

MEETING OF THE BOARD OF THE COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Meeting Schedule

Education Session (Closed)

Monday, March 24, 2025 | 9:00 – 10:15 a.m.

Board Meeting (Public)

Monday, March 24, 2025 | 10:15 – 4:15 p.m.

Board Meeting (Public)

Tuesday, March 25, 2025 | 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 MEETING AGENDA

Closed Education Session:

9:00 a.m.	The Emergence of A.I. <i>(Lonny Rosen, Rosen Sunshine LLP)</i>
-----------	--

Monday, March 24, 2025

Item	Time	Topic	Page	Purpose
*	10:15 a.m.	Welcome and Call to Order <i>(K. Schulz & K. Pavelich)</i> <ul style="list-style-type: none"> Roll Call Territory Acknowledgement 	N/A	N/A
1.	10:20 a.m.	Review and Approval of the Agenda <i>(K. Schulz)</i>	1-7	Decision
2.	10:23 a.m.	Declaration of Conflicts of Interest <i>(K. Schulz)</i> Following approval of the Agenda, Directors are being asked to declare any known conflicts of interest with the Agenda.	8	Discussion
3.	10:25 a.m.	Approval of the Consent Agenda <i>(K. Schulz)</i> <ul style="list-style-type: none"> Approval of the December 9 – 10, 2024 Board Meeting Minutes Approval of the December 10, 2024 Board Meeting In-Camera Minutes Approval of the January 20, 2025 Board Meeting Minutes Q3 Executive Committee Report 	9-24	Decision
4.	10:30 a.m.	Entry to Practice Licensure Examinations: Adoption of CAPR National Exam <i>(C. Roxborough & A. Ashton)</i> The Board will be asked to make a decision about the potential adoption of the new exam the Canadian Alliance of Physiotherapy Regulators is developing.	25-34	Decision

*	12:00 p.m.	Lunch (45 Minutes)	N/A	N/A
5.	12:45 p.m.	General Regulation Modernization – Approval for Consultation <i>(M. Berger & E. Ermakova)</i> The Board will be asked to approve the proposed amendments to the <i>O. Reg 532/98 General</i> for circulation.	35-83	Decision
6.	1:30 p.m.	Health Professions Discipline Tribunal: Opportunity to Join the Tribunal <i>(C. Roxborough & A. Ashton)</i> The Board will be engaged in a discussion to determine the Board’s interest in joining the Health Professions Discipline Tribunal.	84-138	Decision
7.	2:15 p.m.	Committee Slate Amendment <i>(C. O’Kelly)</i> The Board is being asked to approve amendments to the committee slate.	139-144	Decision
*	2:30 p.m.	Break (15 Minutes)	N/A	N/A
8.	2:45 p.m.	Chair, Vice-Chair and Executive Committee Election <i>(C. Roxborough)</i> The Board will elect their Chair, Vice-Chair and Executive Committee for the 2025-2026 Board year.	145-158	Decision
9.	3:45 p.m.	EDI Strategy Primer <i>(J. Huang)</i> The Board will be provided with an introduction to the College’s EDI strategy.	159	Education
*	4:15 p.m.	Adjournment of Day One		

Tuesday, March 25, 2025				
Item	Time	Topic	Page	Purpose
10.	9:00 a.m.	Chair's Report <i>(K. Schulz)</i> The Board is provided with an update regarding key activities and initiatives.	160-162	Information
11.	9:10 a.m.	Registrar's Report <i>(C. Roxborough)</i> The Board is provided with an overview and update regarding key activities and initiatives.	163-190	Information
12.	10:00 a.m.	Screening Committee – Preliminary Direction <i>(C. O'Kelly)</i> The Board is being asked to consider the establishment of a Screening Committee to support the election process.	191-205	Decision
*	10:45 a.m.	Break (15 Minutes)	N/A	N/A
13.	11:00 a.m.	Approval of the 2025-2026 Budget <i>(C. Roxborough & M. Catalfo)</i> The Board is asked to review and approve the proposed budget for Fiscal Year 2025-2026.	206-258	Decision
14.	12:00 p.m.	FY2025 Q3 Financial Report Update <i>(M. Catalfo)</i> The Board will be provided with an update on the College's Q3 financial performance.	259-276	Information
*	12:15 p.m.	Lunch (45 Minutes)	N/A	N/A
15.	1:00 p.m.	Final Review of Revised Standards (4th batch) for Approval <i>(E. Ermakova)</i> The Board is being asked to approve the fourth group of revised Standards following the consultation.	277-298	Decision



16.	1:45 p.m.	Review of Revised Standards (5th batch) for Consultation <i>(E. Ermakova)</i> The Board is being asked to approve the fifth group of revised Standards for circulation.	299-320	Decision
*	3:00 p.m.	Adjournment of Meeting		

Meeting Norms



Use Zoom and keep your cameras on.



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



Proactively declare and manage any conflicts of interest.



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



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



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



Be present during Council meetings and refrain from sidebar conversations.



Assume everyone has a positive intent.

Board Meeting
March 24-25, 2025

Agenda #1.0: Review and Approval of the Agenda

It is moved by

and seconded by

that:

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

2.0 Declaration of Conflicts of Interest
Katie Schulz

Board Meeting
March 24-25, 2025

Agenda #3.0: Approval of the Consent Agenda

It is moved by

and seconded by

that:

The following items be approved by the Board:

- December 9 – 10, 2024 Board Meeting Minutes
- December 10, 2024 Board Meeting In-Camera Minutes
- January 20, 2025 Board Meeting Minutes
- Q3 Executive Committee Report

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

Monday, December 9 and Tuesday, December 10 2024

The College Boardroom & Virtually via Zoom

Public Director Attendees:

Carole Baxter
Mark Heller
Frank Massey
Richard O'Brien

Professional Director Attendees:

Katie Schulz (Acting Chair)
Frank DePalma
Kate Moffett
Dennis Ng
Kirsten Pavelich
Gary Rehan
Theresa Stevens
Maureen Vanwart
Trisha Lawson
Sinéad Dufour

Guests:

Bill Quinn, RBC
Amy Block, Partner, WeirFoulds LLP
Paul Le Vay, Independent Legal Counsel

Staff Attendees:

Craig Roxborough, Registrar & CEO
Anita Ashton, Deputy Registrar & CRO
Lisa Pretty, Senior Director, Organizational Effectiveness
Mara Berger, Director Policy, Governance & General Counsel
Mary Catalfo, Director, Finance
Joyce Huang, Manger, Strategy
Evguenia Ermakova, Policy Analyst

Recorder:

Caitlin O'Kelly, Governance Specialist

Public Director Regrets:

Nitin Madhvani
Christopher Warren
Jesse Finn

Monday, December 9, 2024

Welcome and Call to Order

K. Schulz, Acting Chair, called the meeting to order at 10:00 a.m. and welcomed Directors and staff to the Board of Directors meeting. Meeting regrets were noted. K. Moffett, Professional Director, provided the Territory Acknowledgement. K. Schulz confirmed the College's ongoing commitment to the Public Interest mandate.

1.0 Review and Approval of the Agenda

Motion 1.0

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

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

CARRIED.

2.0 Declaration of Conflicts of Interest

K. Schulz asked if any Board Directors had any conflicts of interest to declare with regards to the agenda items. No conflicts were declared.

Directors were reminded that the potential for conflicts should be kept in mind throughout the meeting and declarations can be made at any time.

3.0 Approval of the Consent Agenda

K. Schulz provided an overview of the items listed on the Consent Agenda for approval.

Motion 3.0

It was moved by D. Ng and seconded by F. Massey that:

The following items be approved by the Board:

- Approval of the September 23-24, 2024 Board Meeting Minutes
- Approval of the September 24, 2024 Board Meeting In-Camera Minutes
- Q2 Executive Committee Report

CARRIED.

4.0 Acting Chair's Report

K. Schulz provided an overview of the Acting Chair's report that covers activities since the September Board meeting, which included a summary of the Annual Board Operations Evaluation survey results and a Key Conference Learning Report for the annual Canadian Network of Agencies for Regulation (CNAR) conference.

5.0 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 and the College's Risk Register. The Registrar noted challenges with the examiner attrition for the Ontario Clinical Exam. Recruitment efforts are ongoing, and additional examiners have been on

boarded to address the shortage. The Registrar also updated the Board on ongoing discussions with the Ministry of Health regarding physiotherapists' ability to order diagnostics.

6.0 Multi College Discipline Tribunal – Opportunity Exploration

C. Roxborough and A. Ashton, Deputy Registrar & Chief Regulatory Officer, presented an overview of the Multi-College Discipline Tribunal pilot program and invited the Board to provide initial impressions and identify the information needed to assess potential participation.

The Board discussed key considerations, including cost implications, timelines, user experiences, and the tribunal's long-term viability. The Board directed staff to gather additional information on these areas and provide a detailed analysis at a future meeting to support a decision on whether to proceed with a pilot project.

7.0 Entry to Practice Licensure Examinations - Next Steps

K. Schulz welcomed Brandi Park, National Director, Evaluation Services, of the Canadian Alliance of Physiotherapy Regulators (CAPR). CAPR provided updates on their plans to launch a new unified exam by 2026, focusing on making it pandemic-proof and efficiently administered. The presentation highlighted improvements in addressing past challenges, enhancing efficiency, and integrating equity, diversity, and inclusion principles, with a focus on cost effectiveness and accessibility for internationally educated physiotherapists.

Following the presentation and a question-and-answer session, C. Roxborough and A. Ashton, facilitated a discussion with the Board on whether to support the adoption of CAPR's national exam model in principle, contingent on satisfactory due diligence. While the Board expressed cautious interest in exploring a return to a national exam, members raised concerns about CAPR's reliability, transparency, financial impact, and its ability to meet Ontario's regulatory and public interest needs.

The Board directed staff to gather additional information on the proposed model, including cost structures, timelines, and its potential impact on candidates. Staff were also tasked with exploring the feasibility of a contingency plan should CAPR's exam be adopted but encounter issues. The Board will revisit the discussion at a future meeting once additional information has been reviewed.

8.0 Final Review of Revised Standards (3rd batch) for Approval

E. Ermakova, Policy Analyst, presented an overview of the revised standards from the third group, based on the consultation, and summarized the feedback received. The Board was being asked to approve the third group of standards for use in Ontario, effective February 1, 2025.

Motion 8.0

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

The Board approves the adoption of the following Standards, to be effective February 1, 2025:

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

And rescinds the following Standards, effective February 1, 2025:

- Collaborative Care
- Conflict of Interest
- Infection Control and Equipment Maintenance

CARRIED.

N. Madhvani joined the meeting at 3:00 p.m.

9.0 Code of Conduct Inquiry

The Board commenced an inquiry into the potential breaches of the Code of Conduct by N. Madhvani.

K. Schulz introduced Paul Le Vay, independent legal counsel, who was retained with the intention to facilitate the discussion as a neutral party with the ability to provide advice to the Board. Amy Block, Partner, WeirFoulds LLP, was also in attendance to provide legal counsel to K. Schulz.

Motion 9.0

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

The Board approves the appointment of Paul Le Vay, external legal counsel, to Chair the discussion for Item 9 – Code of Conduct Inquiry at the December 9-10, 2024 Board Meeting.

CARRIED.

P. Le Vay assumed the role of Chair.

K. Schulz presented a submission outlining the allegations against N. Madhvani.

N. Madhvani was given an opportunity to respond, and he contested the allegations.

Following these submissions, the Board was invited to ask N. Madhvani questions for clarification. Once this phase concluded, N. Madhvani was asked to leave the meeting to allow for deliberations.

N. Madhvani left the meeting at 3:44 p.m.

The Board first deliberated on whether there had been a breach of Section 6 of the Code of Conduct. After careful consideration the Board determined that a breach had occurred.

Motion 9.1

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

The Board has determined that Nitin Madhvani breached the following provisions of the Code of Conduct:

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

6. Respect the power, authority and influence associated with their role and not misuse this for personal gain.

CARRIED.

The Board then discussed whether there was also a breach of Section 5 of the Code of Conduct. After careful consideration the Board concluded that a breach had also occurred.

Motion 9.2

It was moved by K. Moffett and seconded by F. Massey that:

The Board has determined that Nitin Madhvani breached the following provisions of the Code of Conduct:

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

5. Refrain from engaging in any discussion with other Board or Committee members that takes place outside the formal Board or committee decision making process and that is intended to influence the decisions that the Board or a committee makes on matters that come before it.

CARRIED.

N. Madhvani returned to the meeting at 4:25 p.m.

Paul Le Vay, acting as facilitator, relayed the Board's findings. N. Madhvani was informed that the Board had determined breaches of both Section 6 and Section 5 of the Code of Conduct.

Following this, K. Schulz was invited to make submission regarding appropriate sanctions.

N. Madhvani was then invited to make submissions in response. During his submissions, N. Madhvani verbally declared his intention to resign from the Board and subsequently left the meeting.

N. Madhvani left the meeting at 4:31 p.m.

The Board proceeded to discuss the appropriate course of action regarding sanctions considering N. Madhvani had verbally expressed his intention to resign. Recognizing N. Madhvani's status as a public appointee, the Board acknowledged its limited authority to remove him from the Board.

It was resolved that N. Madhvani would be removed from his position as the Board Chair. The Board further directed that, if a formal written resignation was not received from N. Madhvani within a specified time, the Registrar would request that the Minister of Health remove N. Madhvani from the Board, recognizing that as a public appointee only the Minister has the authority to enforce such an action.

Motion 9.3

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

Having determined that Nitin Madhvani breached the Code of Conduct, the Board imposes the following sanction:

- Remove Nitin Madhvani as the Chair of the Board, and from the Executive Committee

Having received Mr. Madhvani's verbal intention to resign from the Board during the meeting, if a written resignation is not received by 2:00 p.m. December 10, 2024, then the Board imposes the following sanction:

- Request that the Minister remove Nitin Madhvani from the Board.

CARRIED.

The Board recessed at 5:12 p.m. to reconvene at 9:00 a.m. on Tuesday, December 10, 2024.

Tuesday, December 10, 2024

K. Schulz reconvened the meeting at 9:02 a.m. on December 10, 2024.

Following the reconvening of the meeting, the Board acknowledged that the Vice-Chair has now assumed the role of Chair due to the motion to remove N. Madhvani as Chair. It was noted that the Vice-Chair position had become vacant as a result and would require a special election to be filled. A virtual meeting for this election will be scheduled in January, with staff reaching out to solicit expressions of interest.

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

Motion 10.0

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

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

CARRIED.

The Board entered an in-camera session at 9:06 a.m. and returned to the open session at 10:00 a.m. It was noted that there were no decision items to be recorded publicly.

11.0 Review of College Investments

The Board reviewed the College's investments as part of its ongoing financial oversight. C. Roxborough provided the Board with an educational primer on the College's investment strategy, emphasizing the organization's approach to managing cash flow, short-term operating needs, and long-term reserves.

B. Quinn of RBC Dominion Securities presented a detailed analysis of the College's investment portfolio, which is composed entirely of fixed income instruments with the highest credit ratings. B. Quinn provided an overview of the market environment, inflation trends, and interest rate movements, explaining how these factors impact the College's portfolio. The session concluded with assurances that the current portfolio is aligned with the College's financial objectives and provides a stable foundation for its reserves.

12.0 Priorities and Initiatives for FY2025-2026

C. Roxborough and J. Huang provided an update on the development of the 2025-2026 Operational Plan, highlighting proposed strategic priorities for the year ahead.

The Board reviewed the proposed initiatives, expressing overall support for the priorities and their alignment with the strategic plan. The Board provided feedback and sought further clarity on specific areas, including EDI standards for physiotherapists and the consideration of vulnerable populations in planning.

13.0 FY2025 Q2 Financial Report

M. Catalfo, Director, Finance, presented the College's Q2 Financial Report, providing an overview of the current financial position and ongoing efforts to improve financial management practices. These initiatives include standardizing processes, reducing manual tasks, and automating workflows to enhance the reliability and timeliness of financial reporting.

The Board discussed the timeline for an internal controls review, which is planned for the end of March 2025, following preparations for the fiscal year-end audit. This timing is intended to ensure the College is well-prepared, reducing costs and improving efficiency.

14.0 FY2026 Professional Corporation Fees – Consultation Results

At their September 2024 meeting, the Board approved in principle a 2% increase for professional corporation fees in FY2026. This increase is in line with a historical increase to all other registration and administrative fees in FY2025. This adjustment was proposed to correct an oversight from the prior year when other registrant and administrative fees were increased, but fees for professional corporations were unintentionally omitted. The proposed increase aims to align professional corporation fees with the fee adjustments approved in December 2023. The associated By-law changes were circulated for a 60-day consultation period. C. Roxborough reported that there was no feedback during the consultation period.

Motion 14.0

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

The Board approves the By-law changes to Section 9.2 to increase professional corporation fees by 2% on April 1, 2025.

CARRIED.

D. Ng. abstained.

15.0 Appointment of the Auditor

In keeping with the By-law requirements, the Board was asked to consider the appointment of the Auditor for the Fiscal Year 2024-2025 Audit.

Motion 15.0

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

The Board appoints Hilborn LLP as the Auditor for the College of Physiotherapists of Ontario for the fiscal year 2025.

CARRIED.

16.0 Update to Signing Officers Policy and Related By-laws

C. O’Kelly, Governance Specialist, presented minor housekeeping amendments to the Signing Officers Policy and College By-laws.

Motion 16.0

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

The Board approves the amendments to the College By-laws and Policy 4.2: Signing Officers.

CARRIED.

17.0 Committee Slate Amendment

Motion 17.0

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

The Board approves the following amendment to the Committee Slate:

- Appoint Mark Heller to the Quality Assurance Committee

CARRIED.

18.0 Strategy: Environmental Scan Update

J. Huang provided updates from the environmental scan, which was conducted in response to the Board’s earlier direction in September. At the meeting, the Board participated in small group discussions to reflect on the overarching questions and share their perspectives on the

College's strategic direction. These reflections will help shape the ongoing process of refreshing the strategic plan.

Following the discussions, the Board reaffirmed its earlier direction for staff to lead the process of refreshing the current strategic plan. This process will include assessing progress made under the existing plan, identifying areas for improvement, and incorporating feedback from the Board to ensure the plan remains relevant and responsive to the College's mandate.

D. Ng left the meeting at 1:47 p.m.

19.0 General Regulation Modernization

M. Berger, Director Policy, Governance & General Counsel, and E. Ermakova presented an overview of draft revisions to the General Regulation, Ontario Regulation 532/98 under the *Physiotherapy Act, 1991*. The Board was asked to provide direction on proposed amendments to O. Reg 532/98 General, which are being drafted to provide the College with greater flexibility to adapt as the examination landscape evolves.

The Board deliberated on the Provisional Practice class, particularly in light of the planned transition to a single-entry exam model. Concerns were raised that in the absence of a two-step examination process, there would be insufficient measures in place to ensure those entering the class had the necessary competencies to practice safely. Noting the importance of ensuring public safety, the Board determined that maintaining the Provisional Practice class under a singular exam model would constitute too high of a risk and directed staff to sunset the class if the new examination model is adopted.

Regarding the Limited Scope class, the Board discussed its potential to address barriers for internationally educated physiotherapists entering the system. Concerns about public safety risks and the absence of an objective mechanism to evaluate readiness for practice were significant. As a result, the Board directed staff not to pursue the Limited Scope class further.

Staff will incorporate the Board's feedback into the draft revisions to the General Regulation. The revised draft will be brought back to the Board for further review and approval for consultation.

20.0 Adjournment of Meeting

G. Rehan moved that the meeting be adjourned. The meeting was adjourned at 2:59 p.m.

Katie Schulz, Chair

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

Monday, January 20, 2025

Virtually via Zoom

Public Director Attendees:

Carole Baxter
Mark Heller
Frank Massey
Richard O'Brien
Christopher Warren
Jesse Finn

Professional Director Attendees:

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

Staff Attendees:

Craig Roxborough, Registrar & CEO
Mara Berger, Director Policy, Governance &
General Counsel

Recorder:

Caitlin O'Kelly, Governance Specialist

Public Director Regrets:

Nitin Madhvani

Professional Director Regrets:

Trisha Lawson

Welcome and Call to Order

K. Schulz, Board Chair, called the meeting to order at 12:00 p.m. and welcomed Directors and staff to the Board of Directors meeting. The Chair provided the Territory Acknowledgement and confirmed the College's ongoing commitment to the Public Interest mandate.

1.0 Review and Approval of the Agenda

Motion 1.0

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

The agenda be accepted.

CARRIED.

2.0 Declaration of Conflicts of Interest

K. Schulz asked if any Board Directors had any conflicts of interest to declare with regards to the agenda items. No conflicts were declared.

Directors were reminded that the potential for conflicts should be kept in mind throughout the meeting and declarations can be made at any time.

3.0 Executive Committee Election

C. Roxborough, Registrar & CEO, facilitated the Executive Committee election. An overview was provided of the elections process which was supported by an electronic online voting system.

Election of the Vice-Chair:

The following nominations for Vice-Chair were received:

- M. Heller (Public Member)
- G. Rehan (Professional Member)

C. Roxborough called for additional nominations from the floor; none were received.

G. Rehan was elected Vice-Chair.

Election of the Executive Committee: Members-at-Large

The By-laws require that the Executive Committee be composed of five members of the Board, at least three of whom are registrants of the College. K. Schulz, G. Rehan and T. Stevens fill these positions.

The By-laws require that the Executive Committee be composed of two Public Directors, unless only one Public Director stands for election, in which case one Public Director shall be sufficient.

C. Baxter fills one of these positions.

C. Roxborough called for additional nominations from the floor, the following nominations were received for the one remaining position for the Executive Committee Members-at-Large:

- F. Massey (Public Member)
- M. Heller (Public Member)

M. Heller was elected Member-at-Large

The following directors will make up the Executive Committee for the remaining of the 2024-2025 year:

- K. Schulz, Chair
- G. Rehan, Vice-Chair
- C. Baxter
- T. Stevens
- M. Heller

4.0 Adjournment of Meeting

C. Warren moved that the meeting be adjourned. The meeting was adjourned at 12:31 p.m.

Katie Schulz, Chair

EXECUTIVE COMMITTEE REPORT

Reporting Period: October – December 2024 (Third Quarter)

Meetings During the Third Quarter

Date:	October 23, 2024
Meeting Purpose	Ad hoc meeting to provide direction to the Vice-Chair.
Chaired By:	Katie Schulz
<p>Summary of Discussions and Decisions:</p> <p><i>Other:</i></p> <ul style="list-style-type: none"> Confidential Discussion: Board member conduct. 	
Date:	November 8, 2024
Meeting Purpose	Regularly scheduled meeting to preview items that will go forward to the Board at upcoming meeting.
Chaired By:	Katie Schulz
<p>Summary of Discussions and Decisions:</p> <p><i>Feedback on materials to the Board:</i></p> <ul style="list-style-type: none"> Revised Standards – Third Group: The Committee provided feedback to staff on materials regarding the third group of revised standards following the consultation, before the standards are presented to the Board for final approval. Entry to Practice Licensure Examinations: The Committee provided feedback to staff on materials regarding the new exam model the Canadian Alliance of Physiotherapy Regulators is developing. Multi College Discipline Tribunal: The Committee provided feedback to staff on materials to engage in a discussion to determine the Board’s interest in potentially joining the Multi College Discipline Tribunal Pilot. Strategy - Environmental Scan Update: The Committee provided feedback to staff on materials related to strategic planning. These materials are being presented to the Board to facilitate discussion and gather feedback and direction. General Regulation Modernization: The Committee provided feedback to staff on materials for proposed amendments to <i>O.Reg 532/98 General</i>. 	

Recommendations to the Board:

- Committee Slate Amendment: The Committee recommended that the Board appoint Mark Heller to the Quality Assurance Committee.

Decisions made within Executive Committee's authority:

- 2025-2026 Board Education Plan: The Committee approved the following education priorities for 2025-2026: Impact of emerging technology and AI on healthcare, Effective Governance. The Committee also directed staff to budget for two members of the Board and/or Committee Chairs to attend applicable conferences.
- Conference Attendance: The Committee reviewed expressions of interest for attendance at the 2025 Ontario Physiotherapy Association Conference and approved the attendance of Christopher Warren.

Other:

- Chairs's Report – received for information
- Registrar's Report – received for information
- Scope of Practice – Information Sharing with Ministry of Health: The Committee was provided with an update regarding draft responses regarding the Ministry of Health's inquiries relating to the implementation of diagnostic ordering by physiotherapists.
- 2025 planning: The Committee engaged in a discussion about the Committee Slate development process, as well as Board meeting structure for 2025-2026.

Date:	November 22, 2024
Meeting Purpose	Ad hoc meeting to discuss the Registrar's Performance Review
Chaired By:	Katie Schulz

Summary of Discussions and Decisions:

Other:

- Confidential Discussion: Registrar's Performance Review

Executive Committee Acting on behalf of the Board:

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

Board Meeting
March 24-25, 2025

Agenda #4.0: Entry to Practice Licensure Examinations: Adoption of CAPR National Exam

It is moved by

and seconded by

that:

The Board approves, in principle, the adoption of the new national examination being developed by the Canadian Alliance of Physiotherapy Regulators, pending the development of appropriate service contracts.

