



## MEETING OF THE BOARD OF THE COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

### Hybrid Meeting

Monday, September 23, 2024, from 11:40 – 4:15 p.m.

Tuesday, September 24, 2024, from 9:00 – 3:00 p.m.

### Commitment to the Public Interest

The public interest is the foundation of all decisions made by this Board. 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

Board Directors 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



## BOARD AGENDA

### Closed Education Session:

9:00 – 10:15 a.m.	<p><b>Multi College Discipline Tribunal</b> <i>(David Wright)</i></p> <p>David Wright, Chair of the Health Professions Discipline Tribunals, will provide the Board with an overview of the tribunal pilot program.</p>
10:15 – 10:45 a.m.	<p><b>Directors and Officers Liability Insurance - HIROC</b> <i>(Carl Simon &amp; Selvi Sakthikkumar)</i></p> <p>The Board will be provided with an education session regarding the Directors and Officers Liability Insurance that covers their work as Directors.</p>
10:45 – 11:00 a.m.	<b>Break (15 Minutes)</b>
11:00 – 11:30 a.m.	<p><b>College of Dietitians – Governance Experiences</b> <i>(Melanie Woodbeck)</i></p> <p>Melanie Woodbeck, the Registrar and Executive Director of the College of Dietitians will present on the College’s experience with moving to a single district and competency-based appointments.</p>

### Monday, September 23, 2024

Item	Time	Topic	Page	Purpose
*	11:40 a.m.	<p><b>Welcome and Call to Order</b> <i>(N. Madhvani &amp; F. DePalma)</i></p> <ul style="list-style-type: none"> <li>• Roll Call</li> <li>• Territory Acknowledgement</li> </ul>	N/A	N/A
1.	11:45 a.m.	<p><b>Review and Approval of the Agenda</b> <i>(N. Madhvani)</i></p>	1-7	Decision
2.	11:50 a.m.	<p><b>Approval of the Consent Agenda</b> <i>(N. Madhvani)</i></p> <ul style="list-style-type: none"> <li>• Approval of the June 24-25, 2024 Board Meeting Minutes</li> <li>• Executive Committee Report</li> </ul>	8-22	Decision



3.	11:55 a.m.	<b>Chair's Report</b> <i>(N. Madhvani)</i>  The Board is provided with an overview and updated regarding key activities and initiatives.	23-25	Information
*	12:10 p.m.	<b>Lunch (60 minutes)</b>	N/A	N/A
4.	1:10 p.m.	<b>Registrar's Report</b> <i>(C. Roxborough)</i>  The Board is provided with an overview and update regarding key activities and initiatives.	26-34	Information
5.	2:10 p.m.	<b>Enterprise Risk Management – Risk Registry Update</b> <i>(C. Roxborough &amp; M. Catalfo)</i>  The Board will be provided with an update on the College's risk register.	35-43	Information
*	2:30 p.m.	<b>Break (15 minutes)</b>	N/A	N/A
6.	2:45 p.m.	<b>Final Review of Revised Standards (2<sup>nd</sup> batch) for Approval</b> <i>(E. Ermakova)</i>  The Board is being asked to approve the second group of revised Standards following the consultation.	44-61	Decision
7.	3:15 p.m.	<b>Review of Revised Standards (4<sup>th</sup> batch) for Consultation</b> <i>(E. Ermakova)</i>  The Board will be engaged in a small group exercise to consider the fourth group of revised Standards for circulation.	62-81	Decision
*	4:15 p.m.	<b>Adjournment of Day One</b>		



**Tuesday, September 24, 2024**

<b>Item</b>	<b>Time</b>	<b>Topic</b>	<b>Page</b>	<b>Purpose</b>
8.	9:00 a.m.	<b>Election Eligibility</b> <i>(C. O'Kelly)</i>  The Board will be asked to consider updates to the College's election eligibility criteria.	82-102	Decision
9.	9:45 a.m.	<b>Governance Reform Discussion: Potential Implementation of a Screening and/or Selection Committee</b> <i>(C. Roxborough &amp; M. Berger)</i>  The Board will be asked to participate in a generative discussion regarding the potential future implementation of a Screening and/or Selection Committee to provide direction to staff.	103-119	Discussion
10.	10:45 a.m.	<b>Funding for Therapy/Counselling for Committee Members</b> <i>(M. Berger)</i>  The Board will be asked to consider options with respect to provide Committee and Board members with access to mental health supports in response to a March 2024 Members Motion.	120-123	Decision
*	11:00 a.m.	<b>Break (15 minutes)</b>		
11.	11:15 a.m.	<b>FY2024 Audited Financial Statements</b> <i>(Blair MacKenzie, Auditor Hilborn LLP)</i>  The Board is asked to review and approve the 2023-2024 Audited Financial Statements ending March 31, 2024.	124-154	Decision
12.	11:45 a.m.	<b>FY2025 Q1 Financial Report</b> <i>(C. Roxborough &amp; M. Catalfo)</i>  The Board will be provided with an update on the College's Q1 financial performance.	155-171	Information





*	12:00 p.m.	<b>Lunch (60 minutes)</b>		
13.	1:00 p.m.	<b>FY2026 Registrant Fees</b> <i>(C. Roxborough &amp; M. Catalfo)</i>  The Board will be asked to consider a 2% increase to fees related only to professional corporations in line with a previously approved increase.  The Board will also be presented with a recommendation from the Risk, Audit, and Finance Committee that all other registration, administrative, and examination fees <i>not</i> be increased for FY2026.	172-179	Decision
14.	1:30 p.m.	<b>Strategic Planning</b> <i>(C. Roxborough &amp; J. Huang)</i>  The Registrar will provide an update to the Board outlining how the College has performed on the Strategic Plan since 2022. The Board will also be asked to provide input on the approach to strategic planning starting in 2025.	180-188	Discussion
15.	2:15 p.m.	<b>General Regulation Modernization</b> <i>(M. Berger &amp; E. Ermakova)</i>  The Board will be engaged in a discussion regarding changes to the registration requirements in order to inform future revisions.	189-193	Discussion
*	3:00 p.m.	<b>Adjournment of Meeting</b>		

# 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**

**Board Meeting  
September 23-24, 2024**

**Agenda #1.0: Review and Approval of the Agenda**

It is moved by

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and seconded by

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that:

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



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
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de l'ONTARIO

**Motion No.: 2.0**

**Board Meeting  
September 23-24, 2024**

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

It is moved by

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and seconded by

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that:

The following items be approved by the Board:

- June 24-25, 2024 Board Meeting Minutes
- June 24, 2024 In-Camera Board Meeting Minutes
- June 25, 2024 In-Camera Board Meeting Minutes
- Acceptance of the Q1 Executive Committee Report



**MEETING OF THE BOARD OF THE  
COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO**

**MINUTES**

**Monday, June 24 and Tuesday, June 25, 2024**

The College Boardroom & Virtually via Zoom

**Public Director Attendees:**

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

**Professional Director Attendees:**

Katie Schulz (Vice-Chair)  
Frank DePalma  
Sinead Dufour  
Kate Moffett  
Dennis Ng  
Kirsten Pavelich  
Gary Rehan  
Theresa Stevens  
Maureen Vanwart

**Guests**

Amy Block, Partner, WeirFoulds LLP  
Courtney Bean, President, Ontario  
Physiotherapy Association  
Sarah Hutchison, CEO, Ontario  
Physiotherapy Association  
Brandi Park, National Director, Evaluation  
Services, Canadian Alliance of  
Physiotherapy Regulators  
John Wickett, Wickett Measurement  
Systems

**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  
Amanda Sandhu, Examinations Manager

**Recorder:**

Caitlin O'Kelly, Governance Specialist

**Professional Director Regrets**

Trisha Lawson



Monday, June 24, 2024

## Welcome and Call to Order

N. Madhvani, Chair, called the meeting to order at 9:01 a.m. The Chair welcomed Directors and staff to the Board of Directors meeting. Meeting regrets were noted. S. Dufour, Professional Director, provided the Territory Acknowledgement.

N. Madhvani confirmed the College's ongoing commitment to the Public Interest mandate. Directors were reminded to declare any conflicts of interest for any of the items to be discussed during the meeting.

## 1.0 Review and Approval of the Agenda

### Motion 1.0

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

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

**CARRIED.**

## 2.0 Approval of the Consent Agenda

N. Madhvani provided an overview of the items listed on the Consent Agenda for Approval.

### Motion 2.0

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

The following items be approved by the Board:

- March 25-26, 2024 Board Meeting Minutes
- March 26, 2024 In-Camera Board Meeting Minutes

**CARRIED.**

## 3.0 Chair's Report

N. Madhvani provided an overview of the Chair's activities since the March Board meeting, which included a summary of the post Board meeting survey results and associated action items.



#### **4.0 By-law and Governance Policy Updates**

M. Berger, Director Policy, Governance & General Counsel, provided an overview of proposed amendments to the College By-laws and Governance Policies.

There was a suggestion to amend By-law 7.8(3) to remove the word "personal" from the section on reasons for a committee member's absence. This change would accommodate non-personal reasons and ensure that business can continue smoothly.

Concerns were raised about Policy 7.10 Specialty Designations, specifically about ensuring that recognized programs align with the scope of practice in Ontario. It was suggested to clarify this by specifying that specialty designations must align with scope of practice as defined for Ontario in the policy. There was general agreement on adding a footnote to address these concerns.

#### **Motion 4.0**

It was moved by C. Warren and seconded by D. Ng that:

The Board approves amendments to:

- By-law s.7.8(3)
  - As amended to remove the word "personal".
- Policy 7.10: Specialty Designation
  - As amended to add the following footnote: "Only those specialties that align with the scope of practice as defined for Ontario are recognized."

**CARRIED.**

#### **5.0 Signing Officers Policy**

C. O'Kelly, Governance Specialist, provided an overview of proposed amendments to Policy 4.2: Signing Officers.

The discussion highlighted the need for clarification on whether the proposed changes should address global obligations rather than just annual amounts. The Board instructed staff to revise the policy accordingly. This item was tabled and will be reconsidered on the following day.

*D. Ng declared a conflict of interest with item 6.0 Election Review and exited the meeting.*



## 6.0 Election Review

M. Berger provided background information on the 2024 Board elections and the request to the Registrar to review the validity of the voting and counting process. The Board was joined by Amy Block from WeirFoulds LLP, who provided legal counsel for this item.

The Board reviewed the 2024 election process and a disputed candidate statement to determine if it followed College policy and affected the election's integrity. The Board discussed whether the statement had any impact on the voting and counting process.

It was noted that the statement had been reviewed and was consistent with past practices. The Board was asked to decide if the statement raised enough doubt to challenge the election's validity.

### **Motion 6.0**

It was moved by C. Warren and seconded by F. DePalma that:

The Board moves in-camera.

**CARRIED.**

The Board entered an in-camera session, pursuant to section 7.2(e) of the Health Professions Procedural Code, at 10:05 a.m. and returned to the open session of the meeting at 10:23 a.m.

The Board considered whether the statement compromised the election and decided that, while it could have been improved, it did not appear to have undermined the voting and counting process.

### **Motion 6.2**

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

The Board is satisfied with the 2024 election results for District 3 (Central Eastern) and will take no further action.

**CARRIED.**

### **Action Item Staff:**

Examine the election process, including the By-laws, and the election campaign policy. Consult with independent legal counsel to assist with this review and provide recommendations for improvements.

*D. Ng returned to the meeting at 11:00 a.m.*





## **7.0 Registrar's Report (with Dashboard)**

C. Roxborough, Registrar & CEO, provided an overview of key operational activities and initiatives over the last quarter, including an overview of the dashboard metrics. The Board noted improvements in ICRC numbers but requested more detailed data, such as the number of extension requests and delays. There is an internal effort to automate and refine data collection for better granularity.

## **8.0 Q4 & Year-End Financial Report**

Z. Robinson, VP, Finance & Reporting, provided the Board with an update on the College's year-end financial reports. The Board will review the audited financial statements in September.

## **9.0 In-Camera Meetings Policy**

C. O'Kelly presented amendments to Policy 7.11 In-Camera Meetings. The discussion highlighted the need for clarification on access to in-camera meeting minutes and the role of the Chair and Vice-Chair in managing that access. The Board instructed staff to revise the policy to include the Vice-Chair and clarify access management. This item was tabled and will be reconsidered on the following day.

## **10.0 Update from the Ontario Physiotherapy Association (OPA)**

The Chair welcomed Courtney Bean, President, and Sarah Hutchison, CEO, of the Ontario Physiotherapy Association (OPA), who provided an update detailing OPA's priorities and how the College and OPA can work together.

## **11.0 Update from the Canadian Alliance of Physiotherapy Regulators (CAPR)**

The Chair welcomed Brandi Park, National Director, Evaluation Services, of the Canadian Alliance of Physiotherapy Regulators (CAPR). CAPR provided updates on their initiatives. They discussed plans to launch a new unified exam by 2026, focusing on making it pandemic-proof and efficiently administered.

The Board raised concerns about past failures in the clinical component and were assured that safeguards would be integrated into the new exam.

## **12.0 Strategic Plan – Education Session**

C. Roxborough presented the current Strategic Plan to the Board, aiming to familiarize all Directors. The session also invited reflections from the Board to inform upcoming preparations for a new Strategic Planning process in 2025.



Progress was highlighted in enhancing accountability and transparency. There was a request to clarify critical assumptions underlying the plan. A suggestion was made to develop a comprehensive summary report at the conclusion of the plan, detailing achievements, identifying gaps, and providing budget explanations.

### **13.0 Committee Slate 2024-2025**

C. O'Kelly, Governance Specialist, presented the Board with the proposed 2024-2025 committee slate as recommended by the Executive Committee.

#### **Motion 13.0**

It was moved by C. Warren and seconded by C. Baxter that:

The Board approves the 2024-2025 Committee Slate as amended with the following changes:

- Gary Rehan, Chair of Inquiries, Complaints and Reports Committee
- Frank Massey, Chair of Risk, Audit and Finance Committee
- Gary Rehan, Vice-Chair of Risk, Audit and Finance Committee

#### **CARRIED.**

##### Executive Committee

Nitin Madhvani, Chair  
Katie Schulz, Vice-Chair  
Carole Baxter  
Gary Rehan  
Theresa Stevens

##### Inquiries, Complaints and Reports Committee

Gary Rehan, Chair  
Greg Heikoop, Vice-Chair  
Carole Baxter  
Diana Hatzoglou  
Christine Morris-Bolton  
Tammy Morrisey  
Kristin Mosser  
Katie Schulz  
Theresa Stevens  
Christopher Warren

##### Discipline and Fitness to Practise Committees

James Wernham, Chair  
Angelo Karalekas, Vice-Chair  
Carole Baxter  
Frank DePalma



Sinéad Dufour  
Jesse Finn  
Nicole Graham  
Sue Grebe  
Mark Heller  
Theresa Kay  
Trisha Lawson  
Frank Massey  
Kate Moffett  
Daniel Negro  
Dennis Ng  
Richard O'Brien  
Kirsten Pavelich  
Gary Rehan  
Richa Rehan  
Katie Schulz  
Theresa Stevens  
Felix Umana  
Maureen Vanwart  
Christopher Warren

Quality Assurance Committee

Antoinette Megens, Chair  
Richard O'Brien, Vice-Chair  
Dennis Ng  
Halak Patel  
Maureen Vanwart

Registration Committee

Juliana De Castro, Chair  
Sinéad Dufour, Vice-Chair  
Jesse Finn  
Frank Massey  
Einat Mei-Dan  
Yee Mei Mavis Fung

Patient Relations Committee

Anna Grunin, Chair  
Kim Westfall-Conner, Vice-Chair  
Einat Mei-Dan

Risk, Audit, and Finance Committee

Frank Massey, Chair  
Gary Rehan, Vice-Chair  
Nitin Madhvani  
Kate Moffett  
Katie Schulz



Examinations Committee

Hari Gopalakrishnan Nair, Chair  
Alireza Mazaheri, Vice Chair  
Lea Damata  
Enoch Ho  
Sameera Merchant  
Greg Pope

The Board recessed at 4:07 p.m. to reconvene at 9:00 a.m. on Tuesday, June 25, 2024.

## **Tuesday, June 25, 2024**

K. Schulz, Vice-Chair, reconvened the meeting at 9:00 a.m. on June 25, 2024.

### **14.0 Annual Committee Reports 2023-2024**

A. Ashton, Deputy Registrar and Chief Operating Officer presented highlights from the 2023-2024 Annual Committee Reports.

*N. Madhvani joined the meeting at 9:32 a.m. and assumed the role of Chair.*

### **15.0 Approval and Review of Revised Standards for Consultation (3<sup>rd</sup> batch)**

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 third group of the national standards.

#### **Motion 15.0**

It was moved by M. Heller and seconded by C. Warren that:

The Board approves the following draft Standards for 60-day consultation:

- Infection Control
- Collaborative Care
- Conflict of Interest
- Dual Practice

**CARRIED.**

*F. Massey joined the meeting at 10:34 a.m.*



## 16.0 Final Approval and Review of Revised Standards (1st batch)

E. Ermakova presented an overview of the revised standards from the first group, based on the consultation, and summarized the feedback received.

Concerns were raised regarding the Communication standard, which requires physiotherapists to select a secure method of communication to maintain confidentiality. It was noted that no method is entirely secure and that strict adherence to the most secure method could, in some cases, act as a barrier to care. For instance, in emergency situations or in remote Indigenous communities where secure systems or platforms may not be available, physiotherapists should use the most secure method feasible in the context of the situation. A suggestion was made to address this concern in a companion document rather than modifying the standard itself.

The Board discussed the engagement level with the consultation and was reminded that the national group had previously circulated these standards, including an outreach to physiotherapists in Ontario.

### **Motion 16.0**

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

The Board approves the adoption of the following Standards, to be effective August 1, 2024:

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

And rescinds the following Standards, effective August 1, 2024:

- Providing or Refusing Care Standard

**CARRIED.**

*T. Stevens left the meeting at 10:50 a.m.*

## 17.0 Signing Officers Policy – Revisited

This item was returned for additional discussion. On the previous day, the Board reviewed proposed changes to Policy 4.2: Signing Officers, raising concerns about whether the policy should focus on global commitments rather than annual amounts. The Board reviewed the revised amendments, which now clarify that the policy covers global obligations instead of just annual amounts and includes adjustments for multi-year commitments.



### **Motion 17.0**

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

The Board approves amendments to Policy 4.2: Signing Officers and to the definition of Signing Officers in the College By-laws with the following amendment:

“Signing Officers may approve purchases or leasing of goods and acquisition of services (purchases) either for one time, single or multi-year commitments, in accordance with the following:”

**CARRIED.**

### **18.0 In-Camera Meetings Policy – Revisited**

This item was returned for additional discussion. On the previous day, the Board reviewed the proposed amendments to Policy 7.11 In-Camera Meetings. The Board was presented with the revised amendments to the In-Camera Meetings Policy, which addressed the feedback and incorporated the suggested changes.

### **Motion 18.0**

It was moved by M. Heller and seconded by M. Vanwart that:

The Board approves amendments to Policy 7.11 Board In-Camera Meetings with the following amendments:

“6. Approved staff drafted in-camera minutes will be securely stored in a confidential location on the College’s computer network. Access and/or retention of the minutes will be restricted to designated staff.

7. For meetings without staff, access and/or for retention to the minutes will be limited to the Chair and will be stored offsite with a designated law firm.

8. In-camera minutes will be made available to all Board Directors upon request. Access to them will be through the Chair or Vice-Chair, if the Vice-Chair is assuming the responsibilities of the Chair.”

**CARRIED.**

*T. Stevens returned to the meeting at 11:31 a.m.*



## **19.0 Code of Ethical Conduct**

E. Ermakova presented the revised Code of Ethical Conduct (“the Code”), which has been approved at the national level. The revised Code is now being brought back to the Board for approval, following the consultation period. The Board was asked to consider adopting this Code as Ontario’s Code of Ethics for physiotherapists.

### **Motion 19.0**

It was moved by D. Ng and seconded by R. O’Brien that:

The Board approves the adoption of the Code of Ethical Conduct and rescinds the College's previous Code of Ethics, effective August 1, 2024.

**CARRIED.**

## **20.0 Risk Registry**

The Board discussed the new Risk Registry presented by Z. Robinson, including its development timeline and identified risks.

## **21.0 Annual EDI Report**

C. Roxborough presented the College's first annual Equity, Diversity and Inclusion Report.

*T. Stevens left the meeting at 1:00 p.m.*

## **22.0 Conflict of Interest Primer**

M. Berger presented an overview of conflict-of-interest provisions and how to manage potential conflicts.

## **23.0 Ontario Clinical Exam Update**

The Board received an update on the Ontario Clinical Exam (OCE) from Amanda Sandhu, Examinations Manager at the College, and John Wickett, a psychometrician who conducted an independent review of the OCE to assess the health of the exam, review it against industry standards and determine possible areas of improvement.

*T. Stevens returned to the meeting at 2:04 p.m.*



## **24.0 Motion to go in camera pursuant to section 7.2(b) of the Health Professions Procedural Code**

### **Motion 24.0**

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

The Board moves in-camera pursuant to section 7.2(b) of the Health Professions Procedural Code.

**CARRIED.**

The Board entered an in-camera session at 2:22 p.m. and returned to the open session at 3:05 p.m. to close the meeting.

## **25.0 Adjournment of Meeting**

G. Rehan motioned that the meeting be adjourned. The meeting adjourned at 3:06 p.m.

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Nitin Madhvani, Chair





## Executive Committee Report

### Reporting Period: April – June 2024 (Q1)

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

- May 31, 2024

### Regular Executive Committee Meetings

<b>Date:</b>	May 31, 2024
<b>Meeting purpose:</b>	Regularly scheduled meeting to preview items that will go forward to the Board at upcoming meeting.
<b>Chaired by:</b>	Nitin Madhvani
<b>Summary of discussions and decisions:</b>	
<i>Feedback on materials to the Board:</i>	
<ul style="list-style-type: none"> <li>• Revised Standards – Third Group: The Committee provided feedback to staff on materials regarding the third group of revised standards before they are presented to the Board for approval for consultation.</li> <li>• Revised Standards – First Group: The Committee provided feedback to staff on materials regarding the first group of revised standards following the consultation and the feedback received before they are presented to the Board for final approval.</li> <li>• By-law and Governance Updates: The Committee provided feedback to staff on materials on proposed updates to clarify the College’s By-law provision regarding public member attendance at committee meetings, as well as addressing some gaps in the Signing Officers policy and aligning the Specialty Designation Policy with the proposed new Titles, Credentials, and Specialty Designations Standard before they are presented to the Board for consideration.</li> <li>• In Camera Meetings: The Committee provided feedback to staff on materials to amend the In Camera Meetings policy before it is presented to the Board for consideration.</li> <li>• Code of Ethical Conduct: The Committee provided feedback to staff on materials regarding the Code of Ethical Conduct following the consultation and the feedback received before they are presented to the Board for final approval.</li> </ul>	



- **Board and Committee Term Limits:** The Committee reviewed a proposal on updates to the College's Board and Committee Member term limits. The Committee deemed it premature to review the term limits at this time but will continue to keep it under consideration. The Committee recognized that this item may be better addressed through the establishment of competency-based elections.

*Recommendations to the Board:*

- **Committee slate amendment:** The Executive Committee reviewed the proposed slate for each committee and made a recommendation for the Board to consider the slate.

*Decisions made within Executive Committee's authority:*

- **Conference Attendance:** Following a call for interest, the Executive Committee approved the attendance of Ms. Katie Schulz at the October 2024 Canadian Network of Associations of Regulators (CNAR) Conference.

*Other:*

- **Chairs's Report** – received for information
- **Registrar's Report** – received for information

**Executive Committee Acting on behalf of the Board:**

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



## BOARD BRIEFING NOTE

For Information

<b>Topic:</b>	Chair's Report
<b>Public Interest Rationale:</b>	The Chair provides leadership to the Board and works collaborative with the Registrar to ensure the Board fulfills its mandate and strategic goals.
<b>Strategic Alignment:</b>	<i>Performance &amp; Accountability:</i> Reflects and reports on the activities undertaken by the Chair and fosters transparency.
<b>Submitted By:</b>	Nitin Madhvani, Board Chair
<b>Attachments:</b>	N/A

### Governance

- In response to Board feedback, changes are being explored with respect to the College's election process. Following a discussion about the potential implementation of a Screening Committee to support elections at the Executive Committee, it was determined that further direction and guidance from the Board is needed to consider changes outside of strengthening the election eligibility criteria. As such, the Board will have an opportunity to engage in a generative discussion to shape any additional governance changes.
- Following the September Board Meeting, Directors will be asked to complete the Annual Board Operations Evaluation as part of the post-Board meeting survey. The evaluation will be substantially the same as the last one conducted in June 2022. The evaluation was not conducted last year due to the Governance Practices Review. A recommendation from the governance practices review was to consider the development of a new evaluation process over time. To support potential changes, the evaluation will include questions seeking Directors' feedback on how to enhance the evaluation, helping staff refine it for future use.
- The annual Registrar's performance review process has been initiated.
  - As part of the process, feedback will be gathered from all Directors, senior staff and relevant external contacts identified by the Chair and the Registrar (i.e., a '360 review' process).
  - A draft report will be provided to the Registrar for comment, before being presented to the Executive Committee in November. It is the role of the Executive Committee to make a recommendation regarding the draft report to the Board.
  - The Board will consider the draft report in camera, make any necessary changes and then approve the final performance review. The process concludes with the Chair formally sharing the Board's performance review to the Registrar.
- Committee Chairs and Vice-Chairs have been invited to attend a training session in mid-October, hosted by Facilitation First and building on the foundation we established last year.



- Regular quarterly check-ins between the Board Chair and Committee Chairs are being established going forward to support better information flow and oversight.
  - Feedback on efforts to shift committee composition to allow for more non-Board members was received, resulting in a shift to provide more oversight and approval from the Board on committee member selection and approval. Given the recommended action from the Governance Practices review, the Board will need to contemplate how to better operationalize this shift in governance practice and provide clear direction to staff.
  - Quarterly check-in meetings will support Board oversight through the Chair and create formal communication pathways to identify and address any governance issues that arise over the course of the year.

### **Partner Engagement**

- The Chair and Registrar met with OPA President (Courtney Bean) and CEO (Sarah Hutchison) to discuss key sector priorities and re-establish regular communication amongst leadership of our two organizations.
  - Staff will be coordinating regular meetings with purposeful agendas going forward to continue this momentum and support information exchange around key issues.
- In response to Board feedback, HIROC has been engaged to participate in the Board education session at the September meeting to provide more information about Director's liability insurance.
- The Chair and Vice-Chair will be attending the annual Canadian Network of Agencies of Regulation (CNAR) conference in October.

### **Board Feedback from the June 2024 Board Meeting**

- Directors were asked to complete a post-Board evaluation survey that assessed the effectiveness of the meeting and materials, education sessions and overall satisfaction with the meeting. There was an 100% (15/15) completion rate.
- The College received some valuable feedback and suggestions for improvements, such as streamlining presentations and focusing more on discussions. Additionally, a desire to provide more space for generative discussions and direction from the Board was identified. This has been reflected in the meeting agenda for the September Board meeting.
- Both the President's and Registrar's Reports were very well-received.



- The education sessions with our system partners (OPA and CAPR) were well received. New Board members expressed their appreciation for the OCE presentation, finding it informative.
- Suggestions for future education sessions included: emerging tech affecting healthcare, presentation from other health regulators, a refresh on recommendations from the Governance Practice review and a deeper dive into the demarcation between strategy and oversight versus operations.

### **Looking Ahead to the Next Quarter: Annual Board Activities**

- September Activity:
  - Approve the 2023-2024 Audited Financial Statements.
  - Complete Annual Board Evaluation
- December Activity:
  - Evaluate and (re)appoint auditor



**BOARD BRIEFING NOTE**

For Information

<b>Topic:</b>	Registrar’s Report
<b>Public Interest Rationale:</b>	Regular reports to the Board on College activities and performance support the Committee’s oversight role to ensure the College is fulfilling its public interest mandate.
<b>Strategic Alignment:</b>	<i>Performance &amp; Accountability:</i> Implementing strong governance structures and information sharing to enable informed decision-making.
<b>Submitted By:</b>	Craig Roxborough, Registrar & CEO
<b>Attachments:</b>	Appendix A: Q1 2024-2025 Dashboard

**Issue**

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- The Board is provided with an update regarding key activities, regulatory trends, organizational risks, and/or environmental developments.

**Decision Sought**

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- None, this item is for information.

**Current Status**

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- What follows is a non-exhaustive list of relevant activities, regulatory trends, organizational risks, and/or environmental developments to support the Board 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)*

- The OCE continues to be a flexible tool that allows the College to respond to changing candidate demands.
- Earlier modeling suggested that the June sitting of the exam may require 2 days, but registration fell short resulting in a 1.5 day sitting. However, October registration is now full (280 seats), and we are anticipating that the January and March sittings will be filled as well.
- Work is underway to explore recommendations from the external review to see what changes may be possible.



### *Release of New Standards*

- Four new Standards and the Code of Ethical Conduct came into effect August 1<sup>st</sup>.
  - To support awareness within the profession, targeted communications were sent out in advance of the effective date and additional social media efforts were undertaken to amplify the message.
- At the time of writing this report, thousands of physiotherapists have viewed the new standards and code:
  - Assessment, Treatment, and Diagnosis Standard (>3,800)
  - Communication Standard (>2,700)
  - Duty of Care Standard (>2,300)
  - Risk Management and Safety Standard (>1,700)
  - Code of Ethical Conduct (>2,400)
- With each subsequent promotion of the standards through Perspectives or other modes of communication, we can see increases in the number of views.
- Additional highlights regarding these standards are being included in our Perspectives newsletter and on social media, and a webinar is being planned for the fall.

### *Exam Exemption Policy – Return to Practice*

- Physiotherapists sometimes resign temporarily (e.g., parental or personal leave) and return to practice later.
- Registration Committee recently considered applications from physiotherapists returning to practice after a leave and who were initially granted a license through the exam exemption policy implemented during the pandemic.
- As these individuals do not meet the standard requirements for licensure, the Registration Committee has determined that since these physiotherapists were initially exempted from the exam requirement, that they should similarly be exempted from the exam requirement when they return after a leave, as long as they meet certain criteria, and have developed a policy to this effect.

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

### *Standards Consultation Newsletter*

- In response to feedback from the Board, to help increase awareness of the College's consultation processes relating to standards, a new dedicated newsletter has been developed.



- The inaugural distribution occurred following the June Board meeting to promote the active consultations on the third batch of standards.
- While it is difficult to measure the impact of this change, it is worth noting that the third group of standards out for consultation received 127 feedback submissions, compared to 22 submissions for Group 2 and 13 for Group 1.

#### *Reducing Barriers in Regulatory Processes*

- Recognizing that regulatory processes can feel burdensome and bureaucratic, the College is continually identifying ways to better support those engaged in these processes. Recent examples include:
  - Updating the complaint submission form and notification letter to registrants to be more plain language and to reflect the commitment to compassionate regulation.
  - New resources are in development to support patients who have been sexually abused. The resources aim to make this difficult topic accessible, easier to understand, supportive and patient-focused. We are considering how this new content could be added as we build the new website.

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

- CAPR continues to make progress on transitioning from an alliance of regulators to an independent service provider offering credentialing and examination services for the physiotherapy context in Canada.
- With respect to credentialing, a number of changes have been made to improve the process and a number of changes are on the horizon.
  - The credentialing process is now entirely online and supports electronic documentation uploads with progress updates, leading to reductions of up to 10 weeks in the process.
  - With financial support from the British Columbia Ministry of Health, CAPR is conducting an evidence-based approach to identifying countries that are very comparable to Canada from a training, education, etc. perspective to create a fast-track route to credentialing for individuals from these countries.
  - If successful, the new credentialing process will reduce timelines from 16 to 2 weeks for fast tracked applicants and enable better resource allocation to other candidates thereby reducing their wait times.
- With respect to the development of a new consolidated exam, there are a number of updates and opportunity for engagement in the short term.





- Building on the Essential Competency Profile, CAPR has evaluated the milestones that were previously tested in the written and practice exam, along with the OCE to identify the essential milestones that will be tested as part of the new exam.
- A validation survey has been shared with all physiotherapists in the country for feedback and each regulator will have an opportunity to provide input as well.
- CAPR will begin seeking confirmation from Colleges as to whether they intend to adopt the exam or not later in 2024.
- Discussions with key government partners have occurred to support understanding of the upcoming changes and to identify any concerns or feedback in advance of implementation.

#### *Government Relations*

- The Ministry of Health has begun asking regulators to submit registration related data on a quarterly basis. This information will help support analyses of efficiency within the registration space and inform health human resource strategies.
  - This College's processes regarding registration are very efficient with daily review of applications to ensure timely processing and minimize delays. This is reflected in the data provided to the Ministry.

#### *Connecting with Future PTs*

- We continue to have ongoing outreach at the Ontario physiotherapy programs to help build an early connection with future PTs and increase their awareness about regulatory topics:
  - The Practice Advice team delivered workshops on Business Practices and Boundaries to students at McMaster and the University of Toronto in June and July.
  - The Practice Advice team participated in a full-day event with PT graduates at Queen's in July and talked to them about transition to practice.
  - The Registrar welcomed new PT students at the University of Toronto in early September, first attending their induction ceremony, and then participated in a joint presentation between the College, Canadian Physiotherapy Association, and Ontario Physiotherapy Association to talk about their respective roles in the profession.



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

*Supporting College Coaches*

- Given the important role that compliance monitoring coaches play within the organization, work was undertaken to support coaches through training on to report writing.

*Human Resources*

- A staff engagement survey was conducted in the fall of 2023 with key results being reported to the Board.
- A Spring 2024 'pulse' survey was conducted to act as a check-in on progress that has been made in response to improvement commitments that were made following the initial cycle.
- Overall, scores on each metric have remained stable or improved. Additional analysis is underway to explore the results with an intention to continue providing high level reports to the Board.

**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.

*CIHI Data Collection*

- The Canadian Institute for Health Information (CIHI) is updating the data requests they have of regulators. More specifically, seeking new categories of information or additional detail with respect to existing categories.
  - Notably, many of the changes can be accommodated within the current by-law structure of the College. That is, where there are no changes in the types of information collected but just the amount of information collected, no by-law change is needed. As an example, CIHI is seeking increased granularity regarding how providers split their time across multiple practice sites.
  - Where additional information (primarily demographic information) is being sought, no changes are being proposed to the by-laws at this time. Rather, the College will continue collecting existing information on a voluntary basis only.

*Registration Committee Decision-Supports*

- Staff recently created a worksheet that aides Registration Committee members in effectively preparing for meetings.



- The worksheet helps Committee members make notes on points they wish to raise during deliberations as they are reviewing individual case files. To date, positive feedback has been received from Committee members on this new tool.

#### *Lean Thinking and Continuous Improvement*

- The management team was engaged in a “Lean White Belt” training session to increase our internal capacity to analyze and make improvements to processes, and to foster a continuous process improvement mindset within the organization.

#### *Standards Archive*

- The Policy team recently compiled a complete archive of all past Standards of Practice and supporting documents, which used to be housed in different parts of the College’s filing system.
- This new archive helps other teams easily determine which expectations were in place at any given time, which will support investigations and disciplining proceedings.

#### *Dashboard Refresh*

- The Board was provided with a proposed update to the College Dashboard in [June 2024](#) (see pages 56-67). Responding to the direction of the Executive Committee and Board regarding the right types of information to share, work was undertaken internally to explore historical trends regarding performance to set benchmarks and some stretch goals for key areas of the College.
- The Q1 Dashboard is presented as Appendix A and will be reflected in a presentation to the Board during the meeting. Key highlights from Q1 include:
  - *OCE*: we have seen the average wait time for first-time test takers steadily reduce over the past four administrations as we finish putting through candidates who experienced covid-related delays.
  - *Registration*: High performance in meeting statutory timelines has been consistently maintained, and internal strategies to manage surges in volume during certain times of year have been developed.
  - *Quality Assurance*: Both volume and timeline targets related to screening interviews and assessments continue to be met.
  - *Practice Advice*: The team has maintained a high level of responsiveness, with the vast majority of inquiries resolved in 2 business days, where a majority of inquiries (93% in Q1) were responded to on the same day.
  - *Professional Conduct*: Steady improvements in complaint disposition timelines have been made over the last year, with trends moving towards 70% of cases being disposed of within 240 days. Significant work continues to be planned for the year ahead to improve timelines further.
  - *Staff Turnover*: This information is now presented as an annualized rate to be consistent with industry best practice. The College has experienced higher than usual turnover in



recent quarters, often due to individuals seeking new or more competitive opportunities. Vacancies are being filled in a timely manner.

