision writing

Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization

Compliance Monitoring



Key Objectives

- Development of the practice coach team
- Enhance IT infrastructure to support compliance monitoring work
- Develop and document guidelines and processes for staff

Core Activities

- Day-to-day support for the compliance monitoring program
- Develop standard operating procedures and process guidelines

Projects

- Enhance IT infrastructure (database and SharePoint)
- Recruit, hire and train new coaches



Policy & Governance



Key Objectives

- Implement improvement items from the governance practices review
- Adoption of national standards
- Begin development of EDI-focused standards

Core Activities

- Routine governance activities
- Ad hoc governance work from Council/management direction
- Review and update By-laws and Governance Policies as needed
- Support policy development in other teams
- Support development of practice advice for registrants
- Providing legal advice (General Counsel)
- Addressing privacy breaches (Privacy Officer)

Projects

- Develop a policy inventory and classification framework
- Integrate a stronger EDI-lens into consultation process

Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization

Business Operations



Key Objectives

- Provide operational and administrative support to all areas of the College

Core Activities

- Ensure smooth operations in the office space for CPO and space sharing partners
- Support hearings and other meetings (in-person, hybrid and virtual)
- Act as key contact for external vendors
- Work with IT team on various IT projects
- Work with People & Culture Manager to provide administrative support
- Provide customer support for PISA and Jurisprudence
- Manage files, records management, mail and courier packages

Projects

- Digitization of records and update of records retention schedule



Communications



Key Objectives

- Website redesign
- Outreach and engagement to foster relationship building with partners
- Support national standards roll-out

Core Activities

- Day-to-day and annual communications activities
- Townhalls, webinars and partner events
- Ongoing communications support for OCE
- Support communication and outreach activities across the organization

Projects

- Develop and implement registrant survey
- Produce videos in support of outreach and engagement



People & Culture



Key Objectives

- Create an internal EDI strategy for the People & Culture area of the College
- Roll-out new performance management processes
- Staff engagement and psychological safety survey

Core Activities

- Day-to-day management of workforce
- Carry out staff engagement and psychological safety survey and present results

Projects

- Update human resources policies



Information Technology



Key Objectives

- Provide ongoing IT support to all business areas
- Ensure high level of cybersecurity for the organization
- Provide technology-related training to all staff to support effective, efficient, and secure work
- Complete priority enhancement work for the database

Core Activities

- Maintain IT systems
- Serve as IT helpdesk for staff
- Complete IT work requests for all business areas
- Education and training for staff
- Technology support for the Ontario Clinical Exam, PISA, and annual renewal

Projects

- PT Portal and Public Register enhancements
- Implement learning management system
- External cybersecurity audit



Finance, Reporting & Strategy



Key Objectives

- Develop and implement organizational data strategy
- Support implementation of EDI strategy
- Continue to leverage technology to enhance financial processes

Core Activities

- Monitor and report on operational and financial performance
- Provide project management and execution support
- Support implementation of and communication about our strategic plan
- Support implementation of EDI strategy
- Financial planning, reporting, modeling, and forecasting
- Payments and treasury management
- Implement Enterprise Risk Management program

Projects

- Data strategy: identify meaningful metrics and build data infrastructure
- Build internal capacity to conduct process reviews through training



Human Resource Plan



Workforce

The College currently has 41 full-time employees to support our work. There is an increase of one position compared to last year. No other changes to staffing are proposed at this time.

Workforce needs were assessed and identified as part of the operational planning process. Each department was asked to identify the human resource needed to support the work they plan to do for the year.

Recruitment, Retention and Development

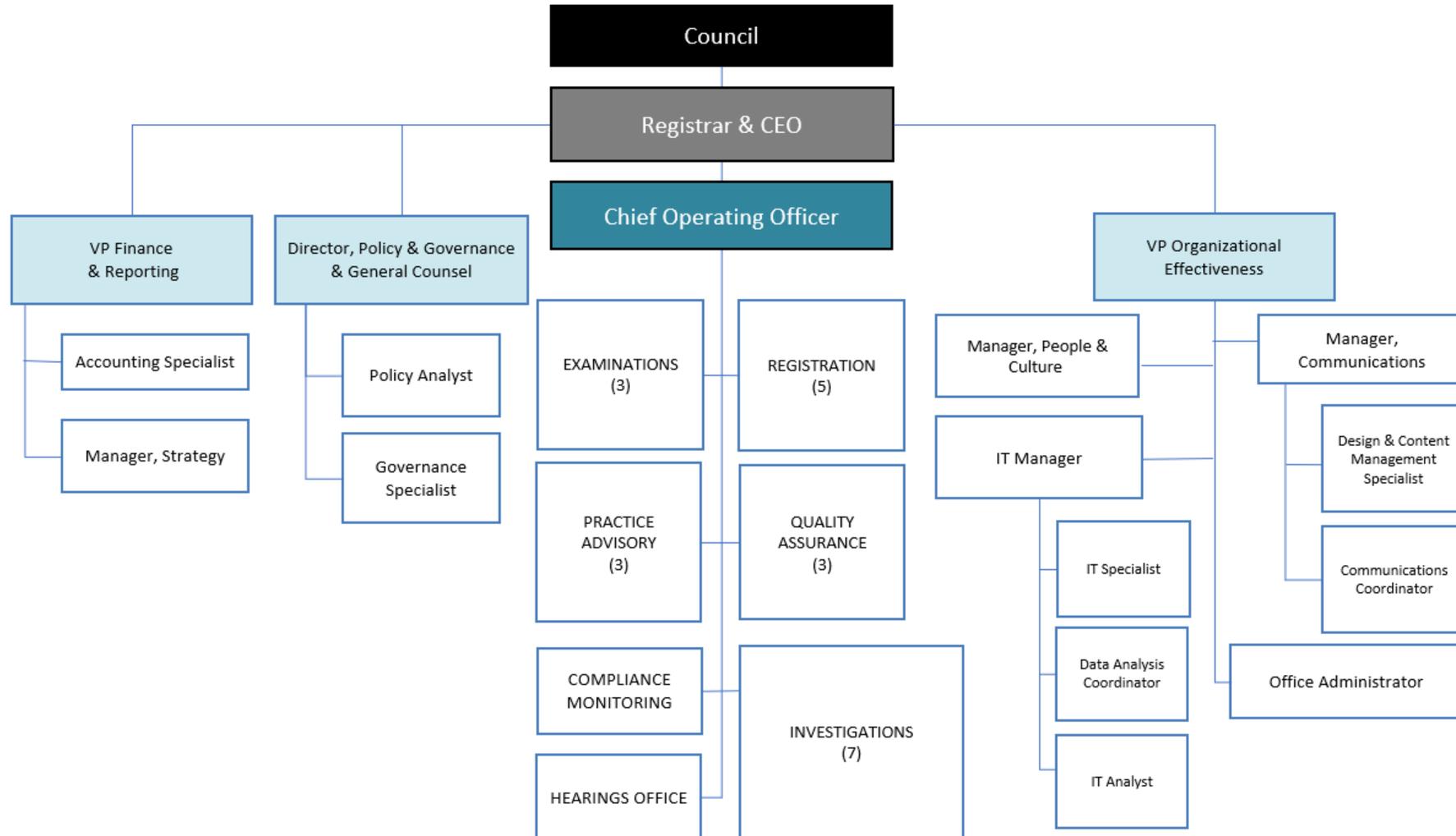
The College conducts open, fair and transparent recruitments. We post all job openings on the market. We make all efforts to identify a diverse pool of candidates. For example, we recently started posting on an Indigenous-focused job site.

We provide comprehensive onboarding and training to new hires to set them up for success. We offer a comprehensive total rewards package that includes monetary compensation, benefits, flexible work arrangements, and other supports.

We support staff development at all levels of the organization, through a combination of group and individual training and learning. Areas of focus for the coming year include EDI-related training (e.g. unconscious bias, plain language writing, Indigenous cultural awareness) and leadership training (e.g. performance management, coaching, etc.).

The College is in the final phases of implementing a succession plan for key roles within the organization to ensure business continuity.

Workforce and Organizational Structure



Budget Plan

A large, white, curved shape, resembling a thick 'C' or a partial circle, is positioned on the right side of the image. It is set against a solid blue background. The shape starts from the top right and curves downwards and to the left, ending near the bottom right.

Budget Plan Overview

This section outlines the budget plan that corresponds to the work plan and workforce needs outlined in the previous sections. The plan for the year includes an expected revenue of \$9,828,197 and an expected expense of \$9,547,151, which results in an expected surplus of \$281,047.

The financial resources were identified through the same operational planning process, where departments identified the work they planned to do, the workforce needs, and any financial resources required. The financial components of the plan as identified by the departments, plus overhead, were then compiled into the budget.

The budget plan is presented with two components – the Ontario Clinical Exam and core business.

Budget Plan for the Ontario Clinical Exam

To support Council's oversight of the financial performance of the Ontario Clinical Exam, the OCE budget plan is presented below.

Department	Operating	Total
<i>Exam</i>		
Revenue	\$ 1,790,470	\$ 1,790,470
Expenses	\$ 1,458,801	\$ 1,458,801
OCE Net Income		\$ 331,669

Core Operating Revenue

The College's core operating revenue from all sources are as follows:

Core Operating Revenue		
<i>Registration</i>		
Registration Fees	\$ 7,363,969	
Administration Fees	\$ 252,612	
<i>Finance & Reporting</i>		
Miscellaneous Income	\$ 139,200	
Interest	\$ 281,946	
Total Op Revenue		\$ 8,037,727

Core Operating Expenses – Statutory Programs

The College's operating expenses for the statutory program areas are as follows:

Statutory		
<i>Discipline</i>	\$	58,922
<i>Compliance Monitoring</i>	\$	42,637
<i>Patient Relations</i>	\$	1,444
<i>Practice Advice</i>	\$	1,800
<i>Professional Conduct</i>	\$	429,155
<i>Quality Assurance</i>	\$	213,143
<i>Registration</i>	\$	318,417
<i>Therapy & Counselling</i>	\$	20,076
<i>Salaries (Statutory)</i>	\$	2,383,948
Total Statutory Expenses		\$ 3,469,542

Core Operating Expenses – Non-Statutory Programs

The College's operating expenses for the non-statutory program areas are as follows:

Non-Statutory		
<i>Council</i>	\$	64,724
<i>Executive Office</i>	\$	-
<i>Finance & Reporting</i>	\$	950,374
<i>Governance</i>	\$	118,668
<i>Business Operations</i>	\$	15,400
<i>Communications</i>	\$	185,349
<i>IT</i>	\$	393,495
<i>People & Culture</i>	\$	202,947
<i>Policy</i>	\$	-
<i>Policy Department</i>	\$	45,200
<i>Policy Development</i>	\$	15,126
<i>Strategy</i>	\$	54,495
<i>Salaries (Non-Statutory)</i>	\$	2,618,551
Total Non-Statutory Expenses		\$ 4,618,807

Overall Corporate Budget Plan

The combined corporate budget plan for the College is as follows:

Department	Operating	Total
Exam		
Revenue	\$ 1,790,470	\$ 1,790,470
Expenses	\$ 1,458,801	\$ 1,458,801
OCE Net Income		\$ 331,669
Core Operating		
Total Op Revenue		\$ 8,037,727
Total Corporate Revenue		\$ 9,828,197
Core Business Expenses		
Total Statutory Expenses		\$ 3,469,542
Total Non-Statutory Expenses		\$ 4,618,807
Total Core Business Expenses		\$ 8,088,349
Core Business Net Surplus/(deficit)		-\$ 50,622
Summary Expenses		
<i>Exam</i>		\$ 1,458,801
<i>Core Business</i>		\$ 8,088,349
Total Corporate Expenses		\$ 9,547,151
Total Corporate Net Income		\$ 281,047

COUNCIL BRIEFING NOTE

For Information

Topic:	Registrar's Report
Public Interest Rationale:	Regular reports to Council on College activities and performance support their 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 – Q3 Council Dashboard Appendix B – 2023 College Performance Measurement Framework (CPMF) Report Summary Chart Appendix C – 2023 College Performance Measurement Framework (CPMF) Full Report

Issue

- Council is provided with an update regarding key activities, regulatory trends, organizational risks, and/or environmental developments.

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 Council in discharging their oversight responsibilities. The updates are organized in relation to each pillar or commitment within the College's [Strategic Plan](#).

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

Ontario Clinical Exam (OCE)

- In January 2024, 279 candidates sat the OCE. This was the first time the College administered the exam in French. In March 2024, 273 candidates sat the OCE.
- As part of this meeting, Council will be presented with some preliminary data regarding the exam in advance of a full technical report, for which work is currently underway and set for release later this year.



Professional Conduct

- To support consistency in decision-making a new reference tool has been developed to provide support to ICRC when deciding between an Acknowledgement & Undertaking (A&U) versus a Specified Continuing Education or Remediation Program (SCERP).
- The team also introduced an updated case overview format for ICRC. The new format supports the evidentiary highlights in each file. This allows the committee the opportunity to focus their deliberations on both the issues and supporting evidence. The format is used as the foundation for the decision writer which supports a more efficient drafting process.

Registration Regulation

- With entry to practice examination changes pending at the national level, the College has begun to scope out the work needed to update the current registration requirements set out in regulation. This includes initiating discussions with government as their support is required to enact those changes.
- A full analysis is underway to scope out the work and options available to rethink registration categories and requirements in a manner that is forward looking and flexible.

Ontario Fairness Commissioner (OFC) Risk Assessment

- Following the latest risk assessment cycle, the OFC has determined that the College should be placed in the **low-risk** category for the period April 1, 2024, to March 31, 2026. This is a marked improvement from the **medium-risk** category the College was previously assessed at.

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

Space Sharing

- As part of the space sharing agreement with our Partner Colleges, the Colleges have agreed to confidentiality protocols across our organizations.
 - In effect, the agreement simply recognizes that each organization (and their staff) have obligations to maintain confidentiality regarding any information they hear or obtain incidentally as a result of sharing space. This agreement includes Council Members.

Ontario Physiotherapy Association (OPA) Outreach

- To reintroduce the College and have a discussion with physiotherapists in the community, an opportunity for a presentation with the OPA Quinte-St. Lawrence District was arranged.
- The College presented as part of an OPA sponsored webinar on March 5th to speak with registrants about current initiatives, including EDI and the National Standards work.



- College Staff are presenting at the OPA InterACTION conference, to highlight and bring attention to the Communications e-Learning Module (see below more for information).

Communication e-Learning Module

- We partnered with other provincial regulators (except Quebec) to develop an [e-learning module](#) that helps PTs enhance their professional communication skills to improve patient outcomes. It went live in January 2024 and was promoted in January's issue of Perspectives.

Updated page for Mental Health and Wellness Resources

- The College recently learned that our partners including other Colleges referred to our website for resources on mental health, wellness and compassionate regulation. In response we updated content on our website to better meet their needs.
 - The material was re-packaged and new resources to assist vulnerable communities was sourced. This information is now available in one place on the [website](#). All referenced resources are free.

Collaborating for Greater Consistency

- In 2022, the College initiated a special project in collaboration with other Colleges through the Health Profession Regulators of Ontario (HPRO), with the goal to develop a consistent approach across all Colleges as it relates to proactive and reactive disclosure of registrant-specific information. The policy was recently approved by the HPRO board of directors.

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

- Laina Smith's revocation was received in February 2024 with advocacy already underway to find a replacement to Ms. Smith bringing the College to a full complement of public members.
- There are three upcoming reappointments for which work has begun: Rick O'Brien, Frank Massey, and Mark Heller. Staff are currently soliciting feedback from Committee Chairs and will be engaging with the Ministry and Minister's Office to support these reappointments.

Human Resources

- As outlined in the 2024-2025 Budget, the College headcount has increased by 1 FTE to 41. This flows from a termination of a contract with a third-party IT service provider and the moving of these services in-house.
 - As outlined in the separate briefing materials, this change has produced a net savings in terms of overall cost to the organization but has also generated significant additional capacity within the IT team.



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.

College Performance Measurement Framework (CPMF)

- The 2023 CPMF report has been finalized for publication by the March 31, 2024 deadline.
- Significant improvements have been made when compared to the College's performance in 2022. More specifically, while in 2022 there were 22 measures out of 50 that were not fully met, in 2023 there are only 2 measures where a gap continues to exist (See Appendix B).
 - This improvement stems from an organization wide effort to identify the minimum actions necessary to satisfy each measure and to implement those changes within the calendar year.
 - Within the report there are 8 measures deemed to be highly important (called benchmarked evidence). In 2022, the College fully met only three of the eight. In 2023, all eight are now fully satisfied.
 - The two outstanding areas for improvement are around our processes for managing conflicts of interest and ensuring that our policies, guidelines and standards promote DEI. We have identified improvement actions for both items in 2024.
- The full report is included in Appendix C. Following this meeting, the report will be submitted to the Ministry and posted on the College website.

Council Dashboard

- Q3 dashboard results will show continued progress across the organization.
 - Registration timelines are back to 100%, QA timelines are up to 99% (after falling to 83% last quarter), and decision-release time for uncontested hearings has improved with 83% within timeline (compared to 60% this time last year).

Audit Timeline

- As the complexity and size of the College's business continues to increase, the current approach of providing audited financial statements to Council in June was assessed as no longer being tenable. For FY2024, audited financial statements will be presented to Council in September.
 - In the fiscal year 2022-2023 audit the College experienced significant challenges with the timeline, including rushing Committee review in order to meet the Council deadline.
 - This change in process comes with support from the Auditor and the Risk, Audit, and Finance Committee (RAFC).



- Committee and Council oversight will not be impacted negatively by these changes as year end forecasts will routinely be provided and unaudited financial statements will be provided in June.

Risk Register

- RAFC has provided preliminary feedback on a risk register containing 13 risk statements and an assessment of likelihood and impact. Some examples from the draft risk register will be highlighted for Council as part of the presentation accompanying this briefing note.
- Staff will continue to finalize the registry on the basis of the feedback received with plans for a full presentation to Council later in 2024.