BOARD BRIEFING NOTE
For Decision

Topic:	Entry to Practice Licensure Examinations: Adoption of CAPR National Exam
Public Interest Rationale:	Successful completion of an entry to practice licensure examination is an important entry to practice competency milestone. Reliable, valid, and universal requirements ensure consistency in the patient experience.
Strategic Alignment:	<i>Regulation & Risk:</i> Ensuring that the pathways to licensure are appropriate and fair to both Canadian trained and Internationally Educated Physiotherapists
Submitted By:	Craig Roxborough, Registrar & CEO Anita Ashton, Deputy Registrar & Chief Regulatory Officer
Attachments:	N/A

Issue

- The Board will be provided with an update regarding the development of the national licensing examination.

Decision Sought

- The Board is asked to confirm whether it approves the adoption of the Canadian Alliance of Physiotherapy Regulator’s national exam as a licensure exam of the College beginning January 2026, pending review of service contracts and assuming transitions plans are in place.

Background

Pathway to Licensure and an Evolving Clinical Exam

- In [December 2024](#) (see pages 100-113), the Board was provided with a comprehensive overview of the current licensure process, with particular emphasis on the two-step examination process that currently exists and changes that occurred as a result of the pandemic. Briefly:
 - Candidates for licensure must successfully complete a written exam followed by a clinical exam.
 - Internationally education physiotherapist (IEPTs) must go through an additional credentialing process prior to attempting the exam.
 - These processes are not managed by the regulator but instead by a national alliance or third-party service provider, similar to many other professions.
 - For physiotherapy, the Canadian Alliance of Physiotherapy Regulators (CAPR) has managed these processes on behalf of Canadian regulators (with the exception of Quebec).
- The clinical exam has evolved significantly over the past 5 years, due to disruptions caused by the pandemic and an ultimate decision by CAPR to discontinue their version of the clinical exam.

- Historically, the clinical exam was an observed structured clinical examination (OSCE) administered by CAPR. During the pandemic, CAPR was unable to evolve in response to public health requirements and eventually discontinued the exam in January of 2022, leaving each jurisdiction to develop their own alternatives. The last clinical exam was offered nationally in the fall of 2019.
- In response, at the direction of the Board, the College opted to develop our own version of the clinical exam. A decision was made to develop a *short-term solution* while the national landscape evolved. As a result, in the fall of 2022 the [Ontario Clinical Exam \(OCE\)](#) was launched.
- The OCE has now transitioned to a successful examination that manages approximately 1100 candidates per year.

CAPR's Evolution and Progress Post-Pandemic

- In recent years, CAPR has undergone significant transformation to modernize their service offerings, address historical issues, and build a national examination solution. The Board was also provided with a detailed overview of these changes in the [December 2024](#) (see pages 100-113) meeting materials. Briefly:
 - Following a two-year [Evaluation Services Re-Envisioned](#) project, CAPR began to action a strategy to improve and modernize entry-to-practice competency assessment model in Canada (both credentialing and examinations).
 - With respect to examinations, the intended outcome of this initiative was to create a virtual pandemic proof examination that consolidated the written and clinical elements into a single exam. This outcome was sought to address ongoing concerns that the current two-step exam process prolongs the time and cost and that a consolidated comprehensive examination would support quicker transitions to practice while still ensuring the necessary competencies are demonstrated.
- CAPR has also modernized the way they manage and administer their programs. This includes, increasing the number of written exam offerings per year, moving from paper-based to electronic systems, launching practice examinations, reducing timelines for credentialing by as much as 10 weeks, and launching a fast-tracked credentialing stream for some jurisdictions.
- Finally, CAPR has undergone a significant governance and identity transition. Changing from an *alliance* of regulators to a *service provider* specializing in credentialing and examination services. In this model the Colleges are no longer members of CAPR, but rather customers. CAPR now has a Board of Directors, who for the most part, have been recruited through an executive search firm based on a competency profile. Service agreements will outline the expectations of the parties that enter into these agreements.

December 2024 Board Discussion and Direction

- CAPR's work to develop a national exam had reached a point late in the fall of 2024, that they had begun to seek approvals (in principle) from regulators as to whether their exam would be adopted nationally going forward. CAPR wanted to ensure they were going to build a product that regulators intended to subscribe to prior to proceeding.
- In the [December 2024 Board](#) package, the information that was known about the exam at that time was shared with the Board.
- The meeting materials also identified two courses of action for the Board to consider: (1) adopting the national exam or (2) continuing to enhance and expand the College's own service offerings in this regard. Advantages and disadvantages for each approach were provided to support the Board in this decision.
 - *Option 1:* Adopting the national exam would bring consistency to the examination landscape following years of variability, enable the College to return to its core regulatory obligations, and position the College as a national partner. On the other hand, given CAPR's historical performance it would require accepting some uncertainty and relinquishing some control over examination services.
 - *Option 2:* Expanding the College's services offerings would ensure the College was responsible for its own success or failure and there may be opportunities to expand across the country. On the other hand, pursuing this route may position Ontario negatively within the system partner ecosystem and would require significant time and resource investment.
- CAPR supplemented the materials presented with a presentation outlining their intention to deliver a high-quality product that regulators could rely on.
- While the Board indicated a desire for the College to *not* continue being an examination service provider and that adoption of the national exam is preferable, the Board also determined there was not sufficient information available to adopt CAPR's national exam at that time.
 - As part of the discussion, the Board indicated a desire to understand more about the examination implementation and ongoing performance plan.
 - The Board also indicated a desire to understand the College's back-up plan should CAPR not be successful in meeting their timelines or stated objectives.

Current Status and Analysis

- Both the College and CAPR are now at a point where a decision is required in order to provide clarity regarding the path to licensure going forward and to implement the necessary next steps. In particular, the College is faced with a critical decision that will impact those seeking to enter the profession, the profession, many system partners, and the College itself.

- The physiotherapy profession, regulators and system partners were caught off guard by the collapse of CAPR's previous clinical exam and their inability to successfully pivot during the pandemic.
- While the College has successfully filled the place of CAPR during this lapse with the OCE, the OCE was always intended to be a short-term solution while a national solution was re-established.
- CAPR is now positioning itself as the vendor to deliver a new exam that seeks to streamline the entry-to-practice examination process and provide a national solution.
 - CAPR has significantly transformed itself since the pandemic (i.e., new leadership, new governance structures, etc.) and has found success in modernizing not just the way services are delivered (e.g., reducing wait times, developing digital solutions, etc.) but also in modernizing the services themselves (e.g., fast-track credentialing pathways).
- The interest of the public and the profession has not been served by the variability that exists across the country in terms of the pathway to licensure. A single approach to entry-to-practice evaluation services brings stability and confidence as all physiotherapists entering the profession will have gone through the same process.
- Notwithstanding this, adopting the national exam delivered by CAPR involves accepting risks insofar as it transfers responsibility from the College to another party. What follows builds on the analysis provided to the Board in [December 2024](#) and seeks to outline how risks are being mitigated.

1. CAPR's Commitment and Service Agreements

Updated Exam Information

- In response to questions from the Board, the Boards of other physiotherapy regulators, and regulatory staff across the Country, CAPR has provided more information about the structure of the exam and the implementation plan. This includes information about the plan in place to set CAPR up for a successful examination launch.
- A brief overview of key updates is provided here and CAPR will be available to provide more information and answer questions at the Board meeting.
 - The consolidated exam will be offered 8 times a year, beginning in January 2026. Each exam sitting will include an overflow or contingency date as back-up should issues arise or demand outstrip the supply of examiners on the set date.
 - CAPR has mapped out anticipated demand based on Canadian university program dates for the exam over a calendar year and will recruit enough examiners to address demand for the exam at launch (initially 400 examiners, with growth as needed).

- The current written exam will be offered until November 2025. CAPR is open to exploring additional offerings if needed.
- The exam will be remote (virtual), 5 hours in length, equally divided between Multiple Choice Questions (MCQ) style questions assessing general competence and an oral interview with two examiners to assess clinical reasoning (similar to the OCE). Candidates will complete the exam in a manner that optimizes how examiners are used.
- The exam will be available in French at launch.
- Comprehensive examiner training is planned, and examiners will be compensated for their involvement in the exam.
- CAPR has confirmed that the cost will be no more than the combined cost of the two-stage exam previously offered by CAPR (i.e., no more than \$2815).
- Results will initially be released to candidates in approximately 5 weeks time, with a goal to reach less than 4 weeks once processes are set and standardized.
- Regulators will have secure access to results at no additional cost.

Service Agreements

- Discussions between CAPR and the regulators have begun with respect to the establishment of service agreements. The approach adopted builds upon best practices as identified by Fairness Commissioners across Canada.
- Based on feedback from the Board and the Executive Committee, the College is seeking to include the following elements in the agreement:
 - Commitment to continue to provide the written exam if delays in launching the consolidated exam occur.
 - Milestones regarding progress towards a successful launch of the consolidated exam (e.g., dates by which exam blueprint needs to be completed, examiner recruitment timelines, timelines for registration opening, etc.) to enable the College to track progress on implementation and hold CAPR accountable.
 - Key performance indicators are being established and could include: timeline for results release, wait times for registration, response times to candidates, credentialing processing timelines, etc.
 - Specific provisions that support adjustments of exam dates based on capacity and demand (e.g., to minimize wait time for new graduates).

- Specific provisions that speak to the transition plan and overlap between CAPR and the College running exams simultaneously (e.g., ensuring adequate examiners for both organizations).

2. Decision for the Board

- At this point in time, a decision to adopt the national exam or prepare for expanding the College's examination program is required.
 - CAPR needs to understand if there is a critical mass of regulators prepared to adopt the national exam. If there is not, it is unlikely that CAPR will make any further investment into the development process and they would need to re-envision their role and future.
 - The College also needs to understand what the pathway to licensure will look like and begin to communicate to those planning to become physiotherapists in Ontario.
- The argument in favour of adopting the national exam was outlined in December 2024 and in earlier sections of this briefing note.
- While the Board expressed a general interest in *not* continuing to be an examination service provider, the Board did seek to (1) further understand what a back-up plan would look like should issues with CAPR arise and (2) better understand what would be involved in assuming responsibility for credentialing and examination services.

Back-Up Planning

- If the College adopts the CAPR national exam and issues arise regarding the exam launch, the College will need to be prepared to implement temporary and/or permanent solutions to avoid challenges that arose during the pandemic.
- It is important to note that the College is *not* in the same situation it was during the pandemic.
 - The College now has experience administering an Exam Exemption policy.¹
 - The College now has experience developing and administering a clinical exam.
 - The College has experience creating Jurisprudence exams which are multiple choice exams.

¹ As a reminder, during the pandemic while the OCE was being developed the College created an alternative process that enabled candidates to go through an assessment process in lieu of a clinical exam. This policy was administered by the Registration Committee and involved reviewing a supervisor's assessment of clinical performance, completion of various e-learning modules, and submitting to a screening interview within 60 days of registration.

- Continued offering of the Physiotherapy Competency Examination (PCE) written is the most direct solution going forward should an issue arise with launching the new consolidated exam.
 - The College can continue running the OCE provided the PCE written is still available. This maintains a stable two-stage pathway to licensure.
- If CAPR is unsuccessful at launching the new consolidated exam **and** the PCE written becomes unavailable, the College will need to develop a replacement to the PCE written.
 - As a temporary measure, exploration of an exam exemption policy for the written exam could be explored. As the written exam acts as an important tool to ensure minimum competence is possessed by applicants, there are risks to this approach that need to be fully explored.
 - Past work on the exemption policy could be leveraged and the OCE will continue to exist acting as a safeguard prior to granting an independent practice certificate.
 - Should a disruption persist without a written exam, the College would need to develop a formal alternative as a permanent solution. This would mean developing an alternative to the written exam or developing a new consolidated exam. The scope of this work is outlined below.

Expansion of College Evaluation Services

- Should adoption of the national examination not be pursued the College would need to be prepared to:
 - Develop either a separate written exam (if a decision is made to maintain a two-step process) or develop a comprehensive single exam building on the OCE (if a decision is made to transition to a single exam model); and
 - Develop a credentialing program if CAPR is no longer a viable entity.
- Developing an alternative to CAPR's consolidated exam would require extensive and intensive work in a brief period of time (approximately 9-12 months) and would duplicate much of the work already done by CAPR. Much of this work would need to be out-sourced.
 - The College would need to identify the essential competencies that need to be evaluated within a written exam and/or consolidated exam;
 - Develop at minimum 100 multiple choice style questions for the first exam iteration building to upwards of 1000 items over time;²

² CAPR manages a bank of over 1000 items for the PCE written and is consistently developing new items as others are sunset.

- Expand the examination staff to as many as 10 if the College is assuming responsibility for administering the exam in other Canadian jurisdictions;
- Contemplate distributing the number of exam sittings across the year differently, transitioning from 4 (i.e., what is currently offered for the OCE) up to as many as 8 or 10 (i.e., what is planned for CAPR's consolidated exam or what is currently offered for the PCE written); and
- Invest significant capital into the project (e.g., as much as \$1 million based on OCE experience and CAPR's investments into the consolidated exam).
- Developing a credentialing program would be an entirely new activity for this College. The need to provide these services is dependent on whether CAPR can be financially viable if there is not a critical mass of regulators adopting the national exam.
 - A credentialing assessment is the process by which an internationally educated physiotherapist would have their academic degree and qualifications assessed to ensure they are substantially similar to Canadian credentials.
 - Some regulatory bodies do perform credentialing in-house while others out-source to companies such as World Education Services (WES) and are instead involved in developing the credentialing framework to support WES's implementation.
 - One peer regulator reported having a team of 6 to conduct 420 assessments a year, fewer than would be anticipated at this College. Additionally, that College's Registration Committee meets 24 times a year to work through issues that arise in the assessment process. Estimates suggest a credentialing team for this College might need to be as large as 9-10 staff particularly if these services are offered to other Canadian jurisdictions.

Considerations

- All other physiotherapy regulators are engaged in the same conversations as this College. As of writing, four other regulators have agreed (in principle) to adopting the national exam offered by CAPR. By the March Board meeting, information will be available regarding the decision of all other physiotherapy regulators.
- Service agreements with CAPR can help to ensure key milestones are met, set performance indicators we require of CAPR as our vendor, etc. Any feedback offered by the Board will be considered as these agreements are established.

Next Steps

- If the Board agrees to adopting the national exam, service contracts and transition plans will need to be developed and approved. It is anticipated that a special meeting of the Board may be needed prior to June 2024 in order to set transition plans in support of broader communication strategies.

- If the Board does not adopt the national exam, a development and transition plan will be brought to the Board as soon as possible. It is similarly anticipated that special meetings of the Board will be needed in order to support this work.

Questions for the Board

- What questions do you have about the CAPR national exam?
- What questions do you have about the options facing the College?
- Does the Board support adopting the CAPR national exam going forward?

Board Meeting
March 24-25, 2025

Agenda #5.0: General Regulation Modernization – Approval for Consultation

It is moved by

and seconded by

that:

The Board approves the proposed amendments to the *O. Reg 532/98 General* for a 60-day consultation.

BOARD BRIEFING NOTE
For Information

Topic:	General Regulation Modernization – Approval for Consultation
Public Interest Rationale:	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.
Strategic Alignment:	<p><i>Risk & 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>
Submitted By:	Mara Berger, Director, Policy, Governance & General Counsel Evguenia Ermakova, Policy Analyst
Attachments:	Appendix A: Comparison Table – Proposed Revisions Appendix B: Draft Regulation – redlined

Issue

- The Board is currently considering whether to adopt a singular exam being developed by the Canadian Alliance of Physiotherapy Regulators, which would necessitate updates to Part III of the College’s General Regulation.

Decision Sought

- The Board is being asked to approve the amended draft Regulation for 60-day circulation.

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, including the classes of registration, any class-specific registration requirements and how to maintain registration.

- 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.

Impact of Exam Model

- Part III of the General Regulation currently assumes that there is a two-exam model, with a separate written and practical component. Successfully completing the written component is a prerequisite for applying for a certificate of registration for the Provisional Practice class, while having passed both components is required for a certificate of registration in the Independent Practice class.
- If the Board is interested in adopting a singular exam model, changes to Part III of the General Regulation would be required to move away from the two-exam model and officially sunset the Provisional Practice class.
 - The current purpose of the Provisional Practice class is to allow candidates that have successfully completed the written component of the two-part exam to practice physiotherapy under supervision while they wait to complete the practical component of the exam. If there is only a singular exam that covers both the written and the practical component, the class would no longer be needed unless it is completely reimagined.

Information Gathering

- At the [September 2024 meeting](#), the Board was engaged in a generative discussion to help guide the potential revisions to the General Regulation, following a previous discussion with the Registration Committee in August 2024. Both the Registration Committee and the Board noted that public safety should be the priority.
- Staff also conducted an environmental scan of the other health regulatory Colleges focused on registration classes.
 - The environmental scan on registration classes showed that twelve other health Colleges in Ontario have a class similar to the College’s Provisional Practice class. Furthermore, the College’s counterparts in Alberta, Newfoundland & Labrador, New Brunswick and Nova Scotia also have a similar class.
- Staff also reviewed and compared three new registration regulations that came into force on July 1, 2024 under the [Opticianry Act](#), the [Medical Radiation and Imaging Technology Act](#), and the [Massage Therapy Act](#).
 - Since updates to a Regulation require significant effort and cannot be made frequently, if substantive changes are being pursued, this provides an opportunity to also address some

housekeeping updates, address any existing gaps within the Regulation and modernize some of the language.

- The comparison of the three new registration regulations was used to provide direction on how other health Colleges have revised the language in common provisions, such as those dealing with good character, authorization to work and language proficiency requirements.

Board Engagement

- An initial draft of the General Regulation was presented to the Board at the [December 9-10, 2024 meeting](#) to gather further feedback. The Board was also asked to provide direction regarding the following:
 - Reenvisioning the Provisional Practice class if a singular exam model is adopted in Ontario.
 - The Board directed that the Provisional Practice class should be sunset under a singular exam model. The Board determined that reenvisioning the class would not be in the public interest in the absence of a psychometrically valid exam to ensure competency to base the class upon.
 - Creating a new Limited Scope class to create additional entry-to-practice flexibility.
 - The Board directed that a new Limited Scope class should not be pursued. The Board had public safety concerns if physiotherapists may be eligible for registration without passing an Ontario licensure exam, especially since a limited scope of practice may be difficult to enforce.

Government Engagement

- Throughout the process, College staff have connected with staff members from the Ministry of Health. The Ministry has a preference for engaging early on any potential Regulation changes, and this provided an opportunity for staff to have initial conversations about process and timelines.
- College staff have also started the process of engaging with the Office of the Fairness Commissioner in preparation of the Board potentially considering the draft Regulation for circulation at the upcoming Board meeting in March.

Current Status and Analysis

Adopting a Singular Exam Model

- The initial draft Regulation has been revised to incorporate the Board's direction. Since substantive changes to the Regulation will only be required if the Board decides to adopt a singular exam model, changes to the General Regulation do not need to be pursued at this time otherwise.
- To allow for the potential adoption of a singular exam model, the following revisions to the General Regulation have been prepared:

- The definition for examination has been updated to create additional flexibility for the Board to set the exam format, including setting a single or multi-part exam requirement.
- Provisions have been added to allow for the sunseting of the Provisional Practice class.
- As currently drafted, the transitional provisions would allow individuals registered in the Provisional Practice class or who submitted an application and met the requirements for a Provisional Practice class certificate on the date the revised Regulation comes into effect to remain in that class and practice under supervision as a Physiotherapy Resident until 12 weeks after they were registered to complete the practical component of the exam or until they were notified that they failed the practical component.
 - Once a Physiotherapist Resident is notified that they failed the practical component of the examination, a limitation would be put on their Provisional Practice class certificate which would prevent them from providing care but allow them to complete patient transfers until their certificate officially expires 15 days later.
- The purpose of the transitional provisions is to enable the wind-down of the Provisional Practice class while also providing a fair opportunity for individuals to complete the licensing process under the current two-exam model.
 - To allow for the transition, there would be a period where the two-exam model and the singular exam model would need to co-exist side-by-side. Specific consideration would need to be given to the appropriate timing of phasing out the two-exam model in a fair and transparent manner, with appropriate notice to anyone who may be impacted.
 - This will include careful consideration as to the appropriate timing of submitting the revised Regulation to the government following consultation and approval by the Board to ensure the College will be able to continue issuing Provisional Practice class certificates until the singular exam model is in place.
 - Further details to enable the transition would need to be set out in policies. For example, clear guidelines would need to be established to address individuals who were unsuccessful when attempting the practical component of the exam but who may not have an opportunity to retake the exam prior to the two-exam model coming to a close.

Proposal to add a Suspension and Revocation Section

- A new section called Suspension and Revocation is being proposed to close an administrative loop that results in registrants potentially being suspended for non-payment of fees in perpetuity.
 - This section was added following another review of the draft Regulation in preparation for the potential approval for consultation by the Board and is also quite commonly found in Registration Regulations of other health Colleges.

- While the College can currently suspend registrants for non-payment, those registrants stay suspended indefinitely unless they seek reinstatement at some point in time. This has resulted in an odd holding pattern, where the College has registrants that have been suspended since as far back as 1984.
 - Overall, there are currently 299 registrants that are suspended for non-payment of fees, including 77 registrants that have been suspended since before 2006.
- Adding the proposed section to the Regulation would allow the College to automatically revoke certificates of registration for non-payment of fees after 5 years have passed.
 - This five-year timeframe was selected because it aligns with the College's currency requirement whereby registrants have to demonstrate that they have either practiced for a minimum of 1,200 hours or completed the examination in the past five years.
 - Registrants suspended for non-payment of fees do not generally include registrants that are on parental, education or health-related leaves, or who retire and then re-apply within one year or move out of the province. Registrants in the latter group tend to resign from the College to benefit from the fee credits the College offers. As such, registrants going on leave, retiring or moving out of the province should not be impacted by the proposed change.
 - Registrants would be provided with proper notice of the pending revocation, allowing them to either resign or reinstate before it takes effect. Furthermore, former registrants that have been administratively revoked for non-payment could reapply for a new certificate at any time, they just would no longer qualify for reinstatement.
- Additionally, adding the proposed section would create greater consistency regarding how administrative suspensions are addressed. While the General Regulation currently includes provisions related to suspending registrants for non-compliance with the professional liability insurance requirements, suspension for non-payment is only addressed in the College's By-laws at this time.
 - Under the proposed approach, the authority to suspend for non-payment of fees would be captured in the General Regulation, just like the authority to suspend for non-compliance with the professional liability insurance requirements. For consistency, certificates that have been suspended for five years for non-compliance with the professional liability insurance requirements could also be revoked under the proposed revisions. Since only registrants that provide clinical care require liability insurance in accordance with the By-laws, this would be an exceedingly rare occurrence.
 - If the proposed revisions are adopted, the relevant By-law section would need to be slightly revised to solely focus on setting out the applicable reinstatement fees. Currently, section 8.4(4) of the By-laws covers both the process for reinstatement as well as the fees that a registrant seeking reinstatement after a suspension for non-payment would owe:

If the Registrar suspends a Registrant's certificate of registration for failure to pay a prescribed fee in accordance with section 24 of the Code, the Registrar shall terminate the suspension on:

- (a) completion of a new application form (in the form of an initial application form) and payment of a new initial application fee;
- (b) and payment of:
 - (i) all outstanding amounts owing to the College, including the current renewal fee; and
 - (ii) any applicable penalties relating to such outstanding amounts.

Other Proposed Revisions

- Other revisions are outlined in Appendix A – Comparison Table and include but are not limited to:
 - Provided additional guidance regarding screening for competence to support the College's good character requirement.
 - Simplified language of some provisions and added more details for clarification where needed.
 - Moved any provisions that apply to multiple or all classes of registration to the General section. For example, all provisions related to professional liability insurance are now captured in the General section.
 - Moved any provisions that apply only to a single class into the section covering that class. For example, the provisions related to the Jurisprudence Exam are now captured in the Independent Practice section.
 - For section 20.(1) regarding labour mobility, added language from the *Health Professions Procedural Code* for greater clarity and removed reference to subsection 19.(4) since it creates a conflict with subsection 20.(3).
 - Removed outdated references, such as to the College Review Program.
 - Removed transitional provisions related to the removal of the academic practice and inactive status certificates of registration in December 2011 since they are no longer needed.
 - Removed the practice hours requirement for applicants for a courtesy certificate of registration.
- While substantive changes are only being proposed to Part III: Registration of the General Regulation, housekeeping updates have been made to the other Parts to utilize gender-neutral language.