- *Employee Net Promoter Score (EPNS)*<sup>1</sup>: Notwithstanding the rate of turnover, staff attitudes towards the College remain positive. The Board will be provided with an update on results from the most recent pulse survey conducted after the close of Q1.

#### *Continued focus on cybersecurity*

- We are continually implementing improvements to our systems to bolster cybersecurity. Over the summer, we worked with our vendor to upgrade password security for the third-party software used by our QA assessors.

**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.

#### *Supporting IEPTs*

- The research phase of our work to identify areas where IEPTs may need additional support is now complete.
  - Some identified areas include Ontario billing practices and different funding streams; patient-centred approach; consent; Canadian practice norms (e.g. exercise as a modality); privacy; and conflict resolution. We currently have many resources that help address some of these areas, while others could benefit from enhanced information and resources.

#### *EDI Strategy*

- Work is underway to implement our internal EDI strategy to help all areas of the College incorporate an EDI lens to their work.
  - In August, we socialized all staff to the new EDI strategy to support awareness and understanding of the strategy
  - In the fall, teams will conduct department-level EDI self-assessments and action planning, which will be incorporated into the College's annual operational and budget planning process
  - The intent is to conduct the self-assessment and action planning activities annually to sustain progress over time

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<sup>1</sup> Employee NPS (eNPS) is a way for organizations to measure employee loyalty. It measures the likelihood of whether an employee would be willing to recommend your organization as a place to work. It is calculated based on responses to the standard recommendation engagement question (I would recommend the College as a great place to work).



*Ensuring representation*

- The QA team recently reviewed data about our registrants and created a new profile that they will use to recruit assessors to ensure our assessors are representative of the diversity of background and clinical practice among our registrants.

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

*Governance Practice Review Progress*

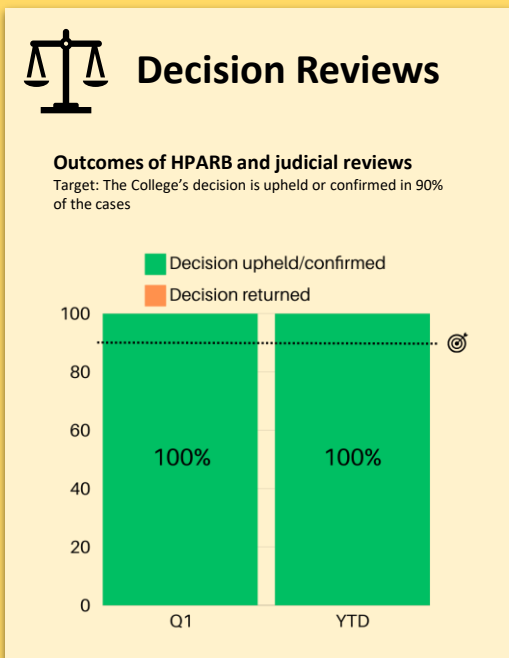
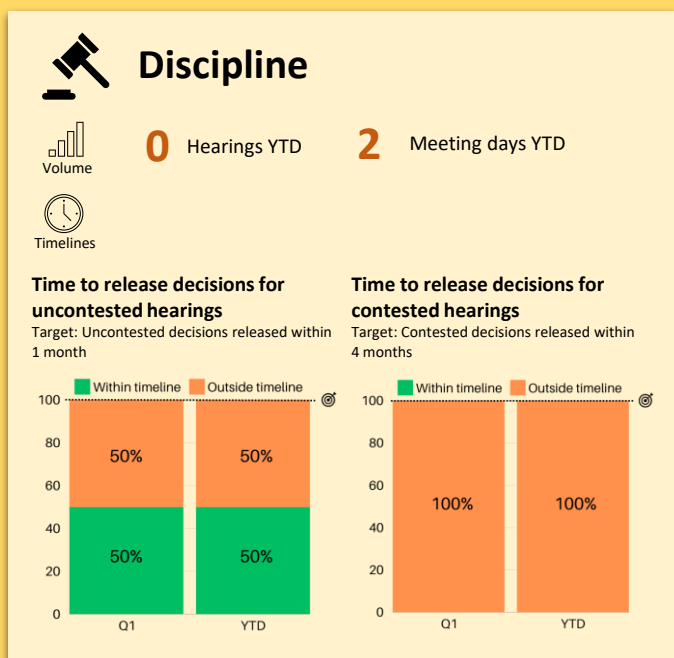
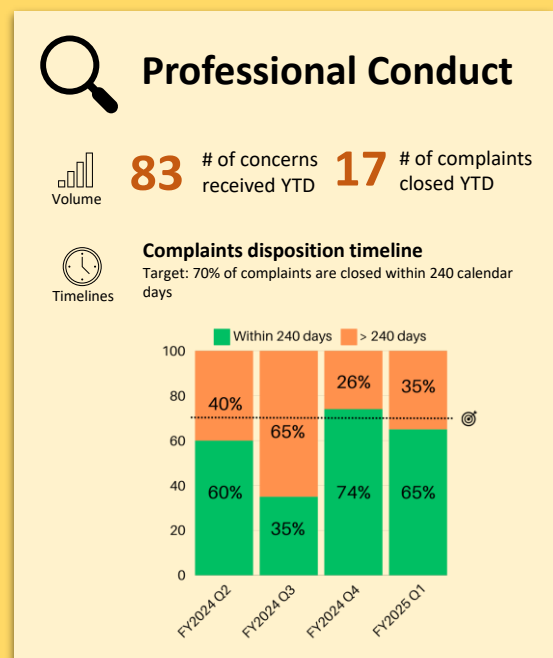
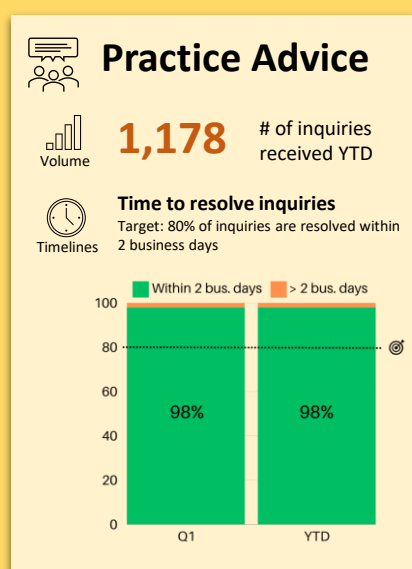
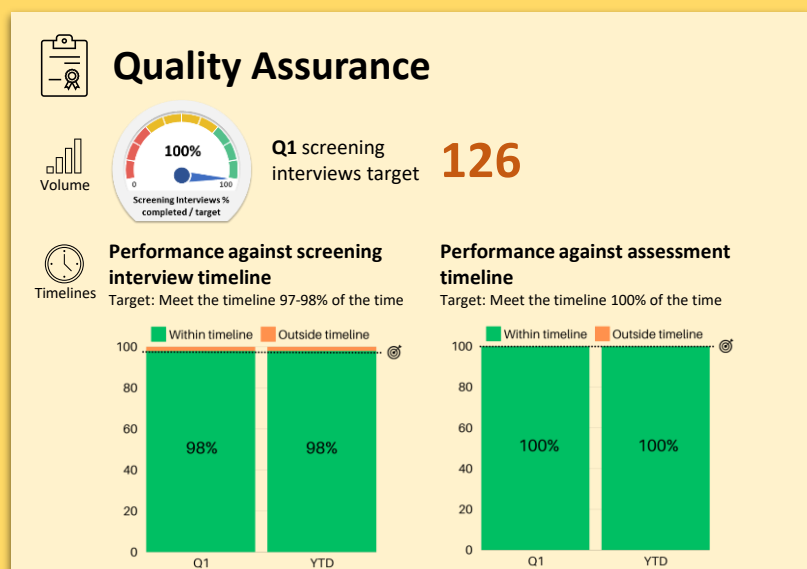
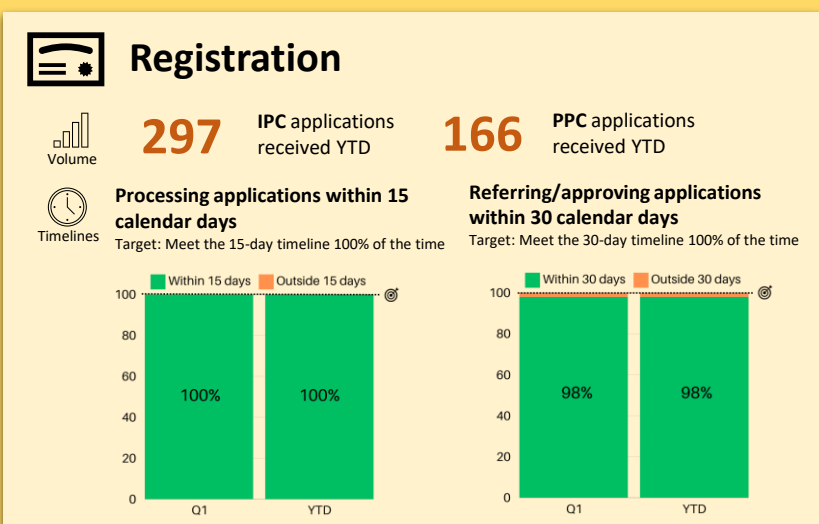
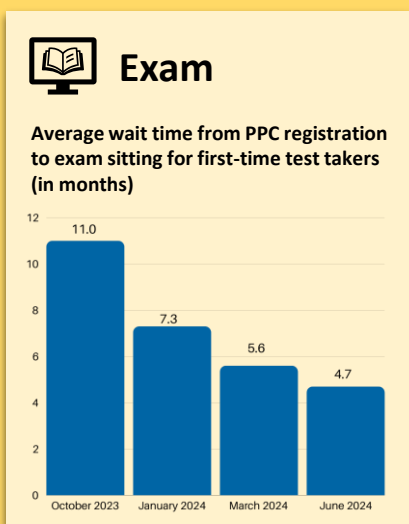
- The Governance Practice Review that concluded in December 2023 included 23 recommendations for changes that could be made to enhance or strengthen the governance structures of the College. The Board is provided with more information about this review as part of a separate briefing note in these materials and will be engaged in a generative discussion around key issues during the meeting.

**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.*

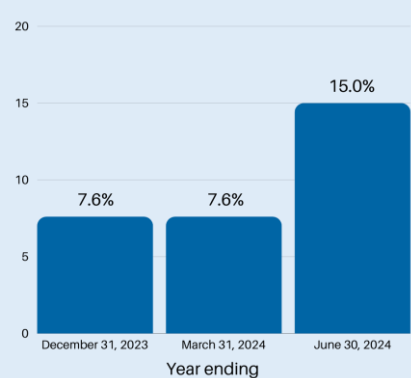
<b>Date of Meeting</b>	<b>Action item description</b>	<b>Required by date</b>	<b>Current Status</b>
March 25-26, 2024	Circulate the 2 <sup>nd</sup> group of revised standards for consultation.	March 2024	Completed
June 24-25, 2024	Examine the election process, including the By-laws, and the election campaign policy. Consult with independent legal counsel to assist with this review and provide recommendations for improvements.	September 2024	Completed
June 24-25, 2024	Provide the Board with an update on work completed to date in the College's strategic plan.	September 2024	Completed (item is included in the September 2024 meeting)
June 24-25, 2024	Circulate the 3 <sup>rd</sup> group of revised standards for consultation.	June 2024	Completed
June 24-25, 2024	Share information with the Board about what liability insurance coverage is available for Directors	September 2024	Completed (presentation scheduled for the September 2024 meeting)

## Statutory Programs



## People & Culture

Staff turnover (rolling annualized rate)



Employee net promoter score

Target: A score of above 0



## BOARD BRIEFING NOTE

For Information

<b>Topic:</b>	Enterprise Risk Management – Risk Registry Update
<b>Public Interest Rationale:</b>	Managing enterprise risk ensures the College can anticipate opportunities and barriers that may impact the ability of the College to fulfill its public interest mandate.
<b>Strategic Alignment:</b>	<i>Performance and Accountability:</i> Managing enterprise risk is an important task that enables the College to identify potential risk (i.e., barriers) that might impede the College’s ability to fulfill its regulatory responsibilities and its strategic priorities. Risk may be barriers that negatively impact the College or opportunities that positively impact the College.
<b>Submitted By:</b>	Craig Roxborough, Registrar & CEO Mary Catalfo, Director of Finance
<b>Attachments:</b>	Appendix A – Risk Registry Summary Appendix B – Risk Registry Master

### Issue

- A quarterly update to College’s risk registry has been developed and is presented for review by the Board.

### Decision Sought

- None.
- The Board is asked to provide feedback on the updated risk registry and the report provided.

### Background

- The Board approved the College’s Enterprise Risk Management Policy (ERM Policy) in September 2023.
- Following the Board’s approval of the ERM Policy, the Risk, Audit, and Finance Committee (RAFC) oversaw the development of a risk registry. The registry was presented to the Board in [June 2024](#) (see pages 213-255).
- The RAFC has a responsibility to monitor the College’s enterprise risk management program on behalf of the Board. The RAFC received and discussed updates to the risk registry at their August 2024 meeting.
  - The College’s staff provides the RAFC with updated information in the risk registry each quarter. This information included: (1) changes to risk events; (2) addition or deletion of a risk event; (3)





change in risk assessment; (4) change or update mitigation activities; (5) updates on activities taken since the last reporting period.

## **Current Status and Analysis**

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### *Ongoing Risk Monitoring*

- The College's risk registry was evaluated to determine whether there have been any changes in the likelihood, impact, or capacity to manage each risk.
  - No changes in the final risk ratings were identified (see Appendix A) by staff or the RAFC.
- The risk registry itself has been updated to reflect new mitigation activities or actions taken since the registry was approved to address areas of risk (see Appendix B). Minor revisions have been made since the RAFC reviewed these changes in August 2024. Key highlights include:
  - Risk Event #1 - Cybersecurity: A new mitigation activity has been identified, involving a review of the use of personal email vs. corporate email accounts by independent contractors engaged in work on behalf of the College.
  - Risk Event #2 – Winding Down OCE: The College is actively engaged in the development of the Canadian Alliance of Physiotherapy Regulators (CAPR) new consolidated exam and the Registration Committee and Board are being engaged as part of an analysis of the College's registration regulation.
  - Risk Event #6 – Knowledge Level of Committee Chairs: Training for Chairs and Vice-Chairs has been scheduled for October 2024.
  - Risk Event #9 – Unexpected Staff Turnover: Critical roles within the organization are being identified and planning is underway to support business continuity plans should those roles unexpectedly become vacant.
  - Risk Event #13 – Moving the College's Office Space: A workback plan has been developed to support the exploration of an office relocation in 2027 and real estate representation has been secured to support the College in this activity.

### *Building Internal Processes and Capacity for Monitoring and Managing Risk*

- Work is now underway to implement an organizational process for monitoring risk and risk events internally and as part of daily operations. This includes:
  - Developing internal supports for escalation from front-line staff through the leadership team, with sensitivity to urgency as risk events occur or risk profiles shift.
- Internal process maps and/or policies will be developed, along with internal education to support the organization wide adoption of a 'risk mindset'.





### *Feedback from the RAFC*

- The RAFC directed staff to prepare a System Partners' Map for review and discussion to support a broader understanding of inter-organizational risks and the need for communication across organizations in the event of a risk event.
  - The System Partner's Map will make it possible to identify priority interactions with different system partners. Interaction may include prioritizing communications, managing relationships, and understanding their perception of the CPO.
  - The System Partner's Map will provide the foundation to establish various crisis management scenarios that may be developed after the System Partner's Map is completed.

### **Next Steps**

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- As reporting on and monitoring risk is a new activity for the Board, a standalone presentation was included in this meeting materials. Going forward, the intention is to fold the update into the Registrar's Report where key changes are highlighted and the registry is provided as an appendix to the briefing materials.

### **Questions for the Board**









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- Does the update to the risk registry capture risk events that will have a significant impact on the College's ability to execute its strategic plan and fulfill its regulatory obligations?
- Based on your knowledge of the College's activities and strategic plan, do the final risk ratings resonate with you? Do you believe any of the risk ratings should be adjusted?
- Is there additional information needed to support your oversight of risk within the organization?

# Summary – Risk Registry

## Legend – Final Risk Rating

 Very High  
  Medium  
  Low  
 High  
  Very Low

RISK NUMBER*	Risk Event – General Description*	Final Risk Rating	
		Sept 2024	June 2024
R1	Cybersecurity		
R2	Winding down the Ontario Clinical Exam (OCE)		
R3	Appeals of HPARB Decisions		
R4	Structural and long-term financial deficits		

\*Risk Number & detail description of risk event, please refer to Master Risk Registry

# Summary – Risk Registry

RISK NUMBER*	Risk Event – General Description*	Final Risk Rating	
		Sept 2024	June 2024
R5	Impact on Public Interest from real or perceived conflicts of interest	M	M
R6	Knowledge level of Committee Chairs	VL	VL
R7	Changes to the RHPA or Physiotherapy Act	H	H
R8	Lack of diversity on the Board of Directors and committees.	M	M
R9	Unexpected turnover of staff and the impact on loss of institutional knowledge.	L	L
R10	The College’s operating reserve dropping too low.	L	L

\*Risk Number & detail description of risk event, please refer to Master Risk Registry

# Summary – Risk Registry

RISK NUMBER*	Risk Event Description*	Final Risk Rating	
		Sept 2024	June 2024
R11	College is unable to recruit, retain, and hire talent with the required skills	M	M
R12	Lack of availability of Public Members for appointment to the Board of Directors	M	M
R13	Moving the College’s office	VL	VL

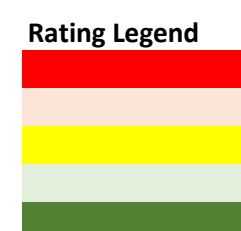
\*Risk Number & detail description of risk event, please refer to Master Risk Registry

College of Physiotherapists  
 Risk Registry (Draft)  
 Date Created:  
 Date Updated:

26-Jan-24  
 12-Sept-24

Likelihood and Impact ratings are derived from the average ratings provided by the CPO

Very High  
 High  
 Medium  
 Low  
 Very Low



Capacity Reference  
 Capacity = Very Low = 5 (↑) = Increase by 1 level risk rating  
 Capacity = Low = 4 (↑) = Increase by 1 level risk rating  
 Capacity = Medium = 3 (↔) = maintain level risk rating  
 Capacity = High = 2 (↓) = Decrease by 1 level risk rating  
 Capacity = Very High = 1 (↓) = Decrease by 1 level risk rating

#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: September 2024
1	Regulation and Compliance, Reputational	The College's cyber systems are accessed by external threat actors caused by phishing attempts, malware, and other methods of breaking through the College's cyber security measures. This results in access to confidential information potentially leading to:  a. Registrant and Employee identity theft. b. Access to vendor information and confidential contracts. c. Employees locked out of the College's IT systems. d. College paying a ransom to regain access to IT systems.	Senior Director, Organizational Effectiveness	3.4	4	3.4 x 4	3 (↔)	High	- The College is completing an external cyber security audit in Fiscal Year 2025 that will result in recommendations to be implemented to continuously improve the security of our information systems. - KnowB4 training for all staff to learn how to prevent phishing attacks. - College is developing the internal knowledge and skills to internally manage attacks to its computer systems and network. - The College is reviewing the use of personal vs. corporate email accounts when independent contractors conduct work for the College.	External Cybersecurity Audit is complete. Findings: - MS Office 365 accounts are well protected & confirm robustness of security measures in place; - Implement MFA 2-factor verification for SharePoint; - Implement Password Manager for entire College in fall 2024; - Changing default passwords on printers and placing onto a separate network; - Investigate use of complex password rules for all accounts; - Update guest internet; - Creating and updating cyber-security and IT policies - Cybersecurity reviews (mini) are now part of annual workplan.
2	Regulation and Compliance	The College must manage the transition from its Ontario Clinical Exam (OCE) to a national exam administered by the Canadian Alliance of Physiotherapy Regulators (CAPR), caused by CAPR's decision to implement a one-step exam that replaces both the written and clinical Professional Competency Exams (PCE), prior to the College being able to change regulations, which currently require separate written and clinical exams to be licensed as a physiotherapist in Ontario. This results in confusion among Registrants on the requirements to become licensed in Ontario.	Deputy Registrar	3.6	3.4	3.6 x 3.4	4 (↑)	high	- Registrar/CEO connects with government - Scoping exercise undertaken to analyze regulatory changes needs. - Engage Board of Directors in key decision points.	Exam Development - Registrar is member of the Exam Program Advisory Committee at CAPR - Deputy Registrar is Board Member at CAPR - Regular updates from CAPR are now being received with Jan 2026 being the timeline - CAPR blueprint is being developed with external consultation underway  Regulation Development - Registration Committee is being engaged to support regulation development process. - Board is being engaged in a generative discussion in September to support regulation development
3	Reputational, Financial, Regulation	The College's appeals of discipline decisions at HPARB or the Ontario Division Court are unsuccessful which is caused by inadequate investigations or procedural fairness and results in the loss of confidence by the Registrants and the public to regulate the profession.	Deputy Registrar	2.8	2.8	2.8 x 2.8	2 (↓)	Very Low	- Track and monitor appeals and outcomes; - Undertake analysis of returns to identify process and decision improvements needed; - Develop educational/decision-making/knowledge translation tools to support committee decision-making; - Develop SOPs to ensure consistency in regulatory activities.	No Change
4	Finance, Operational	Structural and long-term annual deficits impairs the ability of the College operates its Core Statutory work is caused by registration fees not increasing to meet the financial requirements resulting in the College being unable to meet its regulatory requirements.	Director, Finance	2.8	3.6	2.8 x 3.6	1 (↓)	Low	- Financial results are monitored quarterly and reported to the RAFC and Board of Directors. - Financial planning includes the presentation of financial forecasts to the end of the fiscal year in the quarterly financial reports. - A financial analysis is completed segregating the Ontario Clinical Exam and the College's Core Business (e.g., regulatory and strategic work) in order to monitor the surplus or deficits related to the College's Core Business.	No Change
5	Governance	The Board of Directors makes decisions that are perceived to be in the profession's interest instead of the public interest is caused by any real or perceived conflicts of interest that are not managed and result in loss of confidence and credibility with the public, the government, and other partners.	Board of Directors Chair	2.6	3.6	2.6 x 3.6	3 (↔)	Medium	- Conflicts of interest are solicited at the beginning of each meeting of Board of Directors and proactively assessed by staff in advance of meetings; - Conflicts of interest are declared and individuals are excluded from those discussions; - Briefing notes include a description of how the item serves the public interest; - Every meeting includes a reminder of the public interest as our driver.	No Change
6	Governance	Board of Directors members are elected as the Board Chair or appointed as a Committee Chair without sufficient experience with the Board or the Committee, lack of context of the issues managed by the Board or the Committee, or a lack of knowledge caused by a lack of training resulting in disruptions to the Board of Directors or committee's work.	Director, Policy & Governance, General Counsel	2.6	2.6	2.6 x 2.6	2 (↓)	Very low	Annual Chair & Vice-Chair training - Specific training budget for Chair - Implemented Committee Vice-Chair model to support succession planning	- Chair and Vice Chair training has been scheduled for October 2024. - Vice Chairs have been formally appointed to each committee and approved by the Board - Board Chair and Committee Chair check-ins have been initiated

Likelihood and Impact ratings are derived from the average ratings provided by the CPO

Very High  
High  
Medium  
Low  
Very Low



Capacity Reference  
Capacity = Very Low = 5 (↑) = Increase by 1 level risk rating  
Capacity = Low = 4 (↑) = Increase by 1 level risk rating  
Capacity = Medium = 3 (↔) = maintain level risk rating  
Capacity = High = 2 (↓) = Decrease by 1 level risk rating  
Capacity = Very High = 1 (↓) = Decrease by 1 level risk rating

#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: September 2024
7	Regulation and Compliance, Governance, Strategic	Changes to the Regulated Health Professions Act (RHPA) or the Physiotherapy Act (PA) are made by the Government of Ontario without consulting the College may result in the College being unable to respond in a timely and effective manner that impact the College's ability to fulfill its regulatory and statutory obligations.	Registrar and CEO	1.6	4.2	1.6 x 4.2	3 (↔)	High	- Registrar is actively engaged with HPRO where bi-weekly information sharing is occurring including identification of opportunities/risks relating to government change; - External environment is regularly monitored for changes that may impact Ontario (e.g., BC amalgamation); - HPRO has engaged a GR consultant to support our collective needs; - System Partner engagement is leveraged to identify opportunities/risk and information sharing.	The College is actively engaged in conversations with the OPA to track potential developments relating to scope of practice to ensure the College is ready should the government act.
8	Governance	The lack of diversity in the composition of the Board of Directors and committees caused by the composition of the Board of Directors and committees not reflecting the changing demographics in Ontario could lead decisions that do not consider the impact of these decisions on equity-seeking groups such as Indigenous people, physiotherapists who are internationally educated, disabled, or LGBTQ2IA+.	Director, Policy & Governance, General Counsel	3	3	3 x 3	3 (↔)	Medium	- Implemented initial Competency Framework - Revised committee composition requirements to allow for more recruitment of Non-Board Committee members with specific background/skills/expertise - Potential implementation of Governance & Nominating Committee and competency-based elections	No Change
9	Operations	Staff members unexpectedly and quickly change which may result the loss of specialized skills, disruptions to operational oversight and management, additional work shifted to other employees leading to increased stress and potential burnout, and the loss of institutional knowledge when changes of leadership happen quickly.	Senior Director, Organizational Effectiveness	3	3.2	3 x 3.2	2 (↓)	Low	- College has created a succession plan and is working to cross train individuals to ensure critical roles can be backfilled if needed and develop more detailed standard operating procedures. - Establish strong relationships with vendors who could assist in the interim if we were to lose a critical role player	Senior Management Team reviewed the College's roles and identified several roles that are considered operationally critical.  The People and Culture team will develop action plans to address how mitigate for the specific roles identified. The mitigation activities will consider building continuity plans for unplanned absences or departures for each identified role.
10	Financial	The College's operating reserve (i.e., Unrestricted Net Assets) drops below the College's minimum level required for the operating reserve and results in the possibility of the College being unable to meet its short and long term financial obligations.	Director, Finance	2.4	3.8	2.4 x 3.8	1 (↓)	Low	- The operating reserve (i.e., Unrestricted Net Assets) is monitored each quarter and reported to the RAFC and Board of Directors. - Financial plans and budgets are developed with the intent of staying within the 3 months to 6 months of annual operating budgets as defined the College's policies.	No Change
11	Operational	The College is unable to recruit, retain, and hire talent with the required skills, knowledge, and experience which is caused by the College's compensation packages being below the market for RHPA colleges, results in the College's performance being negatively impacted.	Senior Director, Organizational Effectiveness	3	2.8	3 x 2.8	3 (↔)	Medium	- The College has recruited a number of roles recently and is participating in a number of compensation surveys to assess where our salaries fit related to other regulators and like organizations. - The College recently gave staff a Board approved 4% increase, which includes a cost-of-living increase.	Improvements to the recruitment of new employees includes:  - Reviewing health benefit programs to provide competitive benefits packages; - The college participated in 4 different compensation surveys and we are still waiting for results to be provided.
12	Governance	Lack of available Public Members up for appointments leads to the Board of Directors and committees being unconstituted, resulting in Board of Directors and the committees being unable to conduct business.	Director, Policy & Governance, General Counsel	2.2	4	2.2 x 4	1 (↓)	Medium	- Registrar/CEO is in constant contact with the Public Appointments office. - Public Appointments office has renewed appointments for 2 current Board of Directors members for an additional 3 years. - Expect the Public Appointments Office to reappoint 2 Board of Directors member who were appointed on a 1-year interim basis to a new 3-year term	- All Public Directors whose terms were up in 2024 have been officially reappointed, though for different term lengths - The recent changes to committee composition have resulted in Public Directors no longer being mandatory for the Quality Assurance Committee, the Patient Relations Committee and the Examinations Committee. - We currently have two non-Board Committee members, one who has served on the Examinations Committee since its inception and one who was recruited for the Patient Relations Committee this year.
13	Financial	The College will move office locations caused by the end or termination of a lease and results in a significant expenditure of cash to manage the move and reduces the College's operating reserve.	Senior Director, Organizational Effectiveness	2	2.6	2 x 2.6	1 (↓)	Very Low	- Costs to decommission the current office space will be investigated and factored into future financial planning and budgeting.	The College has created a workback plan and mapped out activities required between now and the end of the lease in 2027. Realtor representation has been secured to support this process.



Risk Heat Map

Likelihood

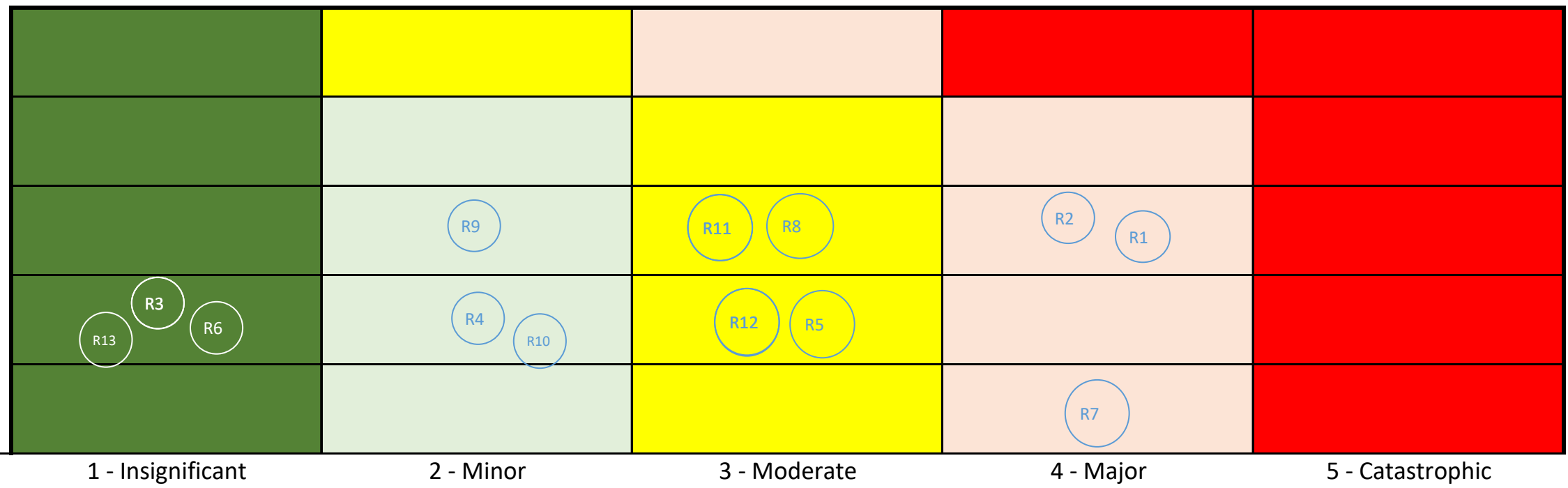
5 - Almost Certain  
(may occur < 1 year)

4 - Likely  
(may occur in 1-2 years)

3 - Possible  
(may occur in 2-3 years)

2 - Unlikely  
(may occur in > 4 years)

1 - Rare  
(once in exception circumstances)



Impact

Defintion	1 - Insignificant	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
	The impact can be easily managed internally and absorbed in the College's day-to-day operations.	The impact is a hardly noticable loss to operations, the College's governance and/or strategy, and a	The impact has a noticable loss to operations, governance and/or strategy in the short-term with	The impact is large on the College's operations, governance and/or strategy and the finances over a	The impact is significant and beyond the College's ability to manage, threatens the College's survival or

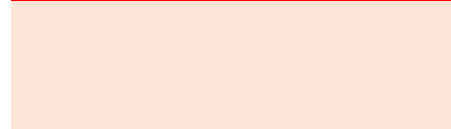
LEGEND

Very High



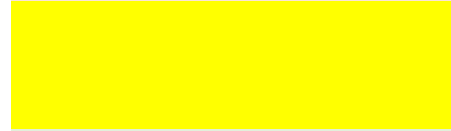
Raise to Council

High

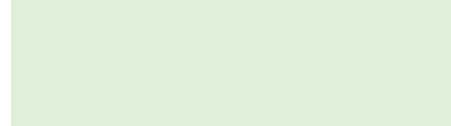


Raise to Council

Medium



Low



Very Low





COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 6.0**

**Board Meeting  
September 23 – 24, 2024**

**Agenda #6.0: Final Review of Revised Standards (2<sup>nd</sup> batch) for Approval**

It is moved by

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and seconded by

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that:

The Board approve the adoption of the following Standards, to be effective November 1, 2024:

- Evidence-Informed Practice
- Titles, Credentials, and Specialty Designations

And rescinds the following Standards, effective November 1, 2024:

- Restricted Titles, Credentials, and Specialty Designations Standard





**BOARD BRIEFING NOTE**  
For Decision

<b>Topic:</b>	Final Review of Revised Standards (2 <sup>nd</sup> batch) for Approval
<b>Public Interest Rationale:</b>	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.
<b>Strategic Alignment:</b>	<p><i>Risk &amp; Regulation:</i> A risk-based approach is applied to the development of Standards.</p> <p><i>Continuous Improvement:</i> Standards are current and relevant and establish the right level of professional expectations.</p> <p><i>EDI:</i> Equity, Diversity, and Inclusion principles are considered as part of the adaptation process.</p>
<b>Submitted By:</b>	Evguenia Ermakova, Policy Analyst
<b>Attachments:</b>	<p>Appendix A: Draft Standard – Evidence-Informed Practice</p> <p>Appendix B: Draft Standard – Titles, Credentials, and Specialty Designations</p> <p>Appendix C: Consultation Response Summary – Individual Respondents</p> <p>Appendix D: Consultation Response Letter – Ontario Physiotherapy Association</p> <p>Appendix E: Consultation Response Summary – Citizens Advisory Group</p>

**Issue**

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- The College is in the process of adapting sixteen national Core Standards for Ontario.
- Following consultation, the second batch of revised Standards (Evidence-Informed Practice and Titles, Credentials, and Specialty Designations) are now being considered by the Board for final approval.

**Decision Sought**

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- The Board is being asked to approve the second group of Standards for use in Ontario, effective November 1, 2024.

**Background**

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- The College is currently adopting 16 of the [National Standards](#) for use in Ontario with the aim to be as closely aligned as possible while making changes necessary to reflect the Ontario context.
  - For additional background information regarding the National Standards review project, please see the [December 2023 Board materials](#).



- In [March 2023](#), the CPO Board previewed the second group of draft Standards and approved their circulation for consultation with the College's registrants and partners.
  - The consultation was posted on the College website and shared with registrants and partners (including organizations and academics), spanning from March to May 2024.
  - A separate survey-based consultation was conducted with the Citizens Advisory Group, with a completion deadline of August 9<sup>th</sup>.
  - Feedback received through the consultation process will also help to inform the guidance documents that supplement each Standard.
- The following Standards are part of the second group:
  - **Evidence-Informed Practice (New Standard):** Physiotherapists integrate the best available evidence, their expertise, and patient needs and preferences to deliver evidence-informed physiotherapy services.
  - **Titles, Credentials, and Specialty Designations (Replaces current Titles Standard):** Physiotherapists use their protected title and other credentials in line with regulatory rules, ensuring transparency, accuracy, and meaningful representation while avoiding any misleading information.

## Key Considerations

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### *Summary of Consultation Responses*

- The College received 42 feedback responses in total:
  - 18 responses were from individual respondents submitted anonymously, all of whom identified as registered physiotherapists.
  - 2 responses were submitted on behalf of organizations: The Ontario Physiotherapy Association (OPA) and the Black Physiotherapy Association (BPTA).
  - 22 responses were submitted through consultation with the Citizens Advisory Group (CAG), a group of patients and caregivers who share their thoughts and experiences with health regulators.

### Individual (Registrant) Responses – Summary available in Appendix C.

- Both Standards are clear, reasonable, useful, and relevant in the practice setting.



- Overall appreciation for introducing a Standard around evidence, though some reservations around feasibility and implications on innovation.
- Suggestions for additional guidance included defining evidentiary thresholds, considering cross-cultural evidence, and adding examples of title use for PTs in different positions.
- These pieces will be addressed as part of the guidance documents (Guides) to the Standards.

Organization Response: Ontario Physiotherapy Association (OPA) – Full letter attached as Appendix D.