Leveraging Technology for Process Improvement

- Organizationally efforts to streamline processes to reduce manual work, improve user experiences, or become more cost effective are continuously being explored.
 - Recently the Quality Assurance Committee began piloting a process where meetings are recorded with a transcript provided to the College's external decision-writer to reduce costs.
 - New software has been rolled out to support the Professional Conduct team as they prepare meeting packages that are hundreds of pages in length, eliminating challenges and delays associated with existing technological solutions.
 - Registration and renewal of Professional Health Corporations is being transitioned from a manual process to one that can be done within the PT Portal, streamlining the user experience, reducing operational processing, and enhancing the security of the processing and collection of sensitive information.

Data Strategy – Internal Coding Guide

- The College has used a coding taxonomy for several years. Recently the taxonomy was updated, and a new coding guide and definitions resource was developed to support the accurate and consistent application of the coding taxonomy across the College. This will help produce high quality data for analysis and future research.

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.

Strategy Development

- An internal EDI Working Group has developed a draft framework that articulates the College's vision with respect to EDI and provides guiding principles to identify the organizational goals that staff should be striving to achieve in this context.



- Included in this framework is a commitment to strengthen the College's reporting on EDI activities. This will continue to be a focus of future Registrar Reports, but will also include a standalone EDI report which will be published annually.

Training and Education

- EDI focused training was rolled out for the College's Management Team, focusing first on Diversity & Inclusion Fundamentals and second on Unconscious Bias.
- An external speaker specializing in trauma informed care presented to College coaches to support an enhanced coaching experience for physiotherapists engaged in our processes. College staff also attended.

Accessibility and Accommodation

- Updated messaging has been added to the PT Portal to increase awareness among those engaged in our quality assurance processes that accommodations are available and the way to make requests.
- The QA team recently created an instructional document to help PTs and assessors to enable live captioning during an interview. This resource was also shared with other teams in the College.

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

Elections Update

- Council Elections are set for Districts 3 (Central Eastern), 6 (Toronto West), and 7 (Toronto East) with a By-Election occurring in District 5 (Northern).
 - Currently there will be an election in *each* district with no acclamations.
 - Voting opens on March 13th and closes on April 17th.

Council Livestreaming Process Change

- Historically recordings of the Council livestream were archived and hosted on the College's YouTube channel to allow individuals who have missed the meeting to watch a recording. This process remained in place until June 2022 when a new practice was instituted where only the *most recent* meeting was available in a recorded format.
- Going forward, meeting recordings will not be archived on the College's YouTube channel, rather the livestream will only be available *during* the Council meeting for observers to watch the meeting live. Communications regarding this change have been made so that those wishing to observe the meeting can adjust their approach.



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	Integrate Competency Profile self-assessment into election and appointment processes.	January 2024	Completed
December 14-15, 2023	National Standards - First Group: Circulate the Standards for consultation.	January 2024	Completed
December 14-15, 2023	Code of Ethical Conduct: Circulate for consultation.	January 2024	Completed
December 14-15, 2023	Final Approval: Proposed Fee Increase: Implement new fees for 2024 renewal.	January 2024	Completed

CPO Dashboard – Q3 (October – December 2023)

Statutory Programs

Registration

674 IPC applications received YTD

566 PPC applications received YTD

100% Applications acknowledged within **15 days** **↑ 1%** from last quarter

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

Quality Assurance



99% Screening interviews done within timeline **↑ 16%** from last quarter

100% Assessments done within timeline

Practice Advice

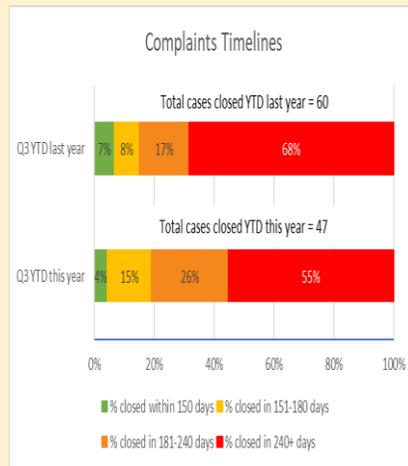
5270 # of inquiries received YTD

This Quarter	Last Quarter
1 Business Practices	Mandatory report & other reports
2 Patient Care	Privacy
3 Supervision	Scope of practice
4 Professional Obligations	Supervision of PT Residents
5 Privacy	Practice transitions

Professional Conduct

334 # of concerns received YTD **↑ 6%** from last year

4% Complaints closed within **150 days YTD** **↓ 3%** from last year



Discipline

12 Hearings YTD **↓ 33%** from last year

13 Days YTD **↓ 43%** from last year

83% Uncontested decision released within timeline **↑ 23%** 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

No change from last quarter

Finance & Strategy

Projects

	Strategic	Operational
Completed	1	15
In Progress	6	14
Deferred	0	5
Cancelled	0	1
	7	35

CPMF

22 CPMF items not fully met in 2022

20 Improvement items completed

2 Improvement items in progress

Financial Health

Good



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CPO Responses to CPMF Measurement Domains – 2023 Reporting Year

Domain 1: Governance				
<i>Standard 1: Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2022 Response</i>	2023 Response	<i>2023 Improvement Plans</i>
BENCHMARKED EVIDENCE Professional members eligible to stand for Council election after meeting pre-defined competency and suitability criteria.	9	Partially Met	Met	
Professional members eligible to stand for Council election after attending an orientation training about the College's mandate and member expectations.	10	Met	Met	
BENCHMARKED EVIDENCE Statutory committee members have met pre-defined competency and suitability criteria.	12	Partially Met	Met	
Statutory committee members have attended an orientation training about the mandate of the Committee and member expectations.	12	Met	Met	
Public members attend orientation prior to first meeting.	14	Partially Met	Met	
Council has developed and implemented framework to regularly evaluate effectiveness of Council meetings and Council.	15	Met	Met	
Council review framework includes a third-party assessment at a minimum of every three years.	17	Not Met	Met	
Ongoing Council training based on outcomes of relevant evaluations and needs identified by Council and Committee members.	17	Partially Met	Met	
Council training informed by evolving public expectations including risk management and Diversity, Equity, and Inclusion.	18	Not Met	Met	
<i>Standard 2: Council decisions are made in the public interest.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2022 Response</i>	2023 Response	<i>2023 Improvement Plans</i>
Council has a Code of Conduct and Conflict of Interest Policy that is reviewed at least every three years.	19	Partially Met	Met	
Code of Conduct and Conflict of Interest Policy are accessible to the public.	20	Met	Met	
College enforces cooling off periods.	21	Met	Met	



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College has a conflict-of-interest questionnaire completed by all members annually.	22	Not Met	Partially Met	✓
Council meeting materials enable public to clearly identify public interest rationale.	22	Met	Met	
The College has and regularly reviews a formal approach to risk assessment which is reflected in strategic planning.	23	Not Met	Met	
Standard 3: The College acts to foster public trust through transparency about decisions made and actions taken.				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2022 Response</i>	2023 Response	<i>2023 Improvement Plans</i>
Council minutes are posted and include a status update on the implementation of decisions.	24	Met	Met	
Executive Committee meeting information is publicly posted.	24	Met	Met	
Notice of Council meeting and materials posted at least a week in advance and meeting materials are accessible for a minimum of 3 years.	25	Partially Met	Met	
Notice of Discipline hearings and materials posted one month in advance and include a link to allegations on the Public Register.	26	Met	Met	
The College has a Diversity, Equity, and Inclusion (DEI) Plan that is reflected in the Council's strategic planning activities and is appropriately resourced.	26	Not Met	Met	
The College conducts Equity Impact Assessments.	27	Not Met	Met	
Domain 2: Resources				
Standard 4: The College is a responsible steward of its (financial and human) resources.				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2022 Response</i>	2023 Response	<i>2023 Improvement Plans</i>
College's strategic plan has been costed and resources allocated.	29	Partially Met	Met	
College has a financial reserve policy and possess the set levels.	29	Met	Met	
BENCHMARKED EVIDENCE Council is accountable for the success and sustainability of the organization it governs by ensuring that the organization has the staffing complement it needs to be successful now and in the future.	31	Partially Met	Met	
Council regularly reviews and updates College's data and technology plan.	32	Not Met	Met	
Domain 3 System Partners (narratives for each of these standards are found on pages 29-33)				
Standard 5: The College actively engages with other regulatory Colleges and system partners to align oversight of the profession and support execution of its mandate.				

<i>Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.</i>				
Domain 4: Information Management				
<i>Standard 7: Information collected by the College is protected from unauthorized disclosure.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2022 Response</i>	2023 Response	<i>2023 Improvement Plans</i>
College demonstrates how it uses policies/processes to govern collection, use, disclosure, and requests for information.	39	Met	Met	
BENCHMARKED EVIDENCE College uses cybersecurity measures and policies, practices, and policies to protect against accidental and unauthorized disclosure of information.	40	Partially Met	Met	
Domain 5: Regulatory Policies				
<i>Standard 8: Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2022 Response</i>	2023 Response	<i>2023 Improvement Plans</i>
BENCHMARKED EVIDENCE College has processes in place to evaluate and review policies, standards of practice and practice guidelines.	41	Met	Met	
BENCHMARKED EVIDENCE Specific information/examples provided on how policies, standards and guidelines have been developed and updated.	42	Met	Met	
College's policies, guidelines, standards, and Code of Ethics promote DEI.	43	Not Met	Partially Met	✓
Domain 6: Suitability to Practice				
<i>Standard 9: The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2022 Response</i>	2023 Response	<i>2023 Improvement Plans</i>
Processes are in place to ensure only those that meet registration requirements receive certification to practice.	45	Met	Met	
College periodically reviews its criteria and processes for determining whether applicant meets registration requirements.	46	Met	Met	
Checks are carried out to ensure currency and other competency requirements are continually met by using a risk-based approach.	47	Partially Met	Met	



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College addresses all recommendations from most recent OFC Audit.	49	Met	Met	
<i>Standard 10: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2022 Response</i>	2023 Response	<i>2023 Improvement Plans</i>
Examples of how College assists registrants in implementing required changes to standard and guidelines.	50	Met	Met	
College has processes and policies in place outlining how areas of practice in QA assessments are identified.	52	Met	Met	
College has evidence-informed processes in place describing how the College determines which registrants undergo a QA assessment activity.	53	Met	Met	
College has process and policies in place outlining criteria informing remediation activities based on QA assessment.	54	Met	Met	
College tracks results of remediation activities as part of any College committee and assesses whether registrant demonstrates required knowledge, skill, and judgement.	55	Met	Met	
<i>Standard 11: The complaints process is accessible and supportive.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2022 Response</i>	2023 Response	<i>2023 Improvement Plans</i>
Complaint process and support available to complainants are clearly communicated and out on the College website.	57	Met	Met	
BENCHMARKED EVIDENCE Complaint process support is evaluated by the College to ensure the information provided to complainants is clear and useful.	57	Met	Met	
College responds to 90% of inquiries within 5 business days.	58	Met	Met	
College supports the public during complaints process to ensure inclusivity and transparency.	58	Met	Met	
College ensures all parties are regularly updated on the progress of their complaint or discipline case.	59	Partially Met	Met	
<i>Standard 12: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2022 Response</i>	2023 Response	<i>2023 Improvement Plans</i>
College has documented guidance setting out framework for assessing risk and acting on complaints.	61	Met	Met	
<i>Standard 13: The College complaints process is coordinated and integrated.</i>				



<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2022 Response</i>	2023 Response	<i>2023 Improvement Plans</i>
College has policy outlining consistent criteria for information disclosure.	61	Partially Met	Met	
Domain 7: Measurement, Reporting and Improvement				
<i>Standard 14: The College monitors, reports on and improves its performance.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2022 Response</i>	2023 Response	<i>2023 Improvement Plans</i>
College has KPIs with clear rationale for importance.	63	Met	Met	
Council uses performance and risk information to regularly assess College's progress against strategic objective and regulatory outcomes.	64	Partially Met	Met	
BENCHMARKED EVIDENCE Performance and risk review findings used to identify improvement activities.	64	Not Met	Met	
Performance results are made public on College website.	65	Met	Met	

Number of Responses and Improvements Made

Total Measures: **50**

Total Met in 2023: **48**

Total Partially Met in 2023: **2**

Total Not Met in 2023: **0**

Total Improvements Made from 2022-2023: **20**

College Performance Measurement Framework (CPMF) Reporting Tool

College of Physiotherapists of Ontario

Reporting Year: January 2023 – December 2023

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Introduction

The College Performance Measurement Framework (CPMF)

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

1. Strengthen accountability and oversight of Ontario’s health regulatory Colleges.
2. Help Colleges improve their performance.

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

Table 1: CPMF Measurement Domains and Components

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

Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

The Ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

Completing the CPMF Reporting Tool

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

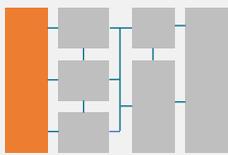
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. This year Colleges should report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. In the instances where this is appropriate,

this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
		Required Evidence	College Response
OMAIN 1: GOVERNANCE	STANDARD 1	<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. Meeting pre-defined competency and suitability criteria; and</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>The College has suitability criteria in place for Council members prior to election.</p> <p>Suitability criteria are generic and relate to behaviour, relationships and conduct rather than competence. They are as follows:</p> <ul style="list-style-type: none"> The roles and responsibilities of a Council member are laid out in the College’s Governance Manual under Policy #1.2: Role of a Council Member (page 6). Further accountabilities are outlined in the College’s Code of Conduct. The College’s Council Elections webpage highlights a variety of skills prospective Council members must possess. Additional election suitability criteria can be found in the By-laws (Part 3: Election or Appointment of Councillors, page 13) and as part of the candidate recruitment process on the College website. <p>In 2023, the College also developed a Council and Committee Competency Profile outlining criteria that prospective members of Council must meet before being eligible to run for Council election. The Council and Committee Competency Profile aims to ensure that incoming Council members possess the foundational behaviours, attitudes, and skills required by all members to effectively engage in Council work. The competency framework was approved by Council during their September 2023 meeting (page 264).</p> <p>Prospective professional members of Council must complete the Values, Behaviours, and Competency Assessment, which is a questionnaire based on the Competency Profile, as part of the pre-election eligibility requirements.</p> <p>The College has made changes to the College By-laws, Governance Policies, and elections procedures to align with the new framework. The competency criteria will be used for the first time for the 2024 Council election cycle, which typically begins in Q1.</p>

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
		<p>ii. attending an orientation</p>	<p>The College fulfills this requirement: Yes</p>

training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.

- Duration of orientation training.
- Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).
- Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics.

Prospective candidates are required to complete an election orientation module outlining the mandate of the College and the roles, responsibilities, and expectations of Council and Council members. It is called the [Council Election Module](#). The purpose of the module is to ensure that prospective candidates are aware of and committed to the mandate of public protection and have the skills and knowledge to effectively govern within their scope as Council members.

Duration of Orientation Training

This module takes approximately 2.5 hours to complete.

Format of Orientation Training

The module is completed online. It includes a self-reflection component designed for prospective candidates to assess if they are eligible and committed to the role of a Council member.

Training Topics

The module is divided into the following sections:

- Eligibility requirements: Outlines the eligibility criteria that must be met to qualify to run in the election.
- The Role of the College: The focus is on public interest and protection, understanding what self-regulation is, the role and core functions of the College, explanation of governance and reinforcing public confidence in the profession through regulation and explanation of roles between Governance (Council and Committees) and Operations (Registrar and operational staff).
- Understanding Council: Provides an overview of what fiduciary duties are, characteristics of an effective Council, explanation of the Council structure including the three types of Council members (elected, academic and public appointees), the roles, responsibilities and duties of Council members, and the time commitment required.
- Becoming a Council Member: Outlines the election process and terms of office.

This module is evaluated and updated annually to ensure relevance of topics and information, and to make improvements that have been identified by new Council members and individuals who have completed the module.