Next Steps

- The Board will be asked to consider the draft version of the General Regulation with tracked changes for potential approval for consultation.
- If the Board determines that the draft is ready for consultation, the draft General Regulation will be opened for a 60-day consultation period. It would be cross-posted on the College's website and Ontario's [Regulatory Registry](#).
- Following the consultation, the draft Regulation would come back to the Board for further consideration.

Questions for the Board

- Do you feel anything in the materials requires further clarification?
- Do you have any questions about the proposed revisions to the General Regulation?

Existing Clause (If Applicable)	Proposed New Clause	Rationale
<p>11. “examination” means an examination set or approved by the Council.</p>	<p>11. “examination” means knowledge-based and/or skills-based assessments in any format approved by Council.</p>	<p>Expanding definition of ‘examinations’ for more flexibility.</p>
<p>12. The following are prescribed as classes of certificates of registration:</p> <ol style="list-style-type: none"> 1. Independent practice. 2. Provisional practice. 3. Courtesy. 4. Emergency. 5. Revoked: O. Reg. 390/11, s. 1. 	<p>12. The following are prescribed as classes of certificates of registration:</p> <ol style="list-style-type: none"> 1. Independent practice. 2. Provisional practice. 2. Courtesy. 3. Emergency. 	<p>Removed reference to Provisional practice. The purpose of the Provisional practice class was to allow candidates to practice under supervision in between the written exam and the clinical exam. This allowed candidates to start practicing rather than having to wait until they could sit the second part of the exam.</p> <p>Under the proposed single exam model, this class would no longer be required, since candidates would be able to apply for Independent practice immediately after passing the single exam.</p>
<p>13. A person may apply for the issue of a certificate of registration by submitting to the College a completed application for the class of certificate for which application is made together with any applicable fees.</p>	<p>13. A person may apply for a certificate of registration of any class by submitting a completed application in a form approved by the Registrar together with any applicable fees required under the by-laws.</p>	<p>Revised the wording of the provision slightly to be more plain language in line with wording used in the Registration Regulation under the <i>Massage Therapy Act, 1991, Medical Radiation and Imaging Technology Act, 2017</i> and the <i>Opticianry Act, 1991.</i></p>
<p>18. Despite any other provision in this Regulation, an applicant who by commission or omission makes a false or misleading</p>	<p>16. Despite any other provision in this Regulation, an applicant who, by commission or omission, makes any false or misleading representation or declaration on</p>	<p>Moved the provision up for better flow and revised the wording slightly for greater clarity.</p>

<p>representation or declaration on or in connection with an application shall be deemed not to have, and not to have had, the qualifications for a certificate of any class.</p>	<p>or in connection with an application is deemed thereafter not to meet, and not to have met the registration requirements for a certificate of registration of any class.</p>	
<p>16.(1) It is a non-exemptible registration requirement for all classes of certificates of registration that the applicant’s past and present conduct affords reasonable grounds for belief that he or she,</p> <ul style="list-style-type: none"> (a) is mentally competent to practise physiotherapy; (b) will practise physiotherapy with decency, integrity and honesty and in accordance with the law; and (c) can communicate effectively with, and will display an appropriate attitude towards, patients and colleagues. 	<p>17.(1) The following are non-exemptible registration requirements for a certificate of registration of any class:</p> <p>1. The applicant’s past and present conduct affords reasonable grounds for the belief that the applicant,</p> <ul style="list-style-type: none"> (a) will practise physiotherapy with decency, integrity and honesty and in accordance with the law; (b) is physically and psychologically able to practise physiotherapy safely and competently; (c) has sufficient knowledge, skill and judgment to practise physiotherapy safely and competency; and (d) can communicate effectively and will display an appropriately professional attitude. 	<p>Provide additional guidance regarding screening for competence.</p> <p>Added a provision about knowledge, skills and competence which can help address situations where a previous conduct history may exist, for example in another jurisdiction. This is based on similar wording found in the Registration Regulation under the <i>Opticianry Act, 1991</i>.</p> <p>Included reference to professional attitude to help address professionalism or governability issues and removed reference to patients and colleagues to broaden the provision.</p>
<p>17. It is a non-exemptible registration requirement for all certificates of registration that the applicant demonstrates that he or she holds professional liability insurance in accordance with the College by-laws.</p>	<p>17.(1)2. The applicant must demonstrate that they hold professional liability insurance in accordance with the College by-laws.</p>	<p>Provision has been grouped with the other non-exemptible registration requirements to create a comprehensive provision that covers all non-exemptible registration requirements in one spot</p>

		<p>and makes it easier for candidates to understand what these requirements are in their totality.</p> <p>The provision has also been updated to use gender-neutral language.</p>
<p>16.(2) The following are the standards and qualifications for a certificate of registration of any class except a courtesy certificate of registration:</p> <ol style="list-style-type: none"> 1. The applicant must have Canadian citizenship, permanent resident status or an authorization under the <i>Immigration and Refugee Protection Act (Canada)</i> consistent with the class of certificate for which application is made. 2. The applicant must be able to speak and write either French or English with reasonable fluency. 	<p>17.(2) The following are the registration requirements for a certificate of registration of any class other than a courtesy certificate of registration:</p> <ol style="list-style-type: none"> 1. The applicant must be a Canadian citizen, permanent resident or authorized under the <i>Immigration and Refugee Protection Act (Canada)</i> to engage in the practise of the profession in Ontario. 2. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing in either French or English. 	<p>Revised provision slightly to be more plain language.</p> <p>Adopted wording from General Regulation under the <i>Nursing Act, 1991</i> to clarify that language proficiency includes both the ability to communicate and comprehend.</p>
<p>16.(3) It is a term, condition and limitation of a certificate of registration of any class that the certificate terminates when the holder no longer has Canadian citizenship, permanent resident status or an authorization under the <i>Immigration and Refugee Protection Act (Canada)</i> consistent with the class of certificate.</p>	<p>18.(1) It is a term, condition and limitation of a certificate of registration of any class other than a courtesy certificate of registration that the member shall not engage in the practise of physiotherapy unless the member is a Canadian citizen or permanent resident of Canada or authorized under the <i>Immigration and Refugee Protection Act (Canada)</i> to</p>	<p>Terminating the certificate could have unintended consequences (for example, it could preclude insurance coverage for patients). The revised provision puts the onus on the member to cease practising if their status changes.</p>

	<p>engage in the practise of the profession in Ontario.</p>	
<p>21.(4) If a holder of a certificate of registration authorizing independent practice ceases or fails to hold professional liability insurance in accordance with the College by-laws, his or her certificate of registration is deemed to be suspended until the Registrar is satisfied that he or she has acquired the professional liability insurance.</p> <p>23.(3) If a holder of a certificate of registration authorizing provisional practice ceases or fails to hold professional liability insurance in accordance with the College by-laws, his or her certificate of registration is deemed to be suspended until the Registrar is satisfied that he or she has acquired the professional liability insurance.</p> <p>24.(3) If a holder of a courtesy certificate of registration ceases or fails to hold professional liability insurance in accordance with the College by-laws, his or her certificate of registration is deemed to be suspended until the Registrar is satisfied that he or she has acquired the professional liability insurance.</p>	<p>18.(2) It is a term, condition and limitation of a certificate of registration of any class that:</p> <ol style="list-style-type: none"> 1. The member shall maintain professional liability insurance in accordance with the College by-laws. 2. The member shall, at the request of the Registrar, provide evidence satisfactory to the Registrar that the member meets the condition required in paragraph 4, in the form and manner requested by the Registrar. 3. The member shall immediately advise the Registrar in writing in the event that the member ceases to meet the condition required in paragraph 1 and shall immediately cease to engage in the practise of physiotherapy until such time as the member meets the requirements in paragraph 1. 4. If a member to whom paragraph 3 applies subsequently attains professional liability protection in accordance with the College’s by-laws, the member shall immediately advise the Registrar in writing of that fact. <p>18.1(1) If the Registrar becomes aware that a member no longer maintains professional liability insurance as required under the</p>	<p>Pooling the professional liability insurance provisions in the General section avoids unnecessary repetition.</p> <p>Calls out the requirement to provide evidence of professional liability insurance if requested and clarifies the suspension process.</p>

	<p>by-laws, the Registrar shall give the member notice of intention to suspend the member and may suspend the member's certificate of registration for failure to provide satisfactory evidence where at least 30 days have passed after notice is given.</p> <p>(2) Where the Registrar suspends the member's certificate of registration under subsection (1), the Registrar may lift that suspension upon being satisfied that the member holds professional liability protection in accordance with the requirements, if any, set out in the by-laws and that any fees required under the by-laws for the lifting of that suspension have been paid.</p>	
<p>19.(1) The following are the standards and qualifications for a certificate of registration authorizing independent practice:</p> <ol style="list-style-type: none"> 1. The applicant must have received a degree in physiotherapy. 2. The applicant must have successfully completed the examination. <p>19.(4) An applicant for a certificate of registration authorizing independent practice shall satisfy the Registrar that he or she has practised physiotherapy for at least 1,200 hours in the five years immediately</p>	<p>19.(1) The following are the additional registration requirements for a certificate of registration authorizing independent practice:</p> <ol style="list-style-type: none"> 1. The applicant must have received a degree in physiotherapy. 2. The applicant must have successfully completed the examination(s) at the time when the examination was approved by Council. 3. The applicant must satisfy the Registrar that: <ol style="list-style-type: none"> (a) the applicant has successfully completed the examination within 	<p>Revised wording slightly to be more plain language and clarify that these are additional requirements specific to an Independent Practice certificate.</p> <p>Incorporated s.19(4) to allow for a better understanding of the requirements and using more plain language.</p>

<p>preceding the application if the applicant,</p> <p>(a) is not exempted from the standards and qualifications under subsection (1) and has not successfully completed the examination within the five years immediately preceding the application; or</p> <p>(b) is exempted from the standards and qualifications under subsection (1).</p>	<p>the five years immediately preceding the date of the application; or</p> <p>(b) the applicant has practiced physiotherapy for at least 1,200 hours in the five years immediately preceding the date of application.</p>	
<p>19.(2) An applicant for a certificate of registration authorizing independent practice who was, on December 31, 1993, qualified as a physiotherapist under a statute in a Canadian jurisdiction outside Ontario and is included on a permanent register in that jurisdiction is exempted from the standards and qualifications under subsection (1).</p>	<p>N/A</p>	<p>Recommended for removal. Applicants under this provision would qualify under existing Labour Mobility provisions and would benefit from the same exemptions under those provisions, so this is unnecessary duplication.</p>
<p>19.(3) An applicant for a certificate of registration authorizing independent practice who was, on December 30, 1993, qualified as a physiotherapist in Ontario under the Drugless Practitioners Act is exempted from the standards and qualifications under subsection (1).</p>	<p>19.1 An applicant for a certificate of registration authorizing independent practice who was, on December 30, 1993, qualified as a physiotherapist in Ontario under the Drugless Practitioners Act is exempted from the requirements of paragraphs 1 and 2 of under subsection 19(1).</p>	<p>Revised slightly to update the reference.</p>

<p>20.(1) Where section 22.18 of the Code applies to an applicant, the requirements of subsections 19 (1) and (4) are deemed to have been met by the applicant.</p>	<p>20.(1) <i>In accordance with</i> section 22.18 of the Code, <i>an applicant for a certificate of registration authorizing independent practice who already holds an equivalent certificate of registration in another province</i> is deemed to have met <i>the requirements of paragraph 1 and 2 of subsection 19(1)</i>.</p>	<p>Pulled in language of the Health Professions Procedural Code for greater clarity and updated the references.</p>
<p>20.(3) Where an applicant referred to in subsection (1) is unable to satisfy the Registrar that the applicant practised the profession to the extent that would be permitted by a certificate of registration authorizing independent practice at any time in the five years immediately before the date of that applicant’s application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.</p>	<p>20.(3) Where an applicant referred to in subsection (1) is unable to satisfy the Registrar that the applicant <i>either practised physiotherapy for at least 1,200 hours in the five years immediately preceding the application or completed the examination within five years immediately preceding the application</i>, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.</p>	<p>Provision revised to provide greater clarity regarding what practising to the extent permitted by a certificate authorizing independent practice means, using the same requirements that apply to non-labour mobility applicants by requiring either a set number of practise hours or having completed the exam within a set timeframe.</p>
<p>20.(4) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 2 of subsection 16.(2) where the requirements for the issuance of the applicant’s out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.</p>	<p>20.(4) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 2 of subsection <i>17(2)</i> where the requirements for the issuance of the applicant’s out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.</p>	<p>Updated reference to match new order of provisions.</p>

<p>21.(1) Subject to subsections (6), (8) and (9), it is a term, condition and limitation of a certificate of registration authorizing independent practice that, five years after the date of initial registration, and every year after that, the holder satisfy the Registrar that he or she,</p> <ul style="list-style-type: none"> (a) has practised physiotherapy for at least 1,200 hours in the preceding five years; (b) has successfully completed the College Review Program within the previous 12 months at the holder’s expense; or (c) has successfully completed the examination within the previous 12 months. 	<p>21.(1) It is a term, condition and limitation of a certificate of registration authorizing independent practice that, five years after the date of initial registration, and every year after that, the holder satisfy the Registrar that they have practised physiotherapy for at least 1,200 hours in the preceding five years.</p>	<p>Removed reference to subsections (6), (8) and (9). Those subsections refer to transitional clauses that were related to the discontinuation of the College’s inactive and academic class and are being recommended for removal since they are no longer needed.</p> <p>Reference to the College Review Program is recommended for removal since such a program no longer exists.</p> <p>Reference to exam has been moved to the new subsection (2) since it is better categorized as an exception – primarily the requirement is met via practice hours.</p>
<p>21.(2) For the purpose of clause (1) (b), the College Review Program shall consist of an assessment of the holder’s current knowledge, skill, judgment and performance and may include an individualized upgrading program based upon the results of the assessment or a reassessment upon the completion of the program.</p>	<p>N/A</p>	<p>Recommended for removal since there is no College Review Program.</p>
<p>21.(3) If a holder of a certificate of registration</p>	<p>21.(2) If a holder of a certificate of registration authorizing</p>	<p>Simplified wording and made it gender-neutral.</p>

<p>authorizing independent practice fails to satisfy the condition in subsection (1), his or her certificate of registration is suspended until the condition is satisfied except if the holder concludes a written agreement approved by the Registrar.</p>	<p>independent practice fails to satisfy the condition in subsection (1), the Registrar shall suspend their certificate of registration unless:</p> <p>(a) The holder has successfully completed the examination within the previous 5 years; or</p> <p>(b) The holder concludes a written agreement approved by the Registrar.</p>	<p>Added reference to the examination here from subsection (1) since it is better categorized as an exception – primarily the requirement is met via practice hours.</p> <p>Additionally, the period during which the examination must have been completed has been extended to 5 years from 12 months to be consistent with the requirements for applying for a certificate of Independent Practice outlined in s.19(1).</p>
<p>16.(4) It is a term, condition and limitation of a certificate of registration authorizing independent practice that the holder must successfully complete the College Jurisprudence Program at the first opportunity provided by the College following either initial registration or reinstatement of registration and thereafter once every five-year cycle of the Program as scheduled by the Registrar.</p> <p>(5) For the purpose of subsection (4), the College Jurisprudence Program includes an assessment of the holder’s knowledge of and ability to apply jurisprudence concepts relevant to the practice of physiotherapy in Ontario.</p>	<p>22.(1) It is a term, condition and limitation of a certificate of registration authorizing independent practice that the holder must successfully complete the College Jurisprudence Program at the first opportunity provided by the College following initial registration and thereafter once every five-year cycle of the Program as scheduled by the Registrar.</p> <p>(2) For the purpose of subsection (1), the College Jurisprudence Program includes an assessment of the holder’s knowledge of and ability to apply jurisprudence concepts relevant to the practice of physiotherapy in Ontario.</p>	<p>These provisions were moved from the General section to the Independent Practice section since it only applies to independent practice certificates.</p> <p>Removed the reference to completing the Jurisprudence Program following reinstatement since a new five-year limit on the possibility to reinstate is being proposed, which if approved would make this reference redundant.</p>

<p>N/A</p>	<p>Transitional – Provisional Class</p> <p>23.(1) A member who held a certificate of registration authorizing provisional practice on the day this regulation comes into force or an applicant who has submitted an application and met the requirements for a certificate authorizing provisional practice that were in effect on the day before this regulation comes into force shall be registered in the provisional practice class. and shall be able to hold themselves out as a physiotherapy resident until their certificate of registration authorizing provisional.</p> <p>(2) The following are the terms, conditions and limitations of a certificate of registration authorizing provisional practice:</p> <ol style="list-style-type: none">1. The holder may practise physiotherapy only under the supervision of a member holding a certificate of registration authorizing independent practice approved by the College and only pursuant to the terms of a written agreement between the holder and the College that complies with the supervision requirements as designated by Council.2. The holder shall hold themselves out only as a physiotherapy resident.3. If the holder receives notification that they have failed	<p>Transitional provisions to allow for the sunseting of the Provisional practice class under a singular exam model.</p> <p>The intent of these provisions is to allow candidates that have already passed the written exam and are registered in the Provisional practice class or who have applied for the class at the time the updated Regulation comes into effect to stay in that class until they had an opportunity to challenge the clinical exam to qualify for an Independent practice certificate.</p>
------------	--	--

	<p>the examination, the holder is prohibited from providing patient care and shall restrict their practice to completing patient transfers; and,</p> <p>4. The certificate expires on the earlier of:</p> <ul style="list-style-type: none"> (a) 12 weeks after the date the holder is registered to take either the examination or the practical component of the examination; (b) The fifteenth day after the holder receives notification that they have failed the examination; or (c) [fixed date to be determined based on the last administration of the examination] <p>(3) A person who has failed the practical component of the examination is not entitled to apply for a new certificate of registration authorizing provisional practice.</p>	
<p>21. (5) A person who held a certificate of registration authorizing academic practice or an inactive status certificate of registration on December 14, 2011 shall be issued a certificate of registration authorizing independent practice.</p> <p>(6) A certificate of registration authorizing</p>	<p>N/A</p>	<p>These are transitional provisions related to when the College ceased to offer an academic and inactive class and are no longer needed.</p>

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

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

- (a) an order of Council or Executive Committee or a panel of the Registration Committee, Discipline Committee or Fitness to Practice Committee;
- (b) a direction of the Quality Assurance Committee; or
- (c) the approval of a panel of the

<p>Registration Committee.</p> <p>(8) A member referred to in subsection (5) who held a certificate of registration authorizing academic practice on December 14, 2011 must comply with the terms, conditions and limitations specified in subsection (1) within six months of being issued a certificate of registration authorizing independent practice under subsection (5).</p> <p>(9) A member referred to in subsection (5) who held an inactive status certificate of registration on December 14, 2011 must comply with the terms, conditions and limitations specified in subsection (1) within three years of being issued a certificate of registration authorizing independent practice under subsection (5), and if he or she does not do so, his or her certificate of registration authorizing independent practice is deemed to have expired on the date that is three years immediately after the date of issuance.</p>		
<p>23. (1) The following are the standards and qualifications for a certificate of registration authorizing provisional practice:</p>	<p>N/A</p>	<p>Removed reference to Provisional practice. The purpose of the Provisional practice class was to allow candidates to practice under</p>

<p>1. The applicant must have received a degree in physiotherapy.</p> <p>2. The applicant must have successfully completed the written component of the examination.</p> <p>3. The applicant must have registered to take the practical component of the examination at the next available opportunity after the application. O. Reg. 68/06, s. 1.</p> <p>(2) The following are the terms, conditions and limitations of a certificate of registration authorizing provisional practice:</p> <p>1. The holder may practise physiotherapy only under the terms of a written agreement with a member holding a certificate of registration authorizing independent practice who monitors him or her in accordance with the written agreement. For the purposes of this paragraph, both the written agreement</p>		<p>supervision in between the written exam and the clinical exam. This allowed candidates to start practicing rather than having to wait until they could sit the second part of the exam.</p> <p>Under the proposed single exam model, this class would no longer be required, since candidates would be able to apply for independent practice immediately after passing the single exam.</p>
--	--	---

<p>and the member must be approved by the Registrar.</p> <p>2. The holder shall hold himself or herself out only as a physiotherapy resident.</p> <p>3. If the member in paragraph 1 is unable to maintain the terms of the agreement due to resignation, illness or other circumstances, the provisional practice certificate of the holder is suspended until a new written agreement with the same or different member is approved by the Registrar.</p> <p>4. The certificate expires on the earlier of the date that the holder receives notification that he or she has failed the practical component of the examination or 12 weeks after the date that the holder is registered to take the practical component of the examination. O. Reg. 68/06, s. 1.</p> <p>(3) If a holder of a certificate of registration authorizing</p>		
---	--	--

<p>provisional practice ceases or fails to hold professional liability insurance in accordance with the College by-laws, his or her certificate of registration is deemed to be suspended until the Registrar is satisfied that he or she has acquired the professional liability insurance. O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 7.</p> <p>(4) A person who has failed the practical component of the examination is not entitled to apply for a certificate of registration authorizing provisional practice. O. Reg. 68/06, s. 1.</p> <p>(5) A person who previously obtained a certificate of registration authorizing provisional practice is not entitled to apply for another one unless the person did not fail the practical component of the examination but was unable to complete it successfully because of illness or some other reason beyond the control of the person. O. Reg. 68/06, s. 1.</p> <p>(6) A person who previously obtained what was formerly known as a certificate of registration authorizing supervised practice is not entitled to apply for a certificate of registration authorizing provisional practice unless the person</p>		
--	--	--

<p>did not fail the practical component of the examination but was unable to complete it successfully because of illness or some other reason beyond the control of the person. O. Reg. 68/06, s. 1.</p> <p>(7) If the Registrar receives concerns relating to the member’s knowledge, skills or judgement in the practice of physiotherapy during the period that the member held a certificate of registration authorizing provisional practice, the Registrar may refer the member to the Quality Management Committee.</p>		
<p>24. (1) The following are the standards and qualifications for a courtesy certificate of registration:</p> <ol style="list-style-type: none"> 1. The applicant must have received a degree in physiotherapy, unless the applicant, if applying for a certificate of registration authorizing independent practice, would be exempt from meeting the requirement of paragraph 1 of subsection 19 (1) by virtue of subsection 19 (2) or (3). 2. The applicant must be registered to practise as a physiotherapist by an authority responsible for the regulation of 	<p>24.(1) The following are the additional registration requirements for a courtesy certificate of registration:</p> <ol style="list-style-type: none"> 1. The applicant must have received a degree in physiotherapy, unless: <ol style="list-style-type: none"> i. the applicant was on December 30, 1993, qualified as a physiotherapist in Ontario under the Drugless Practitioners Act and is exempted from the degree requirement of paragraph 1 of subsection 19(1); or ii. is registered to practise as a physiotherapist by an authority responsible for the regulation of physiotherapists in Canada. 	<p>Revised the wording slightly to indicate that these are additional registration requirements for a courtesy certificate of registration.</p> <p>Used gender-neutral language.</p> <p>Clarified the exemptions under subsection 24.(1)1. by including a specific reference to the degree exemption rather than just referring back to another section.</p> <p>Removed the reference to the Registration Committee having to approve regulatory schemes outside of Ontario to qualify as reasonably equivalent to</p>

<p>physiotherapists in a jurisdiction outside Ontario that is approved by the Registration Committee as having a scheme for the regulation of physiotherapists that is reasonably equivalent to that in Ontario.</p> <p>3. The applicant must have practised physiotherapy for at least 1,200 hours in the preceding five years.</p> <p>4. The applicant must certify that he or she is making the application solely for reason of,</p> <ul style="list-style-type: none"> i. teaching an educational course, ii. participating in an educational program, iii. participating in research activities, or iv. participating in a specific event of limited duration. 	<p>2. The applicant must be registered to practise as a physiotherapist by an authority responsible for the regulation of physiotherapists in a jurisdiction outside Ontario.</p> <p>3. The applicant must certify that they are making the application solely for reason of,</p> <ul style="list-style-type: none"> i. teaching an educational course that does not include providing care to patients that reside in Ontario, ii. participating in an educational program that does not include providing care to patients that reside in Ontario, iii. participating in research activities that do not include providing care to patients that reside in Ontario, or iv. participating in a specific event of limited duration. 	<p>Ontario. Since the scope of courtesy certificates is quite limited, that is an unnecessary step.</p> <p>Removed the reference to 1,200 practice hours since requiring practice hours creates an unnecessary barrier for courtesy certificates since most applicants are not intended to be able treat patients in Ontario.</p> <p>Added wording to clarify that for most grounds for a courtesy certificate applicants should not be providing care to patients residing in Ontario.</p>
<p>24.(2) The following are the terms, conditions and limitations of a courtesy certificate of registration:</p> <p>1. The holder may practise physiotherapy only for the purpose that he or she certified under paragraph 4 of subsection (1) as the reason</p>	<p>24.(2) The following are the terms, conditions and limitations of a courtesy certificate of registration:</p> <p>1. The holder may practise physiotherapy only for the purpose that they certified under paragraph 3 of subsection (1) as the reason</p>	<p>Used gender-neutral language and referred to 'holder' throughout the provision rather than using both 'holder' and 'member' interchangeably.</p> <p>Reframed subsection (2)2. to better illustrate the different options of</p>