- Evidence-Informed Practice:
  - No major concerns, noted that this is an important addition to the Standards and to the PT profession, and that the Standard meaningfully includes the patient perspective.
  - Suggestions that were actioned as changes to the Standard:
    - Reorganized the Standard to group together performance expectations for emerging and complementary therapies.
    - Added a definition for “others” with whom physiotherapists should be communicating. This will also be used across all other relevant Standards.
  - Suggestion to examine how the Standard applies cross-culturally is considered for guidance, which includes elaborating on the provision around offering evidence-informed approaches before emerging treatments.
- Titles, Credentials, and Specialty Designations:
  - Some suggestions for revision, which were actioned as changes to the Standard:
    - Returned the provision around the legal use of the PT title from current Standard.
    - Clarified that using credentials from “accredited university programs” only applies to entry to practice programs so as not to limit the use of pre- and post-professional credentials.
  - Suggestion to clarify the relationship between the specialty certification bodies and the College will be considered for guidance.

Organization Response: Black Physiotherapy Association (BPTA)

- Evidence-Informed Practice:



- Concerns about high evidentiary threshold of the provision prohibiting the promotion of “scientific, peer-reviewed evidence”, particularly for different cultural contexts.
  - The term “peer-reviewed” was removed from the Standard.
  - Further elaboration on how this provision applies across different contexts will also be considered for guidance.
- Suggestions to consult with global Indigenous communities, which is an ongoing endeavor for the College in exploring the development of a future Standard around Indigenous cultural competency.
- Titles, Credentials, and Specialty Designations:
  - Suggested the need to return the provision around the legal use of the PT title. This change was made to the Standard.
  - Suggest the need to add French title equivalents directly in the Standard. This change was made, and it should also be noted that all Standards will be published in French ahead of their effective date.

Citizens Advisory Group (CAG) – Summary available in Appendix E.

- The College received 22 responses from the CAG. All respondents indicated that they have had direct experience with the physiotherapy profession, for example as a patient or caregiver.
- The CAG were generally supportive of the two draft Standards, indicating that they largely align with their values and expectations for physiotherapy care.
- No changes to the Standards are suggested as a result of the CAG feedback. The improvement areas that speak to providing more detail, examples, or elaboration will be included in the guidance document for the respective Standard.
- Evidence-Informed Practice:
  - Strengths: Clear, well-organized, aligns with patient expectations, and helps promote patient safety by ensuring that PTs employ quality evidence in their practice and through communications such as social media.
  - Suggestions for improvement: Encourage PTs to share the evidence behind treatment plans with patients and others, both conventional and emerging, to better support patient decision-making and informed consent.



- Titles, Credentials, and Specialty Designations:
  - Strengths: Clear, well-structured, and promotes trust by ensuring consistency in how PTs present their titles and credentials.
  - Suggestions for improvement: Patients do not usually understand certificate classes, specialty designations, and post-professional credentials, suggest ensuring that these are meaningful for the public.
- General suggestions included:
  - Strengthening public awareness of the Standards, where possible, to support patient education and empowerment.
  - Continuing to highlight the importance of good communication skills, as they are essential for engaging patients in all aspects of care and practice.

#### *Additional Clarification*

- Following the consultation, the Expected Outcomes section in the Evidence-Informed Practice Standard was revised to include both “patient’s perspective and preferences” for more specificity.
- Additionally, it was noted that the Titles, Credentials, and Specialty Designations Standard should match the College’s [Specialty Designation Policy](#). As such, the Standard was updated to clarify that any speciality designations must be aligned with the scope of practice in Ontario, in addition to any other requirements that apply to speciality designations.

#### *Implementation of the Standards*

- If approved, the effective date for the Group 2 Standards will be **November 1, 2024** to ensure registrants are adequately prepared for the new Standards.
- As with the first group, communication regarding the effective date will be circulated to all registrants to ensure awareness and preparedness.
- The College plans to host webinars for each group of Standards after allowing time for registrant questions to be collected.
- Each Standard will also be accompanied by a guidance document (Guide), which are living documents providing ongoing clarity and support for the application of Standards in practice.
- Initial guidance ideas for the Group 2 Standards include (but are not limited to):



<b>Standard</b>	<b>Initial Areas to Highlight in Guidance</b>
Evidence-Informed Practice	<ul style="list-style-type: none"><li>• General clarification around intent of the Standard – striking a balance between patient protection, respecting patient choice and autonomy, and not impeding innovation and professional judgement.</li><li>• Clarifying concepts such as “critically appraised” and “best available” evidence.</li><li>• Conventional, complementary, and emerging therapies</li><li>• Clarification around offering best practice approaches before emerging therapies.</li><li>• Disclosure of evidence behind treatment approaches and informed consent.</li><li>• Balancing an appropriate evidentiary threshold while also allowing for feasibility in different cultural contexts.</li></ul>
Titles, Credentials, and Specialty Designations	<ul style="list-style-type: none"><li>• Examples for how to order titles, credentials, and designations.</li><li>• Specialty designations and information on certification bodies.</li><li>• PT title use for out-of-scope activities (such as animal rehabilitation).</li><li>• Ensuring titles are meaningful for the public.</li><li>• Clarification around use of title for PTs in different situations and roles.</li></ul>

### Next Steps

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- If the Titles, Credentials, and Specialty Designations Standard is approved, the current Restricted Titles, Credentials, and Specialty Designations Standard will be rescinded.
- If approved, the Standards will have an effective date of November 1, 2024.

### Questions for the Board

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- Do you have any questions based on the consultation feedback received?
- Do you have anything to highlight or consider with respect to the final approval of the second group of revised Standards?

## 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 and preferences.

### Performance expectations

The physiotherapist:

- **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.
- Integrates critical thinking and professional judgment into patient-centered care, evaluating their practice in terms of patient outcomes, and modifying approaches based on this self-reflective process.
- Does not promote information, treatment options, or products that are not grounded in scientific and physiologically plausible evidence.

Regarding the use of **emerging** or **complementary therapies**, the physiotherapist:

- Before incorporating new or emerging therapies into the physiotherapy services they provide, is aware of:
  - Related legislative and regulatory considerations.
  - The relevant advancements and changes within the physiotherapy profession, specifically relating to evidence-informed practices and standards of care.
  - The training, knowledge, skills and judgement necessary to enable the new or emerging practice.
- Clearly communicates with patients and **others** when the services proposed are emerging or complementary therapies.

- Obtains the patient’s informed consent for emerging or complementary services by, including but not limited to, advising the patient of the current evidence supporting the proposed service and the potential implications, including funding implications, and the physiotherapist’s training relevant to the services offered.
- Offers evidence-informed, **best practice** physiotherapy approaches before offering emerging treatments.

## 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** involves standard practices for assessing, diagnosing, and treating illnesses or injuries that are widely accepted and practiced within 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 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.

**Others** – includes caregivers, family members, and other members of the healthcare team, as indicated and appropriate.



## 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 *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 the legal use of the physiotherapist title, the physiotherapist:

- Understands that it is illegal for anyone who is not a registrant of the College to use the title “physiotherapist” or a variation or abbreviation thereof.
- Does not assist a person who is not a registrant with the College to present themselves as a registered physiotherapist in Ontario.
- Reports to the College all instances where they have reasonable grounds to believe that a person is falsely presenting themselves as a registered physiotherapist in Ontario.

Regarding the 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 (Physiothérapeute),
  - Physical Therapist, OR
  - PT
- For Provisional Practice certificate holders, uses the following titles, or their equivalents in French:

- Physiotherapist Resident (Physiothérapeute Résident, Résident en Physiothérapie),
- Physical Therapist Resident, OR
- PT Resident (Résident PT, Résident PHT)
- 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), (Physiothérapeute (classe d'inscription d'urgence))
  - Physical Therapist (Emergency Class), OR
  - PT (Emergency Class)
- Does not use protected title in a manner that is false, misleading, or deceptive when engaged in activities that are outside of the scope of practice of physiotherapy.

Regarding the use of academic and other credentials, the physiotherapist:

- Uses entry to practice academic credentials conferred by **accredited university programs**.
- Uses entry to practice academic credentials accurately and lists them after their protected title.
- Uses pre- and post-professional credentials accurately, listing them after their 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 the 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 that is aligned with the scope of practice in Ontario 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 credentialing 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, physiotherapist resident, physical therapist resident, or the acronyms PT or PT Resident.

## Consultation Response Summary – Individual Respondents

Standard	Comments
Evidence-Informed Practice	<ul style="list-style-type: none"> <li>• Standard is clear, reasonable, relevant, and useful in the practice setting, and will help ensure that PTs keep updated with the clinical practice environment.</li> <li>• Suggestions to clarify personal vs. professional knowledge, critically appraised evidence, and the threshold of evidence needed to share information with patients and others.</li> <li>• Concerns around the Standard potentially impeding innovation and that it might not be feasible to implement given the differing levels of evidence across practice (such as paediatrics, acute care, non-Western medicine, sex and gender)</li> <li>• Suggestions for additional resources include what constitutes conventional, complementary, and emerging physiotherapy and references to scope of practice.</li> </ul>
Titles, Credentials, and Specialty Designations	<ul style="list-style-type: none"> <li>• Standard is clear, reasonable, relevant in practice, and feasible.</li> <li>• Suggestions to add French title equivalents and examples of title and credential use.</li> <li>• Suggestions to revise credentials section to be more inclusive of pre- and post-professional programs that are not accredited university programs.</li> <li>• Suggestions for additional resources include title use in different situations, e.g. for students, non-practicing, Courtesy or Emergency Certificate holders, PhDs, and non-patient interactions, Advanced Practice Physiotherapists, and those practicing animal rehabilitation.</li> </ul>



May 24<sup>th</sup>, 2024

Nitin Madhvani, President

Craig Roxborough, Registrar & CEO

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

Submitted via email to: [consultation@collegept.org](mailto:consultation@collegept.org)

Subject: Consultation on proposed Standard Additions and Changes

Dear Mr. Madhvani and Dr. Roxborough,

Thank you for the opportunity to participate in the consultations on the two (2) proposed standards; we offer the following feedback for your consideration.

### Standard: Evidence-Informed Practice

The OPA would like to provide the following feedback for this Standard:

The development of this new standard is an important and needed addition for the physiotherapy profession. The inclusion of the patient's perspective in the introductory section titled "Expected outcome" is a meaningful element that grounds the standard as patient-centred.

The order of the bullet points outlined in the section titled "Performance expectations" would assist in the interpretation of the standard. Bullet points 1, 4, 5, and 8 are about emerging practices and therefore should be grouped together.

Specifically for bullet point 8, the requirement that a patient receives best practice physiotherapy approaches before emerging treatments is onerous and may detract from quality care, and potentially poses risks to the patient due to delayed treatment. According to this statement, emerging treatment cannot be first-line treatment, and creates an unnecessary delay in receiving appropriate care. As emerging therapies are evidence-informed, it is reasonable that they may be first-line treatments, provided the rigorous process of obtaining informed consent is followed (as indicated in this standard). This limitation on emerging therapies also poses a barrier to establishing

a greater evidence base. Bullet point 8 seems contradictory to the preceding points, and to the intent of this standard as a whole.

The OPA also recommends amendments to some statements within this Standard, as follows:

Under “performance expectations”, the first statement includes awareness of the evolution of the profession, which is a very broad statement that is open for interpretation. Although such contextual information is important to recognize, OPA recommends adding clarification to limit the breadth of this statement.

Furthermore, there are two points which overlap in some capacity:

- 1) *Critically appraises evidence relevant to the practice setting, population served, and available assessment and treatment options before integrating evidence into practice; and*
- 2) *Incorporates critically appraised physiotherapy-related evidence into assessment and treatment plans.*

These two statements, while inherently different in terms of actions – appraising evidence and incorporating said evidence, could be combined into one statement, as suggested below:

*Critically appraises evidence relevant to the practice setting, population served, and available assessment and treatment options and incorporates this evidence into treatment plans as appropriate.*

Additionally, the following statement requires some amendment:

- 1) *Clearly communicates with patients and others when the services proposed are emerging or complementary therapies.*

OPA recommends including a definition of the ‘others’ with whom physiotherapists should be communicating. Examples include family members, caregivers, and other members of the healthcare team, as indicated and appropriate.

In the definitions section, OPA recommends further defining the terms “*complementary therapies*” and “*conventional physiotherapy*,” as in the current form they are defined in a circular way. Conventional physiotherapy is defined as mainstream, and complementary therapies are defined as non-conventional. Complementary therapies refer to treatments that may be used along with standard or conventional treatments to help improve overall health and well-being or help cope with the side effects experienced as a result of a condition or issue, and they may or may not have an established evidence base. The term conventional physiotherapy might be unnecessary, as it only appears in the definition of complementary therapies, and is not described in relation to evidence.

One area that is not included in this standard is culturally-sensitive care or culturally-specific treatment components. OPA recommends consideration of how this standard relates to culturally-sensitive and specific care, that may or may not be evidence-based.

### Standard: Titles, Credentials, and Specialty Designations

Unlike the existing standard, the draft version does not explicitly state that only registrants can use the title “physiotherapist” or the accepted variations “physical therapist” or “PT,” or that non-registrants who claim to be physiotherapists must be reported to the College. OPA suggests that section 3: Use of the “physiotherapist” title by non-members, from the existing standard, be incorporated into the draft standard for completeness.

The OPA suggests that the section on credentials be revised for clarity and inclusiveness.

- How to include credentials from academic institutions that are not universities
- How to include credentials that are not entry-to-practice physiotherapy degrees


The Standard as written limits the use of academic credentials to those conferred by universities, but there are academic credentials from colleges as well, both in Canada and abroad. For example, there are physiotherapists who did their initial education in a college setting, and although they have the physiotherapist credential, they might also cite their original education. Therefore, a more accurate term than “accredited university programs” should be used to include programs accredited or recognized by credentialing bodies.

The definition in the standard defines “accredited university programs” as entry-to-practice physiotherapy education, so the heading of that section is not appropriate (use of academic and other credentials). There are additional academic credentials that many people cite and are useful, such as additional credentials and degrees in physiotherapy or in other disciplines.

For specialty designations, consider clarifying that the Physiotherapy Specialty Certification Board of Canada is an initiative of the Canadian Physiotherapy Association, as that would transparently describe the relationship.

In closing, we appreciate the opportunity to provide feedback on this consultation. We would be pleased to meet with you to discuss the points we have made in this submission.

Sincerely,



Amy Hondronicols, PT, PhD  
Director, Practice, Policy & Member Services  
Ontario Physiotherapy Association

## Citizens Advisory Group (CAG) Feedback Summary – Group 2 Standards

### Evidence-Informed Practice Standard

Total number of responses = 21

Domain	Summary of Strengths	Summary of Improvement Areas
Clarity of Standard	<ul style="list-style-type: none"> <li>Clearly written and understandable overall.</li> <li>Definitions are helpful for patient/public understanding.</li> <li>Standard is well-organized.</li> </ul>	<ul style="list-style-type: none"> <li>Some complex language and terminology.</li> <li>May benefit from elaboration of some concepts (such as “evidence,” “conventional/complementary,” and “patient perspective”) for public comprehension.</li> </ul>
Alignment with expectations for use of evidence by PTs	<ul style="list-style-type: none"> <li>Strong alignment between Standard and patient/public expectations.</li> <li>Reassurance that PT uses treatments supported by reliable evidence.</li> <li>Appreciate inclusion of emerging therapies.</li> <li>Agreement with the professional responsibility to keep up with evidence.</li> </ul>	<ul style="list-style-type: none"> <li>Uncertainty about how PTs validate evidence.</li> <li>Concerns around patients not having enough information about proposed treatment approaches to give consent.</li> </ul>
Alignment with expectations for use of emerging and complementary therapies	<ul style="list-style-type: none"> <li>Strong alignment with the expectations for emerging and complementary therapies.</li> <li>Strong support for the emphasis on patient consent in this area, as these therapies are seen as risky.</li> </ul>	<ul style="list-style-type: none"> <li>Concept of informed consent may need enhancement – some concern that patients do not receive appropriate disclosure or information regarding these therapies.</li> <li>Further elaboration of these therapies may help patient understanding, as some do not differentiate them from conventional physio.</li> </ul>
Importance of PT sharing clinical information supported by evidence	<ul style="list-style-type: none"> <li>Strong agreement with this provision – misleading information shared through social media is seen as a major concern.</li> <li>Importance of experts in their field sharing valid, current information.</li> </ul>	<ul style="list-style-type: none"> <li>Standard does not discuss separation of personal and professional opinions, may be important for transparency.</li> <li>Current wording may lead to bias towards Western evidence and medicine, needs consideration of alternative practices.</li> </ul>
Standard promotes safe patient care	<ul style="list-style-type: none"> <li>Some confidence that Standard promotes patient safety, if consistently applied.</li> <li>Comprehensive expectations help ensure patient protection.</li> </ul>	<ul style="list-style-type: none"> <li>Further emphasis on patients’ best interests and informed consent needed.</li> <li>Suggestion to add an expectation around discussing the evidence behind a treatment approach with patients.</li> </ul>

### Titles, Credentials, and Specialty Designations Standard

Total number of responses = 22

Domain	Summary of Strengths	Summary of Improvement Areas
Clarity of Standard	<ul style="list-style-type: none"> <li>Expectations are clear and straightforward.</li> <li>Standard is well-structured.</li> <li>Ordering of titles is understandable.</li> <li>Examples are helpful.</li> </ul>	<ul style="list-style-type: none"> <li>Certificate classes may not be understandable for the general public.</li> <li>May benefit from more concise language.</li> </ul>



Importance of PT clearly identifying their title	<ul style="list-style-type: none"> <li>• Proper, accurate representation helps to promote trust by understanding the credibility of the PT.</li> <li>• Important for people in positions of power to promote themselves accurately and transparently.</li> </ul>	<ul style="list-style-type: none"> <li>• Some indication that the public is not concerned about specific titles and credentials, quality of care is more important.</li> </ul>
Alignment with expectations for use of titles and credentials	<ul style="list-style-type: none"> <li>• Strong alignment with expectations.</li> <li>• Standardized title presentation helps patients understand and distinguish health professions.</li> </ul>	<ul style="list-style-type: none"> <li>• Use of “other” credentials have little meaning for patients and the public, PT MSc is the most relevant and recognizable.</li> </ul>
Standard promotes transparent and accurate title use	<ul style="list-style-type: none"> <li>• Ensures consistency in how PTs present their titles, which benefits the public.</li> <li>• That titles are “meaningful for the public” is particularly important in ensuring transparency and relevancy.</li> </ul>	<ul style="list-style-type: none"> <li>• Suggest greater inclusion of the title presentation of PTAs and PSWs.</li> <li>• Concerns about PhDs using the Doctor title.</li> </ul>
Importance of understanding PTs academic credentials and specialty designations	<ul style="list-style-type: none"> <li>• Important for the public to understand specialization or additional credentials as it applies to their specific treatment plan.</li> <li>• Legitimacy of a post-professional or specialist training is important.</li> <li>• Supports public assumption that academic credentials are from recognized institutions.</li> </ul>	<ul style="list-style-type: none"> <li>• For some, academic credentials may not mean as much as post-professional qualifications that are obtained through ongoing learning.</li> <li>• Many credentials and specialty designations are unknown to the public and therefore have little meaning.</li> </ul>

## General Comments

- Suggestions to improve the general readability of the Standards where possible.
- Suggestions for the definitions to be incorporated into the main text of the Standards, rather than at the bottom, for easier access.
- Suggestions to strengthen public awareness and education to support the Standards.
- Stating the importance of good communication skills, as these accompany and underscore all Standards when it comes to patients’ best interests.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 7.0**

**Board Meeting  
September 23 – 24, 2024**

**Agenda #7.0: Review of Revised Standards (4<sup>th</sup> batch) for Consultation**

It is moved by

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and seconded by

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that:

The Board approves the following draft Standards for 60-day consultation:

- Advertising and Marketing
- Documentation
- Funding, Fees and Billing



**BOARD BRIEFING NOTE**

For Decision

<b>Topic:</b>	Review of Revised Standards (4th batch) for Consultation
<b>Public Interest Rationale:</b>	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.
<b>Strategic Alignment:</b>	<i>Risk &amp; Regulation:</i> A risk-based approach is applied throughout standards work. <i>Continuous Improvement:</i> Standards are current and relevant and establish the right level of professional expectations.  <i>EDI:</i> Equity, Diversity, and Inclusion principles are considered as part of the adaptation process.
<b>Submitted By:</b>	Evguenia Ermakova, Policy Analyst
<b>Attachments:</b>	Appendix A: Table of Concordance Appendix B: Draft Standard – Advertising and Marketing Appendix C: Draft Standard – Documentation Appendix D: Draft Standard – Funding, Fees and Billing

**Issue**

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- The College is in the process of adapting sixteen national Core Standards for Ontario. The fourth group of Standards is now undergoing review.

**Decision Sought**

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- The Board is being asked to approve the fourth group of draft Standards to be circulated for registrant and partner consultation.

**Background**

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- The College is currently adopting 16 of the [National Standards](#) for use in Ontario.
- Each group of Standards is first presented to the Board to approve 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 the Board for final approval together with the consultation feedback received.
- Advertising and Marketing, Documentation, and Funding, Fees, and Billing were selected for the fourth group of Standards Review.
- If approved, all three Standards would replace existing College Standards.



- To more meaningfully engage Board members in a discussion on the draft Standards, during the meeting a small group exercise will be conducted where Board members will have the opportunity to have focused discussions on key issues and questions.

## **Key Considerations**

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### *Internal Review*

- As with the previous Standards, the Group 4 Standards were reviewed internally to flag:
  - Comparable provisions in the College's current Standards,
  - Gaps between current expectations and those set out in the selected Standards,
  - Inconsistencies with current expectations or terminology, and
  - Ontario legislation, regulation, or other rules.
- The internal review resulted in revisions to the selected Standards to fit the Ontario context while maintaining consistency with the national approach as much as possible.
- An overview of each Standard and the changes made is provided below. A more detailed list of the key changes is available in Appendix A – Table of Concordance.
- Instances where specific direction from the Board is required are identified in the outline below.

### **Advertising and Marketing Standard**

- Standard overview:
  - Ensures that physiotherapists' advertising, marketing, and promotional activities are true, accurate, and verifiable.
  - Intended outcome is to prevent deceptive or misleading practices, ensuring that patients receive clear and truthful information that supports informed decision-making about physiotherapy services and products.
- Key provisions include:
  - *Accuracy and Competency*: Physiotherapists must only advertise services they are competent to provide and make sure that any claims about their practice focus are substantiated by their



actual experience and ongoing professional development. They must avoid implying specialization unless officially recognized by the College.

- *Review of Advertisements:* Physiotherapists review all promotional materials, whether created by themselves or others on their behalf, to ensure that they are true, accurate, and verifiable. Any inaccuracies must be corrected and documented.
- *Ethical Advertising Practices:* Advertisements must not encourage unnecessary use of services, make unverified claims, or offer guarantees. Claims of uniqueness or special advantages must be supported by credible evidence. Comparative or superlative statements are prohibited, as is endorsing products for financial gain without full transparency.
- Summary of changes made:
  - Clarified terminology by ensuring that terms used in the Standard are understandable, precise, and consistent.
  - Aligned with Ontario's current advertising rules, such as guidance around using a specialist title and the rules for reviewing advertisements placed on behalf of the physiotherapist.
- Areas of note:
  - Endorsements: The National Standard prohibits endorsing products for financial gain. The College's guidance has been to ensure endorsements are within the scope of practice and have evidence to support the clinical use of the product. The draft Standard was provisionally amended to only allow endorsements if the product has credible evidence for use in physiotherapy and with the disclosure of any financial ties.
  - Incentives: The National Standard prohibits advertising of incentives (such as discounts or gift certificates). The College's position has historically been cautious but permissive. The draft Standard has been provisionally amended to allow incentives in advertising unless they promote unnecessary physiotherapy services, which is in line with the approach adopted by the regulatory College in BC.
  - The Board is being asked to discuss the College's position around endorsements and incentives and confirm that the proposed amendments to the provisions are appropriate for consultation.

## **Documentation Standard**

- Standard overview:
  - Ensures that physiotherapists maintain patient records that are accurate, complete, and confidential, completed in a timely manner, and easily retrievable.



- Intended outcome is to support clinical decision-making, foster continuity of care, and protect patient confidentiality.
- Key provisions include:
  - *Quality of Documentation*: Physiotherapists must keep detailed, legible, and complete records, ensuring they accurately reflect the care provided and are completed in a timely manner to support patient safety and quality care.
  - *Clinical Records*: Outlines elements of clinical care to be included in the record, such as patient history, attendance, and relevant communications.
  - *Financial Records*: Accurate records of fees charged for services and products must be maintained, including details about payments and balances owed.
- Summary of changes made:
  - Clarified and harmonized terminology.
  - Aligned with current Ontario requirements, including for record retention and documenting whether services were provided through virtual care.
  - Added flexibility to some provisions to mitigate against potential over-documentation.

### **Funding, Fees, and Billing Standard**

- Standard overview:
  - Ensures that physiotherapists manage their fees and billing practices with accuracy, fairness, and transparency.
  - Intended outcome is to enable patients to make fully informed choices.
- Key provisions include:
  - *Ethical Fees and Billing Practices*: Physiotherapists must ensure that all fees are accurate, transparent and justifiable, provide comprehensive fee schedules, conduct regular reviews of their billing practices, and correct any errors.
  - *Clear Communication*: Physiotherapists explain the fees and billing process to their patients prior to them being charged a fee and do their best to make sure they understand the costs associated with their care. Invoices and receipts must be clear and accurate.



- *Pre-Payment and Bundled Services*: Policies must be in place to mitigate risks related to the pre-payment of bundled services.
- *Product Sales*: Physiotherapists inform patients of their option to purchase products from alternative suppliers without affecting their physiotherapy services.
- Summary of changes made:
  - Added current expectations around fees and billing practices, including the need to maintain a fees and billing review process, the need to document billing errors that may arise, and references to Ontario's privacy legislation PHIPA.
  - Removed provisions not feasible in Ontario, such as providing payors with fee schedules in advance.

### **Next Steps**

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- If approved, the consultation will be posted to the website immediately following the meeting for a 60-day period. The College will also continue to engage in direct outreach to external partners.

### **Questions for the Board**

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- Do you have any feedback regarding the proposed Standards for consultation?
- Is there any additional background or information you require to determine whether to approve the fourth group of Standards for consultation?

## Table of Concordance: Proposed Key Changes to Group 4 National Standards

### Advertising and Marketing Standard

Expectation (Original Standard)	Changes Made (New Version)	Rationale
<ul style="list-style-type: none"> <li>Confirms that all marketing of physiotherapy services and products is truthful, accurate, and verifiable.</li> <li>Reviews and approves all advertisements, marketing and promotional activities prepared by a third party to ensure compliance with the Standards of Practice.</li> </ul>	<ul style="list-style-type: none"> <li>Reviews all advertisements, marketing, and promotional activities placed by themselves or others on their behalf to ensure they are truthful, accurate, and verifiable, and if they are not, takes reasonable steps to correct the advertisements and document the steps taken.</li> </ul>	<ul style="list-style-type: none"> <li>Combined the two provisions into one given that their intended outcome is the same – to ensure that advertisements are truthful, accurate, and verifiable, which would also be in accordance with the Standards of Practice.</li> <li>Removed “and approves” from requirements; in Ontario, PTs do not usually have the chance to approve advertisements unless they are also a clinic owner. If they review and find inaccuracies, there is an expectation around correcting errors.</li> </ul>
<p>Does not use advertisements, marketing or promotional activities that:</p> <ul style="list-style-type: none"> <li>Make comparative or superlative statements about service quality, health providers, and products and/or endorses products for financial gain.</li> </ul>	<ul style="list-style-type: none"> <li>Make comparative or superlative statements about <del>service quality, health providers, products, physiotherapy services, or care providers.</del></li> <li>Endorse products for financial gain, unless the information is supported by credible evidence for use in physiotherapy and with full transparency regarding any financial relationships related to the endorsement.</li> </ul>	<ul style="list-style-type: none"> <li>Harmonized language for consistency. A variety of terms is used in this Standard. “Physiotherapy services” and “care providers” will be used throughout for cohesion and clarity.</li> <li>Endorsements separated from the “comparative/superlative” provision to indicate that these are different issues.</li> <li>National position is to prohibit endorsements. Aligned language with Ontario’s current position, which requires endorsements to be in scope and supported by science and credible evidence.</li> </ul>
<p>Does not advertise, market or promote physiotherapy services using incentives or other inducements, including but not limited to:</p> <ul style="list-style-type: none"> <li>Offering discounts that vary from the practice setting’s fee schedule, including discount coupons</li> </ul>	<p>Remove all, replace with:</p> <ul style="list-style-type: none"> <li>Does not offer incentives or other inducements that promote unnecessary physiotherapy services.</li> </ul>	<ul style="list-style-type: none"> <li>Proposed language to align with the College’s current <a href="#">position on incentives</a>, which has historically been permissive but cautious.</li> <li>This language has been adapted from the physiotherapy regulators in British Columbia, who have a <a href="#">similar stance on incentives</a> and have</li> </ul>



<ul style="list-style-type: none"> <li>• Gift certificates,</li> <li>• Time-limited pricing for physiotherapy services or products, or</li> <li>• Prizes or gifts of a physiotherapy service or product.</li> </ul>		<p>updated their version of the National Standard accordingly.</p> <ul style="list-style-type: none"> <li>• Other rules for the use of incentives are covered in the Conflict of Interest Standard.</li> </ul>
<ul style="list-style-type: none"> <li>• Does not advertise free physiotherapy services. This includes offers of free consultations, screening appointments, assessments, or free trials of physiotherapy treatments.</li> </ul> <p>Free physiotherapy services may be provided for the purposes of:</p> <ul style="list-style-type: none"> <li>• Providing general education or health promotion.</li> <li>• Informing the public about physiotherapy services offered.</li> <li>• Providing pro-bono services to clients experiencing financial hardship.</li> </ul> <p>No paid physiotherapy services to the same client can occur on the same day as the free services. When providing free services, physiotherapists must comply with all of the Standards of Practice.</p>	<p>Does not advertise free physiotherapy services, <b>including</b> offers of free consultations, screening appointments, assessments, or free trials of physiotherapy treatments, <b>unless free services are provided for the purposes of:</b></p> <ul style="list-style-type: none"> <li>• Providing general education or health promotion.</li> <li>• Informing the public about physiotherapy services offered.</li> <li>• Providing pro-bono services to clients experiencing financial hardship.</li> </ul> <p>Removed “No paid physiotherapy services” clause.</p>	<ul style="list-style-type: none"> <li>• Ontario allows the provision and advertising of free physiotherapy services, which is different from the national approach.</li> <li>• Combined the provisions to specify that advertising is permitted when free services are offered for purposes that benefit the public.</li> <li>• “No paid physiotherapy services can occur on the same day as the free services” clause is not relevant to advertising, and Ontario currently does not have this rule.</li> <li>• All Standards apply regardless of what the price for the service is.</li> </ul>

## Documentation Standard

Expectation (Original Standard)	Changes Made (New Version)	Rationale
Includes in the client record detailed chronological information including:	Includes in the patient record detailed chronological information including: <ul style="list-style-type: none"> <li>Whether the session was provided virtually.</li> </ul>	<ul style="list-style-type: none"> <li>Aligned with the College’s current expectations of identifying whether a service was virtual.</li> <li>This also speaks to the expected outcome of ensuring accurate and complete patient records.</li> </ul>
Retains, or ensures ongoing access to copies of care pathways or protocols in addition to client records in circumstances where client care delivery and documentation is according to a protocol.	Replaced with: <p>When patient care follows a set care pathway or protocol, retains or ensures access to copies of those care pathways or protocols.</p>	<ul style="list-style-type: none"> <li>Wording change to clarify the intention of the provision.</li> <li>Deleted “in addition to client records”, as retaining client records is already captured in the Standard.</li> </ul>
Uses terms, abbreviations, acronyms, and diagrams which are defined or described to promote understanding for others who may access a client’s record.	Uses terms, abbreviations, acronyms, and diagrams which are defined or described to promote understanding for others who may access a patient’s record, and that a list of definitions is available and easily retrievable.	<ul style="list-style-type: none"> <li>Proposed addition to ensure that definitions for abbreviations can be pulled into a patient’s record, as required.</li> </ul>
Clearly documents changes or additions made to the client record clearly identifying who made the change and the date of the change.	Clearly documents any changes or additions made to the patient record clearly after the initial entry, identifying who made the change, and the date of the change, and the reason for the change.	<ul style="list-style-type: none"> <li>Suggested clarification to highlight that “changes” refer to those made after the initial entry is complete.</li> <li>Suggested addition of “reason for the change” to align with expectations in the current Record Keeping Standard.</li> </ul>
Financial records must include: <ul style="list-style-type: none"> <li>Identification of all service providers and the organization, date of service, and physiotherapy service or product provided.</li> </ul>	<ul style="list-style-type: none"> <li>Identification of <del>all service providers</del> the individuals involved in the delivery of the patient’s care, the name of the organization (for example, a physiotherapy clinic, corporation, hospital, or healthcare centre), the date of service, and the physiotherapy service or product provided.</li> <li>Whether the care was provided virtually.</li> </ul>	<ul style="list-style-type: none"> <li>Added clarifying language and examples for general comprehension.</li> <li>Added to align with the College’s current expectation of identifying whether care was provided virtually in financial records.</li> </ul>

<p>None.</p>	<p><b>Record Retention</b></p> <p>Clinical and financial records must be retained for at least 10 years<sup>1</sup> from the later of the following two dates:</p> <ul style="list-style-type: none"><li>• Adult patients: the date of the last patient encounter, or</li><li>• Patients who are children: the date that the patient reached or would have reached 18 years of age.</li></ul> <p>It must be possible to retrieve and reproduce a complete clinical and financial record for each patient throughout the retention period.</p> <p><sup>1</sup>Under the Limitations Act 2002, legal proceedings can be brought up to 15 years after any alleged act or omission. Therefore, while 10 years is the minimum retention period, it may be advisable to extend that timeframe to 15 years.</p>	<ul style="list-style-type: none"><li>• Added Ontario's current expectations around record retention.</li></ul>
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## Funding, Fees, and Billing Standard

Expectation (Original Standard)	Changes Made (New Version)	Rationale
<p>Prior to the client being subject to any fee, confirms the client or payor has been provided a comprehensive fee schedule that includes transparent and accurate information about billing policies and all potential charges.</p>	<p>Prior to the patient being subject to any fee, confirms the patient <del>or payor</del> has been provided a comprehensive fee schedule that includes transparent and accurate information about billing policies and all potential charges.</p>	<ul style="list-style-type: none"> <li>• In Ontario, it may not be feasible to provide payors with a fee schedule prior to the patient being subject to a fee.</li> </ul>
<p>Makes a reasonable effort to ensure that clients understand the fees and billing practices of the physiotherapist before they become subject to them.</p>	<p><b>Explains the fees and billing process to their patients that is related to their care and</b> makes a reasonable effort to ensure that patients understand.</p>	<ul style="list-style-type: none"> <li>• Proposed narrowing of this expectation to avoid the perception that the PT needs to explain funding details that are irrelevant to the patient’s own care, such as internal processes.</li> </ul>
<p>None.</p>	<p><b>Maintains a written process for routinely reviewing their fees, billings or accounts, and is able to demonstrate that they did the review. This review process must ensure that:</b></p> <ul style="list-style-type: none"> <li>• <b>Any fees charged are accurate and reasonable, and</b></li> <li>• <b>Billings or accounts are accurate.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Added expectation from current Fees and Billing Standard.</li> <li>• PTs submit their written policy and complete a checklist as part of the College’s Quality Assurance assessment process.</li> </ul>
<p>Is responsible for all billing under their registration number, and to identify and correct any errors promptly.</p>	<p>Identifies and <b>takes reasonable steps to correct any billing errors promptly, and documents the findings, action taken, and the outcome.</b></p>	<ul style="list-style-type: none"> <li>• Moved the “is responsible for” portion to the top of the Performance Expectations.</li> <li>• Added “reasonable steps” for feasibility.</li> <li>• Added provision to align with current expectations around documenting billing errors and the measures taken to mitigate their impact.</li> </ul>
<p>Employs policies and measures to mitigate the risks related to pre-payment of physiotherapy services before accepting pre-payment or engaging in bundled physiotherapy service provision, including but not limited to:</p>	<p>Employs policies and measures to mitigate the risks related to pre-payment of physiotherapy services before accepting pre-payment or engaging in bundled physiotherapy service provision <b>(not applicable to provincial bundled care programs)</b>, including but not limited to:</p>	<ul style="list-style-type: none"> <li>• Added clarification to separate this provision from established bundled care programs in Ontario.</li> </ul>

## Advertising and Marketing

### Standard

The physiotherapist engages in **advertising, marketing and promotional activities** in a manner that is truthful, accurate, and verifiable and does not engage in or allow advertising, marketing, and promotional activities that are deceptive or misleading.