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

Additional comments for clarification (optional):

	<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>Statutory Committee candidates must meet pre-defined suitability and competency criteria.</p> <p>The roles and responsibilities of Committee Chairs and Committee members are laid out in the College’s Governance Manual under Policies #1.3: Role of a Committee Chairperson (page 8) and #1.4: Role of a Non-Council Committee Member (page 10), respectively.</p> <p>For Committee members, the College has some suitability requirements in place. Suitability criteria are generic and relate to behaviour, relationships and conduct rather than competence. Information about Committee members eligibility for appointment is available in the College By-laws (7.5: Appointment of Non-Council Committee Member, page 33). The College has some suitability requirements outlined in the By-laws; for example, not having any decision-making influence at a physiotherapy body or any other position with a potential conflict to the College’s mandate, and not having been disqualified from Council or Committees in the past three years.</p> <p>In 2023, the College developed the Council and Committee Competency Profile, a framework for assessing core values, attributes, and skills for prospective members of Council and Committees. This framework will be applied to all new applicants. New applicants will have to complete the Values, Behaviours, and Competency Assessment before being eligible to be appointed to a committee.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
	<p>ii. attended an orientation</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>

	<p>training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.</p>	<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p><u>Duration of Training</u></p> <p>Orientation for newly appointed Committee members takes place shortly after their appointment date. All Committee members also receive ongoing training throughout the year. The duration of orientation and training varies as some activities are completed asynchronously.</p> <p><u>Format of Training</u></p> <p>Each Committee has developed a standard orientation program that is used for all new Committee members that typically includes e-learning modules, reviewing resource documents, and in some cases, attending external training courses.</p> <p>Committee members also participate in online training sessions focusing on topics related to the Committee and emerging trends. Members are required to complete a test at the end of each module to confirm they have completed it and to test their understanding.</p> <p>Some Committees also have an annual orientation session that is scheduled after the new Committee slate is approved in June. This session may be facilitated by a lawyer. This orientation session focuses on committee-specific roles and responsibilities. The session includes what Committee members need to know to support their deliberations and decision making using a case-based learning format. For some Committees, the College also invites speakers from partner organizations where they are relevant to the work of the Committee.</p> <p><u>Training Topics</u></p> <p>The Orientation program is set out in the College's Governance Manual under Policy #7.9: Council Education/Orientation (page 84). The Inquiries, Complaints and Reports Committee, Patient Relations Committee, Quality Assurance Committee, and Registration Committee sessions may include presentations by legal counsel on issues relevant to the Committee, such as bias and decision making. The orientation program for the Discipline and Fitness to Practice Committees is conducted by the Independent Legal Counsel to the Committee and occurs throughout the year.</p> <p>The College implemented orientation e-learning modules for statutory Committees that are completed by all new committee members once they have been appointed. The modules outline the mandate of the College, the roles and responsibilities of the Committees and Committee members and key governance concepts such as conflict of interest and confidentiality. The modules include a final knowledge quiz and confirmation of completion. The College also has e-learning modules on other relevant topics such as sexual abuse awareness,</p>
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		<p>decision writing, gender inclusive writing, and others.</p> <p>In 2023, the College also implemented an orientation e-learning module for the Finance Committee, which is non-statutory. The Finance Committee module covers committee member duties and responsibilities, the budget, financial reporting, financial management, and investment procedures, tips, and aids to help committee members understand the technicalities of finance, audit, and risk required for members of a finance, audit, and risk committee. The module includes a final knowledge quiz and confirmation of completion.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
		<p><i>Additional comments for clarification (optional):</i></p>		
	<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<table border="1" style="width: 100%;"> <tr> <td data-bbox="776 514 2085 565">The College fulfills this requirement:</td> <td data-bbox="2085 514 2588 565">Yes</td> </tr> </table> <ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>The College’s usual process is to hold orientation training for public appointments to Council before their first Council meeting. Only in unusual circumstances (e.g., delays in the appointments process or unavoidable scheduling conflicts) is training held after their first meeting.</p> <p><u>Duration of Training</u></p> <ul style="list-style-type: none"> • Orientation sessions are typically half day. <p><u>Format of Training</u></p> <ul style="list-style-type: none"> • Orientation is provided in person or in a hybrid format before the public member’s first Council meeting and is led by the President and Registrar. The New Council Member orientation module is completed online, and in-person training sessions are added as needed. <p><u>Training Topics</u></p> <ul style="list-style-type: none"> • The Orientation program is set out in the College’s Governance Manual under Policy #7.9: Council Education/Orientation (page 84). Council members are also required to complete a series of e-learning modules on a variety of topics. • The New Council Member orientation module includes information about the role of Council, areas of the College, Code of Conduct, governance rules, Council administration, staff and stakeholders, College Committees, respecting diversity, and what is physiotherapy. This orientation module is completed by all new Council members (professional and public). 	The College fulfills this requirement:	Yes
The College fulfills this requirement:	Yes			

	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
	<p><i>Additional comments for clarification (optional):</i></p>	
<p>Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p>		
<p>Required Evidence</p>	<p>College Response</p>	
<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> <p>The College has an assessment framework to evaluate Council and Council meeting effectiveness. The high-level summary of the results of the Council meeting surveys is included in the President’s Report, which is also presented verbally during Council meetings.</p> <p><u>Year Developed/Last Updated</u></p> <p>The measurement and reporting framework was developed in June 2002 and last updated in March 2015. The Council meeting evaluation form is updated on an ongoing basis to adapt to current needs.</p> <p><u>Link to Framework and Description of Evaluation</u></p> <p>The organizational measurement and reporting framework is laid out in the College’s Governance Manual under Policy #8.1: Measurement and Reporting (page 92).</p> <p>Council Meeting Evaluation: Following each Council meeting, a meeting specific evaluation survey is sent to all Council members and the results are shared with the President and Registrar. This process is informal and generally deals with the different aspects of the meeting. The President reviews the information, and the results are reported to Council in an aggregate form as part of the President’s Report and/or provided to all Councilors ahead of the next meeting. These are not anonymous surveys. Evaluations were last presented at</p>	<p>Met in 2022, continues to meet in 2023</p>

Council during the [December 2023 meeting \(page 84\)](#).

Council Operations Evaluation:

As part of the usual Council Performance Assessment process, Council members are required to complete a yearly Council Operations Evaluation. This is an electronic survey sent to each Council member that focuses on seven domains: (1) Council Activity, (2) Mission and Mandate, (3) Governance/Partnership Alignment, (4) Organization, (5) Meetings, (6) Council Membership, and (7) Administration and Staff Support.

Council members are also provided with an opportunity to give comments and feedback on the work and effectiveness of Council outside of these domains. The results of this survey are reviewed by the President and Registrar and help inform changes and/or improvements to governance processes and overall planning for Council meetings, training, and education.

In 2023, we opted to forego this assessment process because we were engaged in an external governance practices review (see next item for more information) which assessed the same things, and there was no need to duplicate this work. The College will return to the usual process in future years.

Mid-Year Check-in Calls

As part of the Council Performance framework, Council and Committee members were asked to complete a self-assessment which includes a mid-year check-in call with the President. The questions on the self-assessment include:

- How do you assess your contribution to Council and Committees? (You might want to include such things as: attendance at meetings, participation, committee or working group work, or any other areas on which you would like to comment)
- Are there opportunities to enhance Council or committee performance? If so, what does this look like.
- Is there specific Council/committee training you feel Council/Committee needs at this time?
- Thinking back to the education you have received on Council and/or committees, what do you continue to apply today to your college work? If you could change one thing about Council meetings, what would it be and why?
- Is there anything else you would like to share?

The most recent check-in calls were completed between December 2023 and January 2024.

The information collected helps inform in-service education sessions and governance activities such as improvements to our Council member orientation. This information is tracked in an internal document and reviewed periodically.

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

		<i>Additional comments for clarification (optional):</i>	
	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur?</i> • Please indicate the year of the last third-party evaluation. <p>In 2023, the College completed an external review of the College’s governance practices. This review was led by the organization The Regulator’s Practice, and the final report was presented to Council at their meeting in December 2023 (page 19). Part of this review focused on an assessment of Council and Committee effectiveness, and Council received recommendations for improvement in this area. The College is now working on implementing recommendations following the governance review.</p> <p>Following implementation of the improvement items from the 2023 review, the College will then plan how to conduct periodic reviews going forward.</p>	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
		<i>Additional comments for clarification (optional)</i>	
	<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <ul style="list-style-type: none"> i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or 	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>Council members have an opportunity to identify learning needs after each Council meeting as part of the post-Council meeting evaluations. The College also evaluates education sessions to determine if additional education on the specific topic is required.</p> <p>The College’s Council and Committee Education Strategy for the 2023 year includes a Supplementary Training component, which is comprised of two parts: (1) ad-hoc education, and (2) external education opportunities. Ad-hoc education are the topics that are identified by Council members or staff that support a specific activity or gap in knowledge. External education consists of targeted education and governance related conferences that are identified to support individual Council member needs.</p> <p>In 2023, the College collected feedback from Council evaluations and incorporated it into the Education Strategy. Feedback collected has</p>	

			<p>informed training topics this year.</p> <p>Needs identified by Council members that have translated into education activities include:</p> <ul style="list-style-type: none"> • Public Interest (attended by Council and Committee members): March 2023 meeting • Equity, Diversity, and Inclusion (attended by Council and Committee members): March 2023 meeting • Enterprise Risk Management: March 2023 meeting • Introduction to Council Member Commitments: June 2023 meeting • Sexual Abuse Awareness Training (attended by Council and Committee members): Conducted in September 2023 • Risk Tolerance: September 2023 meeting <p>Needs identified by Committee members that have translated into education activities include:</p> <ul style="list-style-type: none"> • Quality Assurance Committee: Presentation on Remediation Options • Quality Assurance Committee: Orientation and Decision Making • Quality Assurance Committee: Building a Remediation Program • Inquiries, Complaints and Reports Committee: Training sessions with legal counsel to discuss use of interim orders, and a new decision making tool aimed at assisting with when to use a SCERP and when to use an undertaking. • Discipline Committee: Session led by a lawyer on various topics, such as Agreed Statement of Facts (ASF), Joint Submissions on Penalty, Undertakings, Motions, Adjournments, Withdrawals, Plea Inquiries, Assessing Credibility, Note taking and deliberations, and Unconscious Bias. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional):</i></p>
		<p>iii. evolving public expectations</p>	<p>The College fulfills this requirement: Yes</p>

DOMAIN 1: GOVERNANCE	STANDARD 2	<p>including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>The College held Council training related to evolving public expectations, such as risk management and Equity, Diversity, and Inclusion (EDI) in 2023.</p> <ul style="list-style-type: none"> • In 2023, the College implemented an Enterprise Risk Management (ERM) framework, and the rollout of this framework was accompanied by education and training to Council around risk management. Education sessions for ERM took place at the March 2023 and September 2023 Council meetings. • The College also held training in the area of Equity, Diversity, and Inclusion in 2023. Training topics included: <ul style="list-style-type: none"> ○ Equity, Diversity, and Inclusion learning session attended by Council and Committee members (March 2023 meeting) ○ Equity, Diversity, and Inclusion Primer – a presentation by the Registrar & CEO (September 2023) ○ Providing Physiotherapy Services in Northern Ontario (December 2023) 	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
		<p><i>Additional comments for clarification (optional):</i></p>		
		<p>Measure:</p> <p>2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.</p>		
<p>Required Evidence</p>		<p>College Response</p>		
<p>a. The College Council has a Code of</p>		<p>The College fulfills this requirement:</p>	<p>Yes</p>	

<p>Conduct and 'Conflict of Interest' policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<ul style="list-style-type: none"> • Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. <p>The College's Code of Conduct and Conflict of Interest Policy are reviewed at least every three years. Current legislation, practices, public expectations, and other issues were considered in the last review cycle. The College will continue to ensure that the documents are regularly reviewed to reflect the current environment.</p> <p><u>Year last evaluated/updated:</u></p> <p>In 2020, the Executive Committee reviewed the College's governance framework, By-laws and policies, including the Code of Conduct and Conflict of Interest Policy. Council approved the proposed changes at the June 23, 2021 meeting (page 71).</p> <p><u>Changes made resulting from last review:</u></p> <p>No substantive revisions to the Code of Conduct or Conflict of Interest policies were proposed as part of the review in 2020.</p> <p>The Code of Conduct and Conflict of Interest Policy are currently undergoing review, and proposed changes will be presented to Council for consideration in 2024.</p>
<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement: Met in 2022, continues to meet in 2023</p> <ul style="list-style-type: none"> • Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>The Code of Conduct and Conflict of Interest policy are found in the College By-laws (Part 5: Conduct of Councillors and Committee Members). The By-laws are available on the College website.</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	
<p><i>Additional comments for clarification (optional)</i></p>	
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	
<p><i>Additional comments for clarification (optional)</i></p>	

	<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect to their Council duties (i.e., cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed OR last evaluated/updated. • Please provide the length of the cooling off period. • How does the College define the cooling off period? <ul style="list-style-type: none"> – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number, – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number OR, – Where not publicly available, please briefly describe the cooling off policy. <p><u>Year Last Updated:</u></p> <p>Eligibility criteria, including cooling off periods, for elected Council members and appointed academic Council members are laid out in the College By-laws. The By-laws were last updated in 2021. Term limits for Council and Committee members are laid out in By-laws and Governance policies.</p> <p><u>Length of Cooling Off Period:</u></p> <p>The length of the cooling off period is 12 months.</p> <p><u>Definition of Cooling Off Period</u></p> <p>The cooling off period is outlined in the College By-laws s. 3.1(9) (page 13) and s. 3.2(2) (page 20). To be eligible to run for Council election, the registrant must not have been in the previous 12 months:</p> <ul style="list-style-type: none"> • a director, officer, committee member, employee, or holder of any position of decision making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession; • a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College; or • an employee of the College. <p>The cooling off period applies to elected professional members and appointed academic professional members.</p>	<p>Met in 2022, continues to meet in 2023</p>
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		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>								
		<p><i>Additional comments for clarification (optional)</i></p>								
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"> i. The completed questionnaires are included as an appendix to each Council meeting package; ii. Questionnaires include definitions of conflict of interest; iii. Questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. At the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>. 	<table border="1" style="width: 100%;"> <tr> <td style="width: 75%;">The College fulfills this requirement:</td> <td style="width: 25%;">Partially</td> </tr> <tr> <td colspan="2"> <ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: No • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>What was met: The College has Conflict of Interest provisions in the By-laws (Part 5: Conduct of Councillors and Committee Members, page 25), which includes a definition of conflict of interest. At the beginning of each Council meeting, Council and Committee members are instructed to declare any real, potential, or perceived conflicts of interest for any of the items on the respective meeting’s agenda. A conflict of interest provision is included at the beginning of each Council and Committee meeting package. The College also manages breaches of conflicts of interest per the provisions outlined in the Code of Conduct (Appendix C to the By-laws, page 49).</p> <p>What was not met: The College does not have a Conflict of Interest questionnaire that all members must complete annually.</p> </td> </tr> <tr> <td style="width: 75%;"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td style="width: 25%;">Yes</td> </tr> <tr> <td colspan="2"> <p><i>Additional comments for clarification (optional)</i></p> <p>In 2024, the College plans to further bolster our processes for identifying and managing conflicts of interest, for example:</p> <ul style="list-style-type: none"> • Further enhancing conflict of interest screening as part of the election process, and • Pre-identification of conflicts of interest prior to meetings based on the agenda. </td> </tr> </table>	The College fulfills this requirement:	Partially	<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: No • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>What was met: The College has Conflict of Interest provisions in the By-laws (Part 5: Conduct of Councillors and Committee Members, page 25), which includes a definition of conflict of interest. At the beginning of each Council meeting, Council and Committee members are instructed to declare any real, potential, or perceived conflicts of interest for any of the items on the respective meeting’s agenda. A conflict of interest provision is included at the beginning of each Council and Committee meeting package. The College also manages breaches of conflicts of interest per the provisions outlined in the Code of Conduct (Appendix C to the By-laws, page 49).</p> <p>What was not met: The College does not have a Conflict of Interest questionnaire that all members must complete annually.</p>		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Yes	<p><i>Additional comments for clarification (optional)</i></p> <p>In 2024, the College plans to further bolster our processes for identifying and managing conflicts of interest, for example:</p> <ul style="list-style-type: none"> • Further enhancing conflict of interest screening as part of the election process, and • Pre-identification of conflicts of interest prior to meetings based on the agenda. 	
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	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 75%;">The College fulfills this requirement:</td> <td style="width: 25%;">Met in 2022, continues to meet in 2023</td> </tr> <tr> <td colspan="2"> <ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. </td> </tr> </table>	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	<ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. 					
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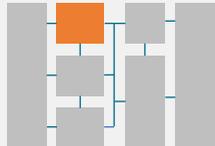
<p>the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p><u>Accessibility of Public Interest Rationale in Council Materials and Example Links</u></p> <p>College Council materials enable the public to identify the public interest rationale in two areas:</p> <ol style="list-style-type: none"> 1) All Council agendas begin with a statement of commitment to the public interest (Example: December 2023 Council materials, page 1). 2) All individual Council briefing items highlight and describe the relevant public interest considerations for that item (Example: Standards Review item, December 2023 Council materials, page 94). <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>	
<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>In 2023, the College developed a risk management policy for approval by Council and an Enterprise Risk Management (ERM) program. The risk management policy and ERM program was approved by Council during their September 2023 meeting (page 36). The ERM program is directly integrated with the College’s Strategic Plan (Performance & Accountability) and will continue to be rolled out over the next calendar year.</p> <p>The approach takes into consideration the risks related to regulation and the public interest in addition to strategic, operational, reputational, and financial risks. The ERM program includes the development of risk registers for departments that are rolled up to a College risk registry for presentation to Council. The risk registry will consider internal and external risks that impact the ability of the College to fulfill its mandate and impact the ability of management to conduct operations.</p> <p>Implementation of the College’s ERM program includes assigning the responsibility to monitor the program to the Finance Committee. The terms of reference for the newly named Risk, Audit and Finance Committee was updated in September 2023 (page 43) to reflect this expanded scope.</p> <p>The College also uses the dashboard data to identify potential risks. The dashboard includes key performance indicators for the organization and is presented to Council at every meeting where they have the opportunity to ask questions and have discussions about the data.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>

		economic, political and/or natural factors that happen outside of the organization.	<i>Additional comments for clarification (if needed)</i>		
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure: 3.1 Council decisions are transparent.			
		Required Evidence	College Response		
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	
			<ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>Council minutes and meeting materials are available on the College website and updated after each meeting when approved. Shortly after each meeting, the College also posts highlights of what was discussed at that meeting.</p> <p>Status updates on the implementation of Council decisions are provided at each meeting as part of the Registrar’s Report. The most recent update is found in the December 2023 Council materials (page 107).</p>		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		
			<i>Additional comments for clarification (optional)</i>		
b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information):	The College fulfills this requirement:	Yes			
	<ul style="list-style-type: none"> Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>A report is submitted by the Executive Committee to Council at each Council meeting, which is included in the meeting package. The report provides an overview of the Executive Committee’s activities during the reporting period, including how many times they met, the purpose of each meeting, matters discussed, outcomes and recommendations, decisions they made within the Committee’s authority, instances where the Executive Committee acted on behalf of Council, and any motions passed using written resolutions. A recent example of an</p>				

		<ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	Executive Committee report can be found in the December 2023 Council meeting package (page 17).	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		
		<i>Additional comments for clarification (optional)</i>		
Measure: 3.2 Information provided by the College is accessible and timely.				
Required Evidence		College Response		
a. With respect to Council	The College fulfills this requirement:		Yes	

<p>meetings:</p> <p>i. Notice of Council meeting and relevant materials are posted at least one week in advance; and</p> <p>ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.</p>	<ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. <p>The College provides notice of meetings on the College website at least one week before all Council meetings that fall within an established meeting schedule. Meeting materials for Council are published at least one week in advance on the College website. Council meeting materials are accessible on the website for a minimum of three years, and archived materials are available upon request. This requirement is listed in By-law 4.4(4) (Notice of Meetings) in the College By-laws (page 24). It states that “the College shall post the date of every Council meeting on its website at least 7 days before the meeting as well as the meeting materials.”</p> <p>In the case of Special Meetings of Council, which fall outside of the published Council schedule, the College makes every effort to ensure that at least a seven-day notice is also given.</p> <p>Meeting materials are published to the College website.</p>
<p>b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.</p>	<p>The College fulfills this requirement:</p> <p>Met in 2022, continues to meet in 2023</p> <ul style="list-style-type: none"> Please insert a link to the College’s Notice of Discipline Hearings. <p>The College provides Discipline hearing notices and relevant materials on the College website and posts notations to the Public Register as soon as the matter is referred to the Discipline Committee for a hearing.</p>
<p>Measure:</p> <p>3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</p>	
<p>Required Evidence</p>	<p>College Response</p>
<p>a. The DEI plan is reflected in the</p>	<p>The College fulfills this requirement:</p> <p>Yes</p>