<p>for making the application for the courtesy certificate of registration.</p> <p>2. The certificate expires 30 days after the date of initial registration, on the date on which the purpose referenced in paragraph 1 is attained or when the member is no longer engaged in attaining that purpose, whichever is the earliest.</p>	<p>for making the application for the courtesy certificate of registration.</p> <p>2. The certificate expires the earlier of:</p> <p>(a) Subject to subsection (3), 30 days after the date of initial registration,</p> <p>(b) on the date on which the holder has completed teaching the educational course, participating in an educational program, participating in research activities or participating in a specific event of limited duration referenced in paragraph 1, or</p> <p>(c) when the holder is no longer engaged in teaching the educational course, participating in an educational program, participating in research activities or participating in a specific event of limited duration referenced in paragraph 1.</p> <p>(3) The Registrar may extend or renew a courtesy certificate of registration prior to the expiry of 30 days set out in sub-paragraph 2(a) of section 24(2) for an additional period not exceeding 30 days, if the Registrar is satisfied that the member meets all of the requirements for the issuance of a new courtesy certificate.</p>	<p>when a courtesy certificate may expire by using the same terminology as in s.24.(1)2.</p> <p>Added a provision that allows the Registrar to extend a courtesy certificate for an additional period not exceeding 30 days to create flexibility, for example where an applicant may seek a courtesy certificate as part of sporting event that lasts more than 30 days.</p>
--	--	---

<p>25.(1) The following are the standards and qualifications for the issuance of an emergency class certificate of registration:</p> <p>5. Where an applicant has sat an examination, they must not have failed the written component of the examination on any occasion or have failed the practical component of the examination on two or more occasions.</p>	<p>25.(1) The following are the additional registration requirements for the issuance of an emergency class certificate of registration:</p> <p>5. Where an applicant has sat an examination, they must not have failed any part of the examination on two or more occasions.</p>	<p>Revised wording slightly to be more plain language and clarify that these are additional requirements specific to an emergency class certificate.</p> <p>Changed 'practical part of the examination' to 'any part of the examination' to provide flexibility depending on potential changes in the exam model.</p>
<p>25.(4) An emergency class certificate of registration is automatically revoked on the earliest of the following:</p> <ol style="list-style-type: none"> 1. Ninety days after issuance by the Council of its determination that the emergency circumstances referred to in paragraph 1 of subsection (1) have ended. 2. The expiry of 12 months from the date the certificate was issued, unless the Registrar extends the certificate under subsection (5). 3. The date to which the Registrar extends the certificate under subsection (5). 4. The date on which the Registrar revokes the certificate under subsection (6). 	<p>25.(4) An emergency class certificate of registration is automatically revoked on the earliest of the following:</p> <ol style="list-style-type: none"> 1. Ninety days after issuance by the Council of its determination that the emergency circumstances referred to in paragraph 1 of subsection (1) have ended. 2. The expiry of 12 months from the date the certificate was issued, unless the Registrar extends the certificate under subsection (5). 3. The date to which the Registrar extends the certificate under subsection (5). 4. The date on which the Registrar revokes the certificate under subsection (6). 5. Fifteen days after the member receives notification that the 	<p>Removed subsection (4)5. To create flexibility since there may no longer two separate parts of the exam.</p> <p>Removed the reference to the practical component of the exam and changed it to failing the examination to allow for a different exam model while maintaining the intention of the provision.</p>

<p>5. Fifteen days after the member receives notification that the member failed the written component of the examination.</p> <p>6. Fifteen days after the member receives notification that the member failed the practical component of the examination for the second time.</p>	<p>member failed the examination.</p>	
<p>25.(7) A member who holds an emergency class certificate of registration or a former member who held an emergency class certificate of registration within two years of applying for a certificate of registration authorizing provisional practice and who practised physiotherapy for at least 1200 hours while in the emergency class is exempt from any examination fees which would otherwise be payable to the College for the practical component of the examination.</p>	<p>25.(7) A member who holds an emergency class certificate of registration or a former member who held an emergency class certificate of registration within two years of applying for a certificate of registration authorizing independent practice is exempt from any application fee which would otherwise be payable to the College.</p>	<p>Revised since under a singular exam model, the College would likely adopt the national exam and would not be in a position to waive exam fees. Furthermore, the Provisional practice class would no longer exist.</p> <p>Instead, the College may waive the application fee for candidates applying for Independent practice who were previously registered in the Emergency class.</p>
<p>N/A</p>	<p>SUSPENSIONS AND REVOCATION</p> <p>26.(1) If the Registrar suspends a member's certificate of registration under section 24 of the Health Professions Procedural Code for failure to pay a required fee, the Registrar may lift the suspension within five years of the suspension taking effect, upon being satisfied that the member:</p>	<p>The addition of this section is being proposed to close an administrative loop that currently results in registrants potentially being suspended in perpetuity by allowing the College to revoke such certificates after a 5-year timeframe.</p> <p>It would also create consistency with respect to how administrative</p>

	<p>(a) has paid the outstanding fee;</p> <p>(b) has completed a new application form;</p> <p>(c) has provided any information requested by the College; and,</p> <p>(d) has paid any fees required under the by-laws for lifting the suspension, and any other monies owed to the College;</p> <p>(2) Where the Registrar has suspended a holder's certificate of registration under section 24 of the Health Professions Procedural Code for failure to pay a required fee or under section 18.1(1) under this regulation for failure to maintain liability insurance, and the suspension remains in effect for a period of five years, or has been in effect for at least five years as of the date this section is proclaimed in force, the certificate is automatically revoked.</p>	<p>suspensions are addressed since currently suspensions for non-compliance with the professional liability insurance requirements are set out in the Regulation, while suspension for non-payment of fees only appears in the College's By-laws.</p>
--	--	---

Physiotherapy Act, 1991
Loi de 1991 sur les physiothérapeutes

ONTARIO REGULATION 532/98

GENERAL

CURRENT

Consolidation period: August 31, 2023 - e-Laws currency date (March 7, 2025)
Last amendment: [296/23](#).

This Regulation is made in English only.

Legislative History

PART I
QUALITY ASSURANCE

GENERAL

1. In this Part,

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

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

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

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

(a) removed from the pool of members to be sampled, or

(b) weighted to increase or decrease the likelihood of their being selected. O. Reg. 378/12, s. 1.

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

(2) The program shall include the following components:

1. Self-assessments.

2. Continuing education or professional development designed to,

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

SELF-ASSESSMENT

3. (1) Every member shall conduct an annual self-assessment. O. Reg. 378/12, s. 1.
- (2) Every member shall keep a record of ~~his or her~~their annual self-assessment in the form and manner approved by the Committee and shall retain the record for at least five years following the self-assessment. O. Reg. 378/12, s. 1.
- (3) At the request of the Committee, an assessor or a College employee, a member shall provide to the Committee, the assessor or the College employee, within the time period specified in the request or, where no time period is specified, within 30 days after receiving the request,
 - (a) complete and accurate information about the member's annual self-assessments; and
 - (b) the member's annual self-assessment records described in subsection (2). O. Reg. 378/12, s. 1.

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

4. (1) Every member shall participate annually in continuing education or professional development to the extent necessary to maintain the knowledge, skill and judgment required to practice the profession. O. Reg. 378/12, s. 1.
- (2) Every member shall keep a record of ~~his or her~~their continuing education or professional development in the form and manner approved by the Committee and shall retain the record for at least five years. O. Reg. 378/12, s. 1.

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

(a) complete and accurate information about the member's continuing education or professional development; and

(b) the member's continuing education and professional development records described in subsection (2). O. Reg. 378/12, s. 1.

PEER AND PRACTICE ASSESSMENT

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

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

(a) at random, including by stratified random sampling;

(b) on the basis of criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of that criteria; or

(c) if a request to view the member's records is made under clause 3 (3) (b) or 4 (3) (b) and the Committee or an assessor is of the opinion that the member has not provided sufficient records or that the member's records demonstrate that the member has not engaged in adequate self-assessments, continuing education or professional development. O. Reg. 378/12, s. 1.

(3) A peer and practice assessment may include,

(a) inspecting the premises where the member practises;

(b) reviewing the member's records required under subsections 3 (2) and 4 (2);

(c) reviewing information respecting patient care and the member's records of the care of patients;

(d) requiring the member to answer, orally or in writing, questions about ~~his or her~~ their practice;

(e) requiring the member to participate in simulations related to ~~his or her~~ their practice;

(f) interviewing or surveying the member and ~~his or her~~ their employer, employees, colleagues, peers or patients; and

(g) requiring the member to interview or survey ~~his or her~~their employer, employees, colleagues, peers or patients. O. Reg. 378/12, s. 1.

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

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

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

(a) gives to the member a copy of the assessor's report and any other relevant materials;

(b) gives to the member notice of the Committee's opinion and intention to take action;

(c) gives to the member notice of the member's right to make written submissions to the Committee within a specified time period that is not less than 14 days after receipt of the notice; and

(d) after considering any submissions made by the member, is still of the opinion that the member's knowledge, skill or judgment is not satisfactory. O. Reg. 378/12, s. 1.

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

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

PART II FUNDING FOR THERAPY AND COUNSELLING

9. In this Part,

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

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

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

- (a) there is a statement, contained in the written reasons of a committee of the College given after a hearing, that the person, while a patient, was sexually abused by the member;
- (b) a member has been found guilty under the *Criminal Code* (Canada) of sexually assaulting the person while the person was a patient of the member;
- (c) there is sufficient evidence presented to the Patient Relations Committee to support the reasonable belief that the person, while a patient, was sexually abused by a member and,
 - (i) the member has died or cannot be located, or
 - (ii) the member has been found by the Fitness to Practise Committee to be incapacitated and the Fitness to Practise Committee has directed the Registrar to suspend or revoke the member's certificate of registration;
- (d) an allegation that the person, while a patient, was sexually abused by the member results in an informal resolution with the member that contemplates funding for therapy or counselling;
- (e) there is an admission made by a member in a statement to the College or in an agreement with the College that ~~he or she~~they sexually abused the person while the person was a patient of the member; or
- (f) there is a finding made by a panel of the Discipline Committee on or after December 31, 1993, that the person was sexually abused by a member before December 31, 1993, while the person was a patient of the member. O. Reg. 611/99, s. 2.

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

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

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

- (a) the person submits an application for funding to the Patient Relations Committee in the form provided by the College and, in the application, the

person names the member who is alleged to have sexually abused the applicant;

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

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

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

PART III REGISTRATION

DEFINITIONS

11. In this Part,

“degree in physiotherapy” means,

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

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

“examination” means [knowledge-based and/or skills-based assessments in any format or combination approved by Council](#), ~~an examination set or approved by the Council~~. O. Reg. 68/06, s. 1.

GENERAL

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

1. Independent practice.

~~2. Provisional practice.~~

~~3.~~ 2. Courtesy.

~~43.~~ Emergency.

~~5. REVOKED: O. Reg. 390/11, s. 1.~~

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

13. A person may apply for ~~the issue of~~ a certificate of registration of any class by submitting ~~to the College~~ a completed application in a form approved by the Registrar together with any applicable fees required under the by-laws for the class of certificate for which application is made together with any applicable fees.

O. Reg. 68/06, s. 1.

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

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

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

176. (1) ~~It is a~~The following are non-exemptible registration requirements for all classes of certificates of registration a certificate of registration of any class:

1. that ~~T~~the applicant's past and present conduct affords reasonable grounds for the belief that ~~he or she~~the applicant;

~~(a) is mentally competent to practise physiotherapy;~~

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

(b) is physically and psychologically able to practise physiotherapy safely and competently;

(c) has sufficient knowledge, skill and judgment to practise physiotherapy safely and competently; and

~~(d)~~ can communicate effectively ~~with,~~ and will display an appropriately professional attitude ~~towards, patients and colleagues.~~ O. Reg. 68/06, s. 1.

~~2.17. It is a non-exemptible registration requirement for all certificates of registration that~~ ~~T~~the applicant must demonstrates that ~~he or she~~they holds professional liability insurance in accordance with the College by-laws. O. Reg. 390/11, s. 3.

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

1. The applicant must ~~have be a~~ Canadian citizenship, permanent resident ~~status~~ or ~~an authorization~~ authorized under the *Immigration and Refugee Protection Act* (Canada) ~~consistent with the class of certificate for which application is made.~~ to engage in the practise of the profession in Ontario.

2. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, ~~be able to speak and write in~~ either French or English ~~with reasonable fluency.~~ O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 2 (1).

~~(3)~~ 18.(1) It is a term, condition and limitation of a certificate of registration of any class, other than a courtesy certificate of registration, that the member shall not engage in the practice of physiotherapy unless the member is a Canadian citizen or permanent resident of Canada or authorized under the Immigration and Refugee Protection Act (Canada) to engage in the practice of the profession in Ontario. ~~that the certificate terminates when the holder no longer has Canadian citizenship, permanent resident status or an authorization under the Immigration and Refugee Protection Act (Canada) consistent with the class of certificate.~~ O. Reg. 68/06, s. 1.

~~(24)~~ It is a term, condition and limitation of a certificate of registration of any class that:

1. The member shall maintain professional liability insurance in accordance with the College by-laws.

2. The member shall, at the request of the Registrar, provide evidence satisfactory to the Registrar that the member meets the condition required in paragraph 1, in the form and manner requested by the Registrar.

3. The member shall immediately advise the Registrar in writing in the event that the member ceases to meet the condition required in paragraph 1 and shall immediately cease to engage in the practice of physiotherapy until such time as the member meets the requirements in paragraph 1.

4. If a member to whom paragraph 3 applies subsequently attains professional liability protection in accordance with the College's by-laws, the member shall immediately advise the Registrar in writing of that fact.

18.1 (1) If the Registrar becomes aware that a member no longer maintains professional liability insurance as required in accordance with the College by-laws,

the Registrar shall give the member notice of intention to suspend the member and may suspend the member's certificate of registration for failure to provide satisfactory evidence where at least 30 days have passed after notice is given.

(2) Where the Registrar suspends the member's certificate of registration under subsection (1), the Registrar may lift that suspension upon being satisfied that the member holds professional liability insurance in accordance with the College by-laws and that any fees required under the by-laws for the lifting of that suspension have been paid.

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

INDEPENDENT PRACTICE

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

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

2. The applicant must have successfully completed the examination (s) at the time when the examination was approved by Council. O. Reg. 68/06, s. 1.

3. The applicant must satisfy the Registrar that:

(a) the applicant has successfully completed the examination within the five years immediately preceding the date of the application; or

(b) the applicant has practiced physiotherapy for at least 1,200 hours in the five years immediately preceding the date of application.

~~(2) 19.1 An applicant for a certificate of registration authorizing independent practice who was, on December 31, 1993, qualified as a physiotherapist under a statute in a Canadian jurisdiction outside Ontario and is included on a permanent register in that jurisdiction is exempted from the standards and qualifications under subsection (1). O. Reg. 68/06, s. 1.~~

~~(3) An applicant for a certificate of registration authorizing independent practice who was, on December 30, 1993, qualified as a physiotherapist in Ontario under the *Drugless Practitioners Act* is exempted from the ~~standards and qualifications~~ requirements of paragraphs 1 and 2 of ~~under~~ subsection 19(1). O. Reg. 68/06, s. 1.~~

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

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

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

20. (1) ~~Where~~ In accordance with section 22.18 of the Code, an applicant for a certificate of registration authorizing independent practice who already holds an equivalent certificate of registration in another province, ~~applies to an applicant, the requirements of subsections 19 (1) and (4) are~~ is deemed to have ~~been~~ met the requirements of paragraph 1 and 2 of subsection 19 (1) ~~by the applicant~~. O. Reg. 390/11, s. 4.

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

(3) Where an applicant referred to in subsection (1) is unable to satisfy the Registrar that the applicant either practised ~~the profession~~ physiotherapy for at least 1,200 hours in the five years immediately preceding the application or completed the examination within the five years immediately preceding the application, ~~to the extent that would be permitted by a certificate of registration authorizing independent practice at any time in the five years immediately before the date of that applicant's application,~~ the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 390/11, s. 4.

(4) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 2 of subsection ~~16-17~~ (2) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 390/11, s. 4.

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

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

that ~~he or she~~they have practised physiotherapy for at least 1,200 hours in the preceding five years.,

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

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

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

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

~~(23)~~ If a holder of a certificate of registration authorizing independent practice fails to satisfy the condition in subsection (1), ~~his or her~~the Registrar shall suspend their certificate of registration unless: ~~is suspended until the condition is satisfied except if~~

(a) The holder has successfully completed the examination within the previous ~~12 months~~5 years; or,

(b) ~~T~~the holder concludes a written agreement approved by the Registrar. O. Reg. 68/06, s. 1.

~~16.(1)~~ 22.(1) It is a term, condition and limitation of a certificate of registration authorizing independent practice that the holder must successfully complete the College Jurisprudence Program at the first opportunity provided by the College following ~~either~~ initial registration ~~or reinstatement of registration~~ and thereafter once every five-year cycle of the Program as scheduled by the Registrar. O. Reg. 390/11, s. 2 (2).

~~(25)~~ For the purpose of subsection ~~(41)~~, the College Jurisprudence Program includes an assessment of the holder's knowledge of and ability to apply jurisprudence concepts relevant to the practice of physiotherapy in Ontario. O. Reg. 68/06, s. 1.

Transitional - Provisional Class

23.(1) A member who held a certificate of registration authorizing provisional practice on the day this regulation comes into force or an applicant who has submitted an application and met the requirements for a certificate authorizing provisional practice that were in effect on the day before this regulation comes into force shall be registered in the provisional practice class.

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

1. The holder may practise physiotherapy only under the supervision of a member holding a certificate of registration authorizing independent practice approved by the College and only pursuant to the terms of a written agreement between the holder and the College that complies with the supervision requirements as designated by Council.

2. The holder shall hold themselves out only as a physiotherapy resident.

3. If the holder receives notification that they have failed the examination, the holder is prohibited from providing patient care and shall restrict their practice to completing patient transfers; and,

4. The certificate expires on the earlier of:

(a) 12 weeks after the date the holder is registered to take either the examination or the practical component of the examination;

(b) The fifteenth day after the holder receives notification that they have failed the examination; or

(c) [fixed date to be determined based on the last administration of the examination]

(3) A person who has failed the practical component of the examination is not entitled to apply for a new certificate of registration authorizing provisional practice.

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

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

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

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

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

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

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

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

~~(9) A member referred to in subsection (5) who held an inactive status certificate of registration on December 14, 2011 must comply with the terms, conditions and limitations specified in subsection (1) within three years of being issued a certificate of registration authorizing independent practice under subsection (5), and if he or she does not do so, his or her certificate of registration authorizing independent practice is deemed to have expired on the date that is three years immediately after the date of issuance. O. Reg. 390/11, s. 5 (3).~~

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

PROVISIONAL PRACTICE

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

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

~~2. The applicant must have successfully completed the written component of the examination.~~

~~3. The applicant must have registered to take the practical component of the examination at the next available opportunity after the application. O. Reg. 68/06, s. 1.~~

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

~~1. The holder may practise physiotherapy only under the terms of a written agreement with a member holding a certificate of registration authorizing~~

~~independent practice who monitors him or her in accordance with the written agreement. For the purposes of this paragraph, both the written agreement and the member must be approved by the Registrar.~~

~~2. The holder shall hold himself or herself out only as a physiotherapy resident.~~

~~3. If the member in paragraph 1 is unable to maintain the terms of the agreement due to resignation, illness or other circumstances, the provisional practice certificate of the holder is suspended until a new written agreement with the same or different member is approved by the Registrar.~~

~~4. The certificate expires on the earlier of the date that the holder receives notification that he or she has failed the practical component of the examination or 12 weeks after the date that the holder is registered to take the practical component of the examination. O. Reg. 68/06, s. 1.~~

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

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

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

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

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

COURTESY

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

1. The applicant must have received a degree in physiotherapy, unless:

i. the applicant was on December 30, 1993, qualified as a physiotherapist in Ontario under the *Drugless Practitioners Act* and is exempted from the degree requirement of paragraph 1 of subsection 19(1); or

ii. is registered to practise as a physiotherapist by an authority responsible for the regulation of physiotherapists in Canada. ~~if applying for a certificate of registration authorizing independent practice, would be exempt from meeting the requirement of paragraph 1 of subsection 19(1) by virtue of subsection 19(2) or (3).~~

2. The applicant must be registered to practise as a physiotherapist by an authority responsible for the regulation of physiotherapists in a jurisdiction outside Ontario ~~that is approved by the Registration Committee as having a scheme for the regulation of physiotherapists that is reasonably equivalent to that in Ontario.~~

~~3. The applicant must have practised physiotherapy for at least 1,200 hours in the preceding five years.~~

34. The applicant must certify that ~~he or she is~~ they are making the application solely for reason of,

i. teaching an educational course that does not include providing care to patients that reside in Ontario,

ii. participating in an educational program that does not include providing care to patients that reside in Ontario,

iii. participating in research activities that do not include providing care to patients that reside in Ontario, or

iv. participating in a specific event of limited duration. O. Reg. 390/11, s. 8.

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

1. The holder may practise physiotherapy only for the purpose that ~~he or she~~ they certified under paragraph 4~~2~~ of subsection (1) as the reason for making the application for the courtesy certificate of registration.

2. The certificate expires the earlier of:

(a) -Subject to subsection (3), 30 days after the date of initial registration,

(b) on the date on which the holder has completed teaching the educational course, participating in an educational program, participating in research activities or participating in a specific event of limited duration ~~purpose~~ referenced in paragraph 1 ~~is attained~~, or

(c) when the member-holder is no longer engaged in teaching the educational course, participating in an educational program, participating in research activities or participating in a specific event of limited duration referenced in paragraph 1 ~~attaining that purpose, whichever is the earliest~~. O. Reg. 390/11, s. 8.

(3) The Registrar may extend or renew a courtesy certificate of registration prior to the expiry of 30 days set out in sub-paragraph 2(a) of section 24(2) for an additional period not exceeding 30 days, if the Registrar is satisfied that the member meets all of the requirements for the issuance of a new courtesy certificate.

~~(3) If a holder of a courtesy certificate of registration ceases or fails to hold professional liability insurance in accordance with the College by-laws, his or her certificate of registration is deemed to be suspended until the Registrar is satisfied that he or she has acquired the professional liability insurance. O. Reg. 390/11, s. 8.~~

EMERGENCY

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

1. The Minister must have requested that the College initiate registrations under this class based on the Minister's opinion that emergency circumstances call for it or the Council must have determined, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates.

2. The applicant must satisfy the Registrar that the applicant meets at least one of the following requirements:

i. The applicant has a degree in physiotherapy.

ii. The applicant is enrolled in a program in physiotherapy described in clause (a) of the definition of "degree in physiotherapy" in section 11, and has completed at least 820 clinical practice hours associated with that program.

iii. The applicant was, within the five years immediately preceding the application, registered to practise physiotherapy in Ontario with a certificate of registration authorizing independent practice or is, or was, within the five

years immediately preceding the application, registered or licensed to practise physiotherapy in another province or territory in Canada with a certificate or license which the Registrar is satisfied is equivalent to a certificate of registration authorizing independent practice in Ontario.

iv. The applicant is, or was, within the five years immediately preceding the application, registered or licenced to practise physiotherapy in a jurisdiction outside of Canada that has been approved by the Council for the purposes of this section.

3. The applicant, other than an applicant referred to in subparagraph 2 ii, must satisfy the Registrar that the applicant has completed at least 1200 clinical practice hours in the five years immediately preceding the application.

4. The applicant must have successfully completed the College Jurisprudence Program.

5. Where an applicant has sat an examination, they must not have failed ~~the written component of the examination on any occasion or have failed the practical component of the examination~~ any part of the examination on two or more occasions. O. Reg. 296/23, s. 2.

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

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

1. The member must only hold themselves out as a “physiotherapist (emergency class)” or under the abbreviation “PT (emergency class)” or their equivalents in French.

2. The member may only practise physiotherapy under the direct supervision of a Supervisor unless the member can satisfy the Registrar that the member is able to practise safely and competently without supervision.

3. The member is not entitled to perform a controlled act authorized to a physiotherapist under subsection 4 (1) of the Act unless the member has been delegated the performance of the controlled act by a member who holds a certificate of registration authorizing independent practice or the member performs the act pursuant to an order under subsection 4 (3) of the Act.

4. The member must adhere to any other terms, conditions and limitations that Council has identified as necessary in order for holders of emergency certificates of registration to be able to assist in addressing the determined emergency circumstances. O. Reg. 296/23, s. 2.

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

1. Ninety days after issuance by the Council of its determination that the emergency circumstances referred to in paragraph 1 of subsection (1) have ended.