### Expected outcome

**Patients** can expect that the advertising, marketing and promotion of **physiotherapy services** and products is not deceptive or misleading and enables the patient to make informed choices.

### Performance expectations

The physiotherapist:

- Advertises only the physiotherapy services that they are competent to provide.
- Does not state or imply a practice focus or area of interest in their advertising, marketing or promotional activities unless:
  - The area of interest is a demonstrated significant focus of their practice, and
  - The physiotherapist can demonstrate ongoing professional development or continuing education in the area of interest upon request.
- Does not refer to themselves as a specialist or employ other language that implies specialization in an area of practice or physiotherapy service provision unless authorized by the College to use the specialist title.
- Reviews all advertisements, marketing, and promotional activities placed by themselves or others on their behalf to ensure they are truthful, accurate, and verifiable, and if they are not, takes reasonable steps to correct the advertisements and documents the steps taken.
- Does not use advertisements, marketing or promotional activities that:
  - Promote or encourage unnecessary use of physiotherapy services or products.
  - Make unsubstantiated claims, foster unrealistic expectations, or provide guarantees of successful outcomes.

- Include claims of uniqueness or special advantage of products, physiotherapy services or care providers, unless supported by **credible** evidence that can be readily verified.
- Make comparative or superlative statements about products, physiotherapy services, or care providers.
- Endorse products for financial gain, unless the information is supported by credible evidence for use in physiotherapy and with full transparency regarding any financial relationships related to the endorsement.
- Discredit, disparage or undermine the skills of other care providers or the physiotherapy services of other clinics or facilities.
- Does not offer incentives or other inducements that promote unnecessary physiotherapy services.
- Does not advertise free physiotherapy services, including offers of free consultations, screening appointments, assessments, or free trials of physiotherapy treatments, unless free services are provided for the purposes of:
  - Providing general education or health promotion.
  - Informing the public about physiotherapy services offered.
  - Providing pro-bono services to patients experiencing financial hardship.

## Definitions

**Advertising** – the action of calling something to the attention of the public, especially by paid announcements.

**Patients** are recipients of physiotherapy services, and may be individuals, families, groups, organizations, communities, or populations. In some circumstances, patients may be represented by their substitute decision-makers.

**Credible** – means any evidence that reasonably would be viewed as reliable, accurate, and having a basis in fact.

**Marketing** – the process or technique of promoting, selling, and distributing a product or service.

**Physiotherapy services** are services provided by or under the direction of a physiotherapist. This includes patient assessment and intervention, and related communication and reporting to various parties for the purposes of delivering patient care.

**Promotional activities** include any effort made by an individual physiotherapist or business to communicate with potential patients. Promotional activities serve to inform about available products, prices and services, and to persuade people to buy the products and services. Includes personal selling, direct marketing, advertising, sales promotion, publicity and public relations.

**Superlative** – an expression of high praise, often excessive or exaggerated. It refers to something of the highest order, quality, or degree, and surpassing all others. In physiotherapy practice, words like “expert,” “best,” or “number 1” are examples of superlative statements.

## Documentation

### Standard

The physiotherapist maintains patient records that are accurate, legible, complete, and written in a timely manner.

### Expected outcome

Patients can expect that their physiotherapy records are confidential, accurate, complete, and retrievable, and reflect the physiotherapy services provided.

### Performance expectations

The physiotherapist:

- Maintains legible, accurate, and complete patient records for all aspects of patient care in either French or English.
- Completes documentation in a timely manner to promote patient safety and effective clinical care.

### Components of a Complete Patient Record

- Confirms that the following information is retained as part of a complete patient record:
  - Details of clinical care.
  - Records of patient attendance, including declined, missed or cancelled appointments.
  - Financial records, in situations where fees for services or products have been charged.
  - Details or copies of all incoming or outgoing verbal or written communication with or regarding the patient that are related to clinical care.

### Details of Clinical Care

- Includes in the patient record detailed chronological information including:
  - Unique patient identifier on each discrete part (each page) of the patient record.
  - Whether the session was provided virtually.



- Patient's reason for attendance.
  - Patient's relevant health, family, and social history.
  - Date of each treatment session or professional interaction including declined, missed or cancelled appointments, telephone or electronic contact.
  - Date of chart entry if different from date of treatment session or professional interaction.
  - Assessment findings.
  - Treatment plan and goals.
  - Documentation of informed consent and relevant details of the consent process reasonable for the clinical situation.
  - Details of treatment provided and patient response to treatment, including results of reassessments, in sufficient detail to allow the patient to be managed by another physiotherapist.
  - Details of tasks assigned to physiotherapist assistants.
  - Details of relevant patient education, advice provided, and communication with or regarding the patient.
- Ensures that the individual delivering physiotherapy services is clearly identified in all documentation.
  - When patient care follows a set care pathway or protocol, retains or ensures access to copies of those care pathways or protocols.

### **Quality of Documentation**

- Confirms that documentation entered into the treatment record accurately reflects the assessment, treatment, advice, and patient encounter that occurred.
- May reference rather than duplicate information collected by another regulated healthcare provider that the physiotherapist has verified as current and accurate.
- Uses terms, abbreviations, acronyms, and diagrams which are defined or described to promote understanding for others who may access a patient's record, and that a list of definitions is available and easily retrievable.

- Clearly documents any changes or additions made to the patient record after the initial entry, identifying who made the change, the date of the change, and the reason for the change.

### **Financial Records**

- Maintains accurate and complete financial records related to fees charged for the provision of physiotherapy services and sales of products.
- Financial records must include:
  - Identification of the individuals involved in the delivery of the patient's care, the name of the organization (for example, a physiotherapy clinic, corporation, hospital, or healthcare centre), the date of service, and the physiotherapy service or product provided.
  - Patient's unique identification.
  - Whether the care being billed for was provided virtually.
  - Fee for a physiotherapy service or product, including any interest charges or discounts provided.
  - Method of payment, date payment was received, and identity of the payor.
  - Any balance owing.

### **Record Retention**

Clinical and financial records must be retained for at least 10 years<sup>1</sup> from the later of the following two dates:

- Adult patients: the date of the last patient encounter, or
- Patients who are children: the date that the patient reached or would have reached 18 years of age.

It must be possible to retrieve and reproduce a complete clinical and financial record for each patient throughout the retention period.

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<sup>1</sup> Under the Limitations Act 2002, legal proceedings can be brought up to 15 years after any alleged act or omission. Therefore, while 10 years is the minimum retention period, it may be advisable to extend that timeframe to 15 years.

### **Electronic Medical Records**

- Knows that use of an EMR does not alter the physiotherapist's obligations to ensure users are uniquely identified, entries and corrections are identified and traceable to a user, and data recovery/contingency plans are in place.

## Funding, Fees and Billing

### Standard

The physiotherapist is responsible for ensuring that the fees charged for physiotherapy services and products are transparent and justifiable, to enable patients to make informed choices.

### Expected outcome

Patients can expect that fee schedules and billing practices for physiotherapy services and products are transparent, justifiable, and clearly communicated, and that they will be made aware of the fees and billing practices of the physiotherapist before they become subject to them.

### Performance expectations

The physiotherapist:

- Is responsible for all billing under their registration number.
- Maintains current knowledge of relevant funding sources for physiotherapy services and complies with funding requirements, policies, and procedures.
- Prior to the patient being subject to any fee, confirms the patient has been provided a **comprehensive** fee schedule that includes transparent and accurate information about billing policies and all potential charges, including but not limited to:
  - Assessment and treatment fees.
  - Reports and fees for copies of patient records.
  - Equipment and any additional fees.
  - Fees and policies related to **bundled physiotherapy services**.
  - Cancellation or late fees and interest charges.
  - Refund policies.
- Explains the fees and billing process to their patients that is related to their care and makes a reasonable effort to ensure that patients understand this process.
- Establishes fees for access to patient records that are
  - consistent with the requirements of applicable legislation, including the *Personal Health Information Protection Act (PHIPA)*, 2004

- reflect the costs of providing a copy of the patient record, and
- are consistent regardless of the party requesting access.
- **Promptly** provides patients and/or payors with clear, transparent, accurate, and comprehensive invoices or receipts and all explanations required so that the patient and/or payor understands the fees charged, who provided the care, and terms of payment.
- Does not represent non-physiotherapy services as physiotherapy on invoices or receipts.
- Maintains a written process for routinely reviewing their fees, billings, or accounts and is able to demonstrate that they did the review. This review process must ensure that:
  - Any fees charged are accurate and reasonable, and
  - Billings or accounts are accurate.
- Identifies and takes reasonable steps to correct any billing errors and documents the findings, action taken, and the outcome.
- Employs policies and measures to mitigate the risks related to pre-payment of physiotherapy services before accepting pre-payment or engaging in bundled physiotherapy service provision (not applicable to provincial bundled care programs), including but not limited to:
  - Providing the patient with the option to purchase one service at a time.
  - Providing refunds for unused physiotherapy services.
  - Issuing physiotherapy receipts only after physiotherapy services are delivered.
- Makes reasonable efforts to resolve issues arising from billing disputes.
- If selling products, must inform the patient that they have the option to purchase the product from another supplier, and that their choice to do so will not affect their physiotherapy services.

## Definitions

**Bundled physiotherapy services** means a program of treatment or set of physiotherapy services intended to be delivered as a comprehensive plan of care over a course of several physiotherapy interactions.

**Comprehensive** means complete, including all or nearly all elements or aspects of something.

**Promptly** means with little or no delay.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 8.0**

**Board Meeting  
September 23 – 24, 2024**

**Agenda #8.0: Election Eligibility**

It is moved by

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and seconded by

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that:

The Board approves the proposed amendments to By-laws s.3.1, 3.2 and 7.6.



**BOARD BRIEFING NOTE**  
For Decision

<b>Topic:</b>	Election Eligibility
<b>Public Interest Rationale:</b>	These amendments will support the election of qualified individuals to the Board, enhancing the College's ability to serve the public effectively.
<b>Strategic Alignment:</b>	<i>People and Culture:</i> Aligns with the Colleges aim to improve governance by refining the election criteria for stronger, more comprehensive vetting of candidates.
<b>Submitted By:</b>	Caitlin O'Kelly, Governance Specialist
<b>Attachments:</b>	Appendix A: By-laws with Tracked Changes

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### Issue

- Revise the election eligibility criteria for Board Directors to improve the election process.

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### Decision Sought

- The Board is being asked to approve the proposed changes to the election eligibility criteria.

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### Background

- In June 2024, following the election review discussion, the Board gave direction to staff to review the election process and provide the Board with a proposal of potential improvements to the process.

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### Current Status and Analysis

- Based on the direction from the Board, updates to the College's By-laws that aim to strengthen the eligibility criteria for elections are being proposed.
  - The proposed eligibility criteria would also apply to the appointment of Academic Directors and Non-Board Committee members to ensure consistency.
- Upon reviewing the eligibility criteria of other regulatory bodies and comparing them to our current By-laws, it was found that our criteria are already well aligned with best practices.
  - While the review confirmed that there are no major discrepancies, the proposed amendments aim to strengthen the framework by clarifying and refining the existing criteria to ensure they are clear and effective.



- The proposed revisions aim to address any potential areas of confusion and reinforce the current standards, maintaining the College’s commitment to a fair and effective election process.
- In response to the Board’s direction in June 2024, external legal Counsel has reviewed the proposed changes to the By-laws. No concerns were raised, and Counsel provided some additional feedback, which has been included in the proposed updates.
- The following table outlines the proposed revisions to the election eligibility criteria.

Proposed Revision	Rationale
9.(b)(v) the Registrant is not the subject of Discipline or Fitness to Practise <b>proceedings by a body that governs a profession, inside or outside of Ontario.</b>	Ensures that all relevant proceedings affecting a registrant’s professional standing are considered, providing greater clarity.
9.(c) the Registrant has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated, <b>inside or outside of Ontario</b> , in the six years before the election;	Provides clarity, adds consistency.
9.(d) the Registrant has not been found to be mentally incompetent under the <i>Substitute Decisions Act, 1992</i> , or the <i>Mental Health Act</i> <b>and is not a person who has been declared incapable by any court in Canada or elsewhere;</b>	Recommended by legal counsel for clarity.
9. (f) the Registrant has not been found guilty of <b>or charged with</b> an offence under the <i>Criminal Code</i> , <del>or</del> the <i>Health Insurance Act</i> , <i>the Controlled Drugs and Substances Act</i> , or under any comparable legislation or criminal laws of another jurisdiction <del>that is relevant to the Registrant’s suitability to serve as a Director</del> , unless, in respect of a finding, a pardon or record suspension has been granted <del>with respect to the finding</del> ;	Recommended by legal counsel for clarity.
9. (g) the Registrant has not been disqualified or removed from the Board <b>or a committee of the College</b> in the three years before the election;	Expands the clause ensure a thorough review of a registrant’s prior Board and committee conduct.
9.(h) the Registrant is not and has not been in the twelve months before the election, a director, <b>board member, owner</b> , officer, <del>Committee Registrant</del> , employee, or holder of any position of decision-making influence of any <b>association or organization that advocates for the interests</b> of physiotherapists <del>that has as its primary mandate the promotion of the physiotherapy profession</del> ;	Clarifies the scope and broadens it to include all decision-making roles in organizations advocating for the interests of physiotherapists, not just those with a primary focus on promotion. This aligns with practices from other regulatory bodies.
9.(i) the Registrant does not hold and has not held in the twelve months before the election, <b>an employment position or any position of responsibility a responsible</b>	Recommended by legal counsel for clarity.





<del>position</del> with any organization <del>or group</del> whose mandate <del>or interests</del> conflicts with the mandate of the College;	
9. (j) the Registrant is not a <b>current</b> participant (other than on behalf of the College) in a legal action, <b>application or other legal matter adverse in interest</b> <del>or application</del> against the College, the Board, or a committee of the College;	Recommended by legal counsel for clarity.
9.(n) the Registrant has <b>substantially complied with the Election Campaign policy set out by the College and approved by the Board;</b>	Ensures candidates adhere to the College’s election campaign requirements.

Other By-Law Amendments

- Other amendments throughout the Election By-law section are being proposed to improve clarity, process understanding, and readability.

Revised	Reason
(5) (a) A Registrant who is eligible for election to the Board 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>by no later than the same date and time specified in subsection 12(a)(i)(B).</b>	Clarifies that candidates must consent to the nomination by the same deadline as the nomination submission. This is not a change to the current process and requirements, it is to add clarity.
20 (d) In the event that the by-election results in a tie, the Registrar <del>and the Chair</del> shall select by random draw one name from the names of the candidates who were <b>tied in the presence of the candidates and at least one member of the Executive Committee in a manner that allows them to witness the draw.</b> <del>and</del> The Registrar shall declare that person to be elected.	Specifies that only the Registrar will conduct the draw. Allowing two people to draw a name could complicate the procedure and creates unnecessary ambiguity. It also ensures transparency by requiring the Registrar to conduct the draw in the presence of the candidates, and at least one member of the Executive Committee, eliminating potential conflicts of interest and reinforcing the integrity of the tie-breaking process.

- There are also proposed changes to By-laws section 3.7 related to the appointments of Non-Board Committee members. Instead of referring to the election criteria for Directors, the updated By-laws



will include the eligibility requirements for Non-Board Committee members directly in this section. This aims to make the criteria clearer and more accessible for those seeking committee appointments.

### **Next Steps**

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- If approved, the new election eligibility will be in place for the 2025 Board Elections, a process that begins in December.
- During the environmental scan, it was noted that many Colleges include a detailed process for disqualifying Board members within their By-laws. Additional, legal Counsel has recommended incorporating a similar process to ensure clarity. Staff will be looking into this further and may bring additional recommendations for strengthening this section.

### **Questions for the Board**

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- Is there anything about the revised election eligibility that requires further clarification?
- Are there additional eligibility criteria not currently proposed that might further enhance the election process for Board Directors?

# Part 3 — Election or Appointment of Directors

## ELECTIONS

### Electoral Districts

- 3.1.** (1) The following electoral districts are established for the purpose of the election of registrants to the Board:
- (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 the Board for each electoral district.

### Term of Office

- (6) The term of office of an Elected Director is approximately three years, commencing with the first regular Board meeting after the election and expiring when their successor takes office at the first regular Board meeting after the next election in their electoral district, unless the 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 shall not serve more than nine consecutive years on the Board. And, following the completion of nine consecutive years on the Board, they shall not commence another term on the Board 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 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 by a body that governs a profession, inside or outside of Ontario.
- (c) the Registrant has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated, inside or outside of Ontario, 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* and is not a person who has been declared incapable by any court in Canada or elsewhere;
- (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;
- ~~(e)~~(f) the Registrant has not been found guilty of or charged with an offence under the *Criminal Code*, ~~or the Health Insurance Act, the Controlled Drugs and Substances Act or~~ under any comparable legislation or criminal laws of another jurisdiction that is relevant to the Registrant's suitability to serve as a Director, unless, in respect of a finding, 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 or a committee of the College in the three years before the election;
- ~~(f)~~(h) the Registrant is not and has not been in the twelve months before the election, a director, board member, owner, officer, ~~Committee Registrant,~~ employee, or holder of any position of decision-making influence of any association or organization that advocates for the interests of physiotherapists ~~that has as its primary mandate the promotion of the physiotherapy profession;~~
- ~~(g)~~(i) the Registrant does not hold and has not held in the twelve months before the election, an employment position or any position of responsibility ~~a responsible position~~ with any organization ~~or group~~ whose mandate ~~or interests~~ conflicts with the mandate of the College;
- ~~(h)~~(j) the Registrant is not a current participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest ~~or application~~ against the College, the Board, or a committee of the College;
- ~~(i)~~(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;

- ~~(j)~~(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 or has agreed to remove any such conflict of interest before taking office;
  - (n) the Registrant has substantially complied with the Election Campaign policy set out by the College and approved by the Board;
  - ~~(k)~~(o) the Registrant has completed an orientation about the College's mandate, and the role and responsibilities of Directors; and
  - ~~(h)~~(p) the Registrant meets the competency requirements as set out in the applicable College policy approved by the Board.
- (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 and the Board'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 and detailed instructions about the nomination procedure.

### Nomination Procedure

- (12) (a) A Registrant who is eligible for election to the Board 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 by no later than the same date and time specified in subsection 12(a)(i)(B).
- (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 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.
- (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 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.
- (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~~ shall select by random draw one name from the names of the candidates who were tied in the presence of the candidates and at least one member of the Executive Committee in a manner that allows them to witness the draw. ~~and t~~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 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 and the Registrants of the results of the election; and
    - (D) Each elected candidate of the time and place of the first regular Board meeting following the election.
- (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

- (22) (a) The Registrar shall provide to all candidates a report of the results of the election as reported by the electronic voting organization.
- (e) 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.
- (b) The Registrar shall report to the Board at its first meeting following any request for a review under paragraph (b), and the Board shall,
  - (i) if satisfied with the results, take no further action; or
  - (ii) decide to hold an inquiry under subsection (23).
- (23) (a) If the Board is of the opinion that there is a reasonable ground for doubt or dispute as to the validity of the election of any Director, the Board shall hold an inquiry and decide whether the election of the Director is valid and, if an election is found to be invalid, the Board 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

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

### Filling Vacancies

- (25) (a) If the office of an Elected Director is declared to be vacant and the remainder of that Director's term is less than one year, the Board 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 is declared to be vacant as a result of lack of nominations during an election as described in subsection (24) (b), the Board 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 is declared to be vacant when an elected Director dies, resigns, is disqualified or is otherwise removed from the Board as described in subsection (24) (a) and the remainder of the term of the Director 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 shall be held on a date set by the Registrar and the Chair.

- (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

- (26) (a) The following are grounds for disqualification for an Elected Director sitting on the Board:
- (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, by a body that governs a profession inside or outside of Ontario;
  - (v) is found guilty of or charged with an offence under the *Criminal Code*, ~~or the Health Insurance Act, the Controlled Drugs and Substances Act, or under any comparable legislation or criminal laws of another jurisdiction that is relevant to the Elected Director's suitability to serve as a Director~~ unless, in respect of a finding, a pardon or record suspension has been granted ~~with respect to the finding~~;
  - (vi) becomes a director, board member, owner, officer, ~~Committee member,~~ employee, or holder of any position of decision-making influence of any association or organization that advocates for the interests 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* and is not a person who has been declared incapable by any court in Canada or elsewhere;
  - (viii) assumes an employment position or any position of responsibility ~~responsible-position~~ with any organization ~~or group~~ whose mandate ~~or interests~~ conflicts with the mandate of the College;
  - (ix) becomes a participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest ~~or application~~ against the College, the Board or a committee of 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 without good reason in the opinion of the Board; ~~or~~
  - (xii) fails, in the opinion of the Board, to discharge properly or honestly any office to which they have been elected or appointed their duties to the College, including having acted in a conflict of interest or otherwise in breach of a By-law, the Act or the College's governance policies; or

~~(xii)~~(xiii) did not satisfy one or more of the criteria for eligibility prescribed in section 3.1 (9) at the date of the election or appointment, and the Director did not disclose same to the College or the Director was untruthful or misled the College about same.

- (b) An Elected Director does not become disqualified from sitting on the Board 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)~~ and (xiii) shall result in a vote by the Board regarding disqualification of the Director.

### Suspension

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

## ACADEMIC DIRECTORS

- 3.2. (1) For the purposes of paragraph 6 (1) (c) of the Act, two Registrants who are Registrants 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 as Academic Directors.
- (2) A Registrant is eligible to serve on the Board as an Academic Director if, on the day of the appointment:
- (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 proceedings by a body that governs a profession, inside or outside of Ontario;
  - (d) the Registrant has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated, by a body that governs a profession, inside or outside of Ontario, 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* and is not a person who has been declared incapable by any court in Canada or elsewhere;
  - (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 or charged with an offence under the *Criminal Code*, ~~or the *Health Insurance Act*, *the Controlled Drugs and Substances Act*, or~~ under any comparable legislation or criminal laws of another jurisdiction that is relevant to the Registrant's suitability to serve as a Director, unless, in respect of a finding, a pardon or record suspension has been granted ~~with respect to the finding;~~
  - ~~(h)~~ (h) the Registrant has not been disqualified or removed from the Board or a committee of the College in the three years before the selection;
  - ~~(i)(h)~~ (i)(h) the Registrant is not and has not been in the last twelve months before the appointment a director, board member, owner, officer, ~~Committee Registrant,~~ employee or holder of any position of decision-making influence of any association or organization that advocates for the interests of physiotherapists ~~that has as its primary mandate the promotion of the physiotherapy profession;~~
  - ~~(j)(i)~~ (j)(i) the Registrant is not a current participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in the interest ~~or application~~ against the College, the Board or a committee of the College;
  - ~~(k)(i)~~ (k)(i) 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;
  - ~~(k)~~ (k) the Registrant does not hold and has not held in the last twelve months before the appointment an employment position or any position of responsibility ~~a position~~ with any organization ~~or group~~ whose mandate ~~or interests~~ conflicts with the mandate of the College;

(l) 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 or has agreed to remove any such conflict of interest before taking office;

(m) the Registrant is not and has not been in the twelve months before the appointment an employee of the College;

~~(m)~~(n) the Registrant has completed an orientation about the College’s mandate, and their role and responsibilities prior to attending their first Board or committee meeting; and

~~(m)~~(o) the Registrant meets the competency requirements as set out in the applicable College policy approved by the Board.

- (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	202 <del>7</del> <sup>9</sup> and thereafter every <del>7-8</del> and <del>8-7</del> years alternatively
Western University	202 <del>9</del> <sup>1</sup> and thereafter every <del>8-7</del> and <del>7-8</del> years alternatively
McMaster University	2030 <del>23</del> and thereafter every <del>7-8</del> and <del>8-7</del> years alternatively
Queen’s University	2032 <del>24</del> and thereafter every <del>8-7</del> and <del>7-8</del> years alternatively
University of Ottawa	2026 and thereafter every 7 and 8 years alternatively

- (4) An Academic Director shall be selected by the Board in accordance with the above schedule at the last Board meeting prior to the start of their term and the Academic Director 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 approval the name of a Registrant who is willing and eligible to serve as a Director. 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’s approval in accordance with this section, the Board 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 dies, resigns, is disqualified or otherwise removed from the Board, 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 was selected.
- (7) The following are grounds for disqualification for an Academic Director sitting on the Board:
- (a) ceases to be a Registrant with a certificate of registration authorizing independent practice;



- (b) no longer is a member of the faculty of physiotherapy or physical therapy from which they were selected;
  - (c) is in default of any obligation to the College under the Regulations or the By-laws for over sixty days;
  - (d) is found guilty of professional misconduct, to be incompetent, or to be incapacitated by a body that governs a profession inside or outside of Ontario;
  - (e) is found guilty of or charged with an offence under the *Criminal Code*, ~~or the Health Insurance Act, the Controlled Drugs and Substances Act, or under any comparable legislation or criminal laws of another jurisdiction that is relevant to the Academic Registrant's suitability to serve as a Director~~, unless, in respect of a finding, a pardon or record suspension has been granted ~~with respect to the finding~~;
  - (f) becomes a director, board member, owner, officer, ~~Committee member~~, employee or holder of any position of decision-making influence of any association or organization that advocates for the interests 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* and is not a person who has been declared incapable by any court in Canada or elsewhere;
  - (h) assumes an employment position or any position of responsibility ~~responsible position~~ with any organization ~~or group~~ whose mandate ~~or interests~~ conflicts with the mandate of the College;
  - (i) becomes a participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest ~~or application~~ against the College, the Board, or a committee of 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 without good reason in the opinion of the Board; ~~or~~
  - (l) fails, in the opinion of the Board, to discharge their duties to the College, including having acted in a conflict of interest or otherwise in breach of a By-law, the Act or the College's governance policies; or properly or honestly any office to which they have been selected or appointed.
  - ~~(m)~~ did not satisfy one or more of the criteria for eligibility prescribed in section 3.2 (2) at the date of the appointment, and the Director did not disclose same to the College or the Director was untruthful or misled the College about same.
- (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)~~ and (m) shall result in a vote by the Board regarding the disqualification of the Director.

## Suspension

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

## DECLARATION OF OFFICE

- 3.3**
- (1) A person elected, appointed or selected to be a Director or non-Board 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 or non-Board Committee member unless and until they sign the declaration of office.
  - (3) Any suspected or actual breach by a Director or non-Board 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 DIRECTORS AND COMMITTEE MEMBERS

- 3.4.**
- (1) Directors and Committee members, other than 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.
  - (2) Directors and Committee members, other than Public Directors, may be reimbursed for reasonable expenses in accordance the College's governance policies as approved by the Board.

## INDEMNIFICATION

- 3.5.**
- (1) Every Director, 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, Committee members, officers, and employees and to provide coverage for the indemnity referred to in subsection (1).

## APPOINTMENT OF NON-BOARD COMMITTEE MEMBERS

- 7.6. (1) The Board may appoint persons who are not Directors 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.~~
- (a) the Registrant is registered with the College;
  - (b) the Registrant is practises or resides in Ontario;
  - (c) the Registrant is not in default of any obligation to the College under the Regulations or the By-laws;
  - (d) the Registrant has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated, inside or outside of Ontario, in the six years before the appointment;
  - (e) the Registrant has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act* and is not a person who has been declared incapable by any court in Canada or elsewhere;
  - (f) 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 appointment;
  - (g) the Registrant has not been found guilty of or charged with an offence under the *Criminal Code*, the *Health Insurance Act*, the *Controlled Drugs and Substances Act* or under any comparable legislation or criminal laws of another jurisdiction, unless, in respect of a finding, a pardon or record suspension has been granted;
  - (h) the Registrant has not been disqualified or removed from the Board or a committee in the three years before the appointment;
  - (i) the Registrant is not and has not been in the twelve months before the appointment, a director, board member, owner, officer, employee, or holder of any position of decision-making influence of any association or organization that advocates for the interests of physiotherapists;
  - (j) the Registrant does not hold and has not held in the twelve months before the appointment, an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College;
  - (k) the Registrant is not a current participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest against the College, the Board, or a committee of the College;
  - (l) 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;
  - (m) the Registrant is not and has not been in the twelve months before the appointment an employee of the College;





- (n) the Registrant discloses all potential conflicts of interest in writing to the Registrar within five business days of being appointed and either does not have a conflict of interest to serve as a Committee member or has agreed to remove any such conflict of interest before taking office;
  - (o) the Registrant has completed an orientation about the College's mandate, and their role and responsibilities prior to attending their first committee meeting; and
  - (p) the Registrant meets the competency requirements as set out in the applicable College policy approved by the Board.
- (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* and is not a person who has been declared incapable by any court in Canada or elsewhere;
  - (e) the person has not been found guilty of or charged with an offence under the *Criminal Code* ~~or the Health Insurance Act, the Controlled Drugs and Substances Act or under any comparable legislation or criminal laws of another jurisdiction~~ ~~that is relevant to the person's suitability to serve as a Committee member,~~ unless, in respect of a finding 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 or a committee of the College in the preceding three years;
  - (g) the person is not and has not been in the twelve months before the appointment, a director, board member, owner, officer, ~~Committee member,~~ employee or holder of any position of decision-making influence of any association or organization that advocates for the interests 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 an employment position or any position of responsibility, ~~a responsible position~~ with any organization ~~or group~~ whose mandate ~~or interests~~ conflicts with the mandate of the College or a position with any organization which would cause the Registrant, if elected or appointed to the Board, to have a conflict of interest, including by having competing fiduciary obligations to the College and the other organization;
  - (i) the person is not and has not been in the twelve months prior to the appointment an employee of the College;
  - (j) the person is not a participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest ~~or application~~ against the College, the Board or a committee of the College;

- (k) the person meets any other criteria set out in the governance policies as approved by the Board;
  - (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.
- (4) A Non-Board 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 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 regarding disqualification of the Non-Board Committee Member;
  - (c) fails to attend two consecutive meetings of the Committee without good reason in the opinion of the Board; or
  - (d) fails, in the opinion of the Board, to discharge properly or honestly any office to which they have been appointed.
- (6) If a Non-Board 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 as to whether a person is eligible for appointment or becomes disqualified under this section is final and without appeal.
- (8) A Non-Board 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 may exempt a person from compliance with the requirements set out in subsection (8), above.



## BOARD BRIEFING NOTE

For Discussion

<b>Topic:</b>	Governance Reform Discussion: Potential Implementation of a Screening and/or Selection Committee
<b>Public Interest Rationale:</b>	Considering potential governance reforms to ensure that the College has an effective screening and vetting process to support Board elections, appointments and committee recruitment.
<b>Strategic Alignment:</b>	<i>People and Culture:</i> Supports the goal of enhancing governance effectiveness through a more structured approach to the vetting and selection of Board candidates and Committee members.
<b>Submitted By:</b>	Craig Roxborough, Registrar & CEO Mara Berger, Director, Policy, Governance & General Counsel
<b>Attachments:</b>	Appendix A: Governance Practice Review 2023 Recommendations Appendix B: Comparison Chart

### Issue

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- Generative discussion on the potential establishment of a Screening and/or Selection Committee to support the Board election and appointment processes, as well as the committee recruitment and appointment processes.

### Decision Sought

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- The Board is being asked to provide feedback and direction to staff on the potential creation of a Screening and/or Selection Committee.

### Background

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#### ***Governance Practices Review***

- The Regulator's Practice conducted an external review of the College's governance practices between June – December 2023.
- As a result of the review, several recommendations emerged for the Board to consider with respect to improving its vetting and selection processes for Board elections and committee appointments, including:
  - Creation of a nomination process to vet or recommend candidates that meet articulated competency and diversity needs.
  - Creation of an independent nominations committee to lead competency and diversity needs assessments of candidates.



- The role of an independent Nominations Committee to make committee composition recommendations based on articulated competency and diversity needs.
- The full list of recommendations stemming from the governance practices review can be found in Appendix A.
- The final report submitted to the Board outlining the Regulator's Practice's recommendations included the following observations:
  - Regulators across Canada that continue to hold elections have developed nomination structures and committees to support elections to ensure that the Board is getting the diversity and competencies that it needs.
  - Generally, Board members are supportive of developing a competency-based framework for both the Board and committees, and some believe that it should move faster and that more should be done to influence Board elections. But, there were also concerns how change may deter some professionals from running for election if the requirements are too stringent.
  - Some participants were supportive of the creation of a "nominations committee" that is separate from the Executive Committee to make competency-based committee recommendations to the Board.
  - Overall, the Board seemed in agreement that a more intentional, proactive recruitment process for committees is needed.
- During the debrief with the Regulator's Practice in December 2023, the recommendations to review the College's vetting and selection processes for Board elections and committee appointments were flagged by the Board as priorities for further exploration.

### ***Election Process Review***

- Additionally, following the election review at the June 2024 Board meeting, the Board gave direction to staff to review the College's election process within the By-laws and Governance Policies and present the Board with suggested improvements to the process.
  - Currently, the process is being overseen by the Registrar, though the Registrar can request support from the Executive Committee in certain circumstances, for example if there is a concern about a candidate's eligibility.
- Based on the direction from the Board and the recommendations flowing from the governance practices review, work has begun on exploring the potential of establishing a Screening and/or



Selection Committee to support the vetting and screening of election candidates, the appointment of Academic Directors and the selection of Committee members.

- The establishment of a Screening and/or Selection Committee would also support potential future enhancements of the College's competency requirement.
  - The Board approved a competency requirement and profile in [September 2023](#) (see page 269) as an initial step, with the understanding that the requirement would evolve over time from a self-assessment to a process where candidates can be vetted and assessed based on the competency profile.
  - While updates to the College's competency requirement are not yet being proposed, any potential future enhancements would depend on having a committee that is able to oversee the vetting and screening process.

### **Current Status and Analysis**

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- Staff are seeking to engage the Board in a generative discussion to determine the Board's priorities with respect to potential changes to the College's vetting and selection processes for Board elections and committee appointments, including whether there is an interest in exploring a Screening and/or Selection Committee.
- To support the discussion, an environmental scan of the other health regulatory Colleges in Ontario was conducted to look at the different committee models that exist to specifically support election and/or committee appointment processes.
- Illustrative examples showing the different roles a Screening and/or Selection Committee could play in the College's election and/or committee appointment processes, as well as how such a committee may be composed, are outlined below to provide the Board with relevant context.

### ***Environmental Scan***

- The review of the health regulators in Ontario showed that thirteen Colleges currently have committees that specifically support their election and/or committee appointment processes. A comparison chart outlining the results of the scan can be found in Appendix B.
- Within the thirteen Colleges that have designated committees to support their election and/or committee appointment processes, there is some variation regarding the role of those committees.
  - Six of the surveyed health regulators have a committee that focuses on both supporting elections and Committee appointments.



- Four of the surveyed health regulators have a committee that focuses specifically on supporting elections.
- Two of the surveyed health regulators has a committee that only support committee appointments.
- One of the surveyed health regulators has two committees, one that supports elections and one that supports Committee appointments and the vetting of Academic Councillors.
- Seven of the surveyed health regulators use their committees to also consider competencies as part of their vetting and appointment processes.

### ***Potential Scope of Governance Changes***

- Based on the various models adopted by other health regulators, there are different options that the Board may explore if it determines that it would like to consider the establishment of a Screening and/or Selection Committee.

#### Option A – Supporting Elections

- One option for a potential Screening and/or Selection Committee would be for the committee to have a narrow scope that focuses solely on supporting the College's election process.
- The role of the Committee would be to support the Registrar in administering the annual Board election, and could include:
  - Assisting with vetting a candidate's eligibility to stand for election. This ensures that the vetting process is conducted collaboratively between staff and the Screening and/or Selection Committee.
  - Reviewing and approving candidate statements.
  - Conducting inquiries into the validity and counting processes upon candidate request. Upon completion of the review provide a report and recommendation to the Board. This would streamline the process while still maintaining transparency with respect to any challenges to an election outcome.

#### Option B – Election and Committee Member Screening

- Another option would be for the committee to not only support the election process, but also assist with the selection of Committee members.