		<p>Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p>	<ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. <p>Equity, Diversity, and Inclusion (EDI) is reflected in the College’s Strategic Plan, which places a focus on embracing a culture where an EDI lens is intentionally incorporated into all levels of decision making at the College. The College has a statement of awareness around EDI issues and shares resources through its EDI webpage. EDI activities in support of the Strategic Plan and EDI Statement are resourced by having a dedicated internal team working on College-wide EDI projects.</p> <p>The College allocates resources towards EDI activities that are in support of this plan, such as education sessions for Council members and staff, blog posts, and an external assessment of workplace culture. The College also continues to conduct research into the experiences of registrant physiotherapists trained outside of Canada.</p> <p>In 2023, the College also conducted an EDI self-assessment, the results of which informed the development of an internal EDI strategy. The College will be implementing continuous improvement actions based on the EDI strategy in 2024 and beyond. Resources will continue to be allocated to activities in support of the EDI strategy. An update about this work was provided to Council at the December 2023 meeting (page 107).</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>b. The College conducts Equity</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>

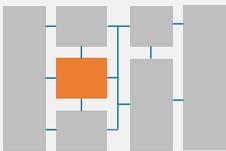
		<p>Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The Ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <p>In 2023, the Health Profession Regulators of Ontario developed an EDI Organizational Self-Assessment and Action Guide, which includes a toolkit to assist health regulatory organizations in developing their own Equity Impact Assessments (EIA). Using this toolkit, the College developed a customized assessment of equity impact to address the College’s unique circumstances.</p> <p>In October and November 2023, the College conducted an organizational EDI self-assessment exercise. This exercise related to an organization-wide reflection of where the different areas of the College (governance, registration, conduct, policy, etc.) are currently positioned with respect to approaching their work through an EDI lens, and it was supported by an EDI Self-Assessment Reflection Tool informed by the indicators of the HPRO package. This tool included the self-assessment matrix developed by HPRO, where different areas of the College could indicate whether they feel they are inactive, reactive, proactive, or progressive with respect to their work at the College. This reflection tool is not publicly accessible.</p> <p>This exercise was the first step in launching EIAs of this nature, and as such, focused on EDI work at the College more generally. In the future, the College hopes to create further assessments relating to specific areas of College work, such as programs or policies.</p> <p>The College’s Deputy Registrar is also currently undergoing an accessibility assessment of College programs, which aims to identify, evaluate, and address barriers to access College services and platforms.</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			
<p><i>Additional comments for clarification (optional)</i></p>			
	<p>Measure:</p> <p>4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.</p>		

DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response	
		<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>				
<p><i>Additional comments for clarification (optional)</i></p>				
<p>b. The College:</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>		

	<p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes <p><u>Link to Policy and Date of Last Review</u></p> <p>The Finance Committee presented the last formal review of the financial reserve policy during the December 2017 Council Meeting (page 33), and a revised policy was approved in June 2019 (page 92). The revised policy includes recommendations from the Auditor to maintain an undesignated reserve within the range of 25-50% of annual operating costs (or three to six months). The reserve policy is used as a metric by the College to manage its long-term finances.</p> <p>The appropriateness of this policy position was discussed by Council in June 2023 as they considered a long-term financial planning strategy for the College, specifically whether the College should establish a higher reserve requirement. In November 2023, the Finance Committee was asked to consider whether our reserve policy should be updated but they determined that an update is not necessary at this time.</p> <p><u>Review by Financial Auditor</u></p> <p>The financial reserve policy was reviewed by an external financial auditor, and the Finance Committee reviewed the financial reserve policy in November 2021 following the external Auditor’s comments.</p> <p><u>Current Level of Reserves</u></p> <p>As indicated in the most recent quarterly financial report presented in December 2023 (page 159), the College has the required level of reserve as set out in the financial reserve policy.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
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		<i>Additional comments for clarification (if needed)</i>	
	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>The College regularly involves Council in providing oversight of the College’s workforce to ensure ongoing success.</p> <p>Council is regularly engaged in the annual planning and budgeting process, which includes consideration of workforce requirements. In March 2023 (page 265), the College presented a Human Resources Plan to Council as part of the budget presentation. During this presentation, Council received information about the College’s workforce requirement, succession planning, and workplace culture. Workforce requirements are considered when the College develops its annual budget, which is approved by Council each year.</p> <p>The College also includes human resources metrics in its Council dashboard and regular staffing updates are included in the Registrar’s Report to support ongoing oversight by Council (the most recent examples can be found in the December 2023 meeting package, page 107). The dashboard is presented alongside the Registrar’s Report, and key operational and HR updates are regularly provided to Council as part of this report.</p> <p>The above activities enable Council to ensure that the College has the human resources needed for discharging its responsibilities.</p>	

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				
		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">The College fulfills this requirement:</td> <td style="width: 30%; padding: 5px; text-align: center;">Yes</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <ul style="list-style-type: none"> • Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>The College has multiple mechanisms in place to enable Council to provide oversight of the College’s technology and data practices, including:</p> <ul style="list-style-type: none"> • Updates about enhancements to the College’s technological systems and processes, data practices, and data sharing with system partners as part of the Registrar’s Report. Updates around technology and data are found under the Performance & Accountability heading of the Report (for example, see the December 2023 materials, page 109). • As part of the annual operational planning process, major projects related to the College’s technology and data systems are identified, and Council has the opportunity to provide input (for example, see the December 2023 Council meeting, page 89). • As part of Council’s approval of the operation plan and budget every year, an overview of work on the College’s technology and data systems are outlined as part of the operating plan and budget presentation (for example, see the March 2023 meeting package, page 255). </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>The College has multiple mechanisms in place to enable Council to provide oversight of the College’s technology and data practices, including:</p> <ul style="list-style-type: none"> • Updates about enhancements to the College’s technological systems and processes, data practices, and data sharing with system partners as part of the Registrar’s Report. Updates around technology and data are found under the Performance & Accountability heading of the Report (for example, see the December 2023 materials, page 109). • As part of the annual operational planning process, major projects related to the College’s technology and data systems are identified, and Council has the opportunity to provide input (for example, see the December 2023 Council meeting, page 89). • As part of Council’s approval of the operation plan and budget every year, an overview of work on the College’s technology and data systems are outlined as part of the operating plan and budget presentation (for example, see the March 2023 meeting package, page 255). 	
The College fulfills this requirement:	Yes						
<ul style="list-style-type: none"> • Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>The College has multiple mechanisms in place to enable Council to provide oversight of the College’s technology and data practices, including:</p> <ul style="list-style-type: none"> • Updates about enhancements to the College’s technological systems and processes, data practices, and data sharing with system partners as part of the Registrar’s Report. Updates around technology and data are found under the Performance & Accountability heading of the Report (for example, see the December 2023 materials, page 109). • As part of the annual operational planning process, major projects related to the College’s technology and data systems are identified, and Council has the opportunity to provide input (for example, see the December 2023 Council meeting, page 89). • As part of Council’s approval of the operation plan and budget every year, an overview of work on the College’s technology and data systems are outlined as part of the operating plan and budget presentation (for example, see the March 2023 meeting package, page 255). 							
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>				

			Additional comments for clarification (optional)
DOMAIN 3: SYSTEM PARTNER			
STANDARD 5 and STANDARD 6			
Measure / Required evidence: N/A	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the Ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>		
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps</u></p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and</i> 		

<p><u>that have emerged through a dialogue with the Ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p><i>aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i></p> <p>The College works with its system partners to ensure that physiotherapy is regulated with oversight and accountability, and to ensure the practice is governed with quality, safety, and ongoing improvement in mind. This section will expand on the College’s response from 2022 and will identify any new partnerships or new initiatives undertaken by existing regulatory partners with the goal of strengthening practice expectations for Ontario physiotherapists.</p> <p>The College collaborated with its key system partners in 2023 to strengthen the execution of its mandate and ensure all partners continue to be informed of salient developments.</p> <ul style="list-style-type: none"> • In November 2023, the Registration Manager participated in a focus group hosted by the Ontario Fairness Commissioner (OFC) to provide feedback on the Fair Registration Practices Report. The aim of the focus group was to create alignment between the OFC and reporting Colleges and to ensure that the report continues to be iterative and improve with changing expectations and practice environments. Both of these objectives help the College to strengthen the execution of its mandate. • In 2023, the College worked with the Ontario Physiotherapy Association (OPA) to ensure mutual alignment with our understanding of the scope of practice changes needing implementation. The College has also communicated with other partners including the government about scope of practice changes. These collaborative efforts ensure that the College is fully prepared should scope changes be presented, allowing us to respond quicker in regulating the new activities. • In 2023, the College participated in a governance working group of the Canadian Alliance of Physiotherapy Regulators (CAPR). The working group contributed to a governance review process at the organization to support effective decision making in service of its mandate to ensure the delivery of safe and effective physiotherapy practice in Canada. • The College was also engaged in national work led by the Canadian Physiotherapy Association (CPA) to understand the variability that exists across Canada with respect to scope of practice. This engagement was a part of CPA’s work to advocate for a consistent scope of practice across Canada. <p>The College engaged with the Health Profession Regulators of Ontario (HPRO) in 2023. Collaboration activities through HPRO include:</p> <ul style="list-style-type: none"> • HPRO colleges continued to meet regularly to discuss the CPMF and identify potential areas of cross-College collaboration. Information
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sharing between Colleges was helpful in clarifying the interpretation of data requirements for the CPMF report. Through discussions within the group, Colleges have identified opportunities to collaborate on initiatives such as an aligned information sharing framework.

- The Practice Advice team meets with advisors from other HPRO Colleges twice a year to share emerging trends and salient resources, and to build on the knowledge base of key issues affecting healthcare providers in Ontario.
- The Quality Assurance department continued to be involved with a Quality Assurance HPRO Working Group to share information about their Quality Assurance programs. The group met in April and September 2023.
- The Professional Conduct team connects with their peers at other regulatory colleges through an HPRO networking group, which aims to meet twice a year. The group shares experiences for professional conduct issues and processes, such as trauma-informed investigations, interviewing, disclosure of information, and investigation timelines.
- CPO is part of an HPRO networking group comprised of Deputy Registrars from the different regulatory colleges. The group meets once a month to talk about trends, best practices and opportunities to collaborate.
- The CPO has representatives on HPRO's Public Members Working Group. The purpose of the working group is to develop potential strategies to address public member constraints to allow public members to effectively support Colleges' work. This initiative is still in progress.
- The Compliance Monitoring team met with HPRO's Compliance Monitoring Networking Group in March and November. Members discussed the post-remediation surveys administered to registrants following a coaching program, underwent an overview of coaching models from external consultants, and shared findings from the different trends and issues the Colleges have been seeing. CPO took the lead in organizing a communal extranet site for the group for resource sharing purposes. These initiatives helped the College develop more effective survey tools with a higher rate of response, as well as continue building a list of available coaches that have been vetted for use in coaching programs. CPO later met with those coaches to discuss effective coaching resources for registrants in a Committee-directed education program, as well as the College's coaching needs.
- The Communication Manager participates in the HRPO Communications Working Group, meeting regularly to find ways to raise awareness of regulatory college's roles with the public, as well as bringing regulatory communications leads together to share resources and messaging.

Other collaboration activities with system partners in 2023 include:

- The College engaged with the Canadian Alliance of Physiotherapy Regulators (CAPR) regularly in support of the ongoing transformation of

their evaluation services, and to collaborate to ensure a smooth experience for candidates seeking licensure as they move through the entry to practice process.

- The College collaborated with other physiotherapy regulators in Canada to support the development of a national set of practice standards for physiotherapists called the Core Standards of Practice for Physiotherapists in Canada. CPO is currently in the process of adopting 16 of the Core Standards for use in the Ontario regulatory context, as this is in line with the ongoing need to review and update our current standards and the desire to align our standards more closely with the other physiotherapy regulators across Canada. The College is also currently considering the adoption of a national Code of Ethical Conduct that was jointly developed by the Canadian Physiotherapy Association (CPA) and provincial regulators. These initiatives support labour mobility, interprovincial collaboration, and aligned practice expectations throughout the country while still maintaining Ontario-specific standards for physiotherapists.
- The Practice Advice team continues to support the Physiotherapy Education Accreditation Canada (PEAC). In 2023, a College practice advisor became a member of PEAC. PEAC conducts accreditation reviews of Canada's fifteen physiotherapy education programs. This collaboration presents an opportunity to contribute and understand the PT curriculum across universities.
- The Practice Advice team met with other physiotherapy colleges (AB, BC, MN, and SK) to share updates on regulatory trends and issues. Practice issues involving scope were identified as shared issues across provinces. Through these meetings and resource sharing, CPO leveraged the opportunity to collaborate with and learn from other PT colleges.
- The CPO also built on its relationship with the BC College of Physical Therapists by partnering with them to develop new Documentation and Jurisprudence e-learning modules, and this activity kept us informed of developments coming out of BC in these two areas of work.
- The College also led a project in partnership with all other provincial regulators (except Quebec) to co-develop an educational module for registrants about the importance of good communication skills in support of effective patient care.
- The College regularly engages its academic partners to ensure that students experience a seamless integration between academic curricula, hands-on aspects of practice, and regulatory requirements. This year, the Practice Advice team provided in person presentations to students at all five Ontario physiotherapy programs to introduce them to the role of the College, and to provide educational workshops on topics including boundaries and business practices. Because students are future registrants of the College, these conversations help to provide preventative education and encourage communication with the practice advice team. The College has also received multiple concerns around PTs breaching professional boundaries in practice, and these workshops are instrumental in raising awareness and educating students on the importance of maintaining safe practices and preventing patient harm.
- The College continued to engage in work around the experience of Internationally Educated Physiotherapists (IEPTs) in 2023. The College met

with the Ontario Internationally Educated Physical Therapy Bridging (OIEPB) Program at the University of Toronto, which educates internationally educated physiotherapists (IEPTs) and prepares them for Canadian practice. OIEPB has many interactive educational resources used with the IEPT candidates, specifically record keeping and by extension clinical reasoning.

- The Registration Manager is the Co-Chair of the Ontario Regulators for Access Consortium (ORAC), which consists of registration staff from various regulators across the province. ORAC is a forum for regulators to discuss any registration related challenges and its primary goal is information sharing. The group meets virtually two to three times per year.

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

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

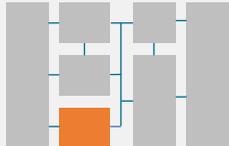
- Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labour mobility etc.). Please also describe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

The College responds to changing public and societal needs through ongoing and targeted engagement of its registrants and external partners, including the public. Below are some 2023 initiatives in this space:

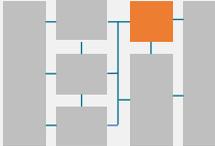
- In September, the College attended and spoke at the Physio North conference hosted by the Ontario Physiotherapy Association (OPA). This provided an opportunity to collaborate with Ontario physiotherapy partners, learn about physiotherapy practice topics and day-to-day issues, educate participants on standards and rules, and invite questions and feedback from PTs and other partners. The conference was especially

helpful in identifying and addressing practice issues in Northern Ontario.

- The Registrar, Deputy Registrar, and Practice Advice department met with representatives from the Canadian Life & Health Insurance Association (CLHIA). CLHIA shared trends and resources with the College around instances of insurance fraud and resources about how healthcare providers can protect their workplaces from improper business practices, such as billing Pilates or group fitness classes as physiotherapy. The College used this information to respond to increasing trends around using incentives in physiotherapy, as well as to assist with the broader development of the College's business practice standards. CLHIA has also developed a helpful resource allowing PTs to notify insurers when they leave a practice to ensure their registration number is not used for billing, which the College adopted in the [Leaving a Practice](#) guideline. The College also met with the PhysioSure Liability Insurance Program to share trends and claims data.
- Privacy issues continue to be reflected in public discourse, and registrants indicated in a College poll that there is an ongoing need to keep informed of privacy requirements and considerations for regulated health professionals. As a result, the College partnered with the College of Midwives to deliver a [privacy webinar](#) led by health lawyer Kate Dewhirst in April 2023.
- The Workplace Safety and Insurance Board (WSIB) funds physiotherapy care for patients who are injured in their workplace. Over the past year, they have developed and rolled out new programs for PTs across the province. The College attended a webinar and a meeting with the Director of Physiotherapy Services to learn more about the program to better assist the public who receive funds through this avenue.
- Patients who receive hip or knee arthroplasty surgery have been contacting the College with questions about the bundled care model. The College shared these trends with the Ministry of Health's Bundled Care Project Team to explore solutions and assist the public with their questions.
- In 2023, a number of system partners presented to Council about their roles in the system and ways they can collaborate with the College to advance shared objectives, including the Canadian Alliance of Physiotherapy Regulators (who presented at two meetings in 2023), the Ontario Fairness Commissioner, and BMS Group (a large physiotherapy liability insurance provider).