2. The expiry of 12 months from the date the certificate was issued, unless the Registrar extends the certificate under subsection (5).

3. The date to which the Registrar extends the certificate under subsection (5).

4. The date on which the Registrar revokes the certificate under subsection (6).

~~5. Fifteen days after the member receives notification that the member failed the written component of the examination.~~

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

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

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

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

(8) In this section,

“Supervisor” means a member who,

(a) holds a certificate of registration authorizing independent practice, and

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

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

SUSPENSIONS AND REVOCATION

26.(1) If the Registrar suspends a member's certificate of registration under section 24 of the Health Professions Procedural Code for failure to pay a required fee, the Registrar may lift the suspension within five years of the suspension taking effect, upon being satisfied that the member:

(a) has paid the outstanding fee;

(b) has completed a new application form;

(c) has provided any information requested by the College; and,

(d) has paid any fees required under the by-laws for lifting the suspension, and any other monies owed to the College;

(2) Where the Registrar has suspended a holder's certificate of registration under section 24 of the Health Professions Procedural Code for failure to pay a required fee or under section 18.1(1) under this regulation for failure to maintain liability insurance, and the suspension remains in effect for a period of five years, or has been in effect for at least five years as of the date this section is proclaimed in force, the certificate is automatically revoked.

Board Meeting
March 24-25, 2025

Agenda #6.0: Health Professions Discipline Tribunal: Opportunity to Join the Tribunal

It is moved by

and seconded by

that:

The Board approves joining the Health Professions Discipline Tribunal as a pilot for a one-year period, pending implementation of necessary governance and operational changes.

BOARD BRIEFING NOTE
For Decision

Topic:	Health Professions Discipline Tribunal: Opportunity to Join the Tribunal
Public Interest Rationale:	Interprofessional collaboration between health regulatory colleges as it relates to discipline proceedings.
Strategic Alignment:	<p><i>Engagement & Partnerships:</i> Collaborate with system partners in a clear and transparent manner to enhance trust and credibility.</p> <p><i>Performance & Accountability:</i> Implement strong governance structures and systems.</p>
Submitted By:	Craig Roxborough, Registrar & CEO Anita Ashton, Deputy Registrar & Chief Regulatory Officer
Attachments:	Appendix A: HPDT Report and Proposal Appendix B: Accountability Structures Appendix C: Financial Modeling

Issue

- The Board is provided with additional information and analysis regarding the Health Professions Discipline Tribunal (HPDT) to support a decision as to whether to join the tribunal.

Decision Sought

- The Board is asked whether the College should join the HPDT.

Background

Health Professions Discipline Tribunal

- The [December 2024](#) Board meeting materials (see pages 50-99) provided a comprehensive overview of the HPDT's creation and pilot project. Briefly:
 - In 2021 the College of Physicians and Surgeons of Ontario (CPSO) made a decision to create a separate tribunal to support discipline processes due in part to external criticism regarding the independence of regulatory college discipline processes.
 - The hallmark change implemented as part of this project was the inclusion of professional adjudicators as members of the tribunal and who are responsible for chairing each hearing panel.
 - This enabled the tribunal to operate without requiring the services of independent legal counsel for each panel, reducing costs for the CPSO and streamlining the hearing and decision-writing process.

- In 2023, other health regulatory colleges joined the tribunal in a pilot project aimed at consolidating and sharing discipline resources within the sector. This approach came with multiple benefits including:
 - Consistent approaches to case management;
 - Consistent rules of procedure;
 - Consistent education and training for members;
 - Standardized key performance indicators;
 - Dedicated staff to support the work of the tribunal;
 - Providing relief to College staff managing variable case loads.
- The pilot program included the College of Registered Psychotherapists of Ontario (10 hearings last year), the College of Audiologists and Speech Language Pathologists of Ontario (1 hearing last year), and the College of Massage Therapists of Ontario (29 hearings last year).
- Participation in the HPDT requires acceptance of the following structure:
 - David Wright will function as the Chair of the profession-specific Discipline Committee and the HPDT.
 - A Vice-Chair is appointed by the CPO Board; and
 - The composition of each profession-specific Discipline Committee is at the discretion of each College, with the exception of the requirement to appoint the 6 experienced adjudicators and the Chair of the HPDT as non-Board members.

Board Education and Discussion

- The Board received a presentation from HPDT Chair David Wright in September 2024, outlining the genesis of the tribunal along with an overview of the pilot program and the outcomes achieved.
- As a follow-up to the presentation, the Board was engaged in a discussion regarding the tribunal in December 2024 with a focus on the opportunity that exists for this College to explore joining the tribunal. As part of those materials, the advantages and disadvantages of joining the tribunal were outlined for the Board.
 - Advantages identified include: potential strategic benefit derived from collaboration around an innovative model, potential reduction in internal resources needed to support discipline processes, and enhanced panel support through the utilization of professional adjudicators.

- Disadvantages identified include: release of responsibility to a third-party, unlikely to save money overall, and some uncertainty regarding governance and decision-making within the tribunal model and capacity challenges if the tribunal grows too quickly.
- Feedback from the Board indicated an interest in learning more about the potential benefits of joining the tribunal, along with an understanding of what would be involved with an aim to decide in March 2025 as to whether or not the College should pursue this partnership.
- Members of the Discipline Committee were also invited to attend the Board education sessions and discussion. Staff have additionally engaged in discussions with the current Chair of the Discipline Committee James Wernham.

Current Status and Analysis

- The HPDT presents a unique opportunity for health regulators to participate in an innovative and collaborative activity that has the potential to enhance public trust in regulatory processes and lead to a more streamlined and consistent discipline experience.¹
 - The HPDT has now grown to 6 health regulators (Physicians, Massage Therapists, Audiologists and Speech Language Pathologists, Registered Psychotherapists, Chiropractors, and Occupational Therapists) with three other Colleges considering participation in this project.
- There are no immediate pressures on the College to consider joining the HPDT as the College is successfully supporting and managing this responsibility, both from a staff and governance perspective. However, an analysis of the HPDT suggests there are benefits to the College in doing so. Based on feedback from the Executive Committee, the HPDT has been assessed across four dimensions that are pertinent to the Board's decision.
 - *Operational Impact:* Financially, the HPDT does not represent a significant opportunity to reduce costs compared to the status quo (more information outlined below). However, the shift does help to address capacity issues within the College's workforce by outsourcing this responsibility and enabling staff supporting this program to meet the growing demand in the compliance monitoring program.²
 - *Strategic Opportunity:* The HPDT represents an innovative and collaborative project within the health regulatory environment that demonstrates a desire to modernize how regulators discharge their responsibilities. In an environment of increasing scrutiny regarding the activity of

¹ While the focus of this briefing note is on the management of disciplinary procedures, the HPDT is equipped to hear fitness to practice cases as well.

² The Compliance Monitoring program oversees all activities associated with decisions made by statutory Committees including the Registration, ICRC, Quality Assurance, and Discipline Committees. They onboard and train coaches to support learning activities, facilitate course work, ensure that physiotherapist are meeting the requirements set out by the Committee and maintain the public register.

regulators, finding opportunities to voluntarily share resources and collaborate may positively enhance the reputation of the College and confidence in the College's commitment to the public interest. Additionally, the development of the HPDT is consistent with expert recommendations provided to governments in both Ontario and elsewhere.³

- *Accessing Expertise:* The HPDT is staffed by a team of individuals with deep expertise in both the legal responsibilities of a tribunal and the administration of a discipline program, whose sole responsibility is to manage and conduct hearings. Additionally, the integration of experienced adjudicators into the panel structure of discipline proceedings embeds expertise directly into the process with the aim of improving the experience for the professional and public members of the panel.
- *Access to Justice:* The HPDT has strong performance on various metrics that has improved access to justice among the participating regulators. While this College sets and meets sufficiently similar performance indicators, the HPDT does represent an opportunity to ensure these indicators are met and to strengthen our performance when faced with a contested hearing, particularly as it relates to decision writing and release timelines.
- In response to Board feedback, the remainder of this briefing note speaks directly to the accountability structure within the HPDT, provides an analysis of the operational impact with a focus on financials, and outlines what would be involved in a transition.

1. Shared Accountabilities

- Transitioning to the HPDT means outsourcing much of the responsibility for managing disciplinary processes from the point at which a referral is made.
 - This enables the HPDT to manage all hearings across Colleges in a consistent manner, bringing standardization to the disciplinary process across multiple Colleges. For example, every hearing will require a prehearing Case Management Conference. At this College, these prehearing conferences happen only at the request of the parties rather than automatically.
 - The HPDT does charge for these services (outlined below) with the intention of reasonable cost recovery, rather than generating income for the HPDT. The CPSO is committed to neither generating a profit nor running a deficit for offering this program across the sector.

³ For example, the Ontario government previously engaged Justice Goudge to provide recommendations regarding how to modernize disciplinary processes relating to physician conduct. The HPDT responds directly to many of those recommendations. See Appendix A for more information regarding the genesis of the HPDT.

- Notwithstanding this outsourcing of responsibility, key responsibilities still lie with each partner College.
 - Each College through the Inquiries, Complaints, and Reports Committee (ICRC) retains ultimate responsibility for referring cases to discipline at the HPDT.
 - Colleges retain control over the prosecution process along with determining the penalty and cost orders sought.
 - Colleges also bear the costs associated with our tribunal member per diems and training, though training is provided through the tribunal.
- From a governance perspective, the College is responsible for providing a representative from the College to act as a Vice-Chair.
 - The Chair of the HPDT will meet regularly with the Vice-Chairs of each College to support the functioning of the tribunal and to address issues that are arising.
 - Similarly, Registrars of all the partnering Colleges will have opportunities to meet with the Chair of the HPDT to support the partnership.
- A full breakdown of accountabilities and responsibilities is provided in Appendix B to these materials.

2. Operational Impacts

- For other Colleges one of the drivers for joining the HPDT has been resources, either financial or workforce.
 - More specifically, the costs of independent legal counsel (ILC) supporting discipline panels can be quite high and the integration of experienced adjudicators within the panel structure offered an opportunity to find significant savings (particularly with contested hearings).
 - Some Colleges were also challenged to resource the discipline process, either because the case volume was too low to have dedicated staff or because the volume was growing beyond the capacity of their workforce.
- To assess the operational impact on this College, work was undertaken to explore the financial and workforce resources needed to maintain the status quo compared to the HPDT.
 - Conducting this analysis is difficult as there are many variables that drive costs, both within the College and within the HPDT. For example, costs vary depending on the number of cases referred, the complexity of those cases, and whether they are contested or uncontested.

Analysis of Costs

- If we assume the College manages 10 discipline cases per year (in line with historical trends), the difference in cost between the College's current approach and the HPDT is negligible.
 - In the first year, the HPDT could cost \$2450 *less* than the College's current approach with additional savings over future years.
 - The first year of the HPDT includes a one-time cost of approximately \$6000 for transition training and education. As this is not repeated, the potential for savings is greater in year 2 and beyond.
 - Savings may also increase over time as the HPDT grows and the shared costs of, for example, education and training are reduced given a distribution among more partners or there is a reduction in the base fees charged as a result of further economies of scale being achieved.
- A sample breakdown of costs for the first year with 10 hearings is provided in Appendix C and an overview of the differences is outlined below.
 - *Standard Costs*: In each model, the College is responsible for the per diems paid to College representatives on every discipline panel and for the prosecution costs. As a result, these costs are the same in each model.
 - *Administrative Costs*: The College allocates the equivalent of a 0.5 Full Time Employee to discipline matters⁴ (approximately \$40,000). The primary base fee for the HPDT is \$12,000 per year to cover core operating costs (i.e., general hearing support, preparation of educational materials, organizing the annual conference, generating and distributing newsletter content, case processing and reasons review and editing).
 - *Education and Training*: Education and training would be provided both models. The education and training offered by the HPDT is extensive (i.e., 16 hours of training for new members, annual education day, regular business meetings as needed) and so significant costs on borne in this regard (est. \$22,000 annually). The College provides education and training to new members of the Discipline Committee through HPRO, has specific online modules available, and plans annual education (approximately \$10,000 to \$20,000 depending on the year).
 - *One-Time Transition Costs*: As part of the transition to the HPDT, training and education of the HPDT adjudicators on profession specific approaches and standards is required (est. \$6000 based on prior transitions).
 - *Hearing Costs*: The College's per hearing costs are driven by panel member per diems, ILC, and transcription costs (est. \$4295 for uncontested hearings). The HPDT has higher per hearing costs

⁴ Two staff have a portion of their time allocated to the discipline program which equates to approximately half of a full-time equivalent position.

(est. \$5050 for uncontested hearings) due to the addition of case management conferences, higher adjudicator per diems, and hearing facilitation services.

- In addition to the financial analysis, a move to the HPDT would in time help the College manage increasing volumes of work without increasing the College's workforce. At the outset, it is unlikely that a move to the HPDT would have any immediate impact on the College's workforce, but would in time relieve resource pressures particularly as the volume of regulatory work increases.

3. Transition Plan

- Should the College elect to join the HPDT there will be both governance and operational changes needed to support a transition. The transition is relatively straightforward, and staff have capacity to support this work over the course of the upcoming year.
- From a governance perspective:
 - By-law changes would be needed to rename the College's discipline committee as the Ontario Physiotherapist Discipline Tribunal, to appoint David Wright as the Chair of the tribunal for this College, and to appoint the experienced adjudicators to the tribunal.
 - Changes would also be required to the College's governance policies to reflect the change in name and composition requirements.
 - A memorandum of understanding between the CPSO and the College would be signed to establish the commitment between the two organizations.
- From an operational perspective:
 - A plan to support the transition to the tribunal would be developed to complete hearings that are already scheduled and to transfer any current or future referrals to the HPDT. This would involve providing clear communication to affected parties. The HPDT recognizes the need to take a flexible approach to supporting transitions to ensure procedural fairness is maintained.
 - Updates to the College's communication tools (e.g., website) will be enacted to ensure transparency regarding the change.

Considerations

- In response to feedback from this College's Board, HPDT is planning for a patient and caregiver engagement activity in 2025 to assess public perceptions of the HPDT.
 - The HPDT intends to engage the Citizen Advisory Group (CAG) as part of its 2025 evaluation process in order to understand how public trust and confidence is impacted by the changes implemented through the tribunal.

- A decision to join the HPDT does not bind the College in perpetuity. The decision to join can be for one year with a commitment to evaluate and assess whether the transition was beneficial to the College and those engaged in our disciplinary processes.
 - Notwithstanding the above, the changes necessary to transition to the HPDT are not insignificant and both governance and operational changes would need to be made if a decision to return responsibility back to the College were to be made following the pilot.
 - Additionally, while the agreement to partner with the HPDT allows Colleges to terminate the relationship with appropriate notice, it does commit the College to completing any hearings that are underway with the HPDT.
- The Board had previously raised question about the role experienced adjudicators play within the panel structure and the move away from ILC services. In particular, questions arose regarding what occurs if the adjudicator is providing advice within the panel that may have historically been provided by ILC.
 - Should matters arise where concerns about the law are raised (by the adjudicator or another party), processes are still in place to ensure procedural fairness is maintained and both parties have an opportunity to address the issue (see Appendix A page 44 for more information). This approach is similar to many other tribunals and is supported by legal opinions regarding the validity of the approach.

Next Steps

- If the Board elects to pursue joining the HPDT over the coming year, the necessary governance changes will be prepared and presented to the Board in June 2025. Only once these changes are approved and a transition plan is developed will a transition begin.

Questions for the Board

- What questions do you have about the HPDT?
- Does the Board have the information it needs to make a decision?
- Does the Board wish to join the HPDT?



Pilot Phase Report and Proposal

HPDT
Health Professions
Discipline Tribunals



TDPS
Tribunaux de discipline
des professions de la santé



Table of contents

GLOSSARY	4
INTRODUCTION	5
The OPSDT	5
The HPDT Pilot	6
This Report	6
PART I – THE MODEL AND THE PILOT	7
Background	8
The New Model: Core Components	12
Implementing the Pilot	22
PART II – FEEDBACK AND DATA	25
Qualitative Feedback	26
Quantitative Measures	29
PART III -- NEW MODEL	34
Principles	34
Proposal for the HPDT	35



Glossary

The terminology used at different Health Colleges and at different times varies. For readability, we have used consistent terminology as follows.

Board	“Council” under the Code
CASLPO	College of Audiologists and Speech-Language Pathologists of Ontario
HPDT or OPSDT Chair	Chair of the Ontario Physicians and Surgeons Discipline Tribunal and Chair or Co-Chair of the Pilot Tribunals, currently David Wright
CMC	Case Management Conference
CMTO	College of Massage Therapists of Ontario
Code	Health Professions Procedural Code, Schedule 2 to the RHPA
CPSO	College of Physicians and Surgeons of Ontario
CRPO	College of Registered Psychotherapists of Ontario
Discipline Tribunal	A discipline committee or tribunal under the Code
Experienced Adjudicator	Individuals with at least five years of experience as an adjudicator, recruited through a competitive process and appointed to the OPSDT and Pilot Tribunals
HPDT	Health Professions Discipline Tribunals, currently the OPSDT, ORPDT, and the Discipline Committees of CMTO and CASLPO
OPSDT	Ontario Physicians and Surgeons Discipline Tribunal, which is the Discipline Committee of the CPSO
ORPDT	Ontario Registered Psychotherapists Discipline Tribunal, which is the Discipline Committee of the CRPO
Parties	The parties to a discipline proceedings are the College (the prosecutor) and the registrant (the defence)
Pilot Colleges	CASLPO, CMTO and CRPO
Pilot Tribunals	The Discipline Committees of CMTO and CASLPO and the ORPDT
Registrant	A “member” under the Code
RHPA	<i>Regulated Health Professions Act</i>
Tribunal Office	The department within CPSO that supports the OPSDT and HPDT
Tribunal Office Staff	Staff employed by CPSO who work on administration and case processing of HPDT matters, including the HPDT Chair and Tribunal Counsel.



Introduction

The OPSDT



Between 2021 and 2023, the College of Physicians and Surgeons of Ontario (CPSO) revamped its process for hearing and deciding allegations of professional misconduct and incompetence

referred for discipline hearings. The changes, reflecting best practices in administrative justice, have led to increased independence, higher participant and public confidence, dramatically shorter timelines and significant cost savings. Physician and public members hearing discipline cases have provided extremely positive feedback.

The significant components of the changes include:

- renaming the CPSO Discipline Committee the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) to signal independence and promote understanding of its work;
- appointing an independent full-time Chair to lead the OPSDT and the Tribunal Office, along with a part-time physician Vice-Chair;
- recruiting individuals with significant experience as adjudicators in other contexts to chair hearing panels, eliminating the need for independent legal counsel;
- instituting intensive case management in the pre-hearing phase, with case management conferences (CMCs) chaired by an experienced adjudicator;
- implementing a more streamlined scheduling process;
- modernizing the OPSDT's Rules of Procedure and Practice Directions to make them more plain language, flexible and values based;
- developing a separate website for the OPSDT, including detailed, plain-language guides to various OPSDT processes and other easily accessible and user-friendly resources;
- adopting a more contemporary, accessible reason-writing style and implementing a comprehensive reasons preparation and review policy with tightened timelines for completion;
- establishing a practice advisory group to gather feedback from lawyers who represent both the College and registrants;
- designing and implementing new, more robust training when new members are appointed and continuing education for all OPSDT members;
- emphasizing equity, diversity and inclusion in all we do.



These changes produced notable successes, including:

Shortened timelines across all stages of the process, including:



- releasing all reasons within our 84-day standard, with most completed sooner
- developing a 2024 key performance indicator of one year from referral to final decision, 80 percent of the time

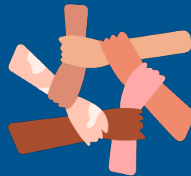


Feedback from professional and public OPSDT members that hearing management by experienced adjudicator chairs allows them to better focus on the issues the panel must decide



Significant cost savings

A more diverse discipline tribunal membership



Positive feedback from all participants in the process and favorable comments from the courts



Ability to schedule uncontested hearings within weeks of parties' agreement

Greater transparency





The HPDT Pilot



In 2023, the OPSDT embarked on a pilot project together with the Colleges of Audiologists and Speech-Language Pathologists (CASLPO), Massage Therapists (CMTO) and Registered Psychotherapists (CRPO) – the Health Professions Discipline Tribunals Pilot (HPDTP). The Pilot Colleges adopted core aspects of the model as implemented at the OPSDT. The Pilot Colleges appointed the experienced adjudicators that were initially recruited by the OPSDT to their Discipline Committees, and the HPDT Chair as the Chair or Co-Chair of their Discipline Committees. CPSO billed the Pilot Colleges for the work done on a non-profit basis.

The Pilot began in March 2023 at CMTO, April 2023 at CRPO and May 2023 at CASLPO. Initial agreements were for a one-year period. After the first year, the Pilot was extended until the end of December 2024 at all three Colleges.

There have been several differences between Pilot Colleges in implementation:

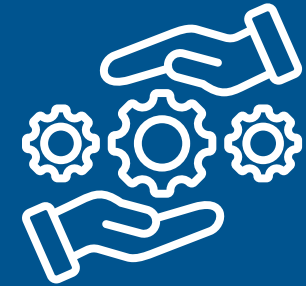
- At CMTO, only cases with allegations of sexual abuse were part of the Pilot stream; other cases continued under the existing system.
- At CASLPO, the Tribunal Office has handled case processing from the beginning of the Pilot. At CRPO, the Tribunal Office took over case processing in the spring of 2024. CMTO continues to do all its own case processing.
- CRPO, CASLPO and OPSDT harmonized their rules, forms, practice directions, guides, administrative processes and templates in the spring of 2024. CMTO continues to be distinct in these ways.



This Report

This report on the Pilot Phase is divided into three parts. The first provides the background to the Pilot and reports on what we did. The second presents participant feedback and some quantitative measures of our work. The third outlines the form of the proposed permanent organization, which is open to both existing participants and other Ontario Health Colleges to join in 2025.

We sought feedback from multiple individuals, including members of the Pilot Tribunals and OPSDT, Pilot College leadership, prosecution and defence counsel and staff supporting the Pilot Tribunals. We have also consulted with senior leadership of other Health Colleges not currently part of the Pilot. Unless attributed to others, the analysis in this report reflects the views and proposals of the Tribunal Office. Proposals on human resources, information technology and finances are on behalf of both the Tribunal Office and CPSO as the organization responsible for resources and contractual arrangements.



PART 1

The model and the pilot



The model and the pilot

BACKGROUND

Changing Expectations and New Challenges

Ontario's Health Professions Procedural Code¹ sets out regulatory processes that apply to all 26 of Ontario's Health Colleges, including establishing various committees. The Discipline and Fitness to Practise Committees are unique within the College structure, in that they are required to hold formal, quasi-judicial hearings to decide allegations referred to them by the Inquiries, Complaints and Reports Committee.

Despite their name, Discipline Committees are administrative tribunals, a part of the justice system that decides far more disputes than the courts. They are required to hold quasi-judicial hearings in accordance with the principles of procedural fairness, write decisions and process cases effectively and efficiently. These are just some of the types of claims that tribunals address: rental housing disputes (Landlord and Tenant Board); entitlement to automobile insurance benefits (Licence Appeal Tribunal); allegations of discrimination in employment or services (Human Rights Tribunal); refugee claims (Immigration and Refugee Board), involuntary detention in psychiatric facilities (Consent and Capacity Board); and entitlement to Employment Insurance Benefits (Social Security Tribunal).

Like other parts of the administrative justice system, professional discipline tribunals are facing several challenges that have become more pronounced in recent years. One is scrutiny from the courts. Discipline decisions can be appealed by either party to the Divisional Court. Since the Supreme Court of Canada's 2019 decision in *Vavilov*,² discipline decisions no longer receive deference from the courts on questions of law; they must be correct. There is also greater scrutiny of tribunals' written reasons.

The court said in *Vavilov* that tribunals must adopt a "culture of justification" and demonstrate through reasons that their exercise of public power can be justified.³

The legal issues in discipline cases are becoming increasingly complex. Supreme Court decisions have clarified that parties may raise issues under the *Canadian Charter of Rights and Freedoms*⁴ and the *Ontario Human Rights Code*⁵ before tribunals. Recent discipline cases have involved decisions on *Charter* claims of freedom of expression, unreasonable search and seizure and patient privacy.

There is also a marked increase, in both tribunals and courts, in the number of self-represented litigants. Tribunals have a duty to provide appropriate support and information to self-represented litigants in published materials, communications with tribunal staff and case management/pre-hearing conferences. Some litigants' and counsel's approach to litigation can lead to hearing management challenges.

Discipline Committees are administrative tribunals, a part of the justice system that decides far more disputes than the courts.

The legal issues in discipline cases are becoming increasingly complex.

¹ Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18.

² *Canada (Minister of Citizenship and Immigration) v. Vavilov*, 2019 SCC 65.

³ Para. 14.