- In addition to assisting with vetting a candidate's eligibility for election, the committee would also assist with vetting Academic Directors, as well as the recruitment and selection processes for Committee members, which may include:
  - Reviewing resumes of applicants for open Committee positions and identifying preferred applicants for consideration by the Board.
  - Supporting the development of the Committee slate, including selecting Chairs and Vice-Chairs, and making recommendations to the Board.

### Option C – Assessing Competencies

- The committee could also play a significant role with respect to establishing a more comprehensive competency requirement and making competency-based recommendations to the Board with respect to Committee appointments.
- While the College currently has a competency self-assessment that all candidates for election, new Academic Directors and applicants for open committee positions need to complete, a Screening and/or Selection Committee could *vet* individuals against the established competencies as part of the eligibility screening.
- Having a Screening and/or Selection Committee would also provide an opportunity for future enhancements of the competency profile.
  - For example, a competency and diversity matrix could be developed based on the College's competency profile. The committee could use the matrix to annually conduct a needs assessment to identify any specific skills, expertise or background that the Board or a committee may require.
  - Election candidates as well as potential Committee appointments could then be assessed by the committee against those needs prior to being able to stand for election or being proposed for a committee.
  - The focus of the assessment under this option would be on the suitability of candidates based on the identified needs of the Board and committee, which would help support a diverse, well-rounded Board and committees.

### ***Committee Composition***

- Another important consideration would be the composition of a potential Screening and/or Selection Committee.



- Like the role of the committee, there are different approaches to committee composition that have been adopted by other health regulators that the Board may consider.
- The most common composition requirements for this type of committee are either having the committee composed of all Board members or of a mix of Board members and either other professional members or other public members with specific expertise.
- Even within the most common composition requirements, there is some additional variation.
  - Two of the College's whose committees are composed of only Board members specifically limit the committee membership to Public Directors only.
  - Two of the Colleges whose committee are composed of Board and non-Board members limit the number of Board members to a minority of Committee members.
  - One of the Colleges that requires only Board members to serve on the committee provide for an exception that allows the Board to also appoint registrants who are not Board members if the Board wishes to do so.
- Only two of the health regulators that were surveyed have their committees preferably composed entirely of non-Board members.
  - One has a mix of former Board members and non-Board Professional and Public members.
  - The other prefers that only Appointed Committee Members that are not registrants of the College serve on the committee but allows for the exceptional appointment of Public Directors if necessary.
- The different approaches to composition reflect different considerations, with some Colleges relying primarily on the expertise of their Board members, while others emphasize the opportunity to allow for the recruitment of individuals with specific skills or backgrounds.
- Factors to consider include but are not limited to:
  - The perceived independence of the committee, especially if the committee supports the election process.
  - The required level of understanding of the Board's needs and/or the committee's needs.
  - The ability to recruit for specific expertise, such as human resources or governance knowledge but also the challenges that may come with recruiting public non-Board Committee members.
  - Workload, especially with respect to Public Directors.
  - Supporting a diverse range of perspectives while also ensuring there is sufficient institutional knowledge.





### **Key Considerations**

- The options presented with respect to the potential role and composition of a Screening and/or Selection Committee are illustrative in nature, outlining just some of the possibilities that exist for governance reforms. They are intended to spark discussion to support additional analysis and the development of specific reforms for future decision-making.
- Specifically, if there is interest by the Board to explore the option of a Screening and/or Selection Committee further, direction is sought to establish the guiding principles that should inform that exploration based on the Board's priorities.
  - How does the idea of a Screening and/or Selection Committee align with the Board's goals for enhancing the election process?
  - What responsibilities or considerations should be factored into a potential Screening and/or Selection Committee's role?
  - What considerations should guide the potential composition of a Screening and/or Selection Committee?
  - Are there specific concerns or questions that should be addressed in further exploration of this idea?
  - If there is an interest in exploring a Screening and/or Selection Committee, should the updates to the College's processes be incremental (e.g. start with bringing forward a proposal for the committee to support the election process) or should the full scope of what the committee may do be explored at once?

### **Next Steps**

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- If the Board decides that it would like to consider the establishment of a Screening and Selection Committee, staff can present a formal proposal at a subsequent Board meeting based on the guiding principles identified by the Board.
- Any potential changes to the election process stemming from this exploration would not come into effect until the 2026 election cycle at the earliest.

### **Questions for the Board**

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- Do you require any additional information to support a generative discussion about potentially establishing a Screening and Selection Committee?

**Appendix A – Governance Practice Review 2023 Recommendations**

#	Human Dynamics	Priority*	Status	Notes
1	In addition to the hybrid meetings being offered, consider having at least two meetings per year in person, where Council members commit to attend in person. This will ensure that all Council members benefit from in person connection and relationship building.		Not started	
2	Review current term limits and cooling off periods for Council and committee members in order to align with emerging best practice across other regulators and balancing the need for experience with the need for increased diversity and renewal. Ensure that current and future term limits are enforced, with very limited exceptions, if any. We recommend that current term limits for Council and committee members are decreased from 9 to 6 years. We recommend creating a restriction that once the maximum term has been served a person is ineligible to run for Council elections again or serve on that committee again.	Yes*	On hold	Proposal presented to Executive Committee in May 2024 - Put on hold based on direction from Executive Committee because no clear risk with current term limits has been identified and Board diversity/renewal may be better accomplished via other initiatives
3	Engage in a process to refresh the Code of Conduct. Use this as an opportunity to review other examples of Codes of Conduct and engage Council in a discussion about the expectations and cultural norms they would like to see articulated in a Code of Conduct.		Planned for December 2024	CPMF requirement - Code must be reviewed every 3 years
4	Continue to work with government to provide feedback regarding the current Remuneration Framework and recommendations for continuous improvement.	Yes*	Ongoing	

<b>Role Clarity</b>				
5	Review of governance policies incorporated into the governance manual, including the Role of the President, to ensure that legacy “association governance” practices and language are updated.	Yes*	Complete	Role of the Chair updated March 2024
6	Develop ongoing education, opportunities for discussion and clarity regarding: <ul style="list-style-type: none"> <li>• What it means to “regulate in the public interest”</li> <li>• What are the key public risks that Council and the college need to pay attention to.</li> <li>• What is “reasonable reliance” and how can Council develop more trust with staff and committees so as not to duplicate their work.</li> <li>• The appropriate role of the Executive Committee and Committee Chair in reviewing vetting meeting materials.</li> <li>• When it is appropriate to have discussions outside of the Council or committee meeting and when it is not.</li> </ul>	Yes*	Ongoing	Role clarification conversation with Executive Committee March 2024 (including relationship to RAFC) - Risk Register & revised Dashboard metrics introduced June 2024 - orientation includes training re: public interest and ex parte conversations
<b>Meetings</b>				
7	Consider replacing “rules of order” with customized meeting guidelines that are more easily accessible, less intimidating and support robust dialogue. Consider removing “member motions” in favour of a clear process within the meeting guidelines outlining how a Council member requests an issue be brought to Council.	Yes*	Complete	New Meeting Guidelines approved March 2024
8	Continue to develop new briefing note template. In addition to changes that have recently been made (e.g. adding “public interest rationale”), consider adding a section that provides information regarding internal and external impacts – impacts on patients; on internal resources, costs, and risks; on diversity, equity and inclusion considerations.		Ongoing	

<b>Strategy Oversight</b>				
9	Host a “strategy refresh” session for Council where the current strategic plan can be reviewed, updated if required, and the rationale for the plan outlined for new Council members. Alternatively, develop a briefing note for new Council members to outline the strategy rationale and considerations that formed the current strategic plan.	Yes*	Complete	Strategy Education session June 2024; Follow-up session planned for September 2024
10	Include strategy progress updates in the Dashboard that is being developed.		Planned for 2024-2025	
11	Continue to develop the Enterprise Risk Management framework including the risk register that will support Council’s monitoring of the most strategic enterprise risks. Consider providing additional education to Council with respect to their key risk oversight (not risk management) responsibilities.		Complete	Risk Register introduced June 2024 - living document that will be updated continuously
<b>Regulatory Oversight</b>				
12	Continue to develop the Dashboard ensuring that what is being measured with respect to regulatory programs aligns with regulatory outcomes.		Complete	Revised Dashboard metrics introduced June 2024 - further revisions will be made as needed over time
<b>Registrar Oversight</b>				
13	Council to discuss the ongoing executive HR resourcing required to support Council and the President facilitate the Registrar performance process outlined in the policy, in a consistent and meaningful way.		Ongoing	
14	Council to work with the Registrar to develop an “Emergency Registrar Succession Plan” that outlines what happens if the Registrar is unexpectedly unable to fulfill his duties. This plan would ensure continuity of leadership until such time that Council is able to appoint a permanent successor.		Not started	

<b>Financial Oversight</b>				
15	Develop a set of principles, focused on the public protection mandate of the college, to guide fee decisions. These principles could be communicated broadly to registrants so they too have an understanding of the process.		Not started	
<b>Stakeholder Oversight</b>				
16	Engage in a strategic Council discussion, with senior staff, about who the key stakeholders are for the college in relation to the college's strategic priorities, what type of relationship is required for each stakeholder, and how it can be monitored over time.		Not started	
<b>Learning &amp; Evaluation</b>				
17	Rethink orientation for Council members to be over a period of one year. This orientation plan would articulate what learning, both formal and informal, would be valuable for a Council member to have access to within their first year, and could be flexible to respond to the unique experience and background of each new Council member.		Ongoing	Orientation materials were revised for new Director onboarding in June 2024
18	Develop a Council member learning framework, connected to the annual Council member evaluation process to provide a customized learning strategy for each Council member.	Yes*	Not started	
19	Develop a new Council and Committee evaluation framework over time to provide feedback to: <ul style="list-style-type: none"> <li>• Council and committees as a whole</li> <li>• Council and committee chairs</li> <li>• Council and committee members.</li> </ul>	Yes*	Planned for 2024-2025	Initial feedback about current process that will help inform potential updates to the evaluation process will be collected during Fall 2024 evaluation
20	Clearly articulate a committee that is responsible for this evaluation framework.		Planned for 2024-2025	

<b>Diversity, Equity &amp; Inclusion</b>				
21	<p>Review the current election process to consider emerging regulatory election practices including:</p> <ul style="list-style-type: none"> <li>• Elimination of geographic electoral district in favour of a single district.</li> <li>• Creation of a nomination process to vet or recommend candidates that meet articulated competency and diversity needs.</li> <li>• Creation of an independent nominations committee to lead competency and diversity needs assessment of candidates.</li> </ul>	Yes*	Ongoing	Discussion item at the September 2024 Board meeting to obtain direction from the Board
<b>Committee Effectiveness</b>				
22	<p>Engage in a Committee Governance Review looking at current committee governance practices, emerging governance practices, and addressing (but not limited to) the following specific issues:</p> <ul style="list-style-type: none"> <li>• Roles, responsibilities and authority of both regulatory and governance-level committees, including the Executive Committee.</li> <li>• Identifying the committees that are still needed and the committees that may no longer be necessary.</li> <li>• Committee composition including the role of Council members on committees; role of non-Council public members; competencies and diversity requirements.</li> <li>• Role and competencies of Committee Chairs.</li> <li>• The role of an independent Nominations Committee to make committee composition recommendations based on articulated competency and diversity needs.</li> <li>• Committee member term limits and cooling off periods.</li> <li>• Reporting requirements and process.</li> </ul>	Yes*	Ongoing	Committee composition requirements updated March 2024, Committee Chair and Vice-Chair training scheduled for October 2024
23	This Committee Review may result in certain recommendations to government for changes to legislation and policy that may be outdated.	Yes*	Not started	

\* = Identified by the Board as potential priorities at its December 14 debrief session. The Board also emphasized that a clear process to identify priority actions resulting from this Governance Practice Review is critical to (1) take on work that has the highest impact within CPO's current context, and (2) create focus and a realistic, budgeted implementation timeline.

**Comparison Chart**

<b>College</b>	<b>Committee</b>	<b>Composition</b>	<b>Role (may have other additional duties)</b>
<b>COCOO</b>	Elections Committee	At least three public councillors  The President shall not be an ex-officio member of the Elections Committee.	The Elections Committee deals with disputes relating to the election of councillors and other matters provided in the by-laws, other disputes or issues referred to it by Council or the Executive Committee and it studies and makes recommendations to Council for improving the election process.
<b>RCDSO</b>	Governance Committee	Two members of Council who are members of the College;  Two public members of Council; and  At least two subject matter experts with expertise relating to professional regulation and governance.	Oversees the competency-based assessment of Council and committee applicants and makes recommendations to Council regarding Council elections and selections and committee appointments, among other duties.
<b>CDO</b>	Elections Committee	Three Public Directors	Oversees disputes on candidate eligibility, voting eligibility and disputes related to election of Board members.
<b>CKO</b>	Governance and Nominations Committee	Five to seven individuals, with a maximum three members who are not a member of College Council or committee or staff and who have governance and/or human resources expertise and are free from real or perceived conflict(s) of interest that may pertain to the profession of kinesiology,	Assists with competency-based assessment of nominees' eligibility to stand for election to Council, selection of appointees to committees of the College and the assessment, evaluation and training of Council and committee(s) of the College.

		the College and/or the duties of the Committee.	
<b>CMTO</b>	Inaugural Governance Committee	Five individuals: Two Past Council Members; One non-Council Professional Member; A maximum of two members who are not a member of the College Council or committee or staff, who have governance expertise, and are free from real or perceived conflict(s) of interest that may pertain to the profession of Massage Therapy, the College and/or the duties of the Committee	The Governance Committee will assist Council in establishing, developing, and implementing modern governance processes, and select committee members based on competencies and experience to ensure the effective functioning of the College Committees in the public interest.
<b>CMRITO</b>	Nominating Committee	Four Councillors	The role of the Nominating Committee of the College is to review applicants and make recommendations for committee membership. The Nominating Committee is also responsible for reviewing expressions of interest for the position of the Academic Councillor in accordance with Council Policy.
<b>CMRITO</b>	Elections Committee	Three Councillors	Disputes as to whether a registrant is eligible to stand for election to the Council or vote in an election will be determined by the Election Committee.
<b>CONO</b>	Governance Committee	At least three individuals. Up to but no more than one Council member whose district is not open for election in the year on which they sit on the Committee,	Review disputes regarding candidates eligibility to election, review biography and personal statements submitted by candidates for election, upon request of the CEO supervise the administration of the election, upon referral from the Council hold



		<p>One or more registrants who are not seeking election to the Council in the year on which they sit on the Committee. Any number of Public Representatives as defined in the by-laws.</p>	<p>an inquiry into the validity of the election and make a report and recommendation to the Council.</p>
<b>CNO</b>	Nominating Committee	<p>Five members at least three of whom shall not be members of the Board.</p> <p>At least one, but no more than two, of the members of the Nominating Committee may be current or past registrants of CNO, or applicants to CNO.</p> <p>The Nominating Committee is properly constituted despite any vacancy so long as there are sufficient members for quorum.</p> <p>At least one member of the Nominating Committee will have background and experience in human resources.</p>	<p>The Nominating Committee assists the Board of Directors ('Board') in ensuring the Board and committees (statutory, standing, and special committees) have the appropriate mix of competencies, diversity, character, expertise and qualifications to enable them to fulfil their roles and public protection mandate. The Nominating Committee fulfills specific roles related to the selection of Board members and recommends to the Board candidates for appointment or re-appointment to committees.</p>
<b>COTO</b>	Nominations Committee	<p>Two or more Community Appointees(s); and at the discretion of the Board, one Professional Committee Appointee</p>	<p>The Nominations Committee assists the College in ensuring the Board and committees have members with the necessary competencies and attributes to enable them to fulfill their roles and public protection mandate. They are responsible for screening applicants seeking election</p>

			to the Board and for recommending candidates for appointment to committees.
<b>COO</b>	Screening Committee	<p>The Screening Committee shall be composed of all Appointed Committee Members who are not registrants of the College.</p> <p>The Screening Committee shall not include any Directors or Appointed Committee Members who are registrants of the College.</p> <p>Where fewer than four eligible individuals are available to sit on the Screening Committee, the Board may appoint up to four Directors appointed to the Board by the Lieutenant Governor in Council.</p>	<p>The Screening Committee shall:</p> <p>Ensure that candidates for election to the Board and/or appointment as Appointed Committee Members of the College demonstrate the competencies established by the Board.</p>
<b>OCP</b>	Screening Committee	<p>The chair of the Governance Committee;</p> <p>Two additional Directors, one or more of whom shall be a Public Director; and</p> <p>Two or more Lay Committee Appointees.</p>	<p>Administer the process for screening applicants to be qualified as candidates for the Board and review applications and recommend applicants to be appointed as Professional Committee Appointees or Lay Committee Appointees.</p>
<b>CPSO</b>	Governance and Nominating	<p>The Board Chair, the Board Vice-Chair;</p> <p>A past Board Chair</p>	<p>The Governance and Nominating Committee is responsible for implementing governance policy recommendations and ensuring that appointments are made to all the</p>

		<p>One Physician Director who is not a member of the Executive Committee;</p> <p>Two Public Directors who are not members of the Executive Committee.</p>	<p>CPSO committees so that the work of the CPSO can be done.</p>
<b>CRPO</b>	Nominations and Elections Committee	<p>At least two registrants who are members of Council;</p> <p>At least one public member who is a member of Council;</p> <p>One or more registrants who are not members of Council if Council so wishes.</p>	<p>Adjudicating disputes regarding a registrant's eligibility to vote in an election; Determining the acceptable form of biographies and personal statements included as part of a candidate's nomination package; Holding inquiries related to a candidate's written dispute, where a candidate feels there are reasonable grounds to doubt the validity of the election for which the candidate ran, and making reports and recommendations to Council based on the inquiry; Assisting the Registrar, if requested, in supervising and administering the election of candidates, subject to College By-laws; Establishing, implementing and overseeing a robust, objective and transparent recruitment process for competency-based appointments.</p>



## BOARD BRIEFING NOTE

For Decision

<b>Topic:</b>	<b>Funding for Therapy/Counselling for Committee Members</b>
<b>Public Interest Rationale:</b>	Enables Committee members to continue reviewing emotionally challenging regulatory matters to protect the public.
<b>Strategic Alignment:</b>	<i>People &amp; Culture:</i> Ensure Committee members have the right support to work through emotionally challenging regulatory matters.
<b>Submitted By:</b>	Mara Berger, Director, Policy, Governance & General Counsel
<b>Attachments:</b>	N/A

### Issue

- Establishing a support system that would allow Committee members to access counselling and therapy services when dealing with emotionally challenging and potentially traumatizing regulatory matters.

### Decision Sought

- The Board is being asked to provide direction to the College about the potential adoption of either of the proposed funding models for therapy and counselling for Committee members.

### Background

- Committee members often have to consider challenging regulatory matters dealing with sexual abuse or other difficult topics.
  - This is especially true for the Inquiries, Complaints and Reports Committee, the Discipline and Fitness to Practise Committees and the Patient Relations Committee.
- As Committee members, individuals are responsible for reviewing, hearing and assessing challenging evidence and testimony and then adjudicate on the matter. The nature of these matters can be extremely disturbing for Committee members and take an emotional toll.
- At the March 2024 Board meeting, a Member's Motion was made directing the College to explore funding options to provide counselling and therapy services to support Committee members in need, and to report back to the Board at the September 2024 meeting.

### Current Status and Analysis

- The College has looked into different options that may exist with respect to providing funding for therapy and counselling services, and based upon the available information is proposing two options for consideration.



- Both options would allow the College to provide therapy and counselling support for Committee members and while there is a slight difference in anticipated costs, neither represent a significant expense and could be implemented immediately despite being an unbudgeted item.

### ***Option A - HumanaCare***

- The College has an Employee Assistance Program through HumanaCare that includes access to counselling services.
- HumanaCare has confirmed that Committee members could be added to the program. The anticipated cost would be \$2.65 per month per Committee member.
  - We currently have 31 Committee members between the Inquiries, Complaints and Reports Committee, the Discipline and Fitness to Practise Committees and the Patient Relations Committee. To add those Committee members to HumanaCare, the annual cost would be approximately \$985.80.
  - For all current 41 Committee members, the annual cost would be approximately \$1,303.80.
- The benefits of adding Committee members to HumanaCare include:
  - 24/7 access to assistance 365 days a year.
  - The process is completely confidential, meaning the College would not know which Committee members may have accessed services.
  - There are a variety of options to contact HumanaCare based on preference. Committee members could call their toll-free number, submit a request for service form via their website or use their mobile application.
  - Counselling services can be booked as a telephone or virtual session, or a face-to-face session with a local counsellor.
  - There is no set number of counselling sessions that would be available, the number of sessions will be determined on a case-by-case basis based on a needs assessment. The average number of sessions is usually 3-5 times but it can vary.
  - There would be no administrative work that the College would need to complete other than adding the Committee members to the existing program – everything else would be managed by HumanaCare directly.
- There are also some drawbacks to consider:
  - The choice of counsellor would be more limited than if Committee members are able to source their own registered psychotherapist, psychologist or social worker.



- If HumanaCare identifies that a Committee member may require more significant support, they would assist the Committee member with finding better suited services outside of HumanaCare, but those would not be covered.
- While the overall costs are low, it is a fixed cost, meaning the College has to pay the annual fee for all eligible Committee members irrespective of whether the service is needed.

### ***Option B – Pool of Funding***

- Another option that the College can consider is establishing a pool of funding for therapy and counselling services.
- Rates charged for counselling services may vary depending on the practitioner.
- The Schedule of Benefits for Physician Services under the Health Insurance Act (effective July 24, 2023) has set the rate for psychotherapy at \$89.70 per ½ hour, or \$179.40 per hour, which could be used as a baseline to determine an appropriate pool of funding.
  - For example, assuming that the College wants to be able to provide up to five 1 hour sessions for approximately ten Committee members, at the rate of \$179.40 per hour, the College would need to budget \$8,970 for counselling and therapy per fiscal year as a starting point.
- An alternate benchmark may be standard rates for psychologists, which are approximately \$200-250 per hour.
  - Assuming again that the College wants to be able to provide up to five 1 hour sessions for approximately ten Committee members, at the median rate of \$225 per hour, the College would need to budget \$11,250 for counselling and therapy per fiscal year as a starting point.
- The pool of funding would be available to all Committee members that require counselling or therapy services linked to their work for the College.
- A policy would need to be established about how to access the funding, and the number of sessions a Committee member may qualify for, which would have budget implications.
- With respect to accessing services, the College could either enter into an agreement with a specific provider of counselling or therapy services, or Committee members could be eligible to source their own registered psychotherapist, psychologist or social worker based upon a set rate.
- The benefits of setting up a pool of funding for counselling and therapy funding include:
  - The College would have the ability to tailor the program directly to its needs, determining how many sessions a Committee member may be eligible for and how the funding may be accessed.
  - While a more significant amount of funding would be needed to be set aside upfront in comparison to the HumanaCare option, funding would only be used on an as-needed basis. There would be no fixed costs.



- The drawbacks for this proposal include:
  - Committee members would likely need to pay for the counselling sessions upfront and then expense them to the College, especially if they are able to source their own provider.
  - There would be no absolute confidentiality. While the College would never report on who accessed the funding, the staff members responsible for administering the program (e.g. approving the expenses) would be aware of which Committee members sought counselling or therapy services.
  - There would be some administrative work the College would need to take on to establish and run the program, including developing the appropriate policies, monitoring the fund and approving expenses.

### **Next Steps**

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- If the Board decides to proceed with either option and based upon the Board's direction, staff will either add Committee members to HumanaCare or set up the necessary infrastructure to support an internal pool for funding.

### **Questions for the Board?**

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- Do you have any questions about the proposed options?
- Do you require any additional information to consider the proposed options?



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 11.0**

**Board Meeting  
September 23 – 24, 2024**

**Agenda #11.0: FY2024 Audited Financial Statements**

It is moved by

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and seconded by

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that:

The Board approves the 2023-2024 Audited Financial Statements ending March 31, 2024.





**BOARD BRIEFING NOTE**

For Decision

<b>Topic:</b>	FY2024 Audited Financial Statements
<b>Public Interest Rationale:</b>	Financial management is important to ensure the College has the financial resources to fulfill its statutory and regulatory duties.
<b>Strategic Alignment:</b>	<i>Performance and Accountability:</i> The audit of the College’s financial records occurs annually by an external audit firm and assesses the reliability of the College’s financial statements.
<b>Submitted By:</b>	Craig Roxborough, Registrar & CEO Mary Catalfo, Director of Finance
<b>Attachments:</b>	Appendix A: Audit Findings Communication Appendix B: Draft Audited Financial Statements

**Issue**

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- Provide the Auditor’s report for the draft audited financial statements for the Fiscal Year 2024, Covering the period April 1, 2023, to March 31, 2024.

**Decision Sought**

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- The Board of Directors is asked to approve the audited financial statements for the year ending March 31, 2024.

**Background**

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*Presentation of Financial Information to the Board of Directors*

- The Board of Directors received a report in [June 2024](#) (see pages 87-110) of the unaudited financial statements for FY2024, ending on March 31, 2024.
  - The materials provided in June outlined the primary drivers of the College’s financial position and any variances from the approved budget.
- As was noted in June, there is an expectation that results between the unaudited and audited financial statements may differ.

*The Auditor’s Report*

- The Auditor provides a report to the Board of Directors and presents the draft audited financial statements for the year ending March 31, 2024.
- The Auditor presented a draft of the audited financial statements to the Risk, Audit, and Finance Committee on August 16, 2024. The RAFC is responsible for providing oversight of the College finances as directed by the College’s Board of Directors.



- The RAFC passed a motion:
  - *That the Risk, Audit, and Finance Committees recommends the Board of Directors receives and accepts the audited financial statements for the fiscal year ending March 31, 2024.*
- The audit report is an independent assessment of the College's finances, and the Auditor will present the report to the Board of Directors.
  - Blair MacKenzie, Managing Partner, Hilborn, LLP, will make the presentation. The presentation will explain differences between results in FY2023 and FY2024.
- The Auditor's presentation includes the following:
  - Audit Findings Communication (Appendix A)
  - Draft Audited Financial Statements for the year ending March 31, 2024, found in Appendix B, which include:
    - Independent Auditor's Report
    - Statement of Financial Position ("SFP")
    - Statement of Operations ("SOO")
    - Statement of Changes in Net Assets ("SCNA")
    - Statement of Cash Flows ("SCF")
    - Notes to the Financial Statements
      - Several of the figures presented in the Statements may have (note XX) beside the item. This refers to note in the "Notes to the Financial Statements" that provide further information and detail on this entry.
      - The Notes to the Financial Statements are an integral part to understanding the draft audited financial statements.
    - The audited financial statements are presented on a comparative basis to the prior fiscal year.



### Summary of Draft Financial Statements

- As per the audited financial statements, the College closed FY2024 in a surplus position (\$725,362), which is higher than the estimate provided in June 2024 (\$592,301).

### Statement of Financial Position

March 31, 2024		FY 2024 (\$)	FY 2023 (\$)
Assets	Current Assets	9,785,149	9,020,131
	Investments	4,466,596	4,761,884
	Capital Assets	291,670	381,842
<b>Total Assets</b>		<b>14,543,415</b>	<b>14,163,857</b>
Liabilities	Current Liabilities	8,490,936	8,809,633
	Deferred Lease Incentives	83,581	110,688
<b>Total Liabilities</b>		<b>8,574,517</b>	<b>8,920,321</b>
Net Assets	Invested in capital assets	208,089	271,154
	Internally restricted: Complaints & discipline	1,000,000	1,000,000
	Internally restricted: Sexual abuse & therapy	100,00	100,00
	Unrestricted	4,660,809	3,872,382
<b>Total Net Assets</b>		<b>5,968,809</b>	<b>5,243,536</b>
<b>Total Liabilities and Net Assets</b>		<b>14,543,415</b>	<b>14,163,857</b>

### Statement of Operations

March 31, 2024		FY 2024 (\$)	FY 2023 (\$)
Revenues		9,739,208	7,826,306
Expenses		9,013,846	8,636,023
<b>Net Surplus (Deficit)</b>		<b>725,362</b>	<b>(809,717)</b>

### Considerations

- The Auditor requests additional information and supporting documents from the College throughout the audit.
- Changes to the initial set of financial statements provided to the Auditor at the beginning of audit are expected and normal.
- The Auditor may advise the College to change the treatment of entry based on applying the accounting standards for non-profit organizations.



### **Next Steps**


- Following the acceptance of the audited financial statements, the College will submit the required documentation to the Canada Revenue Agency.

### **Questions for the Board**

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1. Are there any material variances between FY2023 and FY2024 the Board of Directors needs to understand in more detail?

***College of Physiotherapists of Ontario***  
***Audit Findings Communication for the year ended March 31, 2024***



## A message from Blair MacKenzie to the Risk, Audit and Finance Committee

I am pleased to provide you with the findings of our audit of the financial statements of the College of Physiotherapists of Ontario (“the College”) for the year ended March 31, 2024.

Our audit findings communication is designed to highlight and explain key issues, which we believe to be relevant to the audit and to continue effective two-way communication with you regarding our audit. This will assist the Risk, Audit and Finance Committee in fulfilling your responsibility of overseeing the financial reporting process of the College.

This communication has been prepared to comply with the requirements outlined in Canadian Auditing Standard 260, *Communication with those Charged with Governance*. The information in this document is intended solely for the use of the Risk, Audit and Finance Committee, Board and management and should not be distributed to others without our consent.

We look forward to discussing our audit findings with you in detail as well as any other matters that you may wish to address at our meeting scheduled for August 16, 2024 with the Risk, Audit and Finance Committee.



Blair MacKenzie CPA, CA  
Managing Partner  
Hilborn LLP  
August 7, 2024

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



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## Your client service team

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**“At Hilborn, we are committed to audit quality and strong client service. Audit quality is integral to our business and is an overarching consideration in our training, our processes, and our systems and controls.”**

## Executive Summary



### Audit status

We have substantially completed our audit of the financial statements of the College for the year ended March 31, 2024, with the exception of the following procedures:

- Completion of subsequent events procedures
- Receipt of the signed management representation letter
- Board's approval of the financial statements

These procedures require completion before we may issue our auditor's report. If we become aware of significant matters after completing these procedures, we will bring them to your attention.



### Auditor's report and representations from management

We expect to issue an unmodified opinion. The expected form and content of our report is included in the draft financial statements.

The management representation letter is expected to be consistent with that issued in our pre-audit communication. We ask management to sign and return the letter to us before we issue our auditor's report.



### Independence

We are independent and have been so throughout the audit process. We have complied with all relevant ethical requirements regarding independence.

We have not performed any non-audit related services.



### Significant difficulties encountered

No difficulties were encountered while performing the audit and there are no unresolved disagreements. We received full cooperation from management during our audit.



### Changes from the audit plan

Our audit approach was consistent with the approach communicated to you in our audit plan dated May 17, 2024.

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



## Significant Qualitative Aspects of the College’s Accounting Practices

**Canadian Auditing Standards require that we communicate with you about significant qualitative aspects of the College’s accounting practices, including accounting policies, accounting estimates and financial statement disclosures.**

Accounting policies, accounting estimates and financial statement disclosures	Hilborn’s response and views
<p>Management is responsible for the appropriate selection and application of accounting policies under the financial reporting framework of Canadian accounting standards for not-for-profit organizations.</p> <p>Our role is to review the appropriateness and application of these policies as part of our audit. The accounting policies used by the College are described in Note 1, Significant Accounting Policies, in the financial statements.</p>	<ul style="list-style-type: none"> <li>- There were no significant changes in the previously adopted accounting policies or their application.</li> <li>- Based on the audit work performed, the accounting policies are appropriate for the College and applied consistently.</li> </ul>
<p>Management is responsible for the accounting estimates included in the financial statements. Estimates and the related judgments and assumptions are based on management’s knowledge of the business and past experience about current and future events.</p>	<ul style="list-style-type: none"> <li>- Based on the audit work performed, we are satisfied that the estimates made by management are reasonable in the context of the financial statements taken as a whole.</li> </ul>
<p>Management is responsible for the disclosures made within the financial statements, including the notes to the financial statements.</p>	<ul style="list-style-type: none"> <li>- Based on the audit work performed, we are satisfied that the overall presentation, structure and content of the financial statements, including the disclosures, represent the underlying transactions and events in a manner that achieves fair presentation.</li> </ul>

<b>Accounting policies, accounting estimates and financial statement disclosures</b>	<b>Hilborn’s response and views</b>
Annual report	<ul style="list-style-type: none"><li>- We acknowledge that a copy of the College’s financial statements for the year ended March 31, 2024 and a copy of our audit report related to the financial statements will be included in the College’s annual report. As agreed in our engagement letter, we will review the annual report prior to it being finalized to ensure that there are no inconsistencies with the audited financial statements.</li><li>- If, based on the work we will perform on the annual report, we conclude that there is a material inconsistency in the annual report, we will communicate that fact to you.</li></ul>

## Other Significant Matters

In accordance with Canadian Auditing Standards, there are a number of required communications between the auditor and those charged with governance related to the oversight of the financial reporting process. Those communications will primarily be written in the form of our audit plan and audit findings communication. We may also communicate orally through discussions. The table below summarizes the communications required at the conclusion of the audit.

Significant Matter	Discussion
<b>Summary of uncorrected misstatements</b>	We did not identify any misstatements that remain uncorrected in the financial statements.
<b>Corrected misstatements</b>	During the course of the audit, management and Hilborn LLP worked collaboratively to identify adjustments required to the financial statements. All adjustments recorded were reviewed and approved by management.
<b>Significant deficiencies in internal control</b>	An increased risk profile exists at the College relative to the lack of segregation of incompatible duties. Segregation of incompatible duties is a key internal control intended to minimize the occurrence of errors or fraud. The principle of segregating incompatible duties encompasses the division of responsibilities of a key process such that no one individual performs two or more of the functions related to custody, initiation, authorization, execution, recording and reporting

Significant Matter	Discussion
<p><b>Significant deficiencies in internal control (continued)</b></p>	<p>This risk is inherent in small to medium sized organizations and should not be interpreted negatively. From a cost-benefit perspective, it would not be practical to segregate incompatible duties to a sufficient degree to mitigate this risk, as it would require additional personnel that may not be appropriate otherwise.</p>
<p><b>Fraud and non-compliance with laws and regulations</b></p>	<p>No fraud or non-compliance with laws and regulations came to our attention during the course of the audit.</p> <p>We would like to reconfirm with the Risk, Audit and Finance Committee that you are not aware of any fraud or non-compliance with laws and regulations not previously discussed with us.</p>
<p><b>Related party transactions</b></p>	<p>We did not identify any related party transactions or balances.</p>
<p><b>Subsequent events</b></p>	<p>No subsequent events, which would impact the financial statements have come to our attention.</p>



**COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO**

FINANCIAL STATEMENTS

MARCH 31, 2024

*Draft Statement Subject to Revision*



## Independent Auditor's Report

To the Board of the College of Physiotherapists of Ontario

### Opinion

We have audited the financial statements of the College of Physiotherapists of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2024, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2024, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

### Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Other Information

Management is responsible for the other information. The other information comprises the information, other than the financial statements and our auditor's report thereon, in the annual report.

Our opinion on the financial statements does not cover the other information and we will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

The annual report is expected to be made available to us after the date of our auditor's report. If, based on the work we will perform on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact to those charged with governance.

### Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.