		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.			
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response		
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. <p>The College has policies governing the disclosure of and requests for information. They are as follows:</p> <ul style="list-style-type: none"> Privacy Code: Details reasons for collection, use and disclosure of data. The Privacy Code was updated as part of Governance Review in 2019 and published in June 2021 (Found under About, College Privacy). Governance Policy #3.2: Privacy Procedures – Requests for Access or Corrections and Compliance Concerns in the College’s Governance Manual (page 41) further outlines the procedures around requests to access, corrections, and compliance with respect to personal information held by the College. Confidentiality declaration: Staff, Council, Committee members, contractors, experts: Under Policy #3.1: Confidentiality – General of the College’s Governance Manual (page 40), everyone this policy applies to must sign a confidentiality agreement to confirm their understanding of the RHPA’s rules regarding the confidentiality of matters that come to their attention as part of their College-related work. Council and Committee orientation and manuals: Confidentiality policies and the Code of Conduct are included as part of Council and Committee trainings. Both the College’s Code of Conduct and declaration of office are included in the College’s By-laws. Human Resource Policy #2.09: Public Register Information and College Data describes the scope of information shared through the Public Register and defines how the College responds to information sharing requests. This policy protects against the release of unauthorized information of College registrants through the Public Register and more. 		Yes
			Yes		
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>					

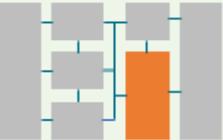
		<i>Additional comments for clarification (optional)</i>	
	<p>ii. Uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	Yes
		<ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>The College has policies, practices, and processes to address accidental or unauthorized disclosure of information and to aid in the prevention and management of security threats. The College also has several security measures in place to protect its data and access to its IT systems, such as multi-factor authentication and spam filters.</p> <p>This year, the College has addressed, and continues to implement, action items of an internal cybersecurity audit that took place in the 2022 reporting year. Examples of the recommendations that have been actioned include:</p> <ul style="list-style-type: none"> Decommissioning some of our older, more outdated servers that are vulnerable to security risks, Moving servers to a virtual cloud (Microsoft SharePoint), Implementing a 90-day password change policy, Implementing Multi-Factor Authentication for staff, Limiting access to our networks to IP addresses within Canada only, and Providing regular cybersecurity training for all staff. <p>In 2024, the College will also conduct an external cybersecurity audit.</p> <p><u>Description of cybersecurity policies and processes:</u></p> <ul style="list-style-type: none"> Code of Conduct: Sets out confidentiality rules (section 10) and provides a mechanism to manage concerns from Council, staff or members of the public if there is a breach (section 5e). It is posted on the College website. Training modules on digital security and protecting sensitive information for staff: Staff receive ongoing online training on a variety of digital security topics including essential knowledge related to cybersecurity, ransomware and malware and internet security when working from home. Staff training modules consistently have 97-100% completion rates. Human Resource Policies: <ul style="list-style-type: none"> HR Policy #1.05: Confidentiality guards against the unauthorized disclosure of information to anyone outside of the organization. This applies to anyone who performs a duty or service for the College. HR Policy #1.07: Employee Records and Personal Information Protection is the internal framework for managing personal and 	

			<p>confidential employee information. The document outlines employee responsibilities with respect to personal information management and highlights the preservation of privacy of employees and confidentiality of their records.</p> <ul style="list-style-type: none"> • Governance Policy – In Camera Minutes: Policy #7.13: Council <i>In Camera</i> Minutes – Storage and Access in the College’s Governance Manual (page 90) outlines how in-camera minutes are recorded, reviewed and archived to ensure confidentiality of information. • The College has an internal Privacy Breach Protocol policy, as well as Standard Operating Procedures around what to do in case of a privacy breach. These are implemented when breaches of information occur and outline the steps necessary for resolution. • In 2023, the College implemented the use of an “Extranet”, leveraging the SharePoint platform to create sites for Council and Committee members and contractors to access information they need to fulfill their roles. The use of the Extranet allows the College to closely control and monitor the access of confidential information and prevent authorized access and accidental distribution/loss of information.
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
		<p>Measure: 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 5: REGULATORY POLICIES</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 8</p>	<p>Required Evidence</p>	<p>College Response</p>
		<p>a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). <p><u>Link to Policy</u></p> <p>Policy #5.1: College Policy Review Schedule of the College’s Governance Manual (page 65) outlines the procedures for reviewing its various policies. This policy was last revised in September 2023. The College aims to review By-laws and governance policies annually and other documents (policies, standards of practice, regulations) on a three-year rolling cycle. The College also reviews and makes changes to</p>

	<p style="text-align: center;"><u>Benchmarked Evidence</u></p>	<p>documents as needed.</p> <p><u>2023 Examples</u></p> <ul style="list-style-type: none"> • Standards Review: In March 2023 (page 274), Council approved a new standards review process aimed at aligning Ontario’s standards with the Core National Standards developed by Canadian physiotherapy regulators. The process involves aligning CPO’s existing standards with the Core Standards, as well as adopting new standards that the College does not currently have. All standards, whether adopted or aligned, will undergo a thorough consultations process to ensure relevancy with Ontario registrants and partners. The review will be conducted in five batches of three to four standards each, and completion is anticipated for Fall 2025. Council previewed the first group of standards to be reviewed in December 2023 (page 94) and approved them for registrant and partner consultation. • By-law and Governance Policy Review: The College kicked off its review of the By-laws and Governance Policies to align with the established review cycle and emergence of governance best practices. This review is well-timed as the College also underwent an external governance practices review in 2023. The first iteration of this review was presented to Council in September 2023 (page 84). In March 2023 (page 344), a separate review of the Allowances & Expenses Policy (Governance Policy #4.1) was completed, and this review was initiated due to problems interpreting and applying the policy, which qualified for an expedited review per the Policy Review Schedule. • Code of Ethical Conduct: A review of the College’s Code of Ethical Conduct, also based on a national template, was presented to Council in December 2023 (page 134). This review is being undertaken given the need to update this document to better align with the current practice environment and to create greater consistency with the code developed at the national level and used by other provincial regulators. Council approved the national Code of Ethical Conduct document for registrant and partner consultation. <p><u>Description of Practice Monitoring Process</u></p> <p>The College monitors the practice environment in several ways: results from the Quality Assurance Program, contacts made to the Practice Advice team, complaints received through the Professional Conduct area, and responses to the Professional Issues Self-Assessment (PISA) form and Jurisprudence Module. The College also monitors website metrics, such as page visits, length of visits and search terms entered on the site. By monitoring trends, issues can be raised to management team level and the associated Committees and Council. Monitoring trends is an ongoing process in all areas so the College can initiate reviews and updates to associated policies, standards, or practice guidelines in a timely manner.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
	<p>b. Provide information on how</p>	<p>The College fulfills this requirement: Yes</p>

	<p>the College considers the following when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients/ the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges; v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. <p>The College’s policies, standards, and guidance documents typically account for all six components. The College uses an internal policy development and review template to ensure all six components are accounted for when engaging in policy, standards, and guidance development.</p> <p>The internal template includes the following components to ensure all six areas are accounted for:</p> <ul style="list-style-type: none"> • Collect data around the body of evidence, practice trends, and program area data, • Conduct a risk assessment, • Hold consultations with the physiotherapy profession, • Conduct an environmental scan of how the issue is addressed in relevant jurisdictions, • Incorporate feedback from the public, such as the Citizen Advisory Group, and • Consult with professional associations, insurance organizations, financial regulators, and legal counsel. <p>One example of how this was done in practice is the College Standards Review Process, which began in 2023. This process involves adopting a set of national standards for use in Ontario. The national standards were developed in collaboration with provincial regulators to support alignment of practice expectations across the country, and underwent a validation process that incorporated feedback from physiotherapists across Canada. The first group of standards being adopted through this process were Assessment, Diagnosis, Treatment; Communication; Duty of Care; and Risk Management and Safety. This group of standards was presented to Council for approval for external consultation in December 2023 (page 94). The four standards have so far undergone internal review, which incorporates data from the College’s program areas and includes a risk assessment and considerations around broader practice alignment. External consultation with registered physiotherapists and other partners is the next step in this review, where public expectations and partner feedback will be factored into the process before Council approval. This cycle will then repeat for review and update of remaining standards until Fall 2025.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
	<p>c. The College's policies,</p>	<p>The College fulfills this requirement: Partially</p>

	<p>guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>What was met: The College’s Strategic Plan focuses on incorporating Equity, Diversity, and Inclusion (EDI) considerations into its initiatives and processes, which includes promoting EDI within the College’s standards, policies, and guidelines. College policies do promote EDI where a need has been identified, for example in the Communication Skills guideline. In December 2023, the College invited guest speakers to share with our Council the experience of accessing rehabilitation care in remote, northern Indigenous communities, and the presentation highlighted the need to consider how the College’s rules and standards can impact access and equity. In 2023, the College began efforts to seek feedback from diverse communities as part of our standard and policy development process, and these efforts will continue in 2024.</p> <p>What was not met: The College does not always call out issues specific to EDI in its standards, policies, and guidelines, and needs to do more to engage with diverse groups to help identify and address EDI issues. The College is also working on developing two standards around EDI to ensure that these principles are upheld by its registrants: (1) Indigenous Cultural Safety and Humility, and (2) Health Equity and Anti-Discrimination. However, work in this area has not formally started in this reporting year.</p> <p><u>How the College considers EDI in policies, guidelines, and standards</u></p> <p>The College’s typical standards development and engagement process is informed by some EDI considerations. Through our consultations process, we are actively looking to ensure that we assess EDI fairly and seek diverse perspectives as part of our decision making. The registrant consultation process provides different avenues for responding to ensure anonymity, any registrant details are kept confidential, and responses are handled sensitively. The College typically engages the Citizens Advisory Group (CAG) to solicit the perspective of the public. The CAG makes an effort to ensure diversity in their panels so a wide of public voices are included. Feedback received throughout this process is used to inform the College’s standards and policies, including if EDI issues have been identified. (Note that the College did not engage with the CAG regarding standards in 2023 because the consultation phase of the standards review process did not start until early 2024.)</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
		<p>Yes</p>

		<p><i>Additional comments for clarification (optional)</i></p> <p>In 2023, the College conducted a self-assessment based on the Equity Assessment and Action Guide tool developed by HPRO to assess our current policies, guidelines and standards to identify ways that these policy instruments can better promote EDI principles and values in the future. The assessment revealed that while the College does consider EDI issues and impact in its policymaking, more could be done to evaluate the EDI impact of policies post-development, as well as engage with diverse and traditionally underrepresented communities, whose voices are not always captured in a typical consultations process. The College is also currently undergoing a review of its practice standards and Code of Ethical Conduct, and work is underway to ensure these items capture EDI in the upcoming year.</p> <p>In 2024, the College aims to be more proactive and progressive in addressing EDI in our standards, policies, and guidelines. This work includes being more specific and intentional about our consultations process, such as approaching EDI-focused organizations directly, as well as doing more to call out EDI-specific issues in our standards and policies. The College will also begin developing the two standards around cultural safety and equity. The College is considering educational opportunities that will further enable the Policy Team to complete this work.</p>	
		<p>Measure: 9.1 Applicants meet all College requirements before they are able to practice.</p>	
DOM	AIN 6: CLUTA	<p>Required Evidence</p> <p>a. Processes are in place to</p>	<p>College Response</p> <p>The College fulfills this requirement: Met in 2022, continues to meet in 2023</p>

	<p>ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹</p>	<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p><u>For cases not referred to the Registration Committee</u></p> <ul style="list-style-type: none"> • The considerations outlined in the Eligibility Questionnaire are assessed before registration. Essential criteria include selection of application type, being eligible to work in Canada, and having obtained a degree in physiotherapy. • Applicants previously practicing in another jurisdiction or regulated health profession must submit a Regulatory History Form to the College. • For internationally educated physiotherapists: The Canadian Alliance of Physiotherapy Regulators (CAPR) is a credentialing and assessment agency that provides credential evaluation services for all physiotherapy regulators in Canada. International credentials are assessed through CAPR. • Before a registration application is approved, the file is reviewed a second time to ensure that the applicant meets all the regulatory requirements, and that all documentation has been collected and is accurate. <p><u>For cases referred to the Registration Committee</u></p> <ul style="list-style-type: none"> • The Registration Committee uses an internal decision making tool to assess the eligibility criteria, qualifications and risk to patients when registering new applicants. There is no Canadian experience requirement. <p>An overview of the registration process for individuals who do not meet eligibility criteria is presented in the Registrar’s Review flowchart, which is available on the College website.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>b. The College periodically</p>	<p>The College fulfills this requirement: Yes</p>

¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

	<p>reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>The Canadian Alliance of Physiotherapy Regulators (CAPR), the national credentialing and assessment agency for Canadian physiotherapy regulators, sets the requirements for and reviews the education qualification of international applicants, including language proficiency and ensuring documents are not fraudulent. CAPR implements internal continuous improvement processes to ensure their practices align with best practice in the industry. CAPR is currently undertaking a transformation of their evaluation services based on research about best practice and responding to the changing needs of applicants.</p> <p>Essential competencies for physiotherapists are maintained and updated by the National Physiotherapy Advisory Group. The Essential Competencies Profile informs how physiotherapy programs design their curriculums, what content is tested in the Physiotherapy Competency Exam, the Ontario Clinical Exam, and the College’s quality assurance assessment.</p> <p>The Canadian Alliance of Physiotherapy Regulators has completed work with The Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) on benchmarking new language proficiency assessments to meet the new Ontario Bill 106 Regulation Requirements.</p> <p>The College has also developed its own clinical exam: the Ontario Clinical Exam (OCE). Candidates can register online. Before results are released to candidates, all exam scores go through multiple levels of verification and quality assurance. This is to ensure that each candidate’s performance is appropriately assessed, and their scores are accurately reported. Successful candidates are then eligible to apply for an Independent Practice Certificate of Registration.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>		
<p>c. A risk-based approach is used to ensure that currency² and other competency</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. 	<p>Yes</p>

² A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).

- Please briefly describe how the College identified currency and competency requirements.
- Please provide the date when currency and competency requirements were last reviewed and updated.
- Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.

Currency and other competency requirements are regularly monitored. The requirements registrants must meet include:

- PTs must meet minimum practice hour requirements to renew their licenses.
- PTs must declare their professional development during annual renewal.
- They must successfully complete a Jurisprudence Module after initial registration and then every five years.
- PTs must complete the Professional Issues Self-Assessment every year as a self-reflection exercise and identify areas where more learning is required.
- PTs can be selected every nine or 10 years for a screening interview as part of the Quality Assurance program to assess ongoing competency.
- PTs are required to answer self-reporting questions related to various professional conduct issues during annual renewal.
- PTs are required to declare whether they have liability insurance during annual renewal. The College follows up with those who provide patient care and declare that they do not have insurance.
- If the PT is rostered to perform a controlled act, they must review and update their roster information at annual renewal.

How Currency and Competency Requirements were Identified

Currency requirements are laid out in regulation (Section 21 of the Ontario Regulation 532/98 under the [Physiotherapy Act](#)). The annual renewal process is available through the PT Portal on the [College website](#). PTs are required to have practice hours – 1,200 hours every five years or to have completed the national exam (both written and clinical components) within the last five years. Registrants are required to report their practice hours annually during renewal. Practice hours are defined on the College’s [website](#). Those who do not have sufficient practice hours are required to engage in various activities to address this issue such as undergoing a practice assessment, or they may agree to stop delivering patient care.

Process for Monitoring Currency Requirements

The College’s monitoring process for its currency requirements is based on risk to the public, and different regulatory tools and responses are used in response depending on the level of risk. This ensures that currency requirements do not fall under a “one size fits all” approach, but are stratified with risk mitigation in mind. Examples for 2023 include:

		<ul style="list-style-type: none"> • The registration team created a reference tool for the Registration Committee to outline precedents for individuals with low practice hours. The tool references the Committee’s decisions in previous cases where applicants are returning to the profession after a period of time. It is intended to assist with consistency in decision making, and it will be included in case files as well as memos to the Committee and Registrar. • For individuals performing controlled acts, the College monitors registrants who have not practiced the activity in two years or more and asks them to remove the rostered activity if that is the case. If those PTs come up in the Quality Assurance process, specific questions are asked to assess their competencies for those activities. • The registration team grants extensions for the deadline to complete the Jurisprudence Module where it is reasonable to do so. 				
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>						
<p><i>Additional comments for clarification (optional)</i></p>						
<p>Measure:</p>						
<p>9.3 Registration practices are transparent, objective, impartial, and fair.</p>						
	<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>	<table border="1"> <tr> <td data-bbox="758 755 2083 820"> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. • Where an action plan was issued, is it: No Action Plan Issued </td> <td data-bbox="2083 755 2588 820"> <p>Met in 2022, continues to meet in 2023</p> </td> </tr> <tr> <td colspan="2" data-bbox="758 820 2588 1435"> <p>The College posts OFC assessment reports on Fair Registration Practices on the College website. The OFC website also archives College reports.</p> <p>Recently, the OFC also introduced the Risk-Informed Compliance Framework (RICF). In April 2022, the College received a medium risk rating from the OFC. This rating was mainly due to the clinical exam being unavailable during the pandemic. At that time, it was identified that the rating would remain in place for 12 months (until March 31, 2023) and then reassessed. No specific corrective actions were required or recommended in the assessment. Shortly after the College received the assessment report, we provided a follow-up response to the OFC outlining the steps the College had taken and was in the process of taking to address the concerns outlined in the assessment.</p> <p>In March 2023, the OFC communicated to the College that the assigned rating would remain in place until the next review cycle (until March 31, 2024) given that there was no formal review taking place at the time and no appeal mechanism. The College has engaged in ongoing discussions with the Fairness Commissioner and their team. In June 2023, the Ontario Fairness Commissioner presented to Council. Part of their presentation spoke to the new RICF and the College’s medium risk rating. The Commissioner noted that the College has made material progress in addressing the risk factors highlighted in the 2022 assessment.</p> </td> </tr> </table>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. • Where an action plan was issued, is it: No Action Plan Issued 	<p>Met in 2022, continues to meet in 2023</p>	<p>The College posts OFC assessment reports on Fair Registration Practices on the College website. The OFC website also archives College reports.</p> <p>Recently, the OFC also introduced the Risk-Informed Compliance Framework (RICF). In April 2022, the College received a medium risk rating from the OFC. This rating was mainly due to the clinical exam being unavailable during the pandemic. At that time, it was identified that the rating would remain in place for 12 months (until March 31, 2023) and then reassessed. No specific corrective actions were required or recommended in the assessment. Shortly after the College received the assessment report, we provided a follow-up response to the OFC outlining the steps the College had taken and was in the process of taking to address the concerns outlined in the assessment.</p> <p>In March 2023, the OFC communicated to the College that the assigned rating would remain in place until the next review cycle (until March 31, 2024) given that there was no formal review taking place at the time and no appeal mechanism. The College has engaged in ongoing discussions with the Fairness Commissioner and their team. In June 2023, the Ontario Fairness Commissioner presented to Council. Part of their presentation spoke to the new RICF and the College’s medium risk rating. The Commissioner noted that the College has made material progress in addressing the risk factors highlighted in the 2022 assessment.</p>	
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		<p>The College submitted the 2022 Fair Registration Practices Report to the OFC in July of 2023. The College is currently looking forward to the OFC’s response.</p> <p>In the summer of 2023, the OFC announced plans to update its RICF for the 2024 assessment cycle. In December 2023, the College submitted an RICF questionnaire. The College expects to receive an updated rating in January or February 2024.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
		<p><i>Additional comments for clarification (if needed)</i></p>		
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	<p>Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.</p>		
		Required Evidence	College Response	
		<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p>	<p>The College fulfills this requirement:</p>	Met in 2022, continues to meet in 2023
			<ul style="list-style-type: none"> • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i> 	