⁴ *Nova Scotia (Workers' Compensation Board) v. Martin; Nova Scotia (Workers' Compensation Board) v. Laseur*, 2003 SCC 54.

⁵ *Tranchemontagne v. Ontario (Director, Disability Support Program)*, 2006 SCC 14.



Finally, there are increased legal and societal expectations of transparency and accessibility. Best practice is now to write decisions using a more plain-language, non-formulaic, less legalistic approach so they are more understandable to the parties and the public. Recent court decisions have also found that the “open courts principle” requires that documents filed in tribunal proceedings be available to the public in a timely way, with limited exceptions. The use of on-line hearings that began with the pandemic and has continued since then has allowed the public, complainants, other registrants and the media to view hearings without travelling to downtown Toronto and sitting in a hearing room all day.

Tribunal Best Practices

The following are among the best practices in contemporary tribunal design⁶:

- merit-based appointment and reappointment processes, based on recommendations from the tribunal leadership;⁷
- expert leadership that sets direction through policy, process and decision writing, promoting consistency while respecting panels’ independence;
- tribunal independence, including fixed terms for adjudicators, removal of adjudicators during terms only for cause and separation from the prosecution in discipline tribunals;⁸
- a robust education program for adjudicators, both at the time of appointment and on an ongoing basis;
- plain language, values-based, flexible rules of procedure that allow procedures to adapt to the needs of a particular case;
- plain-language guides and practice directions to assist parties, witnesses and the public;
- issues-based, plain language reasons;⁹
- “decision review and release” policies to ensure high quality and timeliness;
- supports for self-represented litigants;¹⁰
- establishment of committees or roundtables for feedback from those who appear before the Tribunal;
- the use of case management, alternative dispute resolution and active adjudication to promote settlement and streamline hearings;¹¹
- attention to trauma-informed approaches to adjudication.

⁶ For examples of tribunal policies in these and other areas see the Council of Canadian Administrative Tribunals Tribunal Policies Repository: <https://www.ccat-ctac.org/tribunal-policies-repository/>

⁷ See the *Adjudicative Tribunals Accountability, Governance and Appointments Act*, S.O. 2009, c. 33, Sched. 5 (ATAGAA), which does not apply to professional discipline tribunals but is based on best practice.

⁸ See 2747-3174 *Québec Inc. v. Québec (Régie des permis d’alcool)*, [1996] 3 SCR 919.

⁹ See Ed Berry, *Writing Reasons: A Handbook for Judges*, 5th Edition, 2020.

¹⁰ See Canadian Judicial Council, *Statement of Principles on Self-represented Litigants and Accused Persons*, September 2006: <https://cjc-ccm.ca/sites/default/files/documents/2020/Final-Statement-of-Principles-SRL.pdf>; *Pintea v. Johns*, 2017 SCC 23; Michelle Flaherty and Morgan Teeple Hopkins, “Active Adjudication and Self-Represented Litigants: the Duties of Adjudicators” (2022) 35 *Canadian Journal of Administrative Law & Practice* 177.

¹¹ See Michelle Flaherty, “Best Practices in Active Adjudication” (2015) 28 *Canadian Journal of Administrative Law and Practice* 291.



Expertise in Adjudication and Tribunal Administration

Greater professionalization of administrative tribunals has led more people to build careers in administrative justice, resulting in a significant cadre of professionals with extensive experience in the area. Adjudicators often serve on more than one tribunal at the same time or in succession, working part-time in multiple roles and/or applying their experience in different contexts.

With regards to tribunal administration, over the last 15 years, governments have developed umbrella organizations for tribunals, in which they share resources, leadership and policies. Tribunals Ontario is made up of 14 different adjudicative tribunals with a common Executive Chair and Executive Director. Several tribunals have now been combined into the Ontario Land Tribunal. Federally, the Adjudicative Tribunals Support Service of Canada provides support services to 11 tribunals.

Combining Legal and Health Expertise

The OPSDT and Pilot Tribunals hear discipline cases in five-member panels that include an experienced adjudicator chair, two public members of the College's Board (as required under the Code), one professional member of the College's Board (also required under the Code) and one professional non-Board member. Panels of decision-makers such as this, consisting of experts in adjudication, health care professionals and members of the public are common in Canadian administrative justice.

For example, the Consent and Capacity Board decides a variety of applications, including those related to involuntary status in a psychiatric facility, findings of incapacity to consent to treatment, reviews of community treatment orders, admission to long term care, end-of-life care, capacity to make financial decisions, access to health and youth records, and certain communicable diseases. Its members include lawyers, psychiatrists, other physicians, nurses in the extended class and members of the public. It sits in panels of one, three or five members and multi-member panels must include a mixture of lawyers, health care professionals and public members. The legal member presides and prepares the written decision and the reasons for decision.

The Ontario Review Board and its counterparts in other provinces and territories make decisions about the detention or restrictions on individuals who have been found by a court to be either unfit to stand trial or not criminally responsible on account of mental disorder. Its members include lawyers, judges, retired judges, psychiatrists, psychologists and members of the public. Panels of five are made up of two legally trained members, two health professionals and a member of the public.

The Health Services Appeal and Review Board, which holds appeals, hearings and reviews concerning publicly insured health services under the Health Insurance Act and other hearings, is required to have both lawyers and medical professionals as members, and they may sit together on panels. The lawyer generally presides.

None of these tribunals regularly use independent legal counsel.

Other Professional Regulators

There are also various professional regulators that have panels combining legal experts and others without using independent legal counsel.

The Colleges of Physicians and Surgeons of Saskatchewan, Nova Scotia and Quebec have legally trained members sit on all panels and chair their discipline hearings, as do the College of Immigration and Citizenship Consultants and the Electrical Safety Authority.

Beginning in 2013, the Law Society of Ontario implemented significant enhancements to its hearing process. This included establishing the Law Society Tribunal (LST) as a body with a separate identity from the Society. The LST has its own premises, website and logo along with an independent, full-time chair. Beginning in 2013, it recruited experienced adjudicators to serve on panels along with elected or appointed board members. Appointee lawyer members chair many but not all hearing panels and conduct most pre-hearing conferences. The panels include paralegal and public members sitting together with lawyers, without independent legal counsel.



The Goudge Report

In 2015, the Ministry of Health and Long-Term Care asked Stephen Goudge, a former justice of the Court of Appeal for Ontario, to make recommendations about the complaint and hearing processes at the CPSO. His report recommended, among other things:

- that non-physician members with advanced dispute resolution skills be appointed to the Discipline Committee to deal with cases where a physician pre-hearing conference chair is not required, or where a non-physician pre-hearing conference chair might be more effective; and
- that legally trained persons, experienced in running hearings, be appointed to the Discipline Committee to chair hearing panels in non-clinical standards cases. He noted that would eliminate the need for independent legal counsel at those hearings.

THE NEW MODEL: CORE COMPONENTS

Leadership

OPSDT

The CPSO Board appointed David Wright as the Chair of the then Discipline Committee for a three-year term beginning in November 2020. He was renewed for a further five-year term beginning in November 2023.

A physician serves as Vice-Chair of the OPSDT: James Watters from 2020-2023 and Joanne Nicholson since 2023. The Vice-Chair's primary role has been to provide the Chair advice and feedback and to sit as a panel member on significant or difficult cases.



David Wright has been a full-time adjudicator for over 15 years, serving in senior leadership positions at adjudicative tribunals since 2009. Prior to his appointment at CPSO, he was the Chair of the Law Society Tribunal for over seven years, during which time he led the implementation of the reforms discussed above. Before that he was a Vice-Chair, Interim Chair

and Associate Chair at the Human Rights Tribunal of Ontario as that tribunal implemented the reform of the human rights system and a new adjudicative model. David is bilingual, has been the Chair of the Council of Canadian Administrative Tribunals and is frequently asked to speak at conferences and to other tribunals. He has published several articles on administrative law and practice in peer-reviewed journals.

The OPSDT Chair is responsible for both adjudicative and administrative leadership. His appointment agreement protects his independence, under a structure that has been found by the Divisional Court to be appropriate:¹²

- He is appointed for a fixed term of three years and cannot be removed except for just cause. He must be provided with written reasons and an opportunity to make submissions to the Board if it is proposed that he be removed for cause. Similar provisions are included in the CPSO's agreements with the Pilot Colleges.
- He reports to the Registrar and Chief Executive Officer on operational or managerial issues and with respect to the Tribunal's goals, policies and processes.
- The agreement specifies that nothing in it is intended to prevent the OPSDT Chair from "making any decisions and expressing any opinions in the course of conducting proceedings and writing reasons as an adjudicator."

The OPSDT Chair assigns panels and sits as an adjudicator on CMCs and hearings. Since 2020, he has been case management chair for most files, and has sat regularly as a panel chair or as a single adjudicator deciding preliminary issues. He coordinates the educational programming for adjudicators and often delivers training himself. He and his team have proposed and implemented all aspects of the new model, including recruitment, preparation of policies, guides and practice directions, and the project to update the Rules of Procedure.

The OPSDT Chair has the administrative responsibilities of a director on operational matters like finance, information technology and human resources. The Tribunal Office staff report to him, and he is the final decision maker on matters of case processing. He attends CPSO Senior Leadership Team meetings occasionally, but only when there are operational matters that affect the Tribunal Office.

¹² *College of Physicians and Surgeons of Ontario v. Khan*, 2022 ONPSDT 23; *Kopyto v. The Law Society of Upper Canada*, 2016 ONSC 7545.



Pilot

The leadership model differed at each of the Pilot Colleges. As CMTO had a Pilot and a non-Pilot stream, two co-chairs were appointed. The HPDT Chair fulfills the Chair responsibilities for Pilot cases and a massage therapist – first Kim Westfall-Connor and then Bobbie Flint – exercised the responsibilities for the non-Pilot cases.

At CRPO, the HPDT Chair was appointed as Chair of the Discipline Committee when the Pilot started. In 2024, Shelley Briscoe-Dimock was appointed as Vice-Chair, reflecting the model at OPSDT.

At CASLPO, the HPDT Chair was appointed as Co-Chair of the Discipline Committee. The CASLPO Co-Chair, elected by the members of the Committee, appoints the two professional and two public members to each panel. This position has been held since the Pilot started by Kim Eskritt.

Recruitment of Adjudicators

We engaged in a rigorous process to select the five experienced adjudicators over the summer of 2021. At least five years of experience as an adjudicator was required, although those selected had considerably more experience.

Out of nearly 100 applicants, we selected 20 for interviews. The interview panel was made up of one public member and one professional member of the Discipline Committee, Tribunal Counsel and the OPSDT Chair. In addition to a structured, scenario-based interview, each interviewee was required to watch a video of a mock hearing and write a decision. The written decisions were subject to a blind evaluation, ensuring that the evaluators did not know who had written which decision. Another important consideration was diversity. Four of those selected are women, two are racialized, one is Franco-Ontarian and two can conduct hearings in French. Three live in Toronto, one in Niagara Region and one in the Ottawa Valley. Four have previous adjudicative experience in human rights and three have previous experience in professional discipline for other regulators.

A brief summary of some of their previous and current experience shows the cross-pollination in the tribunal sector. These adjudicators were appointed to the Pilot Tribunals for the Pilot period.



Raj Anand: Multiple adjudicative and public service roles including Chief Commissioner of the Ontario Human Rights Commission and member of the Law Society Tribunal (current). Raj led the working group that proposed the reform of adjudication at the Law Society and the creation of the Law Society Tribunal.



Shayne Kert: Alternate Chair of the Ontario Review Board (current); Alternate Chair of the Nunavut Review Board (current); member of the Law Society Tribunal; member of the Consent and Capacity Board.



Sherry Liang: Assistant Commissioner with the Office of the Information and Privacy Commissioner of Ontario; Vice-Chair of the Ontario Labour Relations Board, the Human Rights Tribunal of Ontario, and the Grievance Settlement Board.



Sophie Martel: Vice Chair of the Workplace Safety and Insurance Appeals Tribunal and the Human Rights Tribunal of Ontario; workplace investigator; member of the Law Society Tribunal (current).



Jennifer Scott: Presiding Officer with the Office of the Chief Coroner; Associate Chair of the Child and Family Services Review Board, Custody Review Board and the Ontario Special Education Tribunals; Vice-Chair of the Human Rights Tribunal of Ontario.

For their complete biographies, see <https://opsdt.ca/adjudicators>.



Building an Independent Identity

Renaming the Discipline Committee

The CPSO’s Board renamed the Discipline Committee of the College of Physicians and Surgeons of Ontario the Ontario Physicians and Surgeons Discipline Tribunal through a by-law amendment. The OPSDT established its own web site (opsdt.ca) and logo.

The use of “Tribunal” identifies more accurately that we conduct open, formal hearings, rather than the type of work done and paper-based process typically used by committees. Given that the College as prosecutor is a party to every case before the Tribunal, the new identity underscores its independence from the College.

The CPSO received an outside legal opinion confirming that the renaming was not contrary to the Code. In accordance with that advice, key documents like

notices of hearing include the note that the OPSDT is the discipline committee established under the Health Professions Procedural Code. There have been no legal challenges to the change of name.

The only other Pilot College to change the name of its discipline committee thus far has been CRPO, in May 2024. It is now known as the Ontario Registered Psychotherapists Discipline Tribunal, pursuant to a by-law similar to that of CPSO.

HPDT Identity

We have begun the process of developing an identity for HPDT. It has its own logo, and we have obtained the internet domain hpdt.ca.

Mission and Core Values

The OPSDT developed the mission and core values set out below to help define its new identity.

MISSION

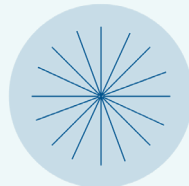
To hear and decide allegations of physician misconduct and incompetence with independence and fairness, making just decisions in the public interest.

CORE VALUES



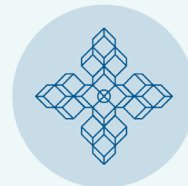
Fairness

We are neutral and ensure all parties are heard. Our decisions and processes are accessible and clearly explained.



Excellence

We aim for high quality decision-making and service.



Respect

We actively listen with humility and empathy. We strive to understand the diverse identities and experiences of parties, witnesses and those affected by our decisions.



Openness

Our decisions, hearings and processes are transparent, balancing openness and privacy.



Timeliness

We recognize the importance to participants and the public of promptly resolving cases. We act and require parties to act in a responsive and timely way.



Panel Composition and Roles

Composition

Panels hearing the merits and penalty are made up of five individuals: two public members of the Board, two professional members, at least one of whom is a member of the Board and one experienced adjudicator who chairs the panel. One-member panels consisting of only an experienced adjudicator sometimes hear pre-hearing motions on issues like adjournments, evidentiary or procedural issues.

As mentioned above, panel composition flows from the Code. There are no restrictions in the Code on who the Board may appoint as a member of a discipline tribunal. Each panel must consist of 3-5 members of the discipline tribunal, two of whom must be public members of the Board and one of whom must be a professional member of the Board. The other two spots may be filled by any member of the discipline tribunal, and our practice is to always appoint another professional, either a member of the Board or not, and an experienced adjudicator.

Roles

While the panel chair is responsible for managing the hearing and writing the first draft of the reasons, all panel members are equal in decision making. Skills in leading inclusive discussions and encouraging participation were one of the core criteria in selecting the experienced adjudicators. A key part of our training focuses on the role of all panel members in deliberations and reason writing.

Here are some quotations from experienced adjudicators about how they promote participation:

- “During deliberations I may start by framing the questions for discussion but ask the panel for their thoughts before offering my own. I will canvass each

panel member for their thoughts on each decision point, if they have not already jumped into the discussion... At the beginning of a hearing (especially with panel members I haven’t worked with before), I discuss our mutual expectations around asking questions during the hearing, dealing with objections on the fly (whether it is necessary to consult with the entire panel and how they may signify if they wish to go into breakout.)”

- “At nearly every break, I check in with the other panel members to see if they are comfortable with how I am chairing and whether they have questions or comments. In deliberations, I ask the panel members about how the reasons should be written, often seeking input about specific choices on things like tone and how much detail should be included on certain issues. Where there is a reprimand, it is almost always drafted and always delivered by a professional or public member of the panel.”
- “I have been very deferential to the other panel members, essentially trying to intervene mostly to frame discussions/issues. I have also ensured all panel members are heard by specifically asking for comments from those who have yet to participate in any discussion. For hearings, it has also been important to join hearings well ahead of the scheduled start time to introduce myself and answer any questions or concerns panel members may have. During hearings, it has been important to take breaks and ensure that questions are first discussed among the panel members before being raised with the parties.”

As set out in more detail in the survey results in Part II, nearly all Tribunal members felt they were contributing, with some saying it was easier to do so than in the previous system. Many noted that the experienced adjudicators made sure all voices were heard.

Panels hearing the merits and penalty are made up of five individuals: two public members of the Board, two professional members, at least one of whom is a member of the Board and one experienced adjudicator who chairs the panel.

Nearly all Tribunal members felt they were contributing, with some saying it was easier to do so than in the previous system.



Legality of the Model

Some lawyers in the regulatory legal community have expressed concerns, including in their feedback on the Pilot for this report, that the presence of a lawyer on a panel is improper on the basis that the lawyer is giving “legal advice” to the other members of the panel that is not being shared with the College and the defence and that the process is therefore less transparent. Section 44 of the Code, similar provisions in other legislation and the common law require that if a panel in any administrative tribunal obtains formal legal advice, it must disclose that advice to the parties and give them a chance to make submissions on it. The concern raises both legal and transparency grounds.

An example of the concerns is the following response to our survey:

“Transparency may be lacking as legal advice provided by the Experienced Adjudicator to the panel is not made available to the parties (as compared to ILC who provided their advice on the record).”

In light of concerns such as this, we obtained a legal opinion in May 2023 from Nadia Effendi, a partner at Borden Ladner Gervais LLP. Ms. Effendi is recognized as one of the leading administrative and public lawyers in Canada. Her detailed opinion, which can be provided on request, concludes that a lawyer serving as a panel member is not providing legal advice and the panel composition is not improper.

There are other factors that give us confidence that the model is appropriate:

- The model was recommended by Justice Goudge, also recognized as an expert on administrative law.
- As discussed above, panels that combine lawyers and non-lawyers without using independent legal counsel are common in Canadian administrative tribunals, and to our knowledge the model has not been challenged or overturned in the courts.¹³

- The panel is required to raise with the parties any analysis, factual or legal, that the parties did not raise. The parties then have the opportunity to make submissions about it. Indeed, panels have done so in OPSDT and Pilot cases.¹⁴
- Under the previous model, discussions or communications with lawyers that are not known to the parties and are not formal “legal advice” take place, including through review and assistance with decisions by independent legal counsel or the drafting of decisions on behalf of the panel by legally trained decision writers.¹⁵

Adopting Adjudication Best Practices

Active Adjudication and Case Management

Under the new model, the Tribunal takes a more active role in moving cases forward by promoting early settlement or partial agreement where possible, identifying pre-hearing issues and deciding them sooner with less formality. Panel chairs also take a more active role in hearings. This stems directly from the HPDT Chair and the experienced adjudicators’ expertise in alternative dispute resolution.

The first case management conference is scheduled immediately upon filing of the Notice of Hearing. Depending on the nature of the case, more CMCs are often held before the hearing is scheduled. Given the HPDT Chair’s availability, a CMC can be scheduled on short notice to quickly deal with issues.

The first case management conference is scheduled immediately upon filing of the Notice of Hearing. Depending on the nature of the case, more CMCs are often held before the hearing is scheduled. Given the Chair’s availability, a CMC can be scheduled on short notice to quickly deal with issues.

¹³ The principles set out in s. 44 are a codification of common law principles of fairness, so the same principles apply whether or not there is an explicit provision to this effect. Some statutes under which tribunals use this model have a similar section to s. 44. *Health Insurance Act*, R.S.O. 1990, c. H.6, s. 23 (2) (Health Services Appeal and Review Board); *Health Care Consent Act, 1996*, S.O. 1996, c. 2, Sched. A, s. 77 (2) (Consent and Capacity Board).

¹⁴ *R. v. N.C.*, 2024 ONCA 239. This occurred, for example, in *College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario v. Becker*, 2024 ONRPDT 7 (legal issue) and *College of Physicians and Surgeons of Ontario v. Fagbemigun*, 2022 ONPSDT 11 (factual issue).

¹⁵ *Khan v. College of Physicians and Surgeons of Ontario*, 1992 CanLII 2784 (ON CA).



Some examples of the use of the case management process are:

- A matter that had been referred to a discipline committee in 2019 began case management when the Pilot began in spring 2023. After several case management conferences, the parties reached a joint submission. An uncontested hearing took place in October and the decision was released in early November 2023.
- A self-represented registrant advised at a CMC in early October 2023 that they would bring a motion to disqualify College counsel from acting on the case. The case management chair set a schedule under which the motion would be heard in writing, with submissions to be made in November and early December 2023. The decision on the motion was released two days after the written submissions were complete, allowing the matter to move forward.
- Several hearings where the registrant was not participating were heard in writing, avoiding scheduling challenges and reducing hearing costs.
- Through changes to scheduling practices and the use of case management, payments to OPSDT members for late cancellation of hearing dates decreased by 81% between 2021 and 2023.

¹⁶ See Edward Berry, *Writing Reasons: A Handbook for Judges*, 5th Edition, 2020.

¹⁷ <https://opsdt.ca/hpdt/rules-of-procedure>

There may be cases in which it would be helpful for the registrant to hear the perspective of another member of the profession. If this is identified by either of the parties or the case management chair, a CMC can be conducted jointly with a professional member.

Issues-Based Reason Writing

Best practices for writing of court and tribunal reasons have undergone a revolution in recent years. Led by Justice John Laskin, formerly of the Court of Appeal for Ontario, and Ed Berry, an English professor at the University of Toronto, most legal decision makers now write very differently from the way that the courts and tribunals did previously. This approach rejects legal formality and templated decisions in favour of an audience-focused approach that emphasizes the organization of the decision based on the issues in the case, plain language and conciseness.¹⁶

Our approach to decision writing reflects this. The experienced adjudicators have all written many decisions using this approach, and indeed, their ability to do so was an important criterion when evaluating decisions during the recruitment process. Reasons look quite different than they used to and, we believe, better capture the expectations of the courts. We also promote quality decisions through a formal decision review process.

New Rules of Procedure

OPSDT implemented new Rules of Procedure to replace the previous OPSDT Rules, which were similar to those of most other health professions' discipline committees.¹⁷ They took effect on January 1, 2023, and were developed following an extensive process of research, consultation and drafting.

The approach to the revisions was centered around several principles (see Rule 1.1.1):

- the overarching importance of fairness;
- accessibility and understandability, using plain language and simplified processes;
- flexible processes, allowing for adaptation to the circumstances of each case;
- adopting successful practices used at other regulators and tribunals; and
- ensuring that matters move forward expeditiously.



Here are some of the most significant changes:



Rule 2 – Openness

Under most Colleges’ current rules, a member of the public who wishes to obtain copies of documents in the discipline tribunal’s record must file a motion to do so. This can take some time. Pursuant to a 2018 decision of the Superior Court of Justice, the “open courts principle” applies to administrative tribunals. Among other things, the public must have timely access to hearing materials.

Rule 2 adapts to these changes. It establishes an automatic publication ban on the names of patients and anything that could identify them. If a party asks for additional information to be subject to a publication ban or made not public, it sets out the test to be applied, which comes from Supreme Court of Canada caselaw.

Materials in the record are public, and if there is personal health information or other personal information, it must be redacted by the party filing the document. This can be done by filing two versions: one public and one not public. A process like the old process applies to documents filed before the rules came into effect, to protect reasonable expectations of the parties.



Rule 3 – Accommodation and Language

The rule codifies the rights of participants to accommodation in accordance with the Human Rights Code, to communicate with the discipline tribunal in English or French and to an interpreter. It also sets out the right of the registrant to choose the language of the proceeding, subject to reasonable limits.



Rule 8 – Statement of Particulars

The tribunal may direct either party to provide more information (particulars) about their position.



Rule 9 – Case Management

This rule sets out the discipline tribunal’s case management approach and the values that underly it. It sets out the following four goals of case management:

- a. hearings progress in a fair and timely way, in the public interest;
- b. hearing time is used efficiently and effectively;
- c. procedural and legal issues are identified early; and
- d. adjournments are only necessary in exceptional circumstances.

This rule requires a case management conference in every proceeding, and describes what the case management chair may do, including exploring and applying alternatives to traditional adjudicative or adversarial processes.



Rule 12 – Hearing Preparation

Rule 12.3 – This rule is used mostly when the registrant is not participating. If one party sends a request to admit and the other party does not respond, the other party is deemed to have admitted the facts contained in the request to admit. This avoids the need to call evidence if the registrant isn’t participating, since the hearing can proceed based on the deemed admissions. A similar rule at the Law Society Tribunal was recently upheld and applied by the Divisional Court.¹⁸

Rule 12.4 – This rule requires each side to provide the other with a list of witnesses and a summary of their anticipated evidence. It also requires the parties to file the documents they may rely upon, including any agreed statement of facts or joint submission on penalty, one week in advance so that the panel may prepare.