## Independent Auditor's Report (continued)

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario  
TBD

Chartered Professional Accountants  
Licensed Public Accountants



**COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO****Statement of Financial Position**

March 31	2024 \$	2023 \$
<b>ASSETS</b>		
Current assets		
Cash and cash equivalents (note 3)	8,393,722	8,350,363
Investments (note 4)	1,014,395	310,477
Amounts receivable	31,760	72,082
Prepaid expenses	345,272	287,209
	<b>9,785,149</b>	9,020,131
Investments (note 4)	4,466,596	4,761,884
Capital assets (note 5)	291,670	381,842
	<b>4,758,266</b>	5,143,726
	<b>14,543,415</b>	14,163,857
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities (note 6)	892,311	1,277,714
Deferred revenue (note 7)	7,598,625	7,531,919
	<b>8,490,936</b>	8,809,633
Deferred lease incentives (note 8)	83,581	110,688
	<b>8,574,517</b>	8,920,321
<b>NET ASSETS</b>		
Invested in capital assets	208,089	271,154
Internally restricted for complaints and discipline (note 9)	1,000,000	1,000,000
Internally restricted for sexual abuse therapy (note 10)	100,000	100,000
Unrestricted	4,660,809	3,872,382
	<b>5,968,898</b>	5,243,536
	<b>14,543,415</b>	14,163,857

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Board:

Chair

Vice-Chair

**COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO****Statement of Operations**

Year ended March 31	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
<b>Revenues</b>		
Registration fees	<b>7,319,471</b>	6,213,316
Examination fees	<b>1,927,350</b>	906,560
Examination exemption charges	<b>113,450</b>	541,500
Investment income	<b>332,537</b>	164,930
Rental sublease (note 12)	<b>46,400</b>	-
	<b>9,739,208</b>	7,826,306
<b>Expenses</b>		
Salaries and benefits	<b>5,232,307</b>	4,533,830
Examination costs	<b>1,210,386</b>	982,821
Administration and office (note 8)	<b>1,069,552</b>	1,091,631
Information technology	<b>568,760</b>	374,749
Committee fees and expenses	<b>228,134</b>	221,125
Programs	<b>208,579</b>	133,716
Professional fees (note 11)	<b>165,874</b>	883,802
Organizational effectiveness	<b>129,009</b>	106,888
Amortization	<b>113,074</b>	164,979
Communications	<b>88,171</b>	142,482
	<b>9,013,846</b>	8,636,023
Excess of revenues over expenses (expenses over revenues) for year	<b>725,362</b>	(809,717)

The accompanying notes are an integral part of these financial statements

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Statement of Changes in Net Assets

Year ended March 31

	Invested in capital assets \$	Internally restricted for complaints and discipline \$	Internally restricted for sexual abuse therapy \$	Unrestricted \$	2024 Total \$
Balance, beginning of year	271,154	1,000,000	100,000	3,872,382	<b>5,243,536</b>
Excess of revenues over expenses for year	-	-	-	725,362	<b>725,362</b>
Amortization of capital assets	(113,074)	-	-	113,074	-
Amortization of deferred lease incentives	27,107	-	-	(27,107)	-
Purchase of capital assets	22,902	-	-	(22,902)	-
Balance, end of year	<b>208,089</b>	<b>1,000,000</b>	<b>100,000</b>	<b>4,660,809</b>	<b>5,968,898</b>

	Invested in capital assets \$	Internally restricted for complaints and discipline \$	Internally restricted for sexual abuse therapy \$	Unrestricted \$	2023 Total \$
Balance, beginning of year	360,902	1,000,000	100,000	4,592,351	6,053,253
Excess of expenses over revenues for year	-	-	-	(809,717)	(809,717)
Amortization of capital assets	(164,979)	-	-	164,979	-
Amortization of deferred lease incentives	27,108	-	-	(27,108)	-
Purchase of capital assets	48,123	-	-	(48,123)	-
Balance, end of year	<b>271,154</b>	<b>1,000,000</b>	<b>100,000</b>	<b>3,872,382</b>	<b>5,243,536</b>

The accompanying notes are an integral part of these financial statements

**COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO****Statement of Cash Flows**

Year ended March 31	2024 \$	2023 \$
Cash flows from operating activities		
Excess of revenues over expenses (expenses over revenues) for year	<b>725,362</b>	(809,717)
Adjustments to determine net cash provided by (used in) operating activities		
Amortization of capital assets	<b>113,074</b>	164,979
Interest capitalized on investments	<b>(125,348)</b>	(89,049)
Interest received on investments capitalized in prior years	<b>56,493</b>	144,137
Amortization of deferred lease incentives	<b>(27,107)</b>	(27,108)
	<b>742,474</b>	(616,758)
Change in non-cash working capital items		
Decrease (increase) in amounts receivable	<b>40,322</b>	(45,990)
Increase in prepaid expenses	<b>(58,063)</b>	(199,510)
Increase (decrease) in accounts payable and accrued liabilities	<b>(385,403)</b>	312,168
Increase in deferred revenue	<b>66,706</b>	1,867,897
	<b>406,036</b>	1,317,807
Cash flows from investing activities		
Purchase of investments	<b>(628,558)</b>	(1,807,426)
Proceeds from disposal of investments	<b>288,783</b>	1,543,928
Purchase of capital assets	<b>(22,902)</b>	(48,123)
	<b>(362,677)</b>	(311,621)
Net change in cash and cash equivalents	<b>43,359</b>	1,006,186
Cash and cash equivalents, beginning of year	<b>8,350,363</b>	7,344,177
Cash and cash equivalents, end of year	<b>8,393,722</b>	8,350,363

The accompanying notes are an integral part of these financial statements

**COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO****Notes to Financial Statements**

---

March 31, 2024

**Nature and description of the organization**

The College of Physiotherapists of Ontario (the "College") was incorporated as a non-share capital corporation under the Regulated Health Professions Act, 1991 ("RHPA"). As the regulator and governing body of the physiotherapy profession in Ontario, the major function of the College is to administer the Physiotherapy Act, 1991 in the public interest.

The College is a not-for-profit organization, as described in Section 149(1)(l) of the Income Tax Act, and therefore is not subject to income taxes.

**1. Significant accounting policies**

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

**(a) Revenue recognition****Registration fees**

Registration fees are recognized as revenue in the fiscal year to which they relate. The registration year of the College coincides with that of the fiscal year of the College, being April 1 to March 31. Registration fees received in advance of the fiscal year to which they relate are recorded as deferred revenue.

**Examination fees**

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

**Examination exemption charges**

Revenue from examination exemption charges is recognized on completion of the services. A portion of the charge is recognized at the time the certificate of registration is granted with the balance of the charge being recognized on the completion of the screening interview. Examination exemption charges received in advance of the services being completed are recorded as deferred revenue.

**Investment income**

Investment income comprises interest from cash and cash equivalents and investments and realized gains and losses from the disposal of investments.

Revenue is recognized on an accrual basis. Interest on investments is recognized over the terms of the investments using the effective interest method.

**(b) Cash and cash equivalents**

Cash and cash equivalents consist of cash and guaranteed investment certificates that are cashable or have a contractual maturity of ninety days or less from date of acquisition, and are not subject to significant risk of changes in value.

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2024

### 1. Significant accounting policies (continued)

#### (c) Investments

Investments consist of non-cashable guaranteed investment certificates and fixed income investments whose term to maturity is greater than three months from date of acquisition. Investments that mature within twelve months from the year-end date are classified as current.

#### (d) Capital assets

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, otherwise, costs are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, upon commencement of the utilization of the assets, on a straight-line basis at rates designed to amortize the cost of the capital assets over their estimated useful lives. The annual amortization rates are as follows:

Furniture and fixtures	5 years
Computer equipment	3 years

Amortization of leasehold improvements is provided for on a straight-line basis over the remaining term of the lease.

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital asset to its fair value. Any impairment of the capital asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

#### (e) Deferred lease incentives

Lease incentives consist of tenant inducements received in cash used to purchase capital assets.

Lease incentives received in connection with original leases are amortized to income on a straight-line basis over the terms of the original leases. Lease incentives received in connection with a re-negotiated lease are amortized to income on a straight-line basis over the period from the expiration date of the original lease to the expiration date of the re-negotiated lease.

#### (f) Net assets invested in capital assets

Net assets invested in capital assets comprises the net book value of capital assets less the unamortized balance of tenant inducements used to purchase capital assets.

**COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO****Notes to Financial Statements (continued)**

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March 31, 2024

1. **Significant accounting policies (continued)**

(g) **Financial instruments**

**Measurement of financial assets and liabilities**

The College initially measures its financial assets and financial liabilities at fair value adjusted by the amount of transaction costs directly attributable to the instrument.

The College subsequently measures all of its financial assets and financial liabilities at amortized cost.

Amortized cost is the amount at which a financial asset or financial liability is measured at initial recognition minus principal repayments, plus or minus the cumulative amortization of any difference between that initial amount and the maturity amount, and minus any reduction for impairment.

Financial assets measured at amortized cost include cash and cash equivalents, investments and amounts receivable.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

**Impairment**

At the end of each year, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the College, including but not limited to the following events: significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; and bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the year in the expected timing or amount of future cash flows from the financial asset.

When the College identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the financial asset to the greater of the following:

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and
- the amount that could be realized by selling the financial asset at the statement of financial position date.

**COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO****Notes to Financial Statements (continued)**

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March 31, 2024

1. **Significant accounting policies (continued)**

(g) **Financial instruments (continued)**

**Impairment (continued)**

Any impairment of the financial asset is recognized in income in the year in which the impairment occurs.

When the extent of impairment of a previously written-down financial asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, but not in excess of the impairment loss. The amount of the reversal is recognized in income in the year the reversal occurs.

(h) **Management estimates**

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the current year. Actual results may differ from these estimates, the impact of which would be recorded in future years.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

Draft Statement Subject to Revision



**COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO****Notes to Financial Statements (continued)**

March 31, 2024

**2. Financial instrument risk management**

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure and concentrations.

The financial instruments of the College and the nature of the risks to which those instruments may be subject, are as follows:

Financial instrument	Risks				
	Credit	Liquidity	Market risk		
			Currency	Interest rate	Other price
Cash and cash equivalents	X				X
Investments	X				X
Amounts receivable	X				
Accounts payable and accrued liabilities		X			

**Credit risk**

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss.

The maximum exposure of the College to credit risk is as follows:

	2024	2023
	\$	\$
Cash and cash equivalents	8,393,722	8,350,363
Investments	5,480,991	5,072,361
Amounts receivable	31,760	72,082
	<u>13,906,473</u>	<u>13,494,806</u>

The College reduces its exposure to the credit risk of cash and cash equivalents by maintaining balances with a Canadian financial institution.

The College manages its exposure to the credit risk of investments through its investment policy which restricts the types of eligible investments.

**Liquidity risk**

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due.

The liquidity of the College is monitored by management to ensure sufficient cash is available to meet liabilities as they become due.

**COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO****Notes to Financial Statements (continued)**

March 31, 2024

**2. Financial instrument risk management (continued)****Market risk**

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

**Currency risk**

Currency risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in foreign exchange rates.

The College is not exposed to currency risk.

**Interest rate risk**

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates.

**Other price risk**

Other price risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual instrument or its issuer or factors affecting all similar instruments traded in the market.

The College is not exposed to other price risk.

**Changes in risk**

There have been no significant changes in the risk profile of the financial instruments of the College from that of the prior year.

**3. Cash and cash equivalents**

	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
Cash	6,879,257	8,071,519
Cash in broker account	14,465	278,844
Guaranteed investment certificate - cashable, prime less 2.10%, due October 11, 2024	1,500,000	-
	<u>8,393,722</u>	<u>8,350,363</u>

## COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2024

## 4. Investments

	2024 \$	2023 \$
Current	1,014,395	310,477
Long-term	4,466,596	4,761,884
	<u>5,480,991</u>	<u>5,072,361</u>

Investments have effective interest rates ranging from 0.73% to 4.87% (2023 - 0.73% to 4.05%) and maturity dates ranging from June 2024 to December 2028 (2023 - May 2023 to June 2028).

## 5. Capital assets

	Cost \$	Accumulated Amortization \$	2024 Net \$
Furniture and fixtures	378,189	370,382	7,807
Computer equipment	174,140	136,811	37,329
Leasehold improvements	793,263	546,729	246,534
	<u>1,345,592</u>	<u>1,053,922</u>	<u>291,670</u>

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

## 6. Accounts payable and accrued liabilities

	2024 \$	2023 \$
Trade payables and accrued liabilities	690,173	883,537
Accrued liabilities - complaints and discipline	202,138	394,177
	<u>892,311</u>	<u>1,277,714</u>

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2024

### 7. Deferred revenue

	2024	2023
	\$	\$
Registration fees	6,995,185	6,522,669
Examination fees	603,440	893,250
Examination exemption charges	-	116,000
	<u>7,598,625</u>	<u>7,531,919</u>

### 8. Deferred lease incentives

	Cost	Accumulated Amortization	2024 Net
	\$	\$	\$
Tenant inducements	<u>271,073</u>	<u>187,492</u>	<u>83,581</u>
	-	-	-
	Cost	Accumulated Amortization	2023 Net
	\$	\$	\$
Tenant inducements	<u>271,073</u>	<u>160,385</u>	<u>110,688</u>

Pursuant to the lease agreement for the College's office premises (note 12), lease incentives comprised of tenant inducements in the amount of \$271,073 were received in the year the lease commenced.

Amortization of lease incentives in the amount of \$27,107 (2023 - \$27,108) was credited to administration and office expense in the current year.

### 9. Net assets internally restricted for complaints and discipline

The College makes best efforts to anticipate the costs associated with complaints and discipline matters based on past experience and current caseload. However, in the event that the College incurs costs beyond the normal scope of such matters, the Board of the College has internally restricted net assets to fund expenditures related to these matters.

The internal restriction is subject to the direction of the Board upon the recommendation of the Risk, Audit and Finance Committee.

### 10. Net assets internally restricted for sexual abuse therapy

The Board of the College has internally restricted net assets to meet the anticipated future requirements of the College for sexual abuse therapy.

The internal restriction is subject to the direction of the Board upon the recommendation of the Risk, Audit and Finance Committee.

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2024

11. **Professional fees**

	2024	2023
	\$	\$
Complaints and discipline	199,098	659,835
Cost recoveries	(42,056)	(44,436)
Other professional	157,042	615,399
	8,832	268,403
	<u>165,874</u>	<u>883,802</u>

12. **Commitment**

The College is committed to lease its office premises until February 28, 2027. The future annual lease payments, including an estimate of premises common area expenses, are as follows:

	\$
2025	554,509
2026	565,804
2027	518,864
	<u>1,639,177</u>

The College has entered into sub-lease agreements for its office premises until February 28, 2027 to offset the lease commitments above. The College will earn sub-lease income of \$139,200 in 2025, \$139,200 in 2026 and \$127,600 in 2027.





**BOARD BRIEFING NOTE**

For Information

<b>Topic:</b>	FY2025 Q1 Financial Report
<b>Public Interest Rationale:</b>	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.
<b>Strategic Alignment:</b>	<i>Performance and Accountability:</i> Monitoring the College’s financial resources ensures the finances are available to deliver on the College’s public interest responsibilities and strategic priorities.
<b>Submitted By:</b>	Craig Roxborough, Registrar & CEO Mary Catalfo, Director of Finance
<b>Attachments:</b>	Appendix A: FY 2025 Q1 - Statement of Operations – Budget vs. Actuals Appendix B: FY 2025 Q1 - Statement of Operations – Prior Year Comparison Appendix C: FY 2025 Q1 - Statement of Financial Position Comparison Appendix D: FY 2025 Q1 - Statement of Cash Flows

**Issue**

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- The Board is provided with a summary of the College’s financial performance and health for the FY2025 Quarter 1, covering the period of April 1, 2024, to June 30, 2024.

**Decision Sought**

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- The FY 2025 Q1 financial report is provided for information only.

**Background**

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



## Current Status and Analysis

### 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.

### Executive Summary

- The College analyzes its financial results by reporting separately on the Ontario Clinical Exam and the College’s core business. The financial statements are a consolidation of these two areas.
- The Ontario Clinical Exam (OCE):
  - The OCE had fewer candidates enrolled in the June 2024 administration than expected (e.g., Budget = 227 vs Actual = 182) and resulted in 20% less revenue than anticipated.
  - OCE expenses were 1% lower than planned as a result of the reduced enrolment in June 2024. The OCE research project was budgeted for FY 2025 Q2, but costs for the research project were recognized in FY 2025 Q1.
  - The OCE generated a surplus of \$10,494 in Q1.





- The College’s core business, excluding the OCE, generated a surplus of nearly \$177,080 in Q1.
  - Core business revenue was 1% higher than planned with slightly higher revenue from late fees, higher number of prorated IPC fees paid, and higher number of professional health corporation application fees.
  - The Core Business expenses were approximately 3% lower than budgeted by approximately \$61,247. There were lower-than-budgeted expenses in Committee per diems and expenses, policy and governance, communications, investigation services, professional fees (i.e., legal fees associated with regulatory programs), and the quality assurance program. Higher-than-budgeted expenses were found in office related expenses (e.g., recognizing future conference expenses in Q1, bank charges, etc.) and in the IT department.

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

*Overall Corporate Performance*

- The College generated a surplus of \$187,574 in FY2025 Q1 (see Table 1).
  - This is driven by a small surplus within the OCE and a larger than anticipated surplus relative to the College’s core business.
  - Overall, this is 2% lower than anticipated for Q1 in annual operating budget. The College is on budget overall and within the +/- 5% variance.

Table 1 – Breakout of OCE and Core Business for FY 2025

<b>Item</b>	<b>Actuals</b>	<b>Budget</b>	<b>Variance (\$)</b>	<b>Variance (%)</b>
<b>Ontario Clinical Exam</b>				
Revenue	\$ 361,270.00	\$ 450,595.00	-\$ 89,325	-20%
Expenses	\$ 350,775.88	\$ 353,877.00	-\$ 3,101	-1%
<b>Surplus/(Deficit)</b>	<b>\$10,494</b>	<b>\$ 96,718</b>	<b>-\$ 86,224</b>	<b>-89%</b>
<b>Core Business</b>				
Revenue	\$ 2,060,950.49	\$ 2,040,442.24	\$ 20,508	1%
Expenses	\$ 1,883,870.70	\$ 1,945,117.46	-\$ 61,247	-3.1%
<b>Surplus/(Deficit)</b>	<b>\$177,080</b>	<b>\$ 95,325</b>	<b>\$ 81,755</b>	<b>86%</b>
<b>Total Corporate</b>				
Revenue	\$ 2,422,220	\$ 2,491,037	-\$ 68,817	-2.76%
Expenses	\$ 2,234,647	\$ 2,298,994	-\$ 64,348	-2.80%
<b>Surplus/(Deficit)</b>	<b>\$ 187,574</b>	<b>\$ 192,043</b>	<b>-\$ 4,469</b>	<b>-2%</b>



### *Overall Revenue*

- Total revenue for FY2025 Q1 is \$2,422,220, approximately \$68,800 lower budgeted (i.e., 2.8%) due to:
  1. Lower than planned revenue for the Ontario Clinical Exam (i.e., one administration of the OCE took place in Q1 and generated \$361,270 in revenue, \$89,325 less than planned due to lower enrolment).
  2. 15% higher revenue was recognized for pro-rated Independent Practice Certificates generating \$69,347.
  3. An additional \$12,000 was generated for administrative fees with a higher number of professional health corporation applications than planned in Q1.

### *Overall Expenses*

- Total expenses for FY2025 Q1 were \$2,234,647 and are 2.8% lower than budgeted.

### Variance Explanations

The following is a brief description of important variances from the statement of operations.

- The expenses for external investigation services are lower than budgeted due to a reduced requirement for these services in Q1.
- ICRC referred fewer cases to legal counsel over Q1 which resulted in General Counsel services being \$19,000 under budget.
- There were no discipline hearings held in Q1 resulting in lower than planned expenditures.
- The expenses for the quality assurance program are lower due to a smaller number of screening interviews because of a lower number of selected Registrants at the end of fiscal year 2024 and to adjust for a reduced QA team due to staff departures and personal time off.
- Board and committee per diems are lower than budgeted by \$17,000 because the ICRC met less than planned and the budget assumed a professional member would be the Board Chair. Since a public member is the Board Chair, the College does not incur per diem costs for this position.
- Board and committee expenses were lower primarily due to fewer ICRC members attending in person than planned.
- IT is higher than budgeted because there were additional charges from PACE Technical and KPMG as the College discontinued our relationship with these vendors and moved the services in house.
- Conference and travel expenses are higher than budgeted since expenses for the CNAR conference in Ottawa in October were paid in May 2024.



- Office and general expenses were higher than budgeted due to higher bank fees and service charges and because the budget included the rent rebate on a monthly basis when it should have been only recorded on a quarterly basis.
- Regulatory Effectiveness, which includes strategy, policy, and governance, expenses were lower than planned due to, for example, delaying the start of a strategic project, not yet utilizing any external support on the standards development process, and not procuring external speakers for the June Board meeting.
- Expenses to operate the Ontario Clinical Exam were \$3,100 lower than budgeted and essentially on budget.
- Staffing costs were approximately 1% higher than the budget for FY2025 Q1.

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

- The Statement of Financial Position reports on the financial health of the College on a specific day. For the purposes of this report, the Statement of Financial Position reports on the financial health of the College as of June 30, 2024. Comparison to the previous fiscal year related to the financial health of the College on June 30, 2023.
  - Total assets increased by 7.25% from the previous fiscal year. This is driven by an increase in cash received for registration renewals.
  - Overall investments increased by 3.1% when compared to the previous fiscal year.
  - Total liabilities increased by 1.8% when compared to the previous fiscal year. This is partly due to:
    - Higher deferred revenue as of June 30, 2024 (i.e., 5.6%).

### ***Analytics***

- Current Ratio (e.g., current assets divided by current liabilities) = 1.24 on June 30, 2024.
  - The College is financially stable, with over \$4.25 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 June 30, 2024 = 5.9 months.
  - This is still within the operating reserve policy limits of 3 to 6 months of the annual operating budget (i.e., FY 2025 operating budget) and slightly higher March 31, 2024.<sup>1</sup>
  - The operating reserve includes surpluses generated by the OCE, which are intended to offset future projected deficits to ensure the OCE remains cost neutral through to 2028.

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<sup>1</sup> The Operating Reserve previously reported was 5.5 months and used the FY 2025 budget for calculation purposes.

College of Physiotherapists of Ontario  
Statement of Operations - Budget vs. Actuals: FY 2025 ,Q1  
April 1, 2024 to June 30, 2024

	Total				Ontario Clinical Exam				Core (less OCE)			
	Actual	Budget	over Budget	% of Budget	Forecast	Budget	Var (\$)	Var (%)	Forecast Balance Core	Budget Core Only	Var (\$)	Var (%)
<b>Income</b>												
4001 Registration Fees									0.00			
4007 Registration fee credits	0.00	-9,343.26	9,343.26	0.0%					0.00	-9,343.26	9,343.26	-100%
4011 Independent Practice - \$648	1,744,578.00	1,744,092.00	486.00	100.0%					1,744,578.00	1,744,092.00	486.00	0%
4012 Independent Practice - ProRated	69,347.20	60,142.50	9,204.70	115.3%					69,347.20	60,142.50	9,204.70	15%
4013 Prof Corp Fees \$277	32,963.00	33,240.00	-277.00	99.2%					32,963.00	33,240.00	-277.00	-1%
4014 Provisional Practice Fees \$83	14,280.00	12,750.00	1,530.00	112.0%					14,280.00	12,750.00	1,530.00	12%
4021 Misc Fee \$113 and \$300	0.00	0.00	0.00						0.00	0.00	0.00	
<b>Total 4001 Registration Fees</b>	<b>\$ 1,861,168.20</b>	<b>\$ 1,840,881.24</b>	<b>\$ 20,286.96</b>	<b>101.1%</b>					<b>\$ 1,861,168.20</b>	<b>\$ 1,840,881.24</b>	<b>\$ 20,286.96</b>	<b>1%</b>
4002 Interest Income	89,874.29	101,608.00	-11,733.71	88.5%					89,874.29	101,608.00	-11,733.71	-12%
4008 Admin Fees									0.00	0.00	0.00	
4015 Application Fees \$114	53,787.00	51,243.00	2,544.00	105.0%					53,787.00	51,243.00	2,544.00	5%
4016 Letter of Prof Stand / NSF \$56	3,696.00	3,624.99	71.01	102.0%					3,696.00	3,624.99	71.01	2%
4017 Wall Certificates \$28	1,177.00	725.01	451.99	162.3%					1,177.00	725.01	451.99	62%
4018 Late Fees \$254	4,064.00	635.01	3,428.99	640.0%					4,064.00	635.01	3,428.99	540%
4019 Prof Corp Application \$774	12,384.00	6,924.99	5,459.01	178.8%					12,384.00	6,924.99	5,459.01	79%
<b>Total 4008 Admin Fees</b>	<b>\$ 75,108.00</b>	<b>\$ 63,153.00</b>	<b>\$ 11,955.00</b>	<b>118.9%</b>					<b>75,108.00</b>	<b>63,153.00</b>	<b>11,955.00</b>	<b>19%</b>
4010 Miscellaneous Income									0.00	0.00	0.00	
4023 Sublease Income	34,800.00	34,800.00	0.00	100.0%					34,800.00	34,800.00	0.00	0%
<b>Total 4010 Miscellaneous Income</b>	<b>\$ 34,800.00</b>	<b>\$ 34,800.00</b>	<b>\$ 0.00</b>	<b>100.0%</b>					<b>34,800.00</b>	<b>\$ 34,800.00</b>	<b>\$ 0.00</b>	<b>0%</b>
4030 ETP Assessment Fees									0.00	0.00	0.00	
4033 Reg Com - OCE Fee (\$1,985)	361,270.00	450,595.00	-89,325.00	80.2%	361,270.00	450,595.00	-89,325.00	-20%				
<b>Total 4030 ETP Assessment Fees</b>	<b>\$ 361,270.00</b>	<b>\$ 450,595.00</b>	<b>-\$ 89,325.00</b>	<b>80.2%</b>	<b>\$ 361,270.00</b>	<b>\$ 450,595.00</b>	<b>-\$ 89,325.00</b>	<b>-20%</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>0.00</b>
<b>Total Income</b>	<b>\$ 2,422,220.49</b>	<b>\$ 2,491,037.24</b>	<b>-\$ 68,816.75</b>	<b>97.2%</b>	<b>\$ 361,270.00</b>	<b>\$ 450,595.00</b>	<b>-\$ 89,325.00</b>	<b>-20%</b>	<b>\$ 2,060,950.49</b>	<b>\$ 2,040,442.24</b>	<b>\$ 20,508.25</b>	<b>1%</b>
<b>Expenses</b>												
0051 do not use GST Expenses	3,188.17	0.00	3,188.17						3,188.17	0.00	3,188.17	
5000 Committee Per Diem	0.00	0.00	0.00						0.00	0.00	0.00	
5001 Chairs Education - per diem	-414.00	1,144.00	-1,558.00	-36.2%					-414.00	1,144.00	-1,558.00	-136%
5002 ICRC - per diem	8,248.00	13,214.01	-4,966.01	62.4%					8,248.00	13,214.01	-4,966.01	-38%
5003 Council - per diem	8,888.50	17,362.00	-8,473.50	51.2%					8,888.50	17,362.00	-8,473.50	-49%
5005 Discipline Committee - per diem	464.00	600.01	-136.01	77.3%					464.00	600.01	-136.01	-23%
5006 Executive - per diem	186.50	1,945.00	-1,758.50	9.6%					186.50	1,945.00	-1,758.50	-90%
5010 Patient Relations - per diem	228.00	200.01	27.99	114.0%					228.00	200.01	27.99	14%
5011 QA Committee - per diem	1,077.00	1,488.01	-411.01	72.4%					1,077.00	1,488.01	-411.01	-28%
5012 Registration Com. - per diem	1,583.25	2,138.01	-554.76	74.1%					1,583.25	2,138.01	-554.76	-26%
5017 Finance Committee - per diem	3,165.00	2,175.01	989.99	145.5%					3,165.00	2,175.01	989.99	46%
5018 Exam Committee - per diem	-165.50	0.00	-165.50						-165.50	0.00	-165.50	
<b>Total 5000 Committee Per Diem</b>	<b>\$ 23,260.75</b>	<b>\$ 40,266.06</b>	<b>-\$ 17,005.31</b>	<b>57.8%</b>					<b>\$ 23,260.75</b>	<b>\$ 40,266.06</b>	<b>-\$ 17,005.31</b>	<b>-42%</b>
5050 Committee Reimbursed Expenses									0.00	0.00	0.00	
5051 Chairs Education- expenses	0.00	0.00	0.00						0.00	0.00	0.00	
5052 ICRC - expenses	1,223.83	8,877.00	-7,653.17	13.8%					1,223.83	8,877.00	-7,653.17	-86%
5053 Council - expenses	14,024.80	13,710.00	314.80	102.3%					14,024.80	13,710.00	314.80	2%

College of Physiotherapists of Ontario  
Statement of Operations - Budget vs. Actuals: FY 2025 ,Q1  
April 1, 2024 to June 30, 2024

	Total				Ontario Clinical Exam				Core (less OCE)			
	Actual	Budget	over Budget	% of Budget	Forecast	Budget	Var (\$)	Var (%)	Forecast Balance Core	Budget Core Only	Var (\$)	Var (%)
5055 Discipline Committee - expenses	1,186.46	2,641.00	-1,454.54	44.9%					1,186.46	2,641.00	-1,454.54	-55%
5056 Executive Committee - expenses	0.00	2,714.00	-2,714.00	0.0%					0.00	2,714.00	-2,714.00	-100%
5075 Finance Committee - expenses	240.00	0.00	240.00						240.00	0.00		
<b>Total 5050 Committee Reimbursed Expenses</b>	<b>\$ 16,675.09</b>	<b>\$ 27,942.00</b>	<b>-\$ 11,266.91</b>	<b>59.7%</b>					<b>\$ 16,675.09</b>	<b>\$ 27,942.00</b>	<b>-\$ 11,266.91</b>	<b>-40%</b>
5100 Information Management			0.00						0.00	0.00	0.00	
5101 IT Hardware	9,916.69	771.00	9,145.69	1286.2%					9,916.69	771.00	9,145.69	1186%
5102 Software	12,809.66	44,689.00	-31,879.34	28.7%					12,809.66	44,689.00	-31,879.34	-71%
5103 IT Maintenance	6,791.64	1,740.00	5,051.64	390.3%					6,791.64	1,740.00	5,051.64	290%
5104 IT Database	76,793.40	36,250.00	40,543.40	211.8%					76,793.40	36,250.00		0%
5109 IT Implementation Costs	0.00	0.00	0.00						0.00	0.00	0.00	
<b>Total 5100 Information Management</b>	<b>\$ 106,311.39</b>	<b>\$ 83,450.00</b>	<b>\$ 22,861.39</b>	<b>127.4%</b>					<b>\$ 106,311.39</b>	<b>\$ 83,450.00</b>	<b>\$ 22,861.39</b>	<b>27%</b>
5200 Insurance	5,221.98	3,369.33	1,852.65	155.0%					5,221.98	3,369.33	1,852.65	55%
5300 Networking	143.28	1,500.00	-1,356.72	9.6%					143.28	1,500.00	-1,356.72	-90%
5301 Conferences and Travel	11,559.49	2,900.00	8,659.49	398.6%					11,559.49	2,900.00		0%
5400 Office and General			0.00						0.00	0.00	0.00	
5402 Bank & service charges	35,925.54	22,436.24	13,489.30	160.1%					35,925.54	22,436.24	13,489.30	60%
5403 Maintenance & repairs	22.60	0.00	22.60						22.60	0.00	22.60	
5405 Memberships & publications	14,555.52	12,358.78	2,196.74	117.8%					14,555.52	12,358.78	2,196.74	18%
5406 CAPR Fees	64,658.85	64,783.86	-125.01	99.8%					64,658.85	64,783.86	-125.01	0%
5407 Office & kitchen supplies	368.72	1,000.00	-631.28	36.9%					368.72	1,000.00	-631.28	-63%
5408 Postage & courier	1,789.06	1,000.00	789.06	178.9%					1,789.06	1,000.00	789.06	79%
5409 Rent	135,515.54	121,957.08	13,558.46	111.1%					135,515.54	121,957.08	13,558.46	11%
5411 Printing, Filing & Stationery	2,331.64	3,000.00	-668.36	77.7%					2,331.64	3,000.00	-668.36	-22%
5412 Telephone & Internet	3,395.95	6,915.36	-3,519.41	49.1%					3,395.95	6,915.36	-3,519.41	-51%
5413 Bad Debt	0.00	0.00	0.00						0.00	0.00	0.00	
<b>Total 5400 Office and General</b>	<b>\$ 258,563.42</b>	<b>\$ 233,451.32</b>	<b>\$ 25,112.10</b>	<b>110.8%</b>					<b>\$ 258,563.42</b>	<b>\$ 233,451.32</b>	<b>\$ 25,112.10</b>	<b>11%</b>
5500 Regulatory Effectiveness			0.00						<b>\$ 0.00</b>	<b>\$ 0.00</b>		
5502 Strategic Operations	3,559.50	9,085.85	-5,526.35	39.2%					3,559.50	9,085.85	-5,526.35	-61%
5503 Council Education	-306.00	7,192.00	-7,498.00	-4.3%					-306.00	7,192.00	-7,498.00	-104%
5504 Elections	0.00	0.00	0.00						0.00	0.00	0.00	
5505 Policy Development	3,420.00	9,050.00	-5,630.00	37.8%					3,420.00	9,050.00	-5,630.00	-62%
5513 Governance	240.00	250.00	-10.00	96.0%								
<b>Total 5500 Regulatory Effectiveness</b>	<b>\$ 6,913.50</b>	<b>\$ 25,577.85</b>	<b>-\$ 18,664.35</b>	<b>27.0%</b>					<b>\$ 6,913.50</b>	<b>\$ 25,577.85</b>	<b>-\$ 18,664.35</b>	<b>-73%</b>
5600 Communications			0.00						0.00	0.00	0.00	
5605 Translation Services	1,144.69	5,750.00	-4,605.31	19.9%					1,144.69	5,750.00	-4,605.31	-80%
5620 Print Communication	0.00	350.00	-350.00	0.0%					0.00	350.00	-350.00	-100%
5621 Online Communication	21,162.55	21,735.00	-572.45	97.4%					21,162.55	21,735.00	-572.45	-3%
5622 In-Person Communication	1,943.86	1,500.00	443.86	129.6%					1,943.86	1,500.00	443.86	30%
<b>Total 5600 Communications</b>	<b>\$ 24,251.10</b>	<b>\$ 29,335.00</b>	<b>-\$ 5,083.90</b>	<b>82.7%</b>					<b>\$ 24,251.10</b>	<b>\$ 29,335.00</b>	<b>-\$ 5,083.90</b>	<b>-17%</b>
5700 Professional fees			0.00						0.00	0.00	0.00	
4004 Cost recovery from cost orders	-2,571.42	-234,000.00	231,428.58	1.1%					-2,571.42	-234,000.00	231,428.58	-99%
5701 Audit	0.00	21,187.50	-21,187.50	0.0%					0.00	21,187.50	-21,187.50	-100%
5702 Hearing Expenses	0.00	0.00	0.00						0.00	0.00	0.00	
5704 Investigation Services	0.00	0.00	0.00						0.00	0.00	0.00	
5711 External Investigators	9,004.56	20,760.00	-11,755.44	43.4%					9,004.56	20,760.00	-11,755.44	-57%

College of Physiotherapists of Ontario  
Statement of Operations - Budget vs. Actuals: FY 2025 ,Q1  
April 1, 2024 to June 30, 2024