	<p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>In 2023, the College began a review process of its practice standards. The goal of this project is to adopt or align 16 standards developed by a partnership of national physiotherapy regulators while ensuring that the principles and expectations are suitable for the Ontario practice context. Five groups of standards will be reviewed, containing three to four standards each, and the review is expected to conclude in 2025.</p> <p>Whenever the College makes changes to our standards or guidelines, we typically undertake a variety of activities to help registrants and partners understand and implement the required changes, which may include:</p> <ul style="list-style-type: none"> • Highlighting the new standards in our monthly newsletter with accompanying commentary to highlight key changes. • Creating supporting materials such as checklists and e-learning modules to assist in understanding and application of the new expectations. • Monitoring questions about the standard received through practice advice, and for commonly asked questions, we will create and publish FAQs. • Assisting prospective applicants with key changes, if any, that are relevant to preparations for the Ontario Clinical Exam (OCE). • Holding webinars and outreach events with PTs to introduce the new standards if the changes are significant, to help highlight the key changes, explain how they could be implemented, and to answer questions. • Highlighting the standards in our annual Professional Issues Self-Assessment (PISA), which is a short online exercise that all registrants must complete. PISA raises awareness about rules and standards that are either new or have been identified by Practice Advisors and the investigations team as areas in need of additional support. <p>Outside of the standards review process, the College undertook the following activities to assist registrants and other partners in understanding and applying our existing standards and practice guidelines:</p> <ul style="list-style-type: none"> • Practice Advice Correspondence: The advice team receives over 8,000 inquiries from stakeholders per year related to practice expectations. To gain an understanding of the nature and trends from inquiries to the College, a coding taxonomy is used. The top identified domains from the taxonomy drive what materials are developed and published on the College website or in the monthly newsletter. In 2023, the main themes found in the inquiries were related to business practices, scope of practice, supervision, and professional obligations and ethics. • Supplemental guidance materials: The College uses trends data from practice advice and other areas in an ongoing way to identify and develop supplemental guidance or education materials to help registrants improve their understanding of certain standards and guidelines. In 2023, the College developed several newsletter articles, learning modules, and resources on our website in response to observed trends. • Webinars: A webinar around Working with PTAs was held in June 2023 to help guide the comprehension of this standard in response to common misunderstandings discovered during the previous year’s PISA exercise.
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		<ul style="list-style-type: none"> • Newsletters: The College publishes a monthly newsletter to highlight emerging issues or areas of importance for registrants and partners. Each issue of the newsletter highlights one standard and a case of the month. In 2023, the newsletters also discussed the College’s social media guidance as well as the delegation of controlled acts. There is also a quarterly newsletter directed at academics and students, as well as an employer-specific newsletter sent out four times per year which highlights standard and rule related information.
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
<p><i>Additional comments for clarification (optional)</i></p>		
<p>Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation³.</p>		
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Yes <i>If yes, please insert link to policy</i> <p><u>Areas of focus for QA assessment</u></p> <p>The assessment process includes two parts, physiotherapists go through a screening interview and when unsuccessful are required to go through a practice assessment. Priority areas include:</p> <ul style="list-style-type: none"> • For the screening interview, there are six or seven behaviour-based interview questions that focus on competency (informed consent, assessment, boundaries, controlled acts, patient safety, ethics, working with physiotherapist assistants and scholarship). Screening interview topics and questions are posted to the College website. • For the assessment, there are 13 to 14 behaviour-based interview questions, in addition, written policies required by College standards and patient records are reviewed. Assessment topics and questions are posted to the College website. Half of the 	<p>Met in 2022, continues to meet in 2023</p>

³ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>assessment is case based and based on the care provided to one patient. The remaining interview questions are situation-based questions.</p> <p>How the priority areas have been identified:</p> <ul style="list-style-type: none"> • During the development and pilot test phase of our screening interview and assessment tools (2018-2020), the College engaged several focus groups of physiotherapists representing different practice settings and patient populations. From this work, two blueprints were created. The first blueprint identified core areas where all physiotherapists should demonstrate competency, regardless of practice area. The expectation was that most PTs should score highly across these topics. The second blueprint was created to identify the additional areas of practice that the College would need to explore if a physiotherapist did not meet the expected pass score of the screening interview. The second blueprint represented a longer assessment with more topics and a more in-depth review of some of the core topics covered in the screening interview. • In the case of both blueprints, the focus groups considered risks to the public when determining the areas to develop. Once the blueprints were created by the consultant and approved by Council, the College engaged different subject matter experts for an item writing exercise. These sessions resulted in the questions and probing questions for the screening interview and assessments. <p><u>Link to QA policies</u></p> <p>Development of the screening interview tool and assessment tool are explained in Council briefing notes in March 2018 and June 2018. These documents refer to the processes involved to create the current tools.</p>	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - <i>Public</i> Yes - <i>Employers</i> Yes - <i>Registrants</i> Yes 	<p>Met in 2022, continues to meet in 2023</p>

		<p style="text-align: center;">– <i>Other stakeholders</i> Yes</p> <p><u>Description of Evidence-Informed Approach</u></p> <p>The College’s Quality Assurance Program underwent a redesign in 2018-2019 and launched in 2021. Previously, about 5% of practicing physiotherapists were randomly selected to undergo a four-hour on-site practice assessment. Upon a review of the historical program data, we found that very few physiotherapists were found to require remediation and education following the assessment.</p> <p>In the redesigned program, the College aims to give a larger number of physiotherapists an opportunity to be assessed while being resource efficient. We introduced a two-step process where approximately 10% of practicing physiotherapists are selected per year to undergo a screening interview, which is a one-hour structured interview focusing on key competency indicators. Those who are below a pre-established pass score will undergo the full assessment.</p> <p>Based on research on risks to professional competence, the program selects physiotherapists to participate in the screening interview based on who has been in practice the longest without being assessed, and those who have never been assessed before are prioritized.</p> <p>For decision making, the Committee uses a decision making tool that helps the Committee identify risk to the public to ensure decisions are based on no, low, moderate, and high risk. The actions under each category help to ensure right touch regulation.</p> <p><u>Year Approach was Last Updated:</u></p> <p>As the new program was launched in January 2021, the approach for selecting PTs to participate in a screening interview has not been revisited. The passing score of the screening interview was reviewed via an equating study completed by the tool developer and a psychometrician. It was determined that the pass score could be retained for the following year. For future study, the QA Program is planning to study the profile of physiotherapists who do not pass the screening interview and a second profile of PTs who must complete a SCERP following a full assessment.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	
	<p>iii. criteria that will inform the</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>

		<p>remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>The Quality Assurance Committee formally approved a decision-making tool to help guide their discussions and final decisions. It received final approval at the Committee’s February 2022 meeting. This resource helps the Committee to determine if the physiotherapist’s assessment results are no risk, low risk, moderate risk, or high risk. Additionally, the tool guides the Committee to determine how the file should be managed based on the level of risk to the public that is identified.</p> <p>Files considered low risk indicate that one or more areas of concern were noted but the items pose little risk, and the physiotherapist can address these concerns independently of the Committee’s oversight. Moderate to high-risk issues are apparent gaps in the PT’s knowledge, skills, abilities or judgement and these problem areas need to be addressed to ensure safe and quality patient care. In some cases, if the concerns are related to higher risk concerns, the PT may have terms, conditions, or limitations on their practice until they accomplish specific learning activities to address the higher risk concerns.</p> <p>Finally, if corrective action is not sufficient due to serious/significant concerns, the Committee may decide to refer the PT to the Inquiries, Complaints and Reports Committee (ICRC). For example, if an assessment suggests that a patient was abused or the PT was unwilling to participate in learning activities, a referral to ICRC would be appropriate.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
		<p><i>Additional comments for clarification (optional)</i></p>	
		<p>Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.</p>	
	<p>a. The College tracks the results</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>

		<p>of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.</p>	<ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>College staff track the completion of remediation activities and provide registrants with frequent updates throughout the process. An initial email introducing the registrant to their remediation program is typically sent after the committee’s written decision and reasons have been released. This email provides a description of what is required in each remediation activity including the due date. If requirements have special aspects, such as a course that has limited space, these are flagged in the description. After a requirement has been met, this email is updated to reflect its completion, including the completion date, and sent to the registrant to confirm where they are in their remediation program. If there is a delay between the time one requirement is completed and the deadline of the next, this email may be sent again as a reminder to the registrant.</p> <p>The criteria for successful completion are outlined in the Order, Undertaking, Specified Continuing Education or Remediation Program (SCERP) or Term, Condition and Limitation (TCL). Confirming completion may involve:</p> <ul style="list-style-type: none"> • The registrant submits completion certificates. • The registrant submits written confirmation that they have reviewed certain resources. • The College downloading quiz results following completion of e-learning modules. The software confirms completion of the quiz along with the PT’s performance to ensure the PT passed. • When required, receiving reports and evaluations from practice enhancement coaches, practice monitors, facilitators of specialized programs (e.g. PROBE) and following spot audits. • In some cases, the registrant completes a second assessment to show if the concerns have been addressed. <p>For Quality Assurance files, if the report from this final assessment identifies additional remediation needs, the case goes back to the Quality Assurance Committee for further consideration and a decision. Other breaches or concerns are referred to the Registrar for assessment.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>
<p>DOM AIN 6: CLUT</p>	<p>STAND ARD 11</p>	<p>Measure 11.1</p>	<p>The College enables and supports anyone who raises a concern about a registrant.</p>

Required Evidence	College Response	
<p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</p> <p>ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
	<ul style="list-style-type: none"> • Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. <p><u>Policies and Procedures</u></p> <p>The College’s Professional Conduct team has internal policies, templates, and standard operating procedures (SOPs) to ensure the receipt of relevant information, key considerations, and actions to be taken at each stage of the complaints process. In 2024 a review of all of these resources will be completed, and additional policies and SOPs will be created to address current gaps.</p> <p><u>Communications to Complainants</u></p> <p>The College’s complaints process webpage outlines the different stages of this process, answers FAQs, and provides links to relevant resources. The FAQs help to clarify expectations for complainants in terms of the process and timelines. Further information on how to submit a complaint is available on the College website and is accessible in 11 different languages. Information about funding for therapy and counselling for sexual abuse patients is also listed on this webpage. Complaints can be submitted online, by mail, through email and over the phone if accommodations are required. The College also provides links to other organizations that can provide victims of sexual abuse/complainants with support. The College has also increased resources on our website to support mental health and wellness of those participating in the complaints process.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	
<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
	<ul style="list-style-type: none"> • Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>Starting in March 2021, the College included with the decision and reasons released for complaints surveys to both complainants and registrants seeking feedback on the complaints process. To date, the College has received four responses to the complainant’s survey and zero for the registrant’s survey. In 2024, the survey will be sent one week after the release of the decision to help generate more responses.</p>	

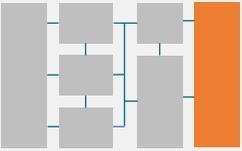
	<p style="text-align: center;"><u>Benchmarked Evidence</u></p>	<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	
	<p>b. The College responds to 90% of inquiries from the public within five business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
		<p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p>	
		<p>The College meets this expectation. The College’s Professional Conduct area received 316 inquiries in 2023 (initial contacts from the public to report a concern to the College). The College responded to all of these inquiries within five business days in 2023.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
		<ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. 	
		<p>The College provides updates to the complainant upon request and before cases are expected to be presented to the Inquiries, Complaints and Reports Committee (ICRC). Complainants are apprised of the process during intake and ICRC review, and the College is responsive to complainant inquiries. The College provides information on both support and funding for sexual abuse allegations on its website.</p>	
		<p>Most frequently provided supports in 2023 include:</p> <ul style="list-style-type: none"> • Information for complainants about the Inquiries, Complaints and Reports Committee processes and procedures, and decisions. • Live translation services: the College has offered to translate the complaints process to languages other than English or French to facilitate the complaints process for those with a different first language than English or French. • The College has its decision making tool on the website which provides a flowchart of the process for ICRC decisions. • For continuity, each complainant is assigned to an investigator who is then their primary point of contact. • For sexual abuse cases, if the decision outcome is an undertaking for resignation of their certificate of registration, staff would advise the complainant of that potential outcome before the decision is released. The goal is to provide context to the decision and 	

		<p>discussion with College staff instead of learning the result from a written decision. The staff also offer to answer any questions that they may have and direct them to any resources and supports they may require.</p> <ul style="list-style-type: none"> • When the College learns of criminal charges of sexual abuse of a registrant, the College connects with the police / crown for regular updates in that process. The College (possibly through the police) will provide information to the victim about the College’s funding for counselling. • If individuals are showing signs of distress or have indicated that they experiencing mental health challenges, College staff will provide resources for mental health support, which are available on the College website. <p>Complainants are offered the opportunity to speak to College staff outside of business hours. There is also the option for complainants to include support person(s) when speaking to the College about their complaints and concerns. This is something that the College encourages.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
		<p><i>Additional comments for clarification (optional)</i></p>		
<p>Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>				
	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<table border="1"> <tr> <td data-bbox="758 854 2083 906"> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <p>The College has procedures to ensure all parties are updated throughout the complaints process. The confirmation letter complainants receive sets expectations around communications and updates from the College. It contains information about updates to the process and the option to contact the College if they require an update about their case.</p> <p>Currently, the College proactively provides updates to the parties during the following points in the complaints process:</p> <ul style="list-style-type: none"> • Initial intake, • Interview stage, once the complaint is confirmed, • Follow-ups with parties on an as needed basis, • Complaint is ready to be presented to the Inquiries, Complaints, and Reports Committee (ICRC), </td> <td data-bbox="2083 854 2588 906"> <p>Yes</p> </td> </tr> </table>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <p>The College has procedures to ensure all parties are updated throughout the complaints process. The confirmation letter complainants receive sets expectations around communications and updates from the College. It contains information about updates to the process and the option to contact the College if they require an update about their case.</p> <p>Currently, the College proactively provides updates to the parties during the following points in the complaints process:</p> <ul style="list-style-type: none"> • Initial intake, • Interview stage, once the complaint is confirmed, • Follow-ups with parties on an as needed basis, • Complaint is ready to be presented to the Inquiries, Complaints, and Reports Committee (ICRC), 	<p>Yes</p>
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			<ul style="list-style-type: none">• Final decision is made, and• Any delay letters, per the statutory requirements. <p>In some cases, the College also provides a copy of the physiotherapist’s response to the complainant, if the complainant requests it, or if we have specific matters that require clarification from the complainant.</p> <p>Details around contacting the College before and during the complaints process can be found on the College website. This webpage aims to provide complainants with a complete picture of the College’s complaints process to proactively support their understanding of the process. The College encourages complainants to reach out to the College at any time for additional support. Complainants are made aware of the name of the investigator working on their file and how to contact them during the process. The College’s professional conduct team is very responsive to complainants whenever they have questions or require support.</p> <p>Similarly, the College has procedures to ensure all parties are informed throughout the hearings process. The College has a dedicated team who support discipline hearings and acts as the point of contact for information, updates and support to all parties. There is a dedicated contact email for hearings and College staff are very responsive to incoming inquiries.</p> <p>Currently, the College proactively provides updates to the parties during the following points in the hearings process:</p> <ul style="list-style-type: none">• Once a matter is referred, the parties receive a notification letter, which includes an overview of the hearings process, so they know what to expect,• The College’s counsel will contact the complainant to provide further explanation of the process and offer supports,• College staff will notify the parties once a hearing is scheduled, any changes to the hearing dates and are available to respond to any questions,• Prior to hearings, the College provides information and support to the parties about how to attend the hearing virtually,• For anyone who is testifying during the hearing, the College offers information and resources to support them prior to the hearing date, and provides limited support during the hearing, and• Once a decision has been made, the College provides the decision to the parties. <p>All information about hearings, past and upcoming, is posted to the College’s website, including details about how to contact the College’s hearings team. The College also publishes a resource to support witnesses who are testifying in a hearing. All decisions are also posted on CanLII.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
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			<i>Additional comments for clarification (optional)</i>								
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.									
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	<table border="1"> <tr> <td data-bbox="758 574 2085 630">The College fulfills this requirement:</td> <td data-bbox="2085 574 2601 630">Met in 2022, continues to meet in 2023</td> </tr> <tr> <td colspan="2" data-bbox="758 630 2601 1065"> <ul style="list-style-type: none"> • Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>The ICRC Decision Making Flowchart is posted to the College website. The decision making flow chart was last updated in 2019. This tool is used to broadly set out the considerations for acting on complaints. This was developed in response to the College’s 2014 zero tolerance position on inappropriate business practices and the College’s zero tolerance approach to sexual abuse of patients by physiotherapists. The ICRC also uses an Interim Order Assessment Tool (originally from the Royal College of Dental Surgeons), also posted to the website, which helps determine the appropriate intervention measures for immediate and higher risk cases.</p> <p>In 2023 the ICRC adopted a tool that provides panels with guidance about when an undertaking versus a SCERP may be more appropriate given that publication of one outcome is time-limited and the other is indefinite.</p> </td> </tr> <tr> <td colspan="2" data-bbox="758 1065 2601 1120"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> </tr> <tr> <td colspan="2" data-bbox="758 1120 2601 1195"><i>Additional comments for clarification (optional)</i></td> </tr> </table>	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	<ul style="list-style-type: none"> • Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>The ICRC Decision Making Flowchart is posted to the College website. The decision making flow chart was last updated in 2019. This tool is used to broadly set out the considerations for acting on complaints. This was developed in response to the College’s 2014 zero tolerance position on inappropriate business practices and the College’s zero tolerance approach to sexual abuse of patients by physiotherapists. The ICRC also uses an Interim Order Assessment Tool (originally from the Royal College of Dental Surgeons), also posted to the website, which helps determine the appropriate intervention measures for immediate and higher risk cases.</p> <p>In 2023 the ICRC adopted a tool that provides panels with guidance about when an undertaking versus a SCERP may be more appropriate given that publication of one outcome is time-limited and the other is indefinite.</p>		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		<i>Additional comments for clarification (optional)</i>	
		The College fulfills this requirement:	Met in 2022, continues to meet in 2023								
		<ul style="list-style-type: none"> • Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>The ICRC Decision Making Flowchart is posted to the College website. The decision making flow chart was last updated in 2019. This tool is used to broadly set out the considerations for acting on complaints. This was developed in response to the College’s 2014 zero tolerance position on inappropriate business practices and the College’s zero tolerance approach to sexual abuse of patients by physiotherapists. The ICRC also uses an Interim Order Assessment Tool (originally from the Royal College of Dental Surgeons), also posted to the website, which helps determine the appropriate intervention measures for immediate and higher risk cases.</p> <p>In 2023 the ICRC adopted a tool that provides panels with guidance about when an undertaking versus a SCERP may be more appropriate given that publication of one outcome is time-limited and the other is indefinite.</p>									
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>											
<i>Additional comments for clarification (optional)</i>											
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>											
<i>Additional comments for clarification (optional)</i>											
	STANDARD 13	Measure: 13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).									
		a. The College’s policy outlining	<table border="1"> <tr> <td data-bbox="758 1331 2085 1382">The College fulfills this requirement:</td> <td data-bbox="2085 1331 2601 1382">Yes</td> </tr> </table>	The College fulfills this requirement:	Yes						
The College fulfills this requirement:	Yes										