Rule 13 – Registrant Applications to the Tribunal

Rule 13.3 – The Divisional Court decided, in *Li v. College of Physicians and Surgeons of Ontario*,¹⁹ that the Health Professions Procedural Code implicitly allows a discipline committee to remove or vary an indefinite term, condition or limitation on a certificate of registration. The CPSO Discipline Committee had previously concluded it had no power to do so. The court found that it was “not for us [the court] to determine the circumstances in which a member may seek a variation of a term as that issue is not before us on this application.” (para. 30) This rule sets out these conditions.

¹⁸ *Khan v. Law Society of Ontario*, 2024 ONSC 3092.

¹⁹ 2008 CanLII 37613.



Rule 14 – Hearings

Rule 14.1 – This rule sets out a set of factors to be considered when determining a request that a hearing be held all or partially in person.



Rule 17 – Costs

Rules 17.1.1 and 17.1.2 – The *Statutory Powers Procedure Act* allows a tribunal to make rules to order costs in circumstances other than those set out in the Health Professions Procedural Code if a party has

acted in a way that is unreasonable, frivolous, vexatious or in bad faith, and this rule does so. Examples of new situations in which this rule would allow costs include before the end of the hearing (for example, after a frivolous motion) or in favour of a third party who had to respond to a third-party records motion. Rule 17.2.1 allows for costs because of an adjournment less than two weeks before the hearing.

There are also several provisions of the Rules that, while not new to OPSDT in 2023, would be changes from some other Colleges’ discipline committee rules.

Rule 9.4.1 – Both parties, rather than only the College are required to prepare a case management conference memo.

Rule 10 – Adjournments are granted only where it is necessary for a fair hearing, even if both parties consent.

Rule 12.4 – Both the College and the registrant are required to provide the other, in advance, a list of witnesses, a summary of what each witness will say and a copy of all documents the party may rely upon. This is sometimes called “reciprocal disclosure.”

Rule 14.3 – This rule allows the parties to agree that the registrant will plead “no contest.” This means that the registrant does not admit the allegations. The registrant accepts that the discipline tribunal can rely on the facts set out in a Statement of Uncontested Facts provided by the College, but only for the purposes of the College proceeding.

Rule 14.5.1 – This rule mirrors a similar provision in the Criminal Code that prevents the use of a complainant’s sexual history except in certain circumstances.

Companion Resources and Adoption

The Tribunal has prepared practice directions, forms, frequently asked questions, and guides to provide plain language information for registrants, witnesses and members of the public about the process as a whole and specific issues. These work together with the rules to promote understanding of the process and transparency. They also assist in meeting our responsibilities to self-represented registrants.

All three Pilot Colleges kept their existing Rules of Procedure for the first year, with the addition of a modified version of the OPSDT’s case management rules for their Pilot cases. When the Pilot was extended in spring 2024, both the CASLPO Discipline Committee and the ORPDT adopted the new rules, forms and guidelines. They were all amended to remove any OPSDT or CPSO-specific references and are now on a separate portion of the website (opsdt.ca/hpdt). CASLPO, CRPO and OPSDT all link to this webpage from their own websites. Each retained their previous approach to costs, reflected in Tariff A.



Education

Orientation

We have designed a four half-day orientation program, delivered mostly virtually, for new public or professional discipline tribunal members. Its topics include: the RHPA, the Code and its discipline provisions, procedural fairness, the burden of proof, rules of evidence, reason writing, deliberations, myths and stereotypes in sexual abuse cases, joint submissions, penalty principles and making credibility determinations. It is interactive and uses a variety of teaching techniques to support different styles of adult learning. It has been coordinated and delivered by Dionne Woodward, Tribunal Counsel and David Wright.

We have tailored the orientation to the new model. For example, we emphasize the role of panel members in deliberating, reviewing and commenting on reasons in a way that will strengthen the final product and ensure their voices are heard. In relation to hearing management, while they must have an understanding of the role of the panel chair and the principles applied, they do not need to be trained to chair themselves.

In each Pilot College, there has been an orientation to the profession for the experienced adjudicators delivered by professional members of the discipline tribunal, as well as an introduction to the Pilot for the other members provided by the HPDT Chair and counsel.

In the spring of 2024, a joint orientation was conducted for new members of the OPSDT and the CASLPO Discipline Committee. When orientation is urgent, for example when a new member is needed to sit on hearings shortly after their appointment, they have watched a recording of the most recent training.



Ongoing Professional Development

The OPSDT has had semi-annual business/education meetings, with sessions facilitated by both Tribunal Office staff and guests. These have included:

- reason writing and deliberations;
- discussions with judges;
- lessons for our work from cognitive science;
- reprimands;
- trauma-informed adjudication;
- the law of evidence;
- deliberation scenarios; and
- the role of counsel cross-examining complainants where there is a self-represented registrant.



Annual Conference

A one-day conference was held in November 2023, in person with an on-line option, for the members of all four discipline tribunals. It provided an opportunity both for learning and for the decision makers from different Pilot Colleges to network with each other and discuss their work. Sessions included:

- a panel of lawyers who prosecute and defend health discipline cases providing insight on hearings from their perspective and that of their clients;
- a deliberation exercise with breakout “discipline panels” made up of public and professional members from each College;
- equity in adjudication;
- mandatory revocation and sexual abuse: a legislative history;
- freedom of expression and professional discipline; and
- a networking reception.

Sessions were organized and delivered by Angela Peco, Manager and Tribunal Counsel at CMTO, Dionne Woodward and David Wright. Guests included Superior Court Justice Andrew Pinto, Palma Paccioco, a professor at Osgoode Hall Law School and Grace Vaccarelli, a mediator and investigator with over 20 years of experience in human rights.

Our second annual conference is scheduled for November 2024.

Feedback on the sessions was very positive. The overall rating for the conference by the participants who completed the evaluation was 4.72 out of 5. Here are some comments we received on the evaluation:

“Great conference, well organized, education sessions were really good. The deliberation exercise was excellent and allowed networking as well as education.”

“I hope this will become a yearly event!”

“...[A]ll of the sessions seemed short, but I think that was because they were so interesting and time went by fast.”

“Great day of learning. The deliberation exercise and comparison of decisions from each group was very interesting.”

“I liked the varied style of presentations. Fireside chat was excellent.”

“Breakout session was great! Really liked the design of the exercise. Seemed daunting at first but we rolled into it quickly. Really liked hearing thought process of other professionals from different backgrounds and Colleges.”



The Pilot has also led to benefits for individual Colleges' education. For example, Angela Peco presented to the OPSDT about the CMTO Discipline Committee's experience with appointing counsel to cross-examine complainants in contested sexual assault cases where the registrant is self-represented. This situation is common at CMTO, but recently arose at OPSDT for the first time. Similarly, David Wright made presentations at CMTO business meetings on topics such as evidence, reason writing, and updates on caselaw. Tribunal Office staff will coordinate a business/education meeting for the ORPDT in the spring of 2025.

Newsletter

We send all members of the Pilot Tribunals and OPSDT a monthly newsletter, containing updates on decisions released in the Pilot, as well as other decisions of significance for health discipline. The newsletter, which began with the OPSDT before the Pilot and then expanded, is largely written and edited by Dionne Woodward. David Wright also writes a monthly column, usually about practical issues that arise in adjudication. All members also have access to an archive of all previous issues.



Timeliness



Deadlines are set so that decisions are released within 84 days of the last hearing day or final submissions. This standard has been met in every case under the new model, both at OPSDT and in the Pilot, with most decisions being released more quickly. We have prepared a policy on reason preparation, review and release that establishes deadlines for each step in the process, from the first draft being provided to the panel to legal and peer review. It also establishes a process and expectations for these reviews, consistent with the requirements set out by the Court of Appeal.²⁰

The average number of days to complete a discipline file at OPSDT decreased from 429 to 285 between 2020 and 2023. In 2023, the OPSDT's key performance indicator was 15 months from referral to the completion of the discipline process (80th percentile). As of December 2023, the 80th percentile was 11 months. In 2024, the KPI has been reduced to 12 months, with tighter criteria for exclusion from the measure. Considering that before the new model, the CPSO Discipline Committee was struggling to meet a target of starting hearings within one year, this is a dramatic change.

Data on timeliness at Pilot Colleges follows later in this report.

Financial Implications for CPSO



While the primary motivation for change was not financial, the new model has resulted in significant cost savings for CPSO. Given other changes in recent years, in particular a lower volume of referrals and the shift to virtual hearings, it is difficult to separate how much of the savings are due to each of these factors.

Significant savings have resulted from the following:

- elimination of fees for independent legal counsel to attend hearings, provide advice and support to staff in the Tribunal Office and review decisions;

²⁰ *Shuttleworth v. Ontario (Safety, Licensing Appeals and Standards Tribunals)*, 2019 ONCA 518.



- reduced hearing time;
- reduced reason writing time;
- reduced cancellation fees;
- reduced time for decision review and editing;
- CMCs and hearings conducted by the OPSDT Chair; and
- education organized and delivered by the OPSDT Chair and Tribunal Counsel rather than ILC.

Electronic Hearings and Hearing Support



The new model coincided with the general adoption of electronic hearings by professional regulators and other tribunals throughout Canada because of the pandemic. All OPSDT hearings have been conducted by videoconference. The OPSDT has established a Rule and Practice Direction that sets out the factors to be considered when there is a request that all or part of the hearing be held in person.

The move to electronic hearings has had various advantages. In particular, it has assisted with the challenges of scheduling five-member panel hearings with a small pool of members who meet the statutory requirements for public and physician board members and live across Ontario. Largely eliminating the need for travel means that an out-of-Toronto panelist with a commitment one evening during the week in their home city can still sit, or a panel can sit on Monday, Tuesday and Friday to accommodate schedules without wasted costs. The same advantages apply to witnesses, registrants and lawyers from outside Toronto.

Electronic hearings have also had significant benefits for transparency. Anyone, such as complainants, the registrant's family, media or members of the public can watch a hearing without travelling to downtown Toronto.

OPSDT piloted various methods of supporting electronic hearings before reaching an agreement with First Class Conferencing Facilitation (FCCF). FCCF specializes in supporting electronic legal hearings and also supports coroners' inquests and arbitrations, among other hearings.

FCCF, among other functions:

- sets up the Zoom hearing and the livestream accessible only through a private link;
- sets up and manages a webpage that automatically sends users who provide their name and email address the link to watch a hearing, together with relevant information;
- moves panel members, counsel, witnesses and other participants in and out of the breakout rooms;
- has expertise in troubleshooting technical issues, resolving them quickly;
- displays documents as requested by the parties or the panel, which, if appropriate, can be blocked from being viewed by the public;
- displays information on the livestream if the hearing is delayed or on a break;
- marks exhibits and other documents;
- prepares a report for the Tribunal Office staff summarizing what occurred at the hearing, including a witness list and exhibit list;
- provides a video recording from which a transcript can be generated by a court reporter, making it unnecessary to have a court reporter present during the hearing.

Among other advantages, we have found that using FCCF rather than staff allows for flexible scheduling, since FCCF can support multiple hearings on the same day. It has led to less delay due to participants' technical issues and allows staff to focus on case processing, with other work less disrupted by hearing days.

In the Pilot, CMTO and CRPO staff have continued to support virtual hearings, while CASLPO has used FCCF.



Ongoing Consultation

The OPSDT established the Practice Advisory Group for feedback from those who regularly represent the College and defence before the Tribunal. A similar roundtable was established under the Pilot.

Appeals

There have been two appeals from OPSDT decisions under the new model. Both were dismissed, with positive comments from the court. There have not yet been any appeals from Pilot decisions in the other Colleges.

In *Fagbemigan v. College of Physicians and Surgeons of Ontario*, 2023 ONSC 2642, the registrant argued that the Tribunal had not fulfilled its duties to him as a self-represented litigant. The court said, at para. 47, “The transcripts clearly demonstrate that the Tribunal patiently and carefully assisted the Appellant throughout the process.” Among the issues in this case was a *Charter* challenge to the College investigators’ having viewed and removed documents during a site visit to the registrant’s clinic. The court fully upheld the Tribunal’s constitutional and professional misconduct analyses.

In *Aboujamra v. College of Physicians and Surgeons of Ontario*, 2023 ONSC 3344, the court spoke of the Tribunal’s “detailed and nuanced credibility findings” (para. 77) in rejecting the multiple challenges to the decision in a highly contested sexual abuse case. An application for leave to the Court of Appeal for Ontario was dismissed.

There have been two appeals from OPSDT decisions under the new model. Both were dismissed, with positive comments from the court. There have not yet been any appeals from Pilot decisions in the other Colleges.

IMPLEMENTING THE PILOT

Differences Between Colleges

During the Pilot phase, the division of responsibilities between the OPSDT and each participating College varied. Each College brought unique backgrounds and experiences in discipline matters, leading to different approaches. This diversity assisted us in evaluating the pros and cons of different options, and allowed the Pilot Colleges to adopt the arrangement that best suited their needs.



CMTO has the highest volume among the Pilot Colleges: 20 new referrals and 46 cases closed in 2022. It has a high volume of sexual abuse cases relative to its size; 56% of the cases before the CMTO Discipline Committee in 2022 were sexual abuse matters. The CMTO has a Hearings Office with several full-time staff, well-established processes and

experience in many different types of cases. Its staff and Discipline Committee members, because of this volume, have extensive experience and involvement in all aspects of discipline work under the existing model.

CMTO established two tracks. Any case in which sexual abuse was alleged and there was no activity prior to the start of the Pilot was assigned to the Pilot track. Cases with sexual abuse allegations in which there had been activity under the existing model, and cases where sexual abuse was not alleged, were assigned to the standard track. As a result of its higher case volume and experience, CMTO staff did all administration and hearing support for all cases, including those assigned to the Pilot. CMTO adapted some of the OPSDT’s policies, practices and precedents for its Pilot cases. Other cases continued as before. The two tracks were important to CMTO, among other reasons, so that it had the option to easily return to the previous system after the Pilot if either it or OPSDT decided not to continue, and so that it could make comparisons as part of evaluating the success of the new model.



CRPO’s Discipline Committee received five referrals in 2022. For the first year of the Pilot, CRPO staff continued to do all case processing and hearing support,



under the primary direction of the HPDT Chair. It adopted the policies, practices and procedures of the OPSDT, with modifications to reflect the fact that the Rules were not the same. In the spring of 2024, when the Pilot was renewed and the Rules of Procedure were harmonized, the Tribunal Office took over case processing, using the same templates and processes as for OPSDT cases.



CASLPO's Discipline Committee received four referrals in 2022. At CASLPO, the OPSDT staff did case processing from the beginning of the Pilot. Tribunal Office staff prepared modified versions of the guides

and practice directions (where possible), to reflect the differences between the OPSDT and CASLPO Discipline Committee Rules of Procedure. The CASLPO-specific versions were no longer needed when the Discipline Committee adopted the HPDT Rules of Procedure.



Memorandum of Agreement

The Pilot was implemented through a memorandum of agreement between the CPSO and each College. The significant provisions were:

- The College would make changes to its by-laws, where needed, to allow for the experienced adjudicators to be appointed to its Discipline Committee and for the appointment of the HPDT Chair.
- Staff would recommend to the Board the appointment of the Pilot Chair and the five experienced adjudicators to the Discipline Committee for a term parallel to the term of the Pilot. The agreement would be null and void if the Board did not make the appointments.
- The independence of the HPDT Chair and adjudicators would be protected.
- A participants' committee consisting of representatives from all four Colleges would meet bimonthly.
- A dispute resolution process.



Cost Sharing and Billing Structure

The financial arrangements were designed to reflect the following:

- CPSO is not making any profits.
- The financial approach should be clear and simple, with as little time as possible spent on administration.
- Rates should compensate CPSO for its expenses on the Pilot and for a share of salaries and administrative costs based on the time spent by its staff (including the HPDT Chair) on Pilot matters.
- Common costs should be shared equitably between the Pilot Colleges.

For the first year, the Pilot Colleges were billed only based on the time spent by the experienced adjudicators and HPDT Chair on cases and their attendance at College-specific educational programs. The OPSDT has a remuneration policy that sets out the activities for which adjudicators are compensated, including preparation, hearing and CMC time, deliberations and reason writing. There are also limits on the number of hours that can be claimed based on the nature and length of the case, which can be increased where appropriate based on the circumstances of a case with authorization of the HPDT Chair. The Pilot Colleges also reimburse CPSO for the disbursements on their behalf.

The hourly rate compensates for the adjudicator time and the time spent on administration, education, set-up and other costs. There are no separate charges to the Pilot Colleges for matters like education, administration, decision review or meetings attended by Tribunal Office staff and the HPDT Chair.

The first year's hourly rate was \$275 per hour for Colleges where their staff did case processing and hearing support and \$325 per hour where OPSDT staff were doing that work. These amounts were increased for inflation in 2024 to \$282 and \$334. The OPSDT staff recorded the amount of time they spent so that calculations could be done to determine whether the gross-up from the amounts paid to the adjudicators was over or under compensating CPSO for its staff's



time. The agreements provided that if CPSO was over compensated, it would use the surplus for future HPDT activities or return it to the Pilot Colleges. If the CPSO was under compensated, it could use future revenues to compensate for the deficit but there would be no extra charges to the Pilot Colleges.

During the first year, CPSO was under compensated. We concluded that was for three main reasons: the large amount of time and expenses associated with start-up, that the rates had been set too low and a higher-than-expected amount of time spent in meetings with and adjustments to policies and practices for individual Colleges.

In addition, the costs paid by some Colleges were disproportionate to the amount of time spent on their matters. This was because, first, there were differential amounts of time spent adapting to the needs of individual Colleges. Second, case processing and pre-hearing work often did not correspond with the amount of remunerable time on a particular file, particularly if a lot of work was put into case management that successfully reduced hearing time. Third, there was a base amount of non-remunerable time that did not vary with caseload, for example preparing the newsletter, offering educational programming or preparing invoices.

Accordingly, when the Pilot was extended, participants agreed that rather than raising the hourly rate, each Pilot College would pay a base fee of \$1,000 per month. While it is too early to reach any conclusions, it appears that with this change the compensation is more accurately reflecting CPSO's costs and equitable sharing of expenses.



Information Technology

IT proved to be a challenge. Initially, CPSO IT was not used for any case-related matters in the other Pilot Colleges. This required experienced adjudicators to juggle multiple laptops, email addresses and other systems. Additionally, Tribunal Office staff had to monitor multiple email boxes and learn different systems. This proved to be unwieldy, time consuming and prone to error. Accordingly, in

2024 the IT arrangement was changed so that the adjudicators use their CPSO equipment and email addresses, and staff use CPSO systems. An internal CPSO protocol has been established so that Pilot Colleges' data cannot be accessed by anyone other than Tribunal Office and CPSO IT staff without the authorization of the Chair or the Registrar of the College concerned. Once a discipline file has been closed, the file is returned to the College concerned for retention and the CPSO does not retain the data. A common email box is used for the three discipline tribunals whose cases are administered by the Tribunal Office.

Scheduling

The requirements of the Health Professions Procedural Code for panels that include three Board members -- two public and one professional -- created challenges for scheduling at all Colleges, given the numbers of public members and the limitation on theirs and professional members' schedules. This often increased the amount of time and back-and-forth needed to set hearing dates.

Fitness to Practise Committee

At CPSO and CRPO, the HPDT Chair is also Chair of the Fitness to Practise Committee and the membership is the same as the discipline tribunal. There has not yet been a hearing of a Fitness to Practise case at either College since the new model was implemented.

Summary of Current State

- OPSDT, ORPDT and the CASLPO Discipline Committee have common rules, guides, practice directions and forms, and a common "resources" website that contains them. The Tribunal Office does case processing, decision review and decision preparation and release throughout the life of a discipline file, using common processes, templates and forms. With some exceptions, the Tribunal Office is responsible for all aspects of the file from referral to final reasons.



- CMTO has two streams: a Pilot stream for cases that allege sexual abuse and a regular stream for other cases. It maintains its own Hearings Office, which does the case processing and decision review and release for Pilot and non-Pilot cases, using materials for the Pilot cases adapted from but not the same as those used elsewhere. CMTO has separate rules, policies and procedures, and has adapted the Pilot templates as appropriate.
- Each Pilot College pays a base fee plus an hourly rate for adjudicator time. The hourly rate varies depending on the level of service provided by the Tribunal Office.
- The experienced adjudicators and the HPDT Chair are cross-appointed to each Pilot Tribunal.
- The Tribunal Office offers, without additional charge, educational programming including a full day or two half days of College-specific business/educational programs, a monthly newsletter and a full-day conference. There is a registration fee per attendee to cover the costs of outside speakers, food, the venue, IT support and related matters.



Part 2

Feedback and Data



Feedback and Data

QUALITATIVE FEEDBACK

We sought feedback through a Microsoft Forms survey, which asked open-ended questions. We sent separate, tailored surveys to lawyers on the HPDT Counsel Roundtable, to discipline tribunal members (including at OPSDT) and to the experienced adjudicators. We received 12 responses from counsel, 51 from discipline tribunal members and five from experienced adjudicators. Participants were free to reply anonymously or provide their name as they wished.

Overall, the responses were extremely positive, although some discipline tribunal members were limited in their ability to comment because they had not yet sat on a case in the new model. Most respondents believed the Pilot had met its objectives, that the changes were positive and that it should continue. The discipline tribunal members were generally more positive than counsel. As discussed below, a theme among counsel respondents was a concern that there was a lack of transparency because independent legal counsel was not present.

Discipline tribunal members reported a greater ability to focus on the substance of the case rather than legal procedure and an improved deliberation process.

Panel Composition

Leveraging diverse skill sets

The discipline tribunal members who had participated in Pilot hearings were nearly universally supportive of the change to panel composition. They reported a greater ability to focus on the substance of the case rather than legal procedure and an improved deliberation process.

"The difference is that with the experience our discussion time has reduced and the adjudicator makes sure that all the panel members' concerns are heard."

"My concerns as we made the change between the outside legal advisors and the experienced adjudicators was gone working with individuals with strong interpersonal skills in addition to a wealth of legal knowledge."

"I was surprised and very pleased with this new approach. Initially I was concerned with the reduction in physician members of the panel but the new arrangement works very well..."

"[T]he experience and skill sets that the Chair brings to the hearings allow us to be more effective while providing us with an educational component that would have been lost if they were not part of the process. They lead us through support and collaboration."



Every perspective counts

We asked the discipline tribunal members whether they felt their perspectives were heard and considered. There was nearly unanimous agreement.

“Absolutely. The adjudicator/chair of the hearings I participated in made a point of including all members in the discussion, circulated written drafts in a timely manner, incorporated suggestions/edits and opened further discussion on items as required.”

“Fantastic job ensuring that everyone is heard, their questions are answered and reinforcing that there are no stupid questions.”

“Deliberations have been handled well. It’s definitely easier to review and comment on shorter, more plain-language documents that are provided in reasonable time following a hearing.”

“During deliberations all voices are encouraged and heard better than ever.”

Other Comments

A small number of discipline tribunal members expressed concerns. One was concerned that an adjudicator did not have sufficient skills and knowledge. Another expressed concern that the non-lawyer discipline tribunal members’ legal knowledge was not being developed. A third explained as follows:

“Compared to a traditional deliberation I do not feel as involved. It felt more like the experienced adjudicator gathering a small amount of input from the panel to satisfy the requirement. I do not necessarily see this as a negative.”

Several lawyers expressed concern that without independent legal counsel providing legal advice on the record, the process was less transparent. They expressed concern that the panel chair was improperly providing “legal advice” in deliberations. One expressed concern that the panel chair was improperly dominating:

“My other concern is that the Chairs dominate the proceedings, which has happened in every hearing to date.”

Other counsel expressed the opposite view, for example:

“I think it makes eminent sense to hire experienced lawyer adjudicators in lieu of ILC. As much as the ILC work is excellent for lawyers such as myself, it does not make sense from a resource perspective.”



Perspectives of the Experienced Adjudicators

Most respondents commented that the Pilot was effectively achieving its objectives. Many commented on the collegiality and discussions among the experienced adjudicators, who meet once a month to discuss issues and approaches. All appreciated the relationships they had built with professional and public discipline tribunal members, although some found it challenging given the number of members of the different Pilot Tribunals and often small volume. The HPDT Chair has been informally assigning a subset of adjudicators to each Pilot Tribunal where possible, and in general the adjudicators supported this approach.

Experienced adjudicators expressed concern about differences in technology and process, between the Colleges, but were pleased with changes that had been made in that regard in 2024. Generally, they were pleased with administrative support.

Case Management

There was strong support among both discipline tribunal members and counsel for the more intensive case management. Respondents felt that it improved the efficiency of the process. One respondent noted that the ability of the CMC chair to provide information to self-represented litigants from a neutral perspective was helpful. Examples of the comments are:

“The robust case management, in my experience has been extremely effective. Parties are able to schedule a case management conference with very little notice. The CMC directions are usually issued within 24 hours, and the directions I have received have been clear and fair.”