	Total				Ontario Clinical Exam				Core (less OCE)			
	Actual	Budget	over Budget	% of Budget	Forecast	Budget	Var (\$)	Var (%)	Forecast Balance Core	Budget Core Only	Var (\$)	Var (%)
5712 PC - Chart Review	1,596.00	3,420.00	-1,824.00	46.7%					1,596.00	3,420.00	-1,824.00	-53%
5713 Summons - Conduct fees	0.00	0.00	0.00						0.00	0.00	0.00	
5714 Fees to Secure Records	137.58	150.00	-12.42	91.7%					137.58	150.00	-12.42	-8%
5715 Corporate Searches	0.00	0.00	0.00						0.00	0.00	0.00	
5716 Transcripts	1,936.36	2,520.00	-583.64	76.8%					1,936.36	2,520.00	-583.64	-23%
<b>Total 5704 Investigation Services</b>	<b>\$ 12,674.50</b>	<b>\$ 26,850.00</b>	<b>-\$ 14,175.50</b>	<b>47.2%</b>					<b>\$ 12,674.50</b>	<b>\$ 26,850.00</b>	<b>-\$ 14,175.50</b>	<b>-53%</b>
5705 Professional services - Other	723.20	10,000.00	-9,276.80	7.2%					723.20	10,000.00	-9,276.80	-93%
5706 Investigator travel		3,600.00	-3,600.00	0.0%					0.00	3,600.00	-3,600.00	-100%
5707 Decision writing	1,521.76	38,430.00	-36,908.24	4.0%					1,521.76	38,430.00	-36,908.24	-96%
5708 Peer / Expert opinions	3,060.00	41,200.00	-38,140.00	7.4%					3,060.00	41,200.00	-38,140.00	-93%
5750 Legal	0.00		0.00						0.00	0.00	0.00	
5751 Legal - QA	0.00	8,927.00	-8,927.00	0.0%					0.00	8,927.00	-8,927.00	-100%
5752 Legal - Registration	2,978.41	27,600.00	-24,621.59	10.8%					2,978.41	27,600.00	-24,621.59	-89%
5753 Legal - Professional Conduct	0.00		0.00						0.00	0.00	0.00	
5760 General Counsel	10,156.44	29,250.00	-19,093.56	34.7%					10,156.44	29,250.00	-19,093.56	-65%
5761 Independent Legal Advice	14,997.86	15,963.51	-965.65	94.0%		n			14,997.86	15,963.51	-965.65	-6%
5762 Hearing Counsel	8,716.82	24,718.74	-16,001.92	35.3%					8,716.82	24,718.74	-16,001.92	-65%
5763 Court Proceedings & Appeals	9,323.07	0.00	9,323.07						9,323.07	0.00	9,323.07	
<b>Total 5753 Legal - Professional Conduct</b>	<b>\$ 43,194.19</b>	<b>\$ 69,932.25</b>	<b>-\$ 26,738.06</b>	<b>61.8%</b>					<b>\$ 43,194.19</b>	<b>\$ 69,932.25</b>	<b>-\$ 26,738.06</b>	<b>-38%</b>
5754 Legal - Council Advice	4,658.43	2,500.00	2,158.43	186.3%					4,658.43	2,500.00	2,158.43	86%
5755 General Legal	12,179.81	7,500.00	4,679.81	162.4%					12,179.81	7,500.00	4,679.81	62%
5756 C & D Accrual Expense	-29,210.94	-22,749.99	-6,460.95	128.4%					-29,210.94	-22,749.99	-6,460.95	28%
5758 Legal - Practice Advice	0.00	0.00	0.00						0.00	0.00	0.00	
<b>Total 5750 Legal</b>	<b>\$ 33,799.90</b>	<b>\$ 58,908.86</b>	<b>-\$ 25,108.96</b>	<b>57.4%</b>					<b>\$ 33,799.90</b>	<b>\$ 58,908.86</b>	<b>-\$ 25,108.96</b>	<b>-43%</b>
<b>Total 5700 Professional fees</b>	<b>\$ 49,207.94</b>	<b>\$ 110,758.86</b>	<b>-\$ 61,550.92</b>	<b>44.4%</b>					<b>\$ 49,207.94</b>	<b>\$ 110,758.86</b>	<b>-\$ 61,550.92</b>	<b>-56%</b>
5800 Programs			0.00						\$ 0.00	\$ 0.00		
5802 Jurisprudence	2,816.01	12,465.57	-9,649.56	22.6%					2,816.01	12,465.57	-9,649.56	-77%
5810 Quality Program	0.00	0.00	0.00						0.00	0.00	0.00	
5811 QA Program Development & Eval.	0.00	1,469.00	-1,469.00	0.0%					0.00	1,469.00	-1,469.00	-100%
5821 Assessor Travel	0.00	883.00	-883.00	0.0%					0.00	883.00	-883.00	-100%
5823 Assessor Training	2,190.50	2,346.00	-155.50	93.4%					2,190.50	2,346.00	-155.50	-7%
5824 Assessor Onsite Assessment Fee	2,700.00	4,050.00	-1,350.00	66.7%					2,700.00	4,050.00	-1,350.00	-33%
5825 Assessor Remote Assessment	19,827.50	45,200.00	-25,372.50	43.9%					19,827.50	45,200.00	-25,372.50	-56%
<b>Total 5810 Quality Program</b>	<b>\$ 24,718.00</b>	<b>\$ 53,948.00</b>	<b>-\$ 29,230.00</b>	<b>45.8%</b>					<b>\$ 24,718.00</b>	<b>\$ 53,948.00</b>	<b>-\$ 29,230.00</b>	<b>-54%</b>
5830 Entry to Practice - Projects	-1,427.75	0.00	-1,427.75		-\$ 1,427.75	\$ 0.00	-\$ 1,427.75					
5831 OCE Examiner Exam Fee	165,347.75	181,794.00	-16,446.25	91.0%	\$ 165,347.75	\$ 181,794.00	-\$ 16,446.25	91%				
5832 OCE Examiner Training Fees	7,044.05	0.00	7,044.05		7,044.05	0.00	7,044.05					
5833 OCE Staff Compensation	0.00	7,000.00	-7,000.00	0.0%	0.00	7,000.00	-7,000.00	0%				
5834 Exam Committee - per diem	0.00	0.00	0.00		0.00	0.00	0.00					
5835 Exam - Technology costs	75,210.97	65,610.00	9,600.97	114.6%	75,210.97	65,610.00	9,600.97	115%				
5836 Exam Delivery Costs	1,996.57	0.00	1,996.57		1,996.57	0.00	1,996.57					
5837 Exam - Admin / Misc. costs	619.50	8,477.00	-7,857.50	7.3%	619.50	8,477.00	-7,857.50	7%				
5838 Exam - Consultant Fees	0.00	8,125.00	-8,125.00	0.0%	0.00	8,125.00	-8,125.00	0%				
5839 Exam - Legal costs	0.00	0.00	0.00		0.00	0.00	0.00					
5840 Exam - Development / Misc.costs	20,792.55	2,264.00	18,528.55	918.4%	20,792.55	2,264.00	18,528.55	918%				

College of Physiotherapists of Ontario  
Statement of Operations - Budget vs. Actuals: FY 2025 ,Q1  
April 1, 2024 to June 30, 2024

	Total				Ontario Clinical Exam				Core (less OCE)			
	Actual	Budget	over Budget	% of Budget	Forecast	Budget	Var (\$)	Var (%)	Forecast Balance Core	Budget Core Only	Var (\$)	Var (%)
<b>Total 5830 Entry to Practice - Projects</b>	<b>269,583.64</b>	<b>273,270.00</b>	<b>-3,686.36</b>	<b>98.7%</b>	269,583.64	273,270.00	-3,686.36	99%				
<b>5880 Remediation</b>												
5871 QA Practice Enhancement fees	715.00	10,600.00	-9,885.00	6.7%					715.00	10,600.00	-9,885.00	-93%
4029 QA Remediation Chargeback	0.00	-6,310.00	6,310.00	0.0%					0.00	-6,310.00	6,310.00	-100%
<b>Total 5871 QA Practice Enhancement fees</b>	<b>\$ 715.00</b>	<b>\$ 4,290.00</b>	<b>-\$ 3,575.00</b>	<b>16.7%</b>					<b>\$ 715.00</b>	<b>\$ 4,290.00</b>	<b>-\$ 3,575.00</b>	<b>-83%</b>
5882 Remediation - ICRC	12,169.05	31,835.00	-19,665.95	38.2%					12,169.05	31,835.00	-19,665.95	-62%
4028 ICRC Remediation Chargeback	-3,786.25	-31,835.00	28,048.75	11.9%					-3,786.25	-31,835.00	28,048.75	-88%
<b>Total 5882 Remediation - ICRC</b>	<b>\$ 8,382.80</b>	<b>\$ 0.00</b>	<b>\$ 8,382.80</b>						<b>\$ 8,382.80</b>	<b>\$ 0.00</b>	<b>\$ 8,382.80</b>	
5883 Remediation - Registration	2,509.00	3,000.00	-491.00	83.6%					2,509.00	3,000.00	-491.00	-16%
4027 Registration Chargeback	-390.00	-2,500.00	2,110.00	15.6%					-390.00	-2,500.00	2,110.00	-84%
<b>Total 5883 Remediation - Registration</b>	<b>\$ 2,119.00</b>	<b>\$ 500.00</b>	<b>\$ 1,619.00</b>	<b>423.8%</b>					<b>\$ 2,119.00</b>	<b>\$ 500.00</b>	<b>\$ 1,619.00</b>	<b>324%</b>
5884 Remediation - Discipline	4,897.75	29,215.00	-24,317.25	16.8%					4,897.75	29,215.00	-24,317.25	-83%
4026 Discipline Chargeback	-2,031.25	-29,215.00	27,183.75	7.0%					-2,031.25	-29,215.00	27,183.75	-93%
<b>Total 5884 Remediation - Discipline</b>	<b>\$ 2,866.50</b>	<b>\$ 0.00</b>	<b>\$ 2,866.50</b>						<b>\$ 2,866.50</b>	<b>\$ 0.00</b>	<b>\$ 2,866.50</b>	
5887 Coach Training	-97.50	11,425.00	-11,522.50	-0.9%					-97.50	11,425.00	-11,522.50	-101%
<b>Total 5880 Remediation</b>	<b>\$ 13,985.80</b>	<b>\$ 6,129.00</b>	<b>\$ 7,856.80</b>	<b>228.2%</b>					<b>\$ 13,985.80</b>	<b>\$ 6,129.00</b>	<b>\$ 7,856.80</b>	<b>128%</b>
5890 Therapy and Counselling Fund	23,378.06	10,038.00	13,340.06	232.9%					23,378.06	10,038.00	13,340.06	133%
<b>Total 5800 Programs</b>	<b>\$ 334,481.51</b>	<b>\$ 358,640.00</b>	<b>-\$ 24,158.49</b>	<b>93.3%</b>					<b>\$ 334,481.51</b>	<b>\$ 358,640.00</b>	<b>-\$ 24,158.49</b>	<b>-7%</b>
<b>5900 Staffing</b>									0.00	-2,500.00	2,500.00	-100%
5901 Salaries	1,096,765.88	1,099,089.57	-2,323.69	99.8%	67,384.82	67,394.00	-2,323.69	100%	1,029,381.06	-66,894.00	1,096,275.06	-1639%
5902 Employer Benefits	54,371.17	52,611.30	1,759.87	103.3%	3,215.94	3,128.00	1,759.87	103%	51,155.23	26,087.00	25,068.23	96%
5903 Employer RRSP Contribution	58,572.48	62,840.75	-4,268.27	93.2%	4,043.08	4,286.00	-4,268.27	94%	54,529.40	-33,501.00	88,030.40	-263%
5904 Consultant fees	29,166.29	32,500.02	-3,333.73	89.7%					29,166.29	0.00	29,166.29	
5905 Staff Development	15,906.92	13,624.98	2,281.94	116.7%					15,906.92	11,425.00	4,481.92	39%
5906 Recruitment	2,143.99	750.00	1,393.99	285.9%					2,143.99	11,425.00	-9,281.01	-81%
5907 Staff Recognition	7,443.54	3,070.00	4,373.54	242.5%					7,443.54	6,129.00	1,314.54	21%
5911 CPP - Canadian Pension Plan	57,951.61	57,208.14	743.47	101.3%	4,102.38	4,008.00	743.47	102%	53,849.23	-4,008.00	57,857.23	-1444%
5912 EI - Employment Insurance	20,966.74	17,643.16	3,323.58	118.8%	1,132.02	1,134.00	3,323.58	100%	19,834.72	1,097,955.57	-1,078,120.85	-98%
5913 EHT - Employer Health Tax	22,409.59	10,716.13	11,693.46	209.1%	1,314.00	657.00	11,693.46	200%	21,095.59	51,954.30	-30,858.71	-59%
<b>Total 5900 Staffing</b>	<b>\$ 1,365,698.21</b>	<b>\$ 1,350,054.05</b>	<b>\$ 15,644.16</b>	<b>101.2%</b>	<b>81,192.24</b>	<b>80,607.00</b>	<b>585.24</b>	<b>1%</b>	<b>\$ 1,284,505.97</b>	<b>\$ 1,269,447.05</b>	<b>\$ 15,058.92</b>	<b>1%</b>
6001 Amortization	\$ 29,170.75	\$ 31,749.99	-\$ 2,579.24	91.9%					\$ 29,170.75	\$ 31,749.99	-\$ 2,579.24	92%
Minister of Finance Expense	\$ 0.00	\$ 0.00	\$ 0.00						\$ 0.00	0.00	0.00	
<b>Total Expenses</b>	<b>\$ 2,234,646.58</b>	<b>\$ 2,298,994.46</b>	<b>-\$ 64,347.88</b>	<b>97.2%</b>	<b>\$ 350,775.88</b>	<b>\$ 353,877.00</b>	<b>-\$ 3,101.12</b>	<b>99%</b>	<b>\$ 1,883,870.70</b>	<b>\$ 1,945,117.46</b>	<b>-\$ 61,246.76</b>	<b>-3.1%</b>
<b>Net Operating Income</b>	<b>\$ 187,573.91</b>	<b>\$ 192,042.78</b>	<b>-\$ 4,468.87</b>	<b>97.7%</b>	<b>\$ 10,494.12</b>	<b>\$ 96,718.00</b>	<b>-\$ 86,223.88</b>	<b>-89%</b>	<b>\$ 177,079.79</b>	<b>\$ 95,324.78</b>	<b>\$ 81,755.01</b>	<b>86%</b>
<b>Net Income</b>	<b>\$ 187,573.91</b>	<b>\$ 192,042.78</b>	<b>-\$ 4,468.87</b>	<b>97.7%</b>	<b>\$ 10,494.12</b>	<b>\$ 96,718.00</b>	<b>-\$ 86,223.88</b>	<b>-89%</b>	<b>\$ 177,079.79</b>	<b>\$ 95,324.78</b>	<b>\$ 81,755.01</b>	<b>86%</b>



# College of Physiotherapists of Ontario

Agenda Item: 12.0

## Statement of Operations Comparison

Appendix: B

April - June, 2024

	TOTAL			
	APR - JUN., 2024	APR - JUN., 2023 (PY)	CHANGE	% CHANGE
<b>5050 Committee Reimbursed Expenses</b>				
5052 ICRC - expenses	1,223.83		1,223.83	
5053 Council - expenses	14,024.80	9,190.02	4,834.78	52.61 %
5055 Discipline Committee - expenses		0.00	0.00	
5056 Executive Committee - expenses	1,186.46	1,047.65	138.81	13.25 %
5075 Finance Committee - expenses	240.00	494.13	-254.13	-51.43 %
<b>Total 5050 Committee Reimbursed Expenses</b>	<b>16,675.09</b>	<b>10,731.80</b>	<b>5,943.29</b>	<b>55.38 %</b>
<b>5100 Information Management</b>				
5101 IT Hardware	9,916.69	17,488.49	-7,571.80	-43.30 %
5102 Software	12,809.66	31,652.16	-18,842.50	-59.53 %
5103 IT Maintenance	6,791.64	56,743.79	-49,952.15	-88.03 %
5104 IT Database	76,793.40	18,161.81	58,631.59	322.83 %
5109 IT Implementation Costs	0.00		0.00	
<b>Total 5100 Information Management</b>	<b>106,311.39</b>	<b>124,046.25</b>	<b>-17,734.86</b>	<b>-14.30 %</b>
5200 Insurance	5,221.98	3,491.91	1,730.07	49.55 %
5300 Networking	143.28	604.32	-461.04	-76.29 %
5301 Conferences and Travel	11,559.49		11,559.49	
<b>5400 Office and General</b>				
5402 Bank & service charges	35,925.54	20,890.61	15,034.93	71.97 %
5403 Maintenance & repairs	22.60	1,203.06	-1,180.46	-98.12 %
5405 Memberships & publications	14,555.52	8,926.38	5,629.14	63.06 %
5406 CAPR Fees	64,658.85	61,943.31	2,715.54	4.38 %
5407 Office & kitchen supplies	368.72	433.41	-64.69	-14.93 %
5408 Postage & courier	1,789.06	2,486.51	-697.45	-28.05 %
5409 Rent	135,515.54	130,013.96	5,501.58	4.23 %
5411 Printing, Filing & Stationery	2,331.64	1,249.94	1,081.70	86.54 %
5412 Telephone & Internet	3,395.95	7,720.12	-4,324.17	-56.01 %
<b>Total 5400 Office and General</b>	<b>258,563.42</b>	<b>234,867.30</b>	<b>23,696.12</b>	<b>10.09 %</b>
<b>5500 Regulatory Effectiveness</b>				
5502 Strategic Operations	3,559.50	178.00	3,381.50	1,899.72 %
5503 Council Education	-306.00	1,907.44	-2,213.44	-116.04 %
5505 Policy Development	3,420.00	4,800.24	-1,380.24	-28.75 %
5513 Governance	240.00		240.00	
<b>Total 5500 Regulatory Effectiveness</b>	<b>6,913.50</b>	<b>6,885.68</b>	<b>27.82</b>	<b>0.40 %</b>
<b>5600 Communications</b>				
5605 Translation Services	1,144.69	737.89	406.80	55.13 %
5620 Print Communication		85.85	-85.85	-100.00 %
5621 Online Communication	21,162.55	23,152.84	-1,990.29	-8.60 %
5622 In-Person Communication	1,943.86	848.96	1,094.90	128.97 %
<b>Total 5600 Communications</b>	<b>24,251.10</b>	<b>24,825.54</b>	<b>-574.44</b>	<b>-2.31 %</b>



# College of Physiotherapists of Ontario

Agenda Item: 12.0

## Statement of Operations Comparison

Appendix: B

April - June, 2024

	TOTAL			
	APR - JUN., 2024	APR - JUN., 2023 (PY)	CHANGE	% CHANGE
5700 Professional fees				
4004 Cost recovery from cost orders	-2,571.42	-2,633.85	62.43	2.37 %
5702 Hearing Expenses		2,070.06	-2,070.06	-100.00 %
5704 Investigation Services				
5710 Undercover Assessment Fees		2,177.07	-2,177.07	-100.00 %
5711 External Investigators	9,004.56	24,046.78	-15,042.22	-62.55 %
5712 PC - Chart Review	1,596.00	1,567.50	28.50	1.82 %
5714 Fees to Secure Records	137.58	2,276.60	-2,139.02	-93.96 %
5716 Transcripts	1,936.36	2,149.94	-213.58	-9.93 %
<b>Total 5704 Investigation Services</b>	<b>12,674.50</b>	<b>32,217.89</b>	<b>-19,543.39</b>	<b>-60.66 %</b>
5705 Professional services - Other	723.20	0.00	723.20	
5707 Decision writing	1,521.76	5,473.61	-3,951.85	-72.20 %
5708 Peer / Expert opinions	3,060.00		3,060.00	
5750 Legal				
5751 Legal - QA		130.52	-130.52	-100.00 %
5752 Legal - Registration	2,978.41	13,624.41	-10,646.00	-78.14 %
5753 Legal - Professional Conduct				
5760 General Counsel	10,156.44	11,942.63	-1,786.19	-14.96 %
5761 Independent Legal Advice	14,997.86	23,271.26	-8,273.40	-35.55 %
5762 Hearing Counsel	8,716.82	17,690.15	-8,973.33	-50.73 %
5763 Court Proceedings & Appeals	9,323.07	4,874.26	4,448.81	91.27 %
<b>Total 5753 Legal - Professional Conduct</b>	<b>43,194.19</b>	<b>57,778.30</b>	<b>-14,584.11</b>	<b>-25.24 %</b>
5754 Legal - Council Advice	4,658.43	7,734.29	-3,075.86	-39.77 %
5755 General Legal	12,179.81	3,037.44	9,142.37	300.99 %
5756 C & D Accrual Expense	-29,210.94	-85,831.97	56,621.03	65.97 %
5758 Legal - Practice Advice		6,857.97	-6,857.97	-100.00 %
5759 Legal - Policy		180.80	-180.80	-100.00 %
<b>Total 5750 Legal</b>	<b>33,799.90</b>	<b>3,511.76</b>	<b>30,288.14</b>	<b>862.48 %</b>
<b>Total 5700 Professional fees</b>	<b>49,207.94</b>	<b>40,639.47</b>	<b>8,568.47</b>	<b>21.08 %</b>
5800 Programs				
4022 Recovery of Therapy Costs		-1,111.12	1,111.12	100.00 %
5802 Jurisprudence	2,816.01		2,816.01	
5810 Quality Program				
5823 Assessor Training	2,190.50	1,428.00	762.50	53.40 %
5824 Assessor Onsite Assessment Fee	2,700.00	450.00	2,250.00	500.00 %
5825 Assessor Remote Assessment	19,827.50	5,600.00	14,227.50	254.06 %
<b>Total 5810 Quality Program</b>	<b>24,718.00</b>	<b>7,478.00</b>	<b>17,240.00</b>	<b>230.54 %</b>

# College of Physiotherapists of Ontario

Agenda Item: 12.0

## Statement of Operations Comparison

Appendix: B

April - June, 2024

	TOTAL			
	APR - JUN., 2024	APR - JUN., 2023 (PY)	CHANGE	% CHANGE
5830 Entry to Practice - Projects	-1,427.75	0.00	-1,427.75	
5831 OCE Examiner Exam Fee	165,347.75	87,125.47	78,222.28	89.78 %
5832 OCE Examiner Training Fees	7,044.05	29,190.73	-22,146.68	-75.87 %
5833 OCE Staff Compensation		2,528.54	-2,528.54	-100.00 %
5834 Exam Committee - per diem		2,261.00	-2,261.00	-100.00 %
5835 Exam - Technology costs	75,210.97	60,397.67	14,813.30	24.53 %
5836 Exam Delivery Costs	1,996.57		1,996.57	
5837 Exam - Admin / Misc. costs	619.50	7,557.22	-6,937.72	-91.80 %
5838 Exam - Consultant Fees	0.00		0.00	
5840 Exam - Development / Misc.costs	20,792.55	1,629.25	19,163.30	1,176.20 %
5841 Exam - PT Assessment costs		3,532.80	-3,532.80	-100.00 %
5842 Exam - Screening Interview cost		35,127.00	-35,127.00	-100.00 %
<b>Total 5830 Entry to Practice - Projects</b>	<b>269,583.64</b>	<b>229,349.68</b>	<b>40,233.96</b>	<b>17.54 %</b>
5880 Remediation				
5871 QA Practice Enhancement fees	715.00	1,384.50	-669.50	-48.36 %
4029 QA Remediation Chargeback		-325.00	325.00	100.00 %
<b>Total 5871 QA Practice Enhancement fees</b>	<b>715.00</b>	<b>1,059.50</b>	<b>-344.50</b>	<b>-32.52 %</b>
5882 Remediation - ICRC	11,876.55	14,151.34	-2,274.79	-16.07 %
4028 ICRC Remediation Chargeback	-3,786.25	-10,927.09	7,140.84	65.35 %
<b>Total 5882 Remediation - ICRC</b>	<b>8,090.30</b>	<b>3,224.25</b>	<b>4,866.05</b>	<b>150.92 %</b>
5883 Remediation - Registration	2,509.00		2,509.00	
4027 Registration Chargeback	-390.00		-390.00	
<b>Total 5883 Remediation - Registration</b>	<b>2,119.00</b>		<b>2,119.00</b>	
5884 Remediation - Discipline	4,897.75	2,566.01	2,331.74	90.87 %
4026 Discipline Chargeback	-2,031.25	-3,418.35	1,387.10	40.58 %
<b>Total 5884 Remediation - Discipline</b>	<b>2,866.50</b>	<b>-852.34</b>	<b>3,718.84</b>	<b>436.31 %</b>
5887 Coach Training	195.00	1,388.40	-1,193.40	-85.96 %
<b>Total 5880 Remediation</b>	<b>13,985.80</b>	<b>4,819.81</b>	<b>9,165.99</b>	<b>190.17 %</b>
5890 Therapy and Counselling Fund	23,378.06	6,327.05	17,051.01	269.49 %
<b>Total 5800 Programs</b>	<b>334,481.51</b>	<b>246,863.42</b>	<b>87,618.09</b>	<b>35.49 %</b>
5900 Staffing				
5901 Salaries	1,096,765.88	1,070,226.44	26,539.44	2.48 %
5902 Employer Benefits	54,371.17	42,931.86	11,439.31	26.65 %
5903 Employer RRSP Contribution	58,572.48	56,177.24	2,395.24	4.26 %
5904 Consultant fees	29,166.29	7,377.59	21,788.70	295.34 %
5905 Staff Development	15,906.92	8,046.35	7,860.57	97.69 %
5906 Recruitment	2,143.99	0.00	2,143.99	
5907 Staff Recognition	7,443.54	4,176.94	3,266.60	78.21 %
5909 Employee Overtime		42,277.86	-42,277.86	-100.00 %
5911 CPP - Canadian Pension Plan	57,951.61	58,796.80	-845.19	-1.44 %
5912 EI - Employment Insurance	20,966.74	21,930.39	-963.65	-4.39 %
5913 EHT - Employer Health Tax	22,409.59	25,214.12	-2,804.53	-11.12 %
5914 Vacation Pay Adjustment		-59.11	59.11	100.00 %
<b>Total 5900 Staffing</b>	<b>1,365,698.21</b>	<b>1,337,096.48</b>	<b>28,601.73</b>	<b>2.14 %</b>

# College of Physiotherapists of Ontario

Agenda Item: 12.0

## Statement of Operations Comparison

Appendix: B

April - June, 2024

	TOTAL			
	APR - JUN., 2024	APR - JUN., 2023 (PY)	CHANGE	% CHANGE
6001 Amortization	29,170.75	32,629.32	-3,458.57	-10.60 %
Minister of Finance Expense	0.00	0.00	0.00	
<b>Total Expenses</b>	<b>\$2,234,646.58</b>	<b>\$2,094,282.24</b>	<b>\$140,364.34</b>	<b>6.70 %</b>
<b>PROFIT</b>	<b>\$187,573.91</b>	<b>\$132,852.35</b>	<b>\$54,721.56</b>	<b>41.19 %</b>

# College of Physiotherapists of Ontario

Agenda Item: 12.0

## State of Financial Position Comparison

Appendix: C

As of June 30, 2024

	TOTAL			
	AS OF JUN. 30, 2024	AS OF JUN. 30, 2023 (PY)	CHANGE	% CHANGE
<b>Assets</b>				
<b>Current Assets</b>				
Cash and Cash Equivalent				
1000 Cash on Hand	0.00	0.00	0.00	
1001 Petty Cash	0.00	0.00	0.00	
1003 CC Clearing - RBC - 100-999-2	276,505.20	12,545.79	263,959.41	2,103.97 %
1005 Operating - RBC - 102-953-7	186,785.59	113,800.07	72,985.52	64.13 %
1101 RBC Prime Linked GIC	1,500,000.00	0.00	1,500,000.00	
1103 Savings - RBC - 100-663-4	5,436,582.30	6,311,715.04	-875,132.74	-13.87 %
<b>Total 1000 Cash on Hand</b>	<b>7,399,873.09</b>	<b>6,438,060.90</b>	<b>961,812.19</b>	<b>14.94 %</b>
1100 Investments				
1102 Investments - Short Term	1,268,491.63	310,477.24	958,014.39	308.56 %
1104 Investments - Long Term	4,247,193.84	4,761,884.28	-514,690.44	-10.81 %
1105 RBC Investments - cash balance	1,860.68	278,843.64	-276,982.96	-99.33 %
<b>Total 1100 Investments</b>	<b>5,517,546.15</b>	<b>5,351,205.16</b>	<b>166,340.99</b>	<b>3.11 %</b>
Virtual Wallet (CAD)	0.00		0.00	
WayPay Clearing Account (CAD)	0.00		0.00	
1205 Undeposited Funds	0.00	0.00	0.00	
<b>Total Cash and Cash Equivalent</b>	<b>\$12,917,419.24</b>	<b>\$11,789,266.06</b>	<b>\$1,128,153.18</b>	<b>9.57 %</b>
Accounts Receivable (A/R)				
1200 Accounts Receivable	14,591.85	79,505.86	-64,914.01	-81.65 %
1207 Employer Health Tax Receivable	0.00	0.00	0.00	
<b>Total 1200 Accounts Receivable</b>	<b>14,591.85</b>	<b>79,505.86</b>	<b>-64,914.01</b>	<b>-81.65 %</b>
<b>Total Accounts Receivable (A/R)</b>	<b>\$14,591.85</b>	<b>\$79,505.86</b>	<b>\$ -64,914.01</b>	<b>-81.65 %</b>
1201 Allowance for Doubtful Accounts	0.00	-71,992.60	71,992.60	100.00 %
1206 Accrued Receivable	0.00	57,600.00	-57,600.00	-100.00 %
1400 Prepaid Expenses	0.00	0.00	0.00	
1401 Prepaid Software	8,062.62	6,689.34	1,373.28	20.53 %
1403 Prepaid IT services	0.00	31,540.93	-31,540.93	-100.00 %
1405 Prepaid Insurance	9,302.58	7,987.68	1,314.90	16.46 %
1406 Prepaid Membership	144,778.10	124,386.57	20,391.53	16.39 %
1408 Prepaid staff development	0.00	0.00	0.00	
1409 Prepaid Salary - COLA	0.00	123,610.40	-123,610.40	-100.00 %
1410 Prepaid meetings	0.00	796.50	-796.50	-100.00 %
1411 Prepaid Rent	42,601.00	0.00	42,601.00	
1412 Prepaid OCE	18,633.01	25,390.88	-6,757.87	-26.62 %
<b>Total 1400 Prepaid Expenses</b>	<b>223,377.31</b>	<b>320,402.30</b>	<b>-97,024.99</b>	<b>-30.28 %</b>
<b>Total Current Assets</b>	<b>\$13,155,388.40</b>	<b>\$12,174,781.62</b>	<b>\$980,606.78</b>	<b>8.05 %</b>

# College of Physiotherapists of Ontario

Agenda Item: 12.0

## State of Financial Position Comparison

Appendix: C

As of June 30, 2024

	TOTAL			
	AS OF JUN. 30, 2024	AS OF JUN. 30, 2023 (PY)	CHANGE	% CHANGE
<b>Non-current Assets</b>				
Property, plant and equipment				
1301 Computer equipment	187,912.33	151,237.55	36,674.78	24.25 %
1302 Computer Software	110,740.00	110,740.00	0.00	0.00 %
1305 Computer equipment - Acc dep	-144,258.03	-118,655.79	-25,602.24	-21.58 %
1306 Computer Software - Acc Dep	-110,740.00	-113,816.11	3,076.11	2.70 %
1310 Furniture and Equipment	378,189.00	378,189.00	0.00	0.00 %
1312 Furniture & Equipment -Acc Dep	-372,034.17	-365,228.67	-6,805.50	-1.86 %
1320 Leasehold Improvements	793,263.20	793,263.20	0.00	0.00 %
1322 Leasehold Improvments -Acc dep	-566,799.69	-486,516.17	-80,283.52	-16.50 %
1325 Construction Work In Progress	0.00	0.00	0.00	
<b>Total Property, plant and equipment</b>	<b>\$276,272.64</b>	<b>\$349,213.01</b>	<b>\$ -72,940.37</b>	<b>-20.89 %</b>
1399 Suspende	0.00	0.00	0.00	
<b>Total Non Current Assets</b>	<b>\$276,272.64</b>	<b>\$349,213.01</b>	<b>\$ -72,940.37</b>	<b>-20.89 %</b>
<b>Total Assets</b>	<b>\$13,431,661.04</b>	<b>\$12,523,994.63</b>	<b>\$907,666.41</b>	<b>7.25 %</b>
<b>Liabilities and Equity</b>				
Liabilities				
Current Liabilities				
Accounts Payable (A/P)				
2000 Accounts Payable	136,149.34	145,983.48	-9,834.14	-6.74 %
<b>Total Accounts Payable (A/P)</b>	<b>\$136,149.34</b>	<b>\$145,983.48</b>	<b>\$ -9,834.14</b>	<b>-6.74 %</b>
2010 Accrued Liabilities	393,086.64	574,922.13	-181,835.49	-31.63 %
2011 Vacation Accrual	222,546.69	251,024.07	-28,477.38	-11.34 %
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	5,475,138.00	4,872,946.70	602,191.30	12.36 %
2103 Deferred Pro-Rated Fee Revenue	248,763.96	211,465.18	37,298.78	17.64 %
2107 Deferred Reg Com Exemption Fee	0.00	65,000.00	-65,000.00	-100.00 %
2108 Deferred Revenue - OCE Fee	650,487.50	880,547.50	-230,060.00	-26.13 %
<b>Total 2101 Deferred Registration Fees</b>	<b>6,374,389.46</b>	<b>6,029,959.38</b>	<b>344,430.08</b>	<b>5.71 %</b>
2105 Deferred credit card charges	0.00	0.00	0.00	
2110 Banked refunds	33,383.96	38,147.51	-4,763.55	-12.49 %
<b>Total 2100 Deferred Revenue</b>	<b>6,407,773.42</b>	<b>6,068,106.89</b>	<b>339,666.53</b>	<b>5.60 %</b>
2150 Other Payables				
2151 Due to Canada Life	0.00	0.00	0.00	
2152 Due to Manulife (RRSP)	42,939.84	0.00	42,939.84	
2153 Due to Allstate (CI)	0.00	0.00	0.00	
2154 Citizen's Advisory Group	0.00	0.00	0.00	
<b>Total 2150 Other Payables</b>	<b>42,939.84</b>	<b>0.00</b>	<b>42,939.84</b>	
24000 Payroll Liabilities	0.00	3,602.94	-3,602.94	-100.00 %
25530 GST/QST Payable	-4,109.67		-4,109.67	
<b>Total Current Liabilities</b>	<b>\$7,198,386.26</b>	<b>\$7,043,639.51</b>	<b>\$154,746.75</b>	<b>2.20 %</b>

# College of Physiotherapists of Ontario

Agenda Item: 12.0

Appendix: C

## State of Financial Position Comparison

As of June 30, 2024

	TOTAL			
	AS OF JUN. 30, 2024	AS OF JUN. 30, 2023 (PY)	CHANGE	% CHANGE
<b>Non-current Liabilities</b>				
2125 Deferred Rent - Tenant Incentiv	76,804.27	103,911.59	-27,107.32	-26.09 %
2190 Lease Inducements	0.00	0.00	0.00	
<b>Total Non-current Liabilities</b>	<b>\$76,804.27</b>	<b>\$103,911.59</b>	<b>\$ -27,107.32</b>	<b>-26.09 %</b>
<b>Total Liabilities</b>	<b>\$7,275,190.53</b>	<b>\$7,147,551.10</b>	<b>\$127,639.43</b>	<b>1.79 %</b>
<b>Equity</b>				
3000 Unrestricted Net Assets	3,782,633.71	3,782,633.71	0.00	0.00 %
3001 Invested in Capital Assets	360,901.47	360,901.47	0.00	0.00 %
3010 Restricted Reserves	0.00	0.00	0.00	
3011 Contingency Reserve / C&D	1,000,000.00	1,000,000.00	0.00	0.00 %
3012 Fee Stab / Sex Abuse Therapy	100,000.00	100,000.00	0.00	0.00 %
3013 Strategic Initiatives	0.00	0.00	0.00	
3014 IT Improvements	0.00	0.00	0.00	
<b>Total 3010 Restricted Reserves</b>	<b>1,100,000.00</b>	<b>1,100,000.00</b>	<b>0.00</b>	<b>0.00 %</b>
Retained Earnings	725,361.42	56.00	725,305.42	1,295,188.25 %
Profit for the year	187,573.91	132,852.35	54,721.56	41.19 %
<b>Total Equity</b>	<b>\$6,156,470.51</b>	<b>\$5,376,443.53</b>	<b>\$780,026.98</b>	<b>14.51 %</b>
<b>Total Liabilities and Equity</b>	<b>\$13,431,661.04</b>	<b>\$12,523,994.63</b>	<b>\$907,666.41</b>	<b>7.25 %</b>

## Statement of Cash Flows

April - June, 2024

	TOTAL
<b>OPERATING ACTIVITIES</b>	
Net Income	187,573.91
Adjustments to reconcile Net Income to Net Cash provided by operations:	
1200 Accounts Receivable	17,168.00
1401 Prepaid Expenses:Prepaid Software	7,091.88
1403 Prepaid Expenses:Prepaid IT services	13,573.00
1405 Prepaid Expenses:Prepaid Insurance	3,601.98
1406 Prepaid Expenses:Prepaid Membership	68,939.96
1411 Prepaid Expenses:Prepaid Rent	3,932.40
1412 Prepaid Expenses:Prepaid OCE	24,755.28
2000 Accounts Payable	-26,298.41
2010 Accrued Liabilities	-118,339.89
2102 Deferred Revenue:Deferred Registration Fees:Deferred Full Fee Revenue	-1,486,026.00
2103 Deferred Revenue:Deferred Registration Fees:Deferred Pro-Rated Fee Revenue	248,127.23
2108 Deferred Revenue:Deferred Registration Fees:Deferred Revenue - OCE Fee	47,047.50
2151 Other Payables:Due to Canada Life	0.00
2152 Other Payables:Due to Manulife (RRSP)	42,939.84
2153 Other Payables:Due to Allstate (CI)	0.00
<b>Total Adjustments to reconcile Net Income to Net Cash provided by operations:</b>	<b>-1,153,487.23</b>
<b>Net cash provided by operating activities</b>	<b>\$ -965,913.32</b>
<b>INVESTING ACTIVITIES</b>	
1301 Computer equipment	-13,773.20
1305 Computer equipment - Acc dep	7,447.13
1312 Furniture & Equipment -Acc Dep	1,652.74
1322 Leasehold Improvements -Acc dep	20,070.88
<b>Net cash provided by investing activities</b>	<b>\$15,397.55</b>
<b>FINANCING ACTIVITIES</b>	
2125 Deferred Rent - Tenant Incentiv	-6,776.83
<b>Net cash provided by financing activities</b>	<b>\$ -6,776.83</b>
<b>NET CASH INCREASE FOR PERIOD</b>	<b>\$ -957,292.60</b>
Cash at beginning of period	13,874,711.84
<b>CASH AT END OF PERIOD</b>	<b>\$12,917,419.24</b>



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 13.0**

**Board Meeting  
September 23 – 24, 2024**

**Agenda #13.0: FY2026 Registrant Fees**

It is moved by

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and seconded by

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that:

The Board approves, in principle, a 2% increase to fees related to professional corporations and authorizes the circulation of the necessary By-law amendments of s. 9.2 for feedback.