	<p>consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<ul style="list-style-type: none"> • Please insert a link to the policy and indicate page number OR please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p><u>Development of a Policy Regarding Information Disclosures</u></p> <p>Last year, the College initiated a special project in collaboration with other Colleges through the Health Profession Regulators of Ontario (HPRO), with the goal to develop a consistent approach across all Colleges as it relates to proactive and reactive disclosure of registrant-specific information. This work produced a draft template policy document that can be used and adopted by each College. The draft policy was completed near the end of 2023. The next steps are to seek legal review of the policy and present it to the HPRO board of directors for consideration in 2024.</p> <p>It is expected that this College will formally adopt the policy in 2024.</p> <p><u>How Information was Shared in 2023</u></p> <p>In 2023, the College issued 248 letters of professional standing. There were no instances where we proactively engaged with law enforcement or other regulators to conduct joint investigations as we did not have any files that warranted this. We routinely engage with third party payors and other system partners to advise them of the outcome of discipline proceedings or other changes in a registrant’s certificate status that is important for them to know.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>
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		<p>Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.</p>	
		<p>Required Evidence</p> <p>a. Outline the College’s KPIs, including a clear rationale for why each is important.</p>	<p>College Response</p> <p>The College fulfills this requirement:</p> <p>Met in 2022, continues to meet in 2023</p> <ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>The College uses KPIs to track progress against the College’s strategic priorities and initiatives. The College last reported on their KPIs during the December 2023 Council meeting (page 112). In 2023, the College reviewed its KPIs and introduced an updated dashboard (page 67) including rationale for each indicator included in the dashboard.</p> <p>The updated dashboard includes the following KPIs:</p> <ol style="list-style-type: none"> Statutory Programs: Displays the volume of cases in each program area, the College’s status in meeting either statutory requirements or internal benchmarks regarding process timelines, and highlights risks and challenges encountered in these program areas and actions being taken to address them. Organizational Effectiveness: Monitors impact of public awareness of College services through advertising strategies and indicates the rate of staff turnover. Finance & Strategy: Reports on status of strategic and operational projects as well as CPMF improvement items and overall financial health of the organization. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>

DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT

STANDARD 14

<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <p>The College has a dashboard as a tool to monitor progress against strategic objectives and regulatory outcomes (the most recent example is from the December 2023 Council meeting, page 112). The Registrar’s Report also provides additional updates about the College’s performance against our regulatory mandate and strategic objectives (the most recent example is from the December 2023 Council meeting, page 107).</p> <p>Before 2023, regulatory and organizational risks were identified on an ongoing basis and included in briefings to Council where the risk is relevant to the issue or decision at hand. In 2023, the College developed a formal Enterprise Risk Management framework. This risk management framework will enable the College to begin reporting on risks to Council using a risk register starting in 2024. In addition to the risk register, relevant risks will continue to be highlighted in briefings to Council where they are relevant to the issue or decision.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>	<p>Yes</p>
<p>Measure:</p> <p>14.2 Council directs action in response to College performance on its KPIs and risk reviews.</p>		
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. <p>In September 2023, Council approved an Enterprise Risk Management (ERM) policy (page 36). The policy provides a framework to execute a uniform process for identifying, measuring, mitigating, and reporting on key organizational risks. The policy accompanies a broader framework around risk management.</p> <p>Prior to the creation of the ERM policy, risks were identified and responded to on an issue-by-issue basis. Examples of this from 2023 include:</p> <ul style="list-style-type: none"> Public Member Availability on Committees: A risk was identified where public appointees to Committee panels would suddenly become unavailable, leading to the rescheduling of the meeting and deferring statutory decisions. As a result, the College initiated a review of its Governance Policy 7.4: Public Member Attendance at Council Meetings (page 74), which provides more flexibility for most Committees around public member participation in the interest of procedural fairness. In September 2023, Council approved 	<p>Yes</p>

		<p>changes to the Policy.</p> <ul style="list-style-type: none"> Financial Sustainability: The College identifies financial risks through forecasting, and quarterly financial reports are presented to the Finance Committee and Council. In September 2023, the Finance Committee recommended to Council a 4% fee increase on registration-related fees to ensure that the College has the financial resources to meet its statutory requirements without falling below the recommended level of reserves. At the same time, the College sought ways to offset the cost of the office lease commitment, and two other Colleges have since agreed to share office space. In December 2023, Council approved a fee increase of 2% to mitigate financial risk to the organization while also acknowledging that the College’s position has improved since the September meeting. <p>The College’s quarterly dashboard report measures regulatory and organizational performance. Part of the dashboard report includes identification of any improvement actions taken in response to the results reported on the dashboard. The dashboard data helps to identify areas for improvement, for example, in 2024 the College plans to undertake a process review of the professional conduct area with the goal of making the process more timely.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>						
<p>Measure: 14.3 The College regularly reports publicly on its performance.</p>								
	<p>a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.</p>	<table border="1"> <tr> <td data-bbox="758 885 2110 974"> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>The College reports on the performance of regulatory activities and strategic initiatives during public Council meetings through the Registrar’s Report and a dashboard. The most recent Registrar’s report and dashboard were presented at the December Council 2023 meeting (page 107). These reports are standing items at every meeting, and the information is publicly accessible through the posted Council materials. The strategic plan and our strategic priorities are also available on the website.</p> </td> <td data-bbox="2110 885 2588 974"> <p>Met in 2022, continues to meet in 2023</p> </td> </tr> <tr> <td colspan="2" data-bbox="758 974 2588 1226"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> </tr> <tr> <td colspan="2" data-bbox="758 1226 2588 1344"> <p><i>Additional comments for clarification (if needed)</i></p> </td> </tr> </table>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>The College reports on the performance of regulatory activities and strategic initiatives during public Council meetings through the Registrar’s Report and a dashboard. The most recent Registrar’s report and dashboard were presented at the December Council 2023 meeting (page 107). These reports are standing items at every meeting, and the information is publicly accessible through the posted Council materials. The strategic plan and our strategic priorities are also available on the website.</p>	<p>Met in 2022, continues to meet in 2023</p>	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p><i>Additional comments for clarification (if needed)</i></p>	
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<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>								
<p><i>Additional comments for clarification (if needed)</i></p>								

Part 2: Context Measures

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

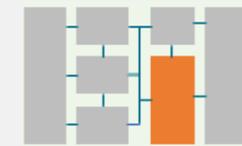
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 10	
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>	
Type of QA/QI activity or assessment:	#		
i. Screening Interview	1003		
ii. Assessment	19		
iii. Professional Issues Self Assessment	11,068		
iv. Continuing Professional Development Declaration	10,241		
v. <Insert QA activity or assessment>			
vi. <Insert QA activity or assessment>			
vii. <Insert QA activity or assessment>			
viii. <Insert QA activity or assessment>			
ix. <Insert QA activity or assessment>			
x. <Insert QA activity or assessment>			

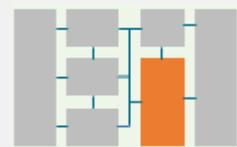
** Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes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

[NR](#)

Additional comments for clarification (if needed)

In 2023, two groups of physiotherapists participated in the quality assurance assessment process. The first are those who were selected to participate in the assessment process based on pre-determined criteria in the Quality Assurance program (n=526). The second are physiotherapists who applied for an independent practice certificate under the Exam Exemption Policy who were also required to undergo the quality assurance assessment process after they received their certificate for registration (n=477).

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2023	1003		<i>What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.</i>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2023.	NR	NR	<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2023, understanding that some cases may carry over.</i>
NR			

Additional comments for clarification (if needed)

In 2023, two groups of physiotherapists participated in the quality assurance assessment process. The first are those who were selected to participate in the assessment process based on pre-determined criteria in the Quality Assurance program. Those cases were referred to the QA Committee for review. The second are physiotherapists who applied for an Independent Practice Certificate under the Exam Exemption Policy who were also required to undergo the quality assurance assessment process after they received their certificate for registration. Those cases were referred to the Registration Committee for review.

Table 3 – Context Measure 4

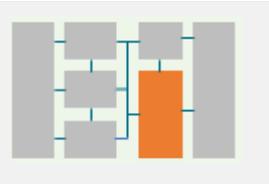
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2023:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	NR	NR	
II. Registrants still undertaking remediation (i.e., remediation in progress)	NR	NR	
<p>NR</p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023.</p> <p>**This measure may include any outcomes from the previous year that were carried over into CY 2023.</p>			
<i>Additional comments for clarification (if needed)</i>			
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Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023	Formal received	Complaints	Registrar initiated	Investigations
Themes:	#	%	#	%
I. Advertising	NR	NR	NR	NR
II. Billing and Fees	7	4.1%	10	8.2%
III. Communication	27	15.9%	8	6.6%
IV. Competence / Patient Care	37	21.8%	27	22.1%
V. Intent to Mislead including Fraud	NR	NR	NR	NR
VI. Professional Conduct & Behaviour	27	15.9%	17	13.9%
VII. Record keeping	7	4.1%	12	9.8%
VIII. Sexual Abuse	21	12.4%	8	6.6%
IX. Harassment / Boundary Violations (Included in Sexual Abuse category above)				
X. Unauthorized Practice	NR	NR	14	11.5%
XI. Other: Rostering for Controlled Acts; Practice Management; Management of Adverse Reaction; Consent; Supervision; Infection Control; Conflict of Interest; Excessive Treatment; Human Rights Violation; Regulation Requirements; Privacy; Equipment Maintenance; Collaborative Care; Reporting Obligations; Ungovernability; Out of Scope; Breach of TCLs	40	23.5%	25	20.5%
Total number of formal complaints and Registrar’s Investigations**	170	100%	122	100%

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

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

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

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2023	72	<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i>	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2023	69		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2023	43		
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2023**:	#		%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	NR		NR
II. Formal complaints that were resolved through ADR	NR		NR
III. Formal complaints that were disposed of by ICRC	60		83%
IV. Formal complaints that proceeded to ICRC and are still pending	7		5%
V. Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR	

<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>6</p>	<p>4%</p>	
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2023							
Distribution of ICRC decisions by theme in 2023*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	NR	NR	NR	NR	NR	NR	NR
II. Billing and Fees	NR	NR	NR	NR	NR	NR	NR
III. Communication	NR	8	NR	NR	NR	NR	NR
IV. Competence / Patient Care	9	13	5	8	NR	NR	6
V. Intent to Mislead Including Fraud	NR	NR	NR	NR	NR	NR	NR
VI. Professional Conduct & Behaviour	6	NR	NR	NR	NR	NR	NR
VII. Record Keeping	NR	NR	5	7	NR	NR	5
VIII. Sexual Abuse	5	NR	NR	NR	NR	NR	6
IX. Harassment / Boundary Violations (included in Sexual Abuse row above)							

X. Unauthorized Practice	NR						
XI. Other <please specify>: Infection Control, Supervision, Conflict of Interest, Professionalism, Collaborative Care, Regulatory Obligations, Practice Management, Misuse of Title, Consent, Privacy, Discontinuing Care	11	13	11	7	NR	NR	NR
<ul style="list-style-type: none"> • Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2023. <p>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.</p> <p>NR</p>							
<p>What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</p>							
<p>Additional comments for clarification (if needed)</p> <p>-</p>							

Table 7 – Context Measure 11

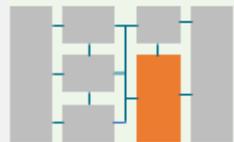
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
<p>Statistical data collected in accordance with the recommended method or the College own method: Recommended</p> <p><i>If College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	<p><i>What does this information tell us? This information illustrates the maximum length of time in which nine out of 10 formal complaints or Registrar’s investigations are being disposed of by the College.</i></p> <p><i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i></p>
I. A formal complaint in working days in CY 2023	338	
II. A Registrar’s investigation in working days in CY 2023	703	
<p>Disposal</p> <p><i>Additional comments for clarification (if needed)</i></p> <p>In 2023, the College concluded four related Registrar’s Inquiry matters (stemming from the same case involving four registrants) that took an exceptionally long time due to factors unique to those cases.</p>		

Table 8 – Context Measure 12

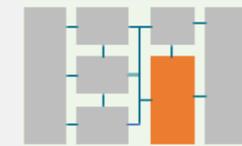
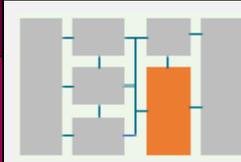
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which nine out of 10 uncontested discipline hearings and nine out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2023	432	
II. A contested discipline hearing in working days in CY 2023	N/A	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
<i>Additional comments for clarification (if needed)</i> In 2023, the College concluded 13 uncontested hearings and no contested hearings. -		

Table 9 – Context Measure 13

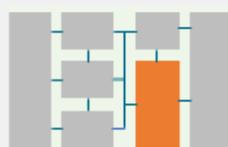
DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 12	
Context Measure (CM)			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If College method is used, please specify the rationale for its use:</i>			
CM 13. Distribution of Discipline finding by type*			
Type	#		
I. Sexual abuse	NR		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the Ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>
II. Incompetence	NR		
III. Fail to maintain Standard	5		
IV. Improper use of a controlled act	NR		
V. Conduct unbecoming	NR		
VI. Dishonourable, disgraceful, unprofessional	NR		
VII. Offence conviction	NR		
VIII. Contravene certificate restrictions	NR		
IX. Findings in another jurisdiction	NR		
X. Breach of orders and/or undertaking	NR		
XI. Falsifying records	NR		
XII. False or misleading document	NR		
XIII. Contravene relevant Acts	NR		

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

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 12	
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>	
Type	#		
I. Revocation	NR		
II. Suspension	5		
III. Terms, Conditions and Limitations on a Certificate of Registration	5		
IV. Reprimand	5		
V. Undertaking	NR		
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p>Revocation</p> <p>Suspension</p> <p>Terms, Conditions and Limitations</p> <p>Reprimand</p> <p>Undertaking</p> <p>NR</p>			
<i>Additional comments for clarification (if needed)</i>			

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute. Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs. Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases. Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to

conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

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

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

Return to: [Table 10](#)

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

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

Act, 1991. Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice. Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee. Return to: Table 10



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 14.0

**Council Meeting
March 25-26, 2024**

Agenda #14.0: Approval and Review of Revised Standards (2nd batch)

It is moved by

and seconded by

that:

Council approved the following draft Standards for 60-day consultation:

- Evidence-Informed Practice
- Infection Control
- Titles, Credentials, and Specialty Designations

COUNCIL BRIEFING NOTE

For Decision

Topic:	Revised Standards – Second 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 throughout standards work.</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 A: Draft Standard – Evidence-Informed Practice • Appendix B: Draft Standard – Infection Control • Appendix C: Draft Standard – Titles, Credentials, and Specialty Designations • Appendix D: Consultation Update – Group 1 Standards

Issue

- The College is in the process of adapting sixteen national Core Standards for Ontario.

Decision Sought

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

Background

- The College is currently adopting 16 of the National Core Standards for use in Ontario.
- The Standards will be adapted for Ontario in five groups of 3-4 Standards each over the next couple of years, as approved by Council.
- Each group of Standards are first presented to Council for approval for a 60-day consultation period with registrants, members of the public, and other community and regulatory partners. Following this phase, the draft Standards return to Council for final approval together with the consultation feedback received.
- For additional background information, please see the [December 2023 Council materials](#) (page 94).
- For an update about the consultations process for the Group 1 Standards, please see Appendix D.



Current Status and Analysis

Second Group of Standards

- To determine the second group of Standards, the College considered the same factors as for Group 1: risk to the public, gaps in our current Standards, and ease of implementation.
- Based on those factors, the following Standards were selected for the second group:
 - **Evidence-Informed Practice:** PTs integrate the best available evidence, their expertise, and patient preferences to deliver evidence-informed physiotherapy services that are tailored to patient needs.

If approved, this would be a new Standard.
 - **Infection Control:** PTs adhere to infection prevention and control protocols to ensure a safe treatment environment for their patients, themselves, and others.