“Also, the CMC Chair has the power to make procedural orders, which is helpful and brings more certainty in the process. We also appreciate that the CMC Chair adopts flexible approaches and is open to waive certain procedural requirements to be efficient.”

Several discipline tribunal members mentioned that the case management process had reduced surprises and cancellations.

Two lawyer respondents emphasized that the CMC chair should not be heavy-handed in promoting settlement. One suggested that the CMC process should better take into account different policy approaches to resolution at different Colleges and better coordinate ADR techniques with College counsel. One suggested that pre-hearing hearing conferences were less effective than they were with a member of the profession serving as chair. As set out below in the description of the new model, we can include members of the profession in CMCs along with the case management chair as appropriate.



Quality of Hearings and Reasons

The strong view among the discipline tribunal members was that hearings were smoother and the process more efficient. Many commented on the quality of the reasons and the benefits of receiving them more quickly after the hearing.

There was near unanimous support among discipline tribunal members for obtaining the parties' materials in advance, with several respondents noting that the amount of preparation could be heavy.

Most counsel commented positively on the quality of hearings and reasons. Two respondents suggested there was little difference from the previous model and two suggested that some reasons were difficult to understand. One respondent commented that reasons in joint submission cases were sometimes too short.

"I have always found that having an experienced Chair that is able to navigate the system allows for a more effective and efficient process, allows for more genuine conversations, and provides the panel a solid foundation of experience and application."

"The Pilot has been extremely effective. The quality of hearings has increased drastically with experienced chairs and removing ILC. As a public member, I feel a lot more confident in the proceedings under the Pilot than previous Discipline Panels. Decisions have been released a lot faster and more well written. Overall this has benefited our College and the public interest and we should continue this process."

"I've noticed a significant quality improvement of deliberation discussions under the Pilot."

"Increased efficiency, increased clarity of writing, and in my view increased accuracy on important points of law."

"In my opinion, the Pilot project is such an asset to the CMTO discipline system. Hearings progress so much more efficiently with expert tribunal and panel leadership. The experienced lawyer is able to keep panel members from straying into the weeds while deliberating. Detailed reasons for decisions are received in a timely manner. The efficiency of this whole process is astonishing. Love it."

"Although it takes time pre-hearing, time is saved during the hearing/deliberation phase, making it a worthwhile activity."

"[Receiving materials in advance] is the best part of the Pilot project for me. It is such a benefit to be able to review and absorb this information prior to the hearing."

"Very significant impact – allows opportunity to review the material which enhances the panel discussion and makes for an efficient use of time."



Education

Comments on the educational offerings were nearly universally positive.

"I have found the education to be the most beneficial part for me so far. Being a member of the CMTO we have two discipline streams and the education from the HPDTP has been an immense benefit to my work on the non HPDTP stream as well as the HPDTP stream."

"Joint educational conference enabled me to see the road block or ways others have overcome. The complexity of the different Colleges and the relationship with their clientele impacts the type of hearings."

"I find that David's presentations are always educational and engages all the members. He brings scenarios and case examples from other institutions and his personal experiences as well. The newsletter keeps us informed about the current cases and outcome of the tribunals."

"Education has struck the right balance with business meetings, complemented by other learning opportunities, presentations and the newsletter which I thoroughly enjoy and learn from. Keep up the great work."

"My orientation session to discipline hearings was very elaborate and informative. I use this as my reference point for any hearing meetings. The monthly newsletter is a valuable tool and helps me understand the jargon used in the process."

"The joint educational conference was outstanding. The newsletter is well done and very informative."





A Selection of General Comments

"Very impressive conceptualization and work by many. Very positive impact."

"I think this has been a successful experiment."

"Not having to Chair hearings and write D and Rs has eliminated the significant anxiety associated with those tasks."

"I believe the Pilot has been effective. The proceedings are more focused, the Case Management and decision writing much better. I support adopting this model going forward."

"It is an exciting initiative that has done a great job with our committee so far. Thank you for everything you've done to date."

"My peers seem pleased, and I have heard only good things from those who have sat on panels. It is great to hear the experienced adjudicators refer to their experience with other Colleges and their processes, as it gives insight into what we do at ours."

"In the matter of fairness and credibility the Pilot model is essential, but I on occasion feel we are relinquishing our own College's responsibility to regulate our own."

"I believe that this initiative should definitely continue to become our 'new normal.'"

"The Pilot has been a huge success thanks to David's leadership. It is also a great example of cross sectoral collaboration."

"Turn the Pilot into a full tribunal."

"It is exciting to be a part of a program that is growing in the right direction, for the right reasons. Thank you!"

"At this time, all I have to share is, 'Keep doing what you are doing.'"

"I would recommend this Pilot to all Colleges."

Feedback from Non-Pilot Colleges

We reached out to RHPA colleges not currently in the Pilot to canvass interest in the Pilot and their needs and held multiple meetings with senior staff. There is considerable interest in the possibility of joining, and the most common preference is to have the HPDT take on the administration and case processing as well as sharing adjudicative resources.

Some Colleges have a very low volume of discipline proceedings, which can be as infrequent as one case every two or three years. These Colleges have a different set of needs from larger ones. Rather than orienting all committee members and providing them regular education, their preference would be to have an infrastructure in place to take on the processing and management of cases, as well as the training of adjudicators when a referral is made and the need arises.

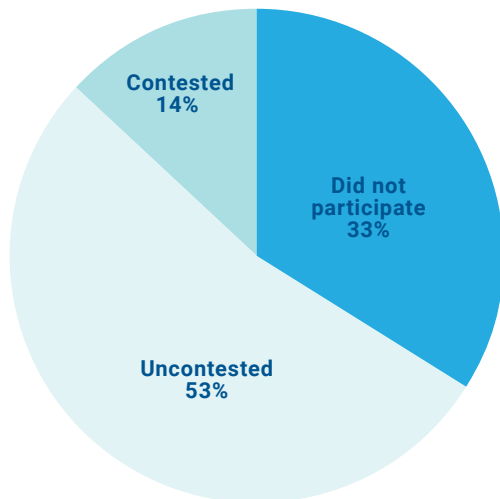


QUANTITATIVE MEASURES

Total of 30 hearings have been held

General

From the start of the HPDT Pilot to the end of June 2024, a total of 30 hearings have been held. Of these, 16 hearings, 53% were uncontested, where the merits, penalty, and costs were agreed to by the parties. In 10 (33%) of the cases, the registrant did not participate. In contrast, four hearings (14%) were contested, with the parties disagreeing on some or all issues, typically resulting in longer hearings.



Fifteen cases involving allegations of sexual abuse were completed: 11 at CMTO and four at CRPO.

Contested hearings made up less than one sixth of Pilot hearings but accounted for just over 40% of total hearing days.

Breakdown of Hearings by College

Agreement level	CASLPO	CRPO	CMTO	Total
Contested	0	2	2	4
Uncontested	2	9	5	16
Not participating	3	2	5	10
Total	5	13	12	30

All four contested cases involved sexual abuse allegations

Hearing Length

Six multi-day hearings have been held, four of which were contested. In the other two, the registrant did not participate in the hearing. The lengthiest contested hearing, in a CMTO case, was scheduled for five days but was completed in four-and-a-half days, covering both merits and penalty hearing days.

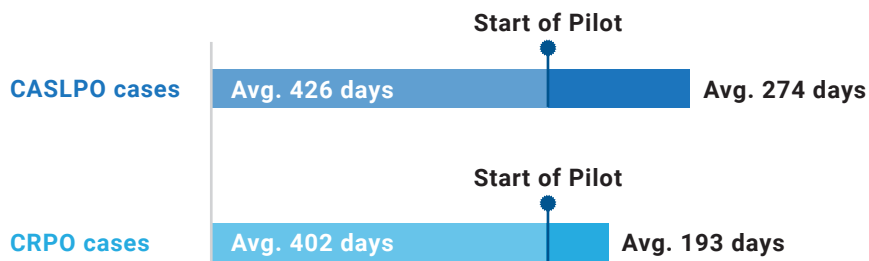
Nineteen cases were heard over a single or half day, all of which were uncontested or the registrant did not participate. There were five written hearings; in four of these, the registrant did not participate, and one involved an uncontested motion to withdraw allegations.



Timeliness

Cases Referred Before the Start of the Pilot

At CRPO, seven cases had been pending for an average of 402 days at the time the Pilot began. They were subsequently completed within an average of 193 days from the start of the Pilot.



At CASLPO, four cases had been pending for an average of 426 days. These cases were completed within an average of 274 days from the start of the Pilot. Two of these cases were case managed together with one other case involving the same registrant referred after the Pilot.

Cases Referred During the Pilot

Cases that were both opened and completed after the start of the Pilot were completed on average 201 days from the date of the notice of hearing.

At CRPO, six cases that were opened after the Pilot began were completed in an average of 200 days.

At CMTO, four cases that were opened after the start of the Pilot were completed in an average of 204 days.

At CASLPO, we have yet to complete a case that was opened after the start of the Pilot.



On average, Pilot cases have closed within 201 days.

Decision Release

Overall, there have been 40 decisions released during the Pilot: 16 for CMTO, 9 for CASLPO and 15 for CRPO .

40 decisions released during the Pilot

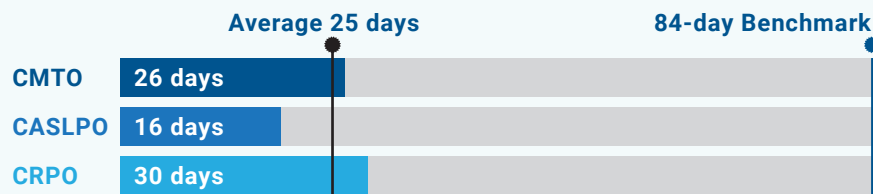


In the Pilot, decisions have been released within an average of 25 days following the conclusion of a hearing, significantly outperforming the 84-day benchmark.

There were seven motion reasons released during the Pilot and their average time to release was six days. Of these there were five uncontested motion reasons released within an average of five days. The remaining two were contested motions and their reasons were released within an average of nine days.

Average Days to Decision Release

There were four merits reasons released for cases that were contested. These reasons were released in an average of 59 days. There were ten reasons released in cases where the registrant did not participate. These reasons were released in an average of 27 days. There were 19 reasons released in uncontested cases. They were released in an average of 25 days.

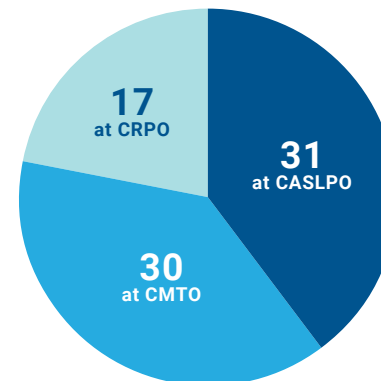


Case Management

The Pilot incorporates a comprehensive case management rule designed to streamline the hearing process in a manner that is fair, timely, and aligned with the public interest. This approach ensures that hearing time is utilized efficiently and effectively, procedural and legal issues are identified early and adjournments are reserved for exceptional circumstances only.

Throughout the Pilot, 78 CMCs have been conducted across all Pilot Colleges: 31 at CASLPO, 30 at CMTO, and 17 at CRPO. On average, there were 2.43 CMCs per contested case and 1.78 CMCs per uncontested case. The higher number of CMCs per contested case reflects the greater complexity often associated with these matters, requiring more preliminary management to ensure efficient proceedings.

78 CMCs have been conducted across all Pilot Colleges



The higher number of CMCs per contested case reflects the greater complexity often associated with these matters.



Financial Impact

The impact of the new model on each College will be different, so it is difficult to generalize. Factors that will affect cost and cost comparisons with the previous model include:

- caseload;
- types of cases;
- settlement rates;
- discipline committee size;
- remuneration rates paid to professional members;
- staff resources devoted to discipline;
- current ILC hourly rates;
- current approach to reason writing;
- frequency and nature of education.

To give a sense of HPDT costs, we have summarized the number of adjudicator hours spent for various Pilot cases with a description of the nature of the case.

Hours Spent by Case Type		CMC Hours	Hearing Hours (including preparation and deliberation)	Reason Writing Hours	Total
Joint submission through CMC process	Example 1	5.7	2.50	1.50	9.70
	Example 2	4.00	2.75	3.50	10.25
Written hearing; registrant not participating; complex legal issues		1.00	11.20	15.70	27.90
Contested sexual abuse; registrant represented	Example 1	2.00	27.20	23.70	52.90
	Example 2	1.50	37.00	40.00	28.50
Contested sexual abuse; registrant self-represented		3.00	30.50	14.70	48.20
Consent withdrawal; single adjudicator; in writing		0.00	0.00	1.50	1.50
Indefinite Adjournment after CMCs; single adjudicator		1.00	1.25	0.75	3.00



Part 3

New Model



New Model

PRINCIPLES

This part sets out the model we are proposing be adopted should Pilot Colleges decide to continue or other Colleges choose to join.

The following principles were applied in the design:

- The model has been very well-received and few changes are needed to the overall structure.
- The success of the model has come from the combination of all its elements, most importantly case management, the change in panel composition, enhanced education and modernized adjudicative and administrative processes.
- It is important for each profession's tribunal to maintain its separate identity and jurisprudence and provide opportunities for separate interactions and education.
- Consistency in processes, rules, templates and IT is important for many reasons, including:
 - smoother hearings and reasons through consistent approaches, in particular if the number of Colleges participating grows;
 - consistent approaches and reduced costs for representatives who appear before multiple tribunals;
 - the ability to prepare extensive documentation and support for self-represented and represented litigants that apply to all the participating tribunals;
 - reduced administrative and adjudicative costs and time;
 - changes to ensure continuous improvement are more easily made;
 - consistent fees and fair cost sharing.
- In limited circumstances there may be differences between Colleges in processes, rules and templates including:
 - on costs tariffs, which are a policy question, and do not require changes to adjudicative processes;
 - to respond to differences that relate to the nature of the profession;
 - during transition and to allow a trial period.
- Independence, and therefore the confidence of the public and registrants, is promoted by separation between the College, in particular the professional conduct staff and prosecution counsel, and the discipline tribunal.

The success of the model has come from the combination of all its elements, most importantly case management, the change in panel composition, enhanced education and modernized adjudicative and administrative processes.



PROPOSAL FOR THE HPDT

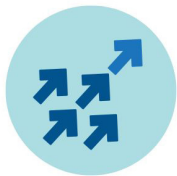


Identity

The Discipline Committee of each participating College is renamed the Ontario [name of profession] Discipline Tribunal by Board By-Law. The group of tribunals together is known as the Health Professions Discipline Tribunals. Decisions and orders have the HPDT logo at the top, followed by the name of the discipline tribunal. Each discipline tribunal has a separate section on the Canadian Legal Information Institute (CanLII) and other legal reporting services.

Correspondence and emails to and from HPDT Tribunals use a central email address and HPDT branding.

The HPDT website contains an “About Us” section with general information about the HPDT, a “Scheduled Hearings” section with all scheduled dates, which can be sorted by College, a “resources” section similar to that already built and a “contact” section. Discipline tribunals or Colleges will likely wish to maintain their own web pages for information such as cases currently referred, outcomes and a list and/or biographies of discipline tribunal members.



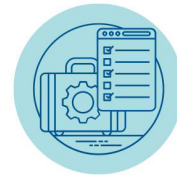
Tribunal Membership and Leadership

Pursuant to the Code, each College’s Board appoints the members and leaders of its discipline tribunal. Unless there is a conflict of interest, all experienced adjudicators are appointed to all HPDT Tribunals. The HPDT Chair is appointed Chair of each HPDT Tribunal and a professional or public member of the discipline tribunal is selected as Vice-Chair. The Chair meets with each Vice-Chair as needed and there are regular meetings of all Vice-Chairs. Particularly with smaller Colleges, the Chair will make efforts to have a smaller group of the experienced adjudicators chair hearings in each HPDT Tribunal.



Rules of Procedure, Practice Directions and Guides

Each HPDT Tribunal adopts the HPDT Rules of Procedure, Practice Directions and Guides. Where agreed by HPDT and the relevant College, Appendix A to the Rules of Procedure allows for rules that apply to one tribunal and a Practice Direction specific to that College can be prepared. Each College determines whether there will be a costs tariff and the amounts.



Case Processing and Administration

Participating Colleges have the option to decide whether they wish to have Tribunal Office staff conduct case processing using common templates and procedures or whether they will continue to do so themselves. Both of the options presented require individual Colleges to provide staffing support, the amount of which will depend on their volumes. There is much less College staff time required with the first option.

Tribunal Office Processes Cases

Where the Tribunal Office does case processing, it is responsible for all file administration from the filing of the Notice of Hearing until the file is closed, including all correspondence, scheduling, canvassing panel members for their availability, maintaining the file, tracking, editing and releasing reasons and preparing the file for storage. Further, the Chair and Tribunal Counsel leverage their legal expertise to advise Tribunal Office staff on file management issues that arise throughout the duration of a case file.



The College remains responsible for:

- advising the Tribunal Office of conflicts of interest of tribunal members;
- all updates to the public register;
- all updates to the College’s website;
- all reports, including statistical updates, reports to the Board and the College’s annual report;
- supporting business or education meetings of the individual tribunal;
- file retention;
- remuneration and reimbursement of professional members and administration of public members’ remuneration claims with the Health Boards Secretariat.

The College appoints a staff member or members outside the professional conduct department as the liaison with the Tribunal Office. The liaison advises the Tribunal Office of all changes to tribunal membership.

Tribunal Office staff and experienced adjudicators use CPSO systems, and members of the other tribunals are given access to documents using SharePoint. Data access and sharing with discipline tribunal members is conducted in accordance with the agreed-upon data protocol.

College Processes Cases

Where the College processes its own cases, it uses the same templates and processes, email address and databases as the Tribunal Office. Tribunal Office staff provide training to the College’s staff on the processes. The HPDT Chair has ultimate responsibility and decision making in relation to case processing and may be consulted by College leadership on the performance of staff working on discipline cases.



Hearing Support

HPDT tribunals are encouraged to use FCCF to support hearings. Where the Tribunal Office is doing administration and file processing, the Tribunal Office makes all relevant arrangements, pays FCCF invoices and invoices the College. When using FCCF, hearings are recorded and there is no need for a court reporter to attend the hearing; the recording is sent if the transcript is ordered.



Education

The HPDT organizes an annual education conference. There is a registration fee to cover the expenses. In consultation with the Vice-Chair, the HPDT organizes up to one full-day or two half-day virtual business/education meetings.

The HPDT provides a combined orientation (four half days) for new discipline tribunal members in all HPDT Colleges. In general, the orientation takes place twice annually. If a member is needed to sit on a hearing before the next orientation, they watch the video of the last training and are invited to an individual question and answer session with the HPDT Chair or Tribunal Counsel.

The HPDT continues to produce the monthly newsletter.

Colleges provide an orientation to the profession for the experienced adjudicators when joining the HPDT and for new experienced adjudicators. The HPDT provides up to a one-day orientation to the HPDT for discipline tribunal members when the College joins the HPDT.



Finances

The financial arrangements continue as in the Pilot. Colleges are only billed for adjudicator time (including time attending College-specific meetings), base fee, reimbursement of expenses incurred on their behalf (such as hearing support) and expense sharing for the conference. Colleges are not charged separately for preparation of education, organizing the conference, the newsletter, case processing, reasons review and editing, etc. The Tribunal Office continues to track the time spent on all other activities to ensure that the program is cost neutral for CPSO.

The 2025 base fee will remain unchanged at \$1,000 per month per College, except that for Colleges with an average of two hearings or less per year over the past five years, it will be \$750. The hourly rates will be \$350 per hour if the Tribunal Office staff are doing case processing and \$300 per hour if the College is doing its own case processing. If more Colleges participate, that will allow for steady or perhaps reduced base fees as base costs can be spread between all participating Colleges. While in the future it may be appropriate to set fees for a longer period, at the outset fees should be reviewed and agreements should be signed on an annual basis.

Smaller Colleges

Colleges that have had an average of less than one hearing per year over the past five years, and that do not wish to regularly participate in education will pay a base fee of \$150 per month (billed on an annual basis) during any period in which they have no active cases. If there is a referral, the HPDT will provide focused training tied to the nature of the case and regular fees will apply during the period the case is active.

Reporting, Feedback and Evaluation

There will continue to be regular meetings of all the participating Colleges and the HPDT. The HPDT-Counsel Roundtable will continue and be expanded as appropriate to include new members.

There are various issues and decisions that may need to be considered in coming years. How these are approached will depend on various factors, including the number of Colleges that join, volume of cases, our experiences under the new model and changes in the sector. These may include:

- the process for selecting the HPDT Chair;
- whether full-time experienced adjudicators in addition to the HPDT Chair should be recruited;
- the possibility of statutory and/or regulatory changes to promote effectiveness and efficiency, including to the requirement for Board members on discipline panels, methods for appointing public members and the size of panels;
- HPDT office location and financial structure;
- the duration of agreements and appointments;
- mechanisms for determining future structure and independence; and
- continuous improvement and strategic planning.

Commencing in 2026 for the year 2025, the HPDT will prepare an annual report of its activities. The HPDT will establish annual performance metrics in consultation with all participating Colleges to be reported on in the next year's annual report.

In the first half of 2028, we will consult participants from the regulatory community and prepare a report on the first three years of the HPDT and possible improvements to all aspects of the model, including the structure and the Rules of Procedure.

Timing of New Participants and Transition

We are open to new Colleges participating at any time after January 2025. Transition, and any special arrangements during a trial period, can be discussed individually.

Fitness to Practise

The HPDT is able to take on fitness to practise cases. Rules and processes for fitness to practise cases will be developed as needed.



tribunal@opsdt.ca

Accountability Structures with the Health Professions Discipline Tribunal

The information below captures core responsibilities and accountabilities within the Health Professions Discipline Tribunal (HPDT). More specifically, the table outlines where the College retains control and where responsibility is handed over to the HPDT.

Who is Responsible	HPDT	College
Determining what cases should be referred to the Discipline Committee		X (ICRC)
How will the public find out about the hearing (CPO website will refer to the HPDT site)	X	X
Sending and receiving correspondence to / from the parties	X	
Inquiring about pronouns and name pronunciation	X	
Inquiring about accommodations to participate in the process	X	
Scheduling hearings	X	
IT support	X	
Organizing electronic files	X	
Managing the filing of documents	X	
Choosing the panel for the hearing	X	
Determining what penalty will be sought by the College		X
Establishing what cost orders will be sought		X
Formatting, facilitating the review of decisions, obtaining signatures, and releasing decisions	X	
Sending decisions to CanLII	X	
Other:		
Maintaining a bilingual website	X	
Implementation of EDI principles	X	
Development and monitoring of KPIs (currently: One year from Notice of Hearing to release of decisions; Decision writing 12 weeks)	X	
Payment of per all diems, travel expenses and CPSO costs		X
Payment for: summonses, witnesses, translation services, interpreters		X
Victim Support services		X
Mental Health support services for Committee members		X
Answering general inquiries	X	
General administrative support	X	
Creation of templates tools and resources	X	
Development and release of a tribunal newsletter	X	
College specific education sessions or business meetings		X
Ensuring the HPDT has current Committee member information: contact, starts and end of term, known conflicts of interest		X
Updating the CPO website and register		X
Development of all training and educational content	X	
Meeting of the Registrar's and Liaisons at the Colleges	X	

Agenda Item: 6.0
Appendix B

Meetings of the Vice Chairs	X	
Tribunal round table – representative of the PC teams, lawyers, and registrants	X	
Responding to Media Inquiries	X	X
Session at the Citizens Advisory Group to get feedback (2025)	X	
Release of an annual report	X	
Liability insurance		X

Financial Modeling – College Compared to Health Professional Discipline Tribunal

The information presented below seeks to capture the primary differences between the cost associated with the College managing a discipline program and outsourcing primary responsibility to the Health Professions Discipline Tribunal (HPDT).

This modeling is provided for illustrative purposes only and is subject to variation depending on the volume of cases, the complexity of cases, and changes in costs as the HPDT re-evaluates their pricing model in light of increasing participation.

As the modeling is meant to illustrate the differences, the College costs are presented as a baseline with the HPDT costs presented in contrast.

		College	HPDT
Standard Costs	Discipline Panel Per Diems (for College Members)	Same costs in each model.	
	Prosecution Costs	Same costs in each model.	
Administrative Costs	Base Administrative Costs	0.5 FTE (approximately \$40,000 in total workforce costs)	\$12,000 per year for core administrative fee
Education and Training	Ongoing Education and Training	Between \$10,000 and \$20,000 per year	\$22,000 per year
	Transition Education (Year One only)	N/A	\$6000
Total Cost for 10 Hearings		\$42,950 (\$4295 per hearing)	\$50,500 (\$5050 per hearing)
	Case Management Conference