**BOARD BRIEFING NOTE**  
For Decision

<b>Topic:</b>	FY2026 Registrant Fees
<b>Public Interest Rationale:</b>	The financial stability of the College is essential to discharging our regulatory obligations and serving the public interest.
<b>Strategic Alignment:</b>	<i>People &amp; Culture:</i> Ensuring the College is sufficiently resourced such that the College’s statutory obligations and strategic priorities can be met.
<b>Submitted By:</b>	Craig Roxborough, Registrar & CEO Mary Catalfo, Director of Finance
<b>Attachments:</b>	N/A

**Issue**

- The Board is provided with recommendations from the Risk, Audit, and Finance Committee (RAFC) to (a) raise FY2026 fees for professional corporations in line with a historical increase and (b) to retain all other fees at current levels.

**Decision Sought**

- The Board is asked to approve a 2% increase in fees related to professional health corporations for consultation and feedback.

**Background**

- Background information on how the College has approached registration, administrative, and examination fees is provided below.
  - The overview that follows is high level in order to provide the relevant background needed to assess the recommendations of the next section. However, hyperlinks to related Board materials are included where the Board can find more detailed information as it relates to each of the key points outlined below.

*Registration and Administrative Fees*

- In [June 2023](#) (see pages 105-108), the Board was provided with a full overview of the financial status of the College in order to identify principles that should inform a long-term financial stabilization plan.
  - As part of the briefing materials, the Board was provided with a historical overview of how annual registration fees for maintaining an independent practice certificate have changed since 2016. More specifically, how fees were reduced twice in this period and then increased 10% in 2022, returning to 2016 levels.



- Comparisons to other health regulatory Colleges were also made in the supporting presentation, demonstrating how this College is the 6th largest among the 26 health regulatory colleges with fees that are the 4th lowest.<sup>1</sup>
  - Currently the College is the lowest among other rehabilitation regulatory bodies:
    - College of Physiotherapists of Ontario (\$648)
    - College of Kinesiologists (\$700)
    - College of Occupational Therapists (\$758)
    - College of Audiologists and Speech Language Pathologists (\$780)
    - College of Massage Therapy (\$915)
    - College of Chiropractors (\$1100).
- The Board was also provided with an update that the historical recommendation of targeting operational reserves of 3-6 months has evolved in a post-pandemic environment, with some contemporary suggestions that 6 months should be the floor rather than the ceiling.
- In [September 2023](#) (see pages 55-65) the Board was presented with financial projections through to 2028 indicating a possible financial trajectory if sustained efforts to manage the College's deficit were not taken.
  - As part of this presentation, a proposed 4% increase in registration and administrative fees was approved for consultation and feedback from registrants, the public, and other system partners.
- In [December 2023](#) (see pages 167-173) the Board approved a revised 2% increase to all registration and administrative fees on the basis of updated financial projections.
  - Since the original projections were prepared, the College had observed significant increases in the number of Ontario Clinical Exam (OCE) candidates, had obtained two sub-lease agreements, and had more up to date financial information regarding FY2024 upon which projections could be made.
  - The revised projections indicated that a more modest fee increase could still sustain significant investment in the work of the College and achieve a small deficit position with respect to the College's core business.
- In [March 2024](#) (see pages 260-310) the Board approved the FY2025 budget. The budget included a fully costed operational plan with investment in key strategic priority areas and an anticipated deficit of approximately \$50,000 for the College's core business.

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<sup>1</sup> This relative ranking was true at the time and while the general narrative remains consistent, there may have been some shifts in the relative position of colleges since this presentation was made.



### *Ontario Clinical Exam*

- When the Ontario Clinical Exam (OCE) was initially launched, the Board provided direction to staff that the exam be cost neutral over the period of time between its launch and 2028.
  - In other words, that initial investment costs be recovered and that the exam fee cover the costs associated with running the exam. If achieved, this would ensure that registrant fees were not being used to subsidize the program.
- In [September 2023](#) (see pages 55-65) the Board considered projections regarding enrollment and costs associated with the exam through to 2028.
  - The financial forecasts indicated that the exam would be nearly cost neutral (i.e., a small deficit) over the life of the exam through to 2028 and as a result that no fee increases were needed at the time.
- At the close of FY2024 the exam produced a significant surplus of approximately \$370,000 and is projected to produce a surplus of over \$330,000 for FY2025.
  - This will continue to support the long-term financial viability of the exam through to 2028 as we anticipate enrollment may begin to taper off into 2026 and beyond.
  - On the basis of this financial information and the forecasts provided, the exam fee has remained stable since inception.

### *Professional Corporation Fees*

- At the [December 2023](#) Meeting (see pages 167-173), the Board approved a 2% increase to all registration and administrative fees for FY2025.
- At that meeting, the Registrar indicated that an error was made in the [September 2023](#) motion (see pages 55-65) enabling a consultation on the proposed fee increase.
  - More specifically, that motion did not reference Section 9.2 of the College By-Laws where fees for professional corporations are set out.
- As a result, the approved 2% increase in December 2023 *did not* get applied to fees associated with professional corporations.
- At the December 2023 meeting, staff committed to remedy this oversight at the next appropriate opportunity.



## **Current Status and Analysis**

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- The RAFC considered and endorsed two proposals relating to fees at their August 2024 meeting:
  - That professional corporation fees be raised by 2% for FY2026; and
  - That all other registration, administrative, and examination fees remain at current levels for FY2026.
- In what follows the Board will be provided with an overview of the information considered by the RAFC and the reasoning related to the proposals.

### *Professional Corporations*

- In December 2023 a commitment was made to identify an opportunity to remedy the misalignment that occurred with respect to professional corporation fees as all other registration and administrative fees increased for FY2025.
- As part of the broader analysis of the College's financial needs for FY2026, an opportunity to remedy this misalignment was identified.
- The current fee schedule for professional corporations is set out in Section 9.2 of the College By-Laws and includes a \$774 application fee and a \$277 annual renewal fee.
- In keeping with the spirit of the September and December 2023 motions to increase all registration and administrative fees, it is now being proposed that fees for professional corporations be increased by 2% for FY2026.
  - This proposal merely applies a previously approved increase to the segment of the by-laws that was inadvertently missed during the last fee review cycle.
  - As was previously shared with the Board, it is estimated that this increase will generate approximately \$6000 per year in additional revenue.

### *Registration, Administration, and Examination Fees*

- To support an analysis of the potential financial needs for FY2026, a projection was built using the FY2025 budget as a foundation and generating a forecast on the basis of a number of assumptions relating to: registrant growth, OCE enrollment, increasing staff costs (e.g., salary increases and FTE count), continued investment into strategic projects, and some anticipated reductions in costs associated with known changes that are underway (e.g., credit card processing).
- On the basis of these assumptions, it is anticipated that the College will have sufficient revenue in FY2026 leading to a modest deficit with respect to core business and a modest surplus with respect to the OCE (see Table 1 below).



Table 1: Financial Projections Compared to Historical and Current

	FY 2024		FY 2025		FY 2026
	Audit		Budget		Estimate
<b>Ontario Clinical Exam</b>					
Revenue	\$	1,927,350	\$	1,790,470	\$ 1,220,775
Expenses	\$	1,486,528	\$	1,458,801	\$ 1,123,395
<b>Surplus(Deficit)</b>	<b>\$</b>	<b>440,822</b>	<b>\$</b>	<b>331,669</b>	<b>\$ 97,380</b>
<b>Core Work</b>					
Revenue	\$	7,811,858	\$	8,037,727	\$ 8,291,597
Expenses	\$	7,527,318	\$	8,088,349	\$ 8,405,768
<b>Surplus(Deficit)</b>	<b>\$</b>	<b>284,540</b>	<b>-\$</b>	<b>50,622</b>	<b>-\$ 114,171</b>
<b>Total College</b>					
Revenue	\$	9,739,208	\$	9,828,197	\$ 9,512,372
Expenses	\$	9,013,846	\$	9,547,151	\$ 9,529,164
<b>Surplus(Deficit)</b>	<b>\$</b>	<b>725,362</b>	<b>\$</b>	<b>281,047</b>	<b>-\$ 16,792</b>

- On the basis of the financial model developed, current projections suggest the College will sustain a modest deficit for core business of approximately \$115,000 for FY2026. In light of this financial projection and the following factors, no fee increase is being proposed for registration and administrative fees (with the exception of professional corporation) at this time:
  - Registrants have experienced two years of fee increases;
  - FY2024 is closing with a surplus for core business due to unanticipated and positive variances (e.g., new sub-lease revenue, lower than anticipated legal costs, etc.);
  - FY2025 is projecting a small core business deficit of only \$50,000 suggesting stability for the current year;
  - While a balanced budget can be achieved with a small increase (e.g., 1.5%), pursuing this route would involve significant operational expenditures along with significant negative external perceptions from the profession;
  - Organization wide efforts are underway to find additional cost savings not currently factored into the forecast;
  - Depending on the future of the Ontario Clinical Exam, the College may be in a position to wind down that program in a surplus position (see more information below);



- The financial model developed still supports investments in the organization, both at the staff level and through resourcing necessary project work while exercising financial restraint; and
- Given the modest size of the anticipated deficits for FY2025 and FY2026, it may be unreasonable to consider asking the profession to provide additional resources at this time.
- With respect to the OCE, forecasting continues to suggest the exam will be in a favourable position through to 2028. In [March 2024](#) (see pages 260-310) the Board was provided with a robust projection regarding the future of the OCE through to 2028. That projection indicated that if enrollment forecasts were met, that the exam would be effectively cost neutral through to 2028.
  - The OCE closed out FY2024 with a significant surplus (approximately \$370,000) and is projected to have a surplus in FY2025 as well (approximately \$330,000).
  - The forecast for FY2026 above continues to suggest to be in a surplus position (\$97,000).
  - Additionally, the Canadian Alliance of Physiotherapy Regulators (CAPR) is on track to deliver a consolidated national exam for roll-out in 2026. If the College accepts this exam, it would result in a winding down of the OCE in a surplus position.
  - For these reasons, no recommendation to increase the fees for the College's examination services is being provided at this time.

### Considerations

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- Forecasting is always a challenge and there is significant uncertainty at this point regarding the financial position of the College in FY2026. However, the model does assume important investments into the organization and that costs will continue to rise.
- Costs associated with Strategic Planning have not been factored into the forecasting above. Rather the current approach has been to consider these costs as a one-time expense that does not warrant increasing registrant fees in the long-run.
- There may also be significant expenses incurred in relation to the College's lease termination in February 2027. At the same time, there may be significant cost reductions as the College is seeking to reduce overall rent expenditures in the long-term.

### Next Steps

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- Should the Board approve the recommended 2% fee increase for professional corporations, the College will engage in a consultation process giving registrants and other system partners the opportunity to provide feedback prior to finalization.
- As no other fee increases are proposed at this time, *only* the increase with respect to professional corporations will be consulted upon. Consultation materials will be clear that this proposal is targeted and that a broad fee increase is not being considered at this time.



### **Questions for the Board**

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- Do you have any feedback or questions related to the proposal to maintain current registration, administrative, and examination fees (except for professional corporation fees) steady?
- Do you have any questions or feedback regarding the proposal to increase professional corporation fees in line with previously approved increases?

## BOARD BRIEFING NOTE

For Discussion

<b>Topic:</b>	Strategic Planning
<b>Public Interest Rationale:</b>	The strategic plan is an important way the Board provides direction to the organization to effectively carry out our duties in the public interest while finding opportunities for continuous improvement.
<b>Strategic Alignment:</b>	<i>Performance &amp; Accountability:</i> Having a strategic plan provides direction to drive the College's work and serves as a framework against which we can measure and report on our performance.
<b>Submitted By:</b>	Craig Roxborough, Registrar & CEO Joyce Huang, Manager of Strategy
<b>Attachments:</b>	Appendix A: List of strategic initiatives completed as of March 2024

### Issue

- The Board is asked to provide input on their preferred approach for conducting strategic planning in 2025.

### Decision Sought

- No decision is being sought, this item is for discussion.

### Background

- The College is just passed the halfway point in our current [Strategic Plan](#), which covers April 2022 – March 2026.
- At the [June 2024](#) (see pages 113-115) Board meeting, the Board was engaged in an education session regarding the Strategic Plan. This included an overview of the pillars of the Strategic Plan along with additional information about how the plan is being interpreted and implemented throughout the organization.
- During this Education Session, the Board noted the importance of reviewing our accomplishments to date as we think about planning for the future.
- In response to this feedback, a high-level catalogue of what has been achieved in the first two years of the plan, up to March 2024, has been developed.
- The key highlights are summarized here, with a more detailed, non-exhaustive list of specific initiatives included in Appendix A.





### Regulation and Risk

*Ensuring a smooth pathway to licensure:* During interruptions to the availability of the national clinical exam, the College implemented an exam exemption policy as a temporary measure, while we worked to set up the Ontario Clinical Exam, which is now running successfully four times per year.

*Supporting successful transition to practice:* The College released a series of six e-learning modules, covering topics helpful for physiotherapists who are new to practice in Ontario. We have also conducted research to learn more about what supports would be helpful to internationally educated physiotherapists.

*Modernizing standards:* The College is undergoing a multi-year process to adopt updated national core standards and Code of Ethical Conduct, and develop new standards that address equity and inclusivity in care. These efforts will increase consistency of expectations across Canada and support labour mobility within the provinces. As of March 2024, the first two groups (of five) of national standards and the Code of Ethical Conduct have been approved for consultation.

*Supporting consistent decision-making:* The Registration Committee, Quality Assurance Committee, and Inquiries, Complaints and Reports Committee have adopted new policies, case deliberation aids, and decision-making tools.

### Engagement and Partnership

*Engaging with the profession:* The College maintains ongoing relationships with the Canadian and Ontario Physiotherapy Associations to collaborate on shared objectives and to understand the perspective of the profession. College representatives also attend conferences to engage with physiotherapists directly.

*Supporting current and future PTs:* The College regularly conducts workshops with Ontario PT students on topics such as professional regulation, boundaries and business practices, and hosts webinars to support exam candidates. We created a new learning module to help PTs incorporate patient-centred communication strategies in care and have Practice Advisors available to provide ongoing support and resources directly to PTs on various topics.

*Working with system partners:* The College has worked closely with the Canadian Alliance of Physiotherapy Regulators (CAPR) as they pursue a transformation of their evaluation services, including having representatives on their Board and committees. We continue to have regular contact with the Ministry of Health to work on shared priorities, collaborate with other health regulators in Ontario, and engage with the academic community and PT employers.

*Engaging with patients and the public:* The College has continued collaboration with the Citizens Advisory Group to incorporate the patient and public perspective into our work, most recently on topics such as effective communication and engagement with regulators, and consultation on new national standards.



*Supporting participants in the regulatory process:* The College has enhanced resources to support participants in the regulatory process, such as unrepresented registrants, witnesses, and prospective applicants in the therapy and funding program.

### **People and Culture**

*Supporting organizational growth:* The College completed an organizational review and implemented a restructuring to allow our operations to become more nimble and scalable as the needs of the organization change. We also completed a review of the finance function and implemented new technology solutions to ensure it can continue to support the organization efficiently and effectively.

*Fostering a positive, equitable and fair workplace:* The College conducted a psychological health and safety assessment for staff and identified areas of strength and improvements. We also implemented a new performance management framework and created templates to support the recruitment process to promote consistency and fairness in those processes.

*Supporting and investing in our people:* The College has built up the strategic capacity of staff by orienting everyone to the strategic plan and engaging with them in the annual operational planning activity.

*Public Board members:* We continued our close collaboration with the public appointments office to ensure that the College maintains a full complement of publicly appointed Board members.

### **Performance and Accountability**

*Strengthening security of our IT systems:* The College completed an internal IT audit to identify vulnerabilities in our infrastructure as well as an external cybersecurity audit, and we have implemented a number of changes, including a transition of the College's IT systems to the cloud and decommission of on-premises servers.

*Continual enhancements to technology systems:* The College continues to make enhancements to our registrant database to increase efficiency, making use of automation, and bringing more services online through the PT portal.

*Formalizing risk management:* The College has developed an enterprise risk management framework and policy, and work is now underway to implement the framework through the development of a risk registry and procedures to continually monitor, respond to and report on organizational risks.

*Improved information to support the Board:* We have streamlined Board reports and materials to better enable effective oversight by the Board and increase focus on public interest in decision-making.

*Maturing our data practices:* The College began implementation of an organizational data strategy, starting with the implementation of automation tools to support timely and accurate reporting throughout the organization.



*Continuous quality improvement:* Changes were implemented in the professional conduct area to improve the timeliness of investigations and Investigation, Complaints and Reports Committee decision-making, such as increasing the level of resources and using a different approach to assign cases to investigators. There has also been a focused effort to address areas of improvement from the College Performance Measurement Framework (CPMF), leading to a significant improvement of our performance. In 2022, the College fully met 28 of the 50 performance measures in the CPMF. In 2023, we fully met 48 of them. The organization has also embraced a continuous improvement mindset where we will continue to identify and implement improvements throughout the organization.

### **Equity, Diversity and Inclusion (EDI)**

*Incremental EDI initiatives:* Since 2022, the College has implemented a wide range of EDI initiatives that touch on all areas of the College's work, which were highlighted in the first [EDI report](#). Additional EDI initiatives have been identified for 2024-2025 to build on the earlier progress.

*Self-assessment and future strategy:* The College conducted an organization-level EDI self-assessment that led to the development of an organizational EDI strategy that will guide future work to incorporate EDI principles into all aspects of the College's work.

*Increasing accessibility:* We have made organization-wide efforts to make our services and communications more accessible, such as writing decisions in plainer language, making the Ontario Clinical Exam and associated resources available in French, and increasing opportunities for individuals to identify what they need to meaningfully participate in our processes.

### **Modernizing Governance**

*External review:* The College completed a third-party independent assessment of our governance practices and policies.

*Modernizing governance practices:* The College is now in the process of implementing the recommended changes from the assessment to modernize our governance practices. Changes to date include: the adoption of a competency profile and self-assessment process for the Board election and committee appointments processes, modernizing governance terminology, implementing a new meeting guideline, and supporting greater separation of Board and Committee membership.



## Current Status and Analysis

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- Work is now underway to begin planning for the next round of strategic planning with the intention to have a new strategic plan in place for April 2026 and beyond. This work will begin in 2025, so that the new plan is ready for Board approval before March 2026.
- To guide the early stages of this work, the Board's input is being sought on two questions:
  1. What should be our starting point for developing a new plan – should the College build on and refresh the current plan, or develop a new one?
    - The Board may choose to build on and refresh our current plan if you believe that it is still relevant in our current environment.
    - Whichever approach we take, there are key activities that will occur as part of the development process, such as workshops with Board members and engagement with registrants and system partners.
  2. Does the Board support the engagement of an external consulting firm to support this process or would it prefer that Staff take the lead in executing the process?
    - Staff does have the capacity to do this work, but it would likely involve trade-offs with other work that may be deprioritized.
    - An external consultant can act as an impartial facilitator of the process, but would come with a higher financial cost for the College. (For reference, the College used a consultant to develop the current plan at the cost of \$58K.)

## Next Steps

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- When this item was discussed at the Executive Committee, the Committee noted that knowing more about the current environment can provide helpful context for the Board's thinking about the future plan. Based on that feedback, staff is planning an environmental scan update for the December Board meeting with opportunity for generative discussion.
- After the Board provides input on their preferred approach to strategic planning, staff will begin detailed planning for the process (e.g. developing a work plan and engagement plan, soliciting proposals from consultants if needed, etc.).

## Questions for the Board

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- Having reflected on the progress that has been made in the first two years of the plan, how does that influence your thinking about our approach for the next plan?
- Do you need more information in order to provide input on the questions regarding the approach to planning and who should lead the process? If yes, what kind of information would be helpful to you?



## Appendix A – List of strategic initiatives completed as of March 2024

Strategic Pillar	Initiatives completed
Regulation & Risk	<ul style="list-style-type: none"><li>• Implemented an exam exemption policy to allow new PTs to apply for independent practice certificates while the national clinical exam was unavailable. This temporary measure ensured that there continued to be a pathway to full licensure for new PTs.</li><li>• Developed and launched the Ontario Clinical Exam which allowed Ontario candidates to satisfy the clinical exam requirement for independent practice licensure while the national clinical exam was unavailable. Ongoing efforts are made to ensure the OCE is adequately resourced to allow candidates to access the exam in a timely way.</li><li>• Developed new regulations to implement an emergency class of registration, which was approved by the government, which will allow the College to register new PTs during future emergencies.</li><li>• Began a multi-year process to adopt the national core standards for use in Ontario. The standards are being adopted in 5 groups. As of March 2024, 2 groups of standards have undergone review and have been approved for consultation. The College is also consulting on the adoption of the national Code of Ethical Conduct to replace the Ontario Code of Ethics. These efforts will increase consistency of expectations across Canada and support labour mobility.</li><li>• Completed and released six e-learning modules that cover topics most relevant to PTs who are new to the profession, particularly those coming from different jurisdictions.</li><li>• Completed research to determine areas where IEPTs may benefit from additional support for a successful transition to practice in Ontario.</li><li>• To support consistency in decision-making, various Committees have adopted new policies and decision-making tools.</li></ul>
Engagement & Partnership	<ul style="list-style-type: none"><li>• Continued collaborative relationship with the Ontario Physiotherapy Association, identified key priorities and shared objectives. Continue to explore partnership and collaboration and to understand the perspectives of physiotherapists on issues facing the profession.</li><li>• Re-built relationship with the Canadian Alliance of Physiotherapy Regulators (CAPR). We are supporting CAPR's ongoing efforts to transform their evaluation services. We also participated in the special project to update the national core standards.</li><li>• Collaborated with other PT regulators to create a learning module about patient-centred communication in physiotherapy care to support PTs' communication skills.</li><li>• Continued ongoing engagement activities with the Citizens Advisory Group</li></ul>



on topics such as effective communication and engagement with regulators, and consultation on new national standards.

- Continued engagement with the Ministry of Health to work effectively on shared priorities, such as enacting the emergency class regulations and discussions about scope expansion.
- Maintained relationship with the Canadian Physiotherapy Association to explore opportunities to collaborate on shared priorities, such as participation in their scope of practice project.
- Developed plan of initiatives and collaborative partnerships to support registrants through registration and early years of practice.
- The College has partnered with Zubin Austin to create 6 online modules to support individuals entering practice. The content will be of benefit to anyone new to the profession, but may be especially supportive for those people educated outside of Canada. Key content areas include: communications and collaboration strategies, understanding consent and boundaries, the business of physiotherapy as it applies to the standards and providing information specific to the Canadian health care environment.
- Regular engagement with Ontario physiotherapy academic program leads to explore potential opportunities to collaborate and leverage regulatory learnings in an academic setting.
- Regular outreach and education workshops with Ontario physiotherapy students to build early engagement with the regulator and to support knowledge transfer about key regulatory topics such as boundaries and business practices.
- Engagement with PTs in northern communities to build connection and share information.
- Enhanced resources to support participants in the regulatory process, such as unrepresented registrants, witnesses, and prospective applicants in the therapy and funding program.
- We collaborated with other health regulators in Ontario to develop a consistent approach across all Colleges as it relates to proactive and reactive disclosure of registrant-specific information.
- We held several webinars to support OCE candidates as they are getting ready to sit the OCE, particularly around the transition to a fully virtual exam and helping candidates get themselves ready logistically for a successful exam experience.
- The Practice Advice team provides ongoing support to PTs directly, by responding to email and phone inquiries, and creating resources and hosting webinars on topics of interest to PTs based on trends in the practice environment (e.g. articles in Perspectives, webinars).





<p>People &amp; Culture</p>	<ul style="list-style-type: none"><li>• Completed an organizational review and implemented a restructuring to allow our operations to become more nimble and scalable as the needs of the organization change.</li><li>• Completed a review of the finance function within the College to ensure it can continue to support the organization efficiently and effectively.</li><li>• Implemented a new financial planning &amp; analysis software to support more efficient and accurate financial planning and reporting.</li><li>• Conducted a psychological health and safety assessment for staff and identified areas of strength and improvements. We are now in the phase of ongoing improvement and periodic re-assessment.</li><li>• Built up the strategic capacity of staff by socializing staff at all levels to the strategic plan and engaging with them in the annual operational planning activity.</li><li>• Continued our close collaboration with the public appointments office to ensure that the College maintains a full complement of public Board members.</li><li>• Supported the performance of our quality assurance assessors by implementing a structured performance evaluation and feedback process.</li><li>• Implemented a new performance management framework and created new templates to support the recruitment process to promote more consistency and fairness in those processes.</li></ul>
<p>Performance &amp; Accountability</p>	<ul style="list-style-type: none"><li>• Completed internal IT audit to identify vulnerabilities in our IT infrastructure and implemented the recommended changes. An external cybersecurity audit is underway.</li><li>• Fully transitioned the College's IT systems to the cloud and decommissioned on-premises servers, which better supports operational efficiency and reduces cybersecurity risk.</li><li>• Implemented Board and Committee extranets as an efficient and secure way to share resources and meeting materials with improved user experience.</li><li>• Developed an enterprise risk management framework and policy, which was approved by the Board in September 2023. The ERM framework will be implemented through the development of a risk registry and procedures to continually monitor, respond to, and report on organizational risks. This work is ongoing.</li><li>• Streamlined Council reports and materials to better enable effective oversight by the Board and increase focus on public interest in decision-making.</li><li>• Continue to make enhancements to the registrant database, Atlas, to support more of the College's work (e.g. adding functionality for the professional conduct area), and to make work more efficient (e.g. creating automation), and to bring more services online (e.g. professional health</li></ul>



	<p>corporations, various registration-related requests).</p> <ul style="list-style-type: none"><li>• Focused effort to identify and address areas of improvement in the College Performance Measurement Framework (CPMF), leading to a significant improvement of our performance in 2023.</li><li>• Began implementation of an organizational data strategy, starting with the implementation of automation tools to support timely and accurate reporting throughout the organization and a refreshed Board dashboard.</li><li>• The Registration team regularly conducts data audit and clean-up activities to ensure that data about our registrants, some of which are posted on the Public Register, are accurate and up to date.</li><li>• Implemented changes in the professional conduct area in 2023-2024 to improve the timeliness of investigations and ICRC decision-making, resulting in a gradual improvement in complaints disposition timelines.</li><li>• 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.</li></ul>
EDI	<ul style="list-style-type: none"><li>• Implemented a wide range of EDI initiatives that touch on all areas of the College's work, which was highlighted in the first EDI report.</li><li>• Conducted an organization-level EDI self-assessment and identified improvement actions for 2024-2025.</li><li>• Developed an organizational EDI strategy that will guide future work to incorporate EDI principles into all aspects of the College's work.</li><li>• Organization-wide effort to make our services and communications more accessible, such as writing decisions in plainer language, making the OCE and associated resources available in French, and promoting opportunities for accommodations.</li></ul>
Governance	<ul style="list-style-type: none"><li>• Completed a third-party independent assessment of the College's governance practices and policies. We are now in the process of implementing the recommended changes.</li><li>• The governance changes implemented as of March 2024 include:<ul style="list-style-type: none"><li>○ Adoption of a competency profile and self-assessment process for the election and committee appointments processes,</li><li>○ Housekeeping changes and modernizing terminology in the College's by-laws</li><li>○ Implementing a new meeting guideline to replace the previous Kerr &amp; King meeting procedures for ease of understanding and use</li><li>○ Supporting greater separation of Board and Committee membership</li></ul></li></ul>





## BOARD BRIEFING NOTE

For Discussion

<b>Topic:</b>	General Regulation Modernization
<b>Public Interest Rationale:</b>	The College ensures that its General Regulation remains relevant, effective and responsive to public and professional needs, with appropriate safeguards to promote public safety and quality of care.
<b>Strategic Alignment:</b>	<p><i>Risk &amp; Regulation:</i> A risk-based approach is used to identify areas in the regulation that require updates, enabling the creation of adaptable frameworks that can quickly respond to new risks and changes in the profession.</p> <p><i>EDI:</i> Assess the pathways to licensure to ensure that they are appropriate and fair to both Canadian trained and internationally educated physiotherapists.</p>
<b>Submitted By:</b>	Mara Berger, Director, Policy, Governance & General Counsel Evguenia Ermakova, Policy Analyst
<b>Attachments:</b>	N/A

### Issue

- To provide the College with the flexibility to adapt as the exam landscape continues to evolve, the College is exploring updates to Part III: Registration of its General Regulation.

### Decision Sought

- No decision is being sought.
- The Board will be asked to participate in a generative discussion to help guide potential revisions to the General Regulation.

### Background

#### *Overview: General Regulation*

- The [General Regulation](#), Ontario Regulation 532/98 under the *Physiotherapy Act, 1991*, governs some of the College's regulatory activities. It is divided into three parts:
  - Part I prescribes the College's Quality Assurance Program,
  - Part II establishes a program to provide therapy and counseling for allegations of sexual abuse by members, and
  - Part III sets out the requirements and conditions for registering with the College.



- Under the [Health Professions Procedural Code](#) (“the Code”), schedule 2 of the *Regulated Health Professions Act* (RHPA), the College Board may make, amend, or revoke regulations under the Physiotherapy Act, with certain parameters.
- Any changes need to be reviewed by the Minister of Health and approved by the Lieutenant Governor in Council. In most cases, they must also be circulated to registrants for at least 60 days.

#### *Components of Part III: Registration*

- Part III: Registration sets out the College’s classes of registration, as well as any general and class-specific requirements for registration. Additionally, Part III establishes requirements for how to maintain specific certificates of registration, and when an individual’s registration may be suspended or revoked.

#### *General Requirements for Registration*

- Requirements that apply to all registration classes include:
  - Good character requirements, which ensure that applicants have the integrity, ethical conduct, and trustworthiness needed to practice safely and responsibly. This is demonstrated through declarations of good conduct, criminal background checks, and reviews of professional misconduct or incapacity findings from other jurisdictions.
  - Maintaining professional liability insurance in accordance with the College’s by-laws.
- Requirements for all registration classes except Courtesy include being legally entitled to work in Canada and being able to speak and write in either French or English with reasonable fluency.

#### *Registration Classes*

- 1. Independent Practice** – allows applicants to practice unsupervised.
  - Requires physiotherapy degree and completion of both written and clinical exam and completion of the College’s Jurisprudence Program after registration and every five years.
  - Must demonstrate 1,200 practice hours (not always clinical) every five years. If the practice hours cannot be demonstrated, may either enter into an undertaking with the College or retake the exams.



- 2. Provisional Practice** – allows applicants to practice with supervision as Physiotherapy Residents.
  - Similar to Independent Practice, requires a physiotherapy degree and the completion of the written exam. The clinical exam must be taken at the first available opportunity after the Provisional certificate is issued.
  - Certificate holders practice under the supervision of a College-approved supervisor.
  - Certificate automatically expires if a registrant fails to pass the clinical exam or 12 weeks after they were registered to write the exam.
- 3. Courtesy** – allows PTs registered outside Ontario to practice temporarily for a specific purpose.
  - Requires a physiotherapy degree, registration with another jurisdiction, and 1,200 practice hours in the previous five years.
  - Practice is limited to the specific purpose listed on the application, which may include teaching, participating in an education program or time-limited event or participating in research.
- 4. Emergency** – allows expedited and temporary registration to address critical shortages in emergency situations.
  - Class will only be opened under “emergency circumstances” as determined by the Minister of Health or the Board, and certificates would typically expire 90 days after the end of the emergency, or for other reasons as outlined in the regulation.
  - Requirements vary depending on the type of applicant (e.g. students or former registrants), and include enrollment in or completion of a physiotherapy degree, a certain number of practice hours, supervision and completion of the Jurisprudence module.

## **Current Status and Analysis**

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### *Key Considerations for Pursuing Amendments*

- Canadian Alliance of Physiotherapy Regulators (CAPR) is moving away from a two-step exam process to a single consolidated exam that would cover both the written and clinical exam. The College’s current regulation assumes that there is both a written and a clinical exam that are separate.
  - Whether the College adopts CAPR’s new model or pursues a different approach, increasing flexibility in the regulation will allow the College to adapt to significant changes in the examination landscape.



- Opportunity to build additional flexibility into the regulation to enable the College to more nimbly respond if potential changes arise in the future.
- Address the need to provide support to individuals who are unsuccessful in entry-to-practice examinations, as well as to internationally educated physiotherapists.
- Respond to government direction, which has indicated that regulators should avoid unnecessary barriers for entry to practice while also maintaining public confidence and safety and support the objectives of the Ministry of Health around health human resources.
- The process of changing a regulation is long with many layers of internal and external approval and consultation. As such, the College needs to initiate the process to update the regulation while there are still outstanding decisions to be made and while work still needs to be done to evaluate progress at the CAPR level.

### *Guiding Principles*

Any potential amendments to the Registration portion of the General Regulation will be considered by balancing the following principles:

1. Public Interest and Safety – the College identifies and addresses risks to the public and registers qualified professionals who deliver safe and high-quality care.
2. Regulatory Flexibility – the General Regulation accommodates potential changes and emerging issues in the physiotherapy environment without becoming a barrier.
3. Health System Alignment – the General Regulation aligns with the goals and objectives of the broader health system, including government direction at the provincial level.

### *Examples from Other Regulators*

- College of Nurses (CNO): The College is pursuing a Transition to Practice requirement as part of its registration process, which involves completing a course that focuses on competencies unique to Canadian practice. They also have a Temporary Class of registration that allows limited practice if certain requirements are met (e.g., completion of the jurisprudence exam) while the applicant completes their remaining registration requirements for the General Class.
- College of Pharmacists (OCP): The public register indicates whether or not a pharmacist provides patient care.
- College of Physicians and Surgeons (CPSO): Allows US physicians to apply for registration through one of three alternate pathways and issues Restricted Certificates that is limited to the applicant's scope of practice if successful.



### *Registration Committee and Board Engagement*

- To inform potential changes to Part III of the General Regulation, feedback from the Registration Committee and the Board is being sought to inform the College's thinking as proposed revisions are being contemplated.
- To guide the conversation, the Board is being asked to consider the following Reflection Questions:
  - Can you imagine a situation where an individual may be able to practice physiotherapy safely with some terms, conditions and limitations without having to write a Canadian entry to practice exam?
  - At the national level, there is an interest in moving to one exam (written and clinical combined). What might provisional practice look like where there is only one exam? Are there circumstances where it would be reasonable to enable someone to practice (under supervision) while waiting to challenge the exam again?
  - Considering the substantial process involved in revising a regulation, is there an interest in creating flexibility in the regulation that would allow us to potentially consider alternate pathways to registration in the future?
  - Two-thirds of registration applications last year came from internationally educated physiotherapists. Their practice experience may be similar or quite different to practice experience in Ontario. How could we bridge the knowledge gaps and whose role would it be to bridge them?
  - The College does not currently distinguish between clinical and non-clinical practice. If the College were to more clearly outline who is working in clinical practice and who is not, what may that look like and is there value in doing so?
- The Registration Committee already had the opportunity to provide feedback based on the similar questions. Overall, the feedback from the Registration Committee was in favour of creating more flexibility in the regulation, but also noted the need to balance that flexibility with necessary safeguards to ensure public safety.

### **Next Steps**

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- Based on feedback from the Registration Committee and the Board, the College will prepare a draft version of the General Regulation with tracked changes for Board consideration. The Board will consider these changes for consultation during their meeting in December 2024.

### **Questions for the Board**

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- Do you have any questions about the General Regulation?
- Do you have any feedback relating to the principles guiding the potential amendments of the General Regulation?