If approved, this Standard would replace the College's existing Infection Control and Equipment Maintenance Standard.
 - **Titles, Credentials, and Specialty Designations:** PTs use their protected title and other credentials in accordance with regulatory rules, ensuring transparency, accuracy, verifiability, and meaningful representation while avoiding any misleading information.

If approved, this Standard would replace the College's existing Restricted Titles, Credentials, and Specialty Designations Standard.

Internal Review

- Just as with Group 1, the Group 2 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, regulation, or other rules.
- 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:
 - Evidence-Informed Practice: Added a definition for "best practice", which was then refined based on feedback by the Executive Committee.
 - Infection Control: Added references to Public Health Ontario and Ontario's rules around retaining documentation of medical equipment.
 - Titles, Credentials, and Specialty Designations: Added Ontario's rules around use of title and clarifying examples. Removed a list of example activities in the provision: "Does not use protected title when engaged in activities that are outside the practice of physiotherapy."

Outstanding Issues

- The internal review flagged a couple of outstanding questions related to two of the draft Standards in Group 2.
- First, there was a concern about the following provision in the Evidence-Informed Practice Standard: “Shares information related to evidence and best practices and does not promote information, treatment options or products, that are not grounded in scientific, peer reviewed and physiologically plausible evidence.”
 - The concern is that this provision may establish a threshold of evidence that is higher than the threshold outlined in the rest of the Standard.
 - Furthermore, it may prevent emerging evidence from being considered as sufficient, limiting innovation with respect to care.
 - As part of the consultation process, the College is planning to ask for specific feedback regarding this provision which will help inform any rewording that may be needed to adapt this provision for the Ontario context.
- Second, the College has a Governance Policy for Specialty Designations, which has implications for the draft Titles, Credentials, and Specialty Designations Standard.
 - While nothing in the current Policy contradicts the proposed Standard, the Policy may require updates with respect to the process for reviewing new specialty designations.
 - While the Standard is being circulated, the College will review the Policy and, if needed, present an updated version to Council for consideration at the next meeting.

Next Steps

- If approved, the consultation will be posted to the website for a 60-day period immediately following this meeting. The College will continue to engage in direct outreach to external partners.
- As before, changes to the draft Standards will be made where the feedback identifies a challenge with the Ontario context.
- The consultation summary on the second group of Standards will be presented to Council during their meeting in September 2024. At that time, Council will be asked to formally approve the second group of Standards for use.
- At their June 2024 meeting, Council will consider the first group of Standards for use, as well as preview the third group of Standards.

Questions for Council

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

Evidence-Informed Practice

Standard

The physiotherapist engages in **evidence-informed practice** in physiotherapy service delivery.

Expected outcome

Patients can expect that the physiotherapy services they receive are informed by the best available, credible evidence, the personal knowledge, training, and experience of the physiotherapist, and the patient's perspective.

Performance expectations

The physiotherapist:

- Before incorporating new or emerging therapies into the physiotherapy services they provide, is aware of:
 - Related legislative and regulatory considerations.
 - The evolution of the physiotherapy profession.
 - The training, knowledge, skills and judgement necessary to enable the new or emerging practice.
- Critically appraises evidence relevant to the practice setting, population served, and available assessment and treatment options before integrating evidence into practice.
- Incorporates **critically appraised** physiotherapy-related evidence into assessment and treatment plans.
- Clearly communicates with patients and others when the services proposed are **emerging** or **complementary therapies**.
- Advises the patient of the current evidence, and implications of receiving emerging or complementary therapies, including potential funding implications, and the physiotherapist's training in the performance of the services proposed, obtaining patient informed consent for emerging or complementary services.
- Integrates critical thinking and professional judgment into patient-centered care, evaluating their practice in terms of client outcomes, and modifying approaches based on this self-reflective process.

- Shares information related to evidence and **best practices** and does not promote information, treatment options or products, that are not grounded in scientific, peer-reviewed and physiologically plausible evidence.
- Offers, or confirms that the patient has received evidence-informed, best practice physiotherapy approaches before offering emerging treatments that are outside of established evidence-informed physiotherapy.

Definitions

Best practice in physiotherapy refers to the most effective approaches to patient care, based on established procedures and interventions that consistently demonstrate positive outcomes and are based on scientific evidence, expert consensus, or clinical experience.

Best practice sets the "gold standard" for physiotherapy care and is supported by evidence-informed practices and approaches.

Complementary therapies refer to non-conventional practices used in conjunction with **conventional physiotherapy**.

Conventional physiotherapy refers to the type of assessment, diagnosis, treatment, and conceptualization of illness or injury that is considered "mainstream" physiotherapy.

Critically appraised - means information that has gone through the process of carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context.

Emerging therapies refers to treatments developed within mainstream physiotherapy with support from clinical research but currently lacking in rigorous, peer-reviewed evidence to support their use.

Evidence-informed practice is "derived from evidence-based practice and involves clinical problem solving and decision making informed by integrating best available evidence, patient context and the personal knowledge and experience of the physiotherapist."

Infection Control

Standard

The physiotherapist complies with current **infection prevention and control** best practices to support the health and safety of patients, health-care providers, themselves, and others.

Expected outcome

Patients can expect that the measures in place for infection prevention and control during the provision of physiotherapy services comply with applicable legislation, regulatory requirements, standards, guidelines and best practices.

Performance expectations

The physiotherapist:

- Acquires education, training, and proficiency regarding best practices of infection prevention and control relevant to their practice.
- Applies infection prevention and control techniques and current best practices relevant to their physiotherapy practice consistently and effectively. This includes:
 - Conducting a **Point of Care Risk Assessment** prior to each patient interaction.
 - Employing the **personal protective equipment** indicated by the Point of Care Risk Assessment.
 - Completing effective hand hygiene before and after each client interaction.
 - Practicing effective respiratory hygiene.
- Ensures all physiotherapy spaces and equipment are cleaned and disinfected prior to patient use.
- Disposes of devices and materials according to best practices and established protocols.
- Follows manufacturer's specifications, relevant legislation, and Public Health Ontario standards and policies for the use, cleaning, disinfection and reprocessing of equipment and devices.
- Documents details of reprocessing and sterilization of reusable critical and semi-critical medical equipment including parameters used. Retains this documentation for a minimum of one year.
- Is aware of and fulfills their legislated responsibilities regarding worksite safety, in accordance with occupational health and safety legislation.

Definitions

Infection prevention and control refers to “measures practiced by health-care personnel intended to prevent spread, transmission and acquisition of infectious agents or pathogens between patients, from health-care workers to patients, and from patients to health-care workers in the health-care setting.”

Personal protective equipment (PPE) refers to items in place for infection prevention and control, such as masks, gloves, gowns and goggles.

Point of Care Risk Assessment (PCRA) is a routine practice that should be conducted by a physiotherapist before every patient interaction to assess the likelihood of exposing themselves and/or others to infectious agents. The Point of Care Risk Assessment informs the physiotherapist’s use of PPE and other infection control measures.

Titles, Credentials, and Specialty Designations

Standard

The physiotherapist uses their title and other credentials to clearly identify themselves to patients, other health-care providers, and the public, in accordance with the provisions set out in the General Regulation of the *Physiotherapy Act*, 1991.

Expected outcome

Patients can expect that the physiotherapist represents their titles and credentials in a way that is transparent, accurate, verifiable, meaningful to the public, and not misleading.

Performance expectations

Regarding use of their **protected title**, the physiotherapist:

- Uses their protected title in all professional actions and interactions.
- Lists their protected title immediately after their name as it appears on the public register and before academic credentials or other designations. (For example: Jane Doe, P.T. MSc.).
- For Independent Practice certificate holders, uses the following titles and initials, or their equivalents in French:
 - Physiotherapist,
 - Physical Therapist, OR
 - P.T.
- For Provisional Practice certificate holders, uses the following titles, or their equivalents in French:
 - Physiotherapist Resident,
 - Physical Therapist Resident, OR
 - P.T. Resident.
- For Courtesy certificate holders, uses the titles and initials granted to Independent Practice or Provisional Practice certificate holders, in accordance with the physiotherapist's registration status in their primary jurisdiction.
- For Emergency Class certificate holders, uses the following titles, or their equivalents in French:
 - Physiotherapist (Emergency Class),

- Physical Therapist (Emergency Class), OR
- P.T. (Emergency Class).
- Does not use protected title when engaged in activities that are outside of the practice of physiotherapy.

Regarding the use of academic and other credentials, the physiotherapist:

- Only uses academic credentials conferred by **accredited university programs**.
- Uses academic credentials accurately and lists them after their protected title.
- Uses post-professional credentials accurately, and lists them after protected title, and in a manner that has meaning for the public.
- Does not use the title “Doctor” or prefix “Dr” in connection with providing a health service or in actions or interactions undertaken for the purpose of promoting health services to the public.
- Does not use other protected titles unless authorized to do so by the appropriate regulatory body. (For example, registrants must not use the title “acupuncturist” unless they are also registered with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.)

Regarding use of the term specialist and derivatives thereof, the physiotherapist:

- Does not use the title Specialist or imply or hold themselves out to be a specialist in connection with providing a physiotherapy service unless:
 - They have received a specialty designation from either:
 - The Physiotherapy Specialty Certification Board of Canada,
 - The American Board of Physical Therapy Specialties, OR
 - Another certification body otherwise approved by the College.
 - The designation is included in the public register.
 - The designation is listed after their protected title.

Definitions

Accredited university program means an entry to practice education physiotherapy program accredited by Physiotherapy Education Accreditation Canada, the Commission on Accreditation in Physical Therapy Education, or an institution’s physiotherapy entry to practice education program recognized by the Canadian Alliance of Physiotherapy Regulators credentialling program.

Protected title refers to the titles identified under provincial or territorial health profession legislation as being restricted to those who are registered and authorized to practice physiotherapy within the jurisdiction. These may include the titles physiotherapist, physical therapist, physiothérapeute, or thérapeute en réadaptation physique, physiotherapist intern, physical therapist intern; or the acronyms PT, TRP or PT Intern.

Appendix D: Consultation Update – First Group of Standards

- In December 2023, Council approved the first group of Standards for consultation: Assessment, Diagnosis, Treatment; Communication; Duty of Care; and Risk Management and Safety.
- The consultation for the first group of Standards was posted to the College website on January 31st. The consultation closes on March 30th.
- Registrants, partners, and members of the public can respond by email or via anonymous survey.
- The College has also been reaching out directly to various partners to increase engagement. Those partners include: Council and Committee members, directors of academic physiotherapy programs, and representatives from community organizations representing the diverse body of physiotherapists in Ontario.
- The College has engaged the Citizens Advisory Group (CAG) to solicit feedback on the Standards from a patient and public perspective. The CAG will be involved in all consultations in the Standards Review Process.
- Council will receive a consultation summary on the Group 1 Standards at their next meeting in June 2024.
- As before, necessary changes tailored to the Ontario context will be made while sticking as closely as possible to the national consensus. Feedback received from the consultations may also help to inform additional resources, such as FAQs and guidance documents.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 15.0

**Council Meeting
March 25-26, 2024**

Agenda #15.0: Ratification of Academic Councillor: Queens University

It is moved by

and seconded by

that:

Council appoints Trisha Lawson as an academic councillor from Queen's University to Council, effective June 24, 2024 to June 2027.

COUNCIL MEETING BRIEFING NOTE

For Decision

Topic:	Appointment of the Academic Representative to Council
Public Interest Rationale:	The legislation requires Council to have a composition that includes two academic representatives. Academics provide a unique perspective that supports Council in decision-making that is grounded in the public interest.
Strategic Alignment:	<i>People & Culture:</i> Ensure the Council is constituted and representative of the profession and is composed with members that have the required skills and experience.
Submitted By:	Caitlin O’Kelly, Governance Specialist
Attachments:	Appendix A Eligibility Criteria CV of Trisha Lawson (confidential)

Issue

- Queen’s University has selected Trisha Lawson as their university’s academic representative to Council. Council is being asked to appoint Trisha Lawson to Council effective June 24, 2024.

Decision Sought

- In keeping with the requirements of the College’s By-laws, which indicate in section 3.2 that the Council must appoint academic members of Council, Council is being asked to appoint Trisha Lawson as the academic councillor representing Queen’s University effective June 24, 2024.

Background

- The *Physiotherapy Act, 1991* defines the composition of Council. It is to include at least 7 and no more than 8 elected members of the profession, at least 5 and no more than 7 members who are appointed by the Lieutenant Governor in Council (public members) and one or two members of a faculty from a PT program in Ontario.
- Additional criteria regarding the academic Council member can be found in the College’s By-Laws. The eligibility criteria can be found in Appendix A.
- The academic representatives are appointed for three-year terms. The appointments are based on a rotating schedule of the five academic programs for Physiotherapy/Physical therapy in Ontario.
- On June 23, 2024, the term of Pulak Parikh, the representative from the Western University, will expire.
- In accordance with the By-laws, our next academic member will be from Queen’s University. This individual’s term will run from June 24, 2024, to June 2027 (exact date to be confirmed).



- In keeping with the process outlined in the By-laws and governance policies, staff provided Queen's University with information regarding the role of the academic representative in July 2023 and again in February of this year:
 - An overview of the requirements outlined in the College By-laws
 - Requirements for the position
 - Role description for Academic Members
 - Anticipated workload
 - Appointment process
 - Overview of committees
- Following our initial communication, staff received notification that Queen's University had received the information and that it would be circulated to members of their faculty. In March 2024, staff received confirmation that the academic representative selected is Trisha Lawson.
- Staff confirmed Trisha Lawson has met the eligibility requirements as listed in the College By-laws.
- To align more efficiently with the orientation and onboarding of new Council members in June, Council is being asked to appoint Trisha Lawson at the March Meeting of Council to ensure Trisha Lawson is able to participate in upcoming onboarding and orientation activities with other new members of Council.

Next Steps

- If Council approves the academic appointment staff will ensure that Trisha Lawson receives orientation for Council prior to their first meeting.

ACADEMIC COUNCILLORS

- 3.2.** (2) A Registrant is eligible to serve on Council as an Academic Councillor if:
- (a) the Registrant holds a certificate of registration authorizing independent practice;
 - (b) the Registrant is not in default of any obligation to the College under the Regulations or the By-laws;
 - (c) the Registrant is not the subject of a Discipline or Fitness to Practise proceeding;
 - (d) the Registrant has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated at any time in the six years before the date of the selection;
 - (e) the Registrant has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992* or the *Mental Health Act*;
 - (f) in the six years before the selection, the Registrant's certificate of registration has not been subject to a term, condition or limitation other than one prescribed by regulation;
 - (g) the Registrant has not been found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Registrant's suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
 - (h) the Registrant has not been disqualified or removed from Council in the three years before the selection;
 - (i) the Registrant is not and has not been in the last twelve months before the appointment a director, officer, Committee Registrant, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - (j) the Registrant is not a participant (other than on behalf of the College) in a legal action or application against the College;
 - (k) the Registrant does not have a current notation on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
 - (l) the Registrant does not hold and has not held in the last twelve months before the appointment a position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - (m) the Registrant discloses all potential conflicts of interest in writing to the Registrar within five business days of being nominated and either does not have a conflict of interest to serve as a Councillor or has agreed to remove any such conflict of interest before taking office;
 - (n) the Registrant has completed an orientation about the College's mandate, and their role and responsibilities prior to attending their first Council or committee meeting; and
 - (o) the Registrant meets the competency requirements as set out in the applicable College policy approved by Council.



COLLEGE OF
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of ONTARIO

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de l'ONTARIO

Motion No.: 16.0

Council Meeting
March 25-26, 2024

Agenda #16: 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 Quality Assurance 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:	Caitlin O’Kelly, Governance Specialist
Attachments:	Appendix A: Amended Committee Slate (March 2024)

Issue

- The appointment of Laina Smith to the Colleges Council has been revoked. Amendments to the Committee Slate regarding the Quality Assurance Committee are being brought forward to fill a vacancy.

Decision Sought

- Council is being asked to appoint Frank Massey to the Quality Assurance Committee.

Background

- The appointment of Laina Smith, who was a Public Member on Council, was revoked on February 1, 2024. She was appointed to the Quality Assurance Committee and the Discipline/Fitness to Practice Committees.
- The Quality Assurance Committee requires five Committee members, two of which have to be Public Members, to remain constituted. The Committee currently has four Committee members, only one of which is a Public Member.
- To fill the vacancy and ensure the Committee is properly constituted for the remainder of the current committee term, a Public Member should be appointed to the Quality Assurance Committee.

Current Status and Analysis

- A call for interest was sent to all Public Members of Council to serve on the Quality Assurance Committee for the remainder of the term. Frank Massey identified he would be available and interested to sit on the Committee. Frank Massey has been a Public Member of Council since August 2023.



- Frank Massey currently sits on the Registration Committee, the Risk, Audit and Finance Committee and the Discipline and Fitness to Practise Committees.

Next Steps

- If recommended by the Executive Committee, the proposed slate amendments will be brought forward for Council's consideration at the March Council meeting.

Questions for Council

- Are there any concerns with the proposed amendments to the committee slate?



Draft 2023-2024 Committee Slate (March 2024)

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 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 Kisol

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 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>Richard O'Brien Frank Massey</p> <p>Antoinette Megens, Chair</p>	<p>The Quality Assurance Committee is to administer the College's Quality Assurance program as defined in section 80.1 of the Code that is intended to assure the quality and safety of professional practice and promote continuing competence among the registrants.</p>	<p>Shelley Martin Victoria Lo</p>
REGISTRATION	<p>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>	<p>The Registration Committee makes decisions on registration applications that do not meet the criteria for issuance of a certificate of registration by the Registrar and to ensure that processes related to entry are fair, transparent and objective.</p>	<p>Melissa Collimore</p>
PATIENT RELATIONS	<p>At least 3 people, at least:</p> <ul style="list-style-type: none"> • 1 Professional Member of Council 	<p>Anna Grunin, Chair</p>	<p>The Patient Relations Committee is to advise Council with respect to the patient relations program and to administer the program to provide funding for therapy and counselling.</p>	<p>Olivia Kisil</p>

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>



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Council

17. Ontario Clinical Exam Update

Amanda Sandhu

(Update)



18. Members' Motion(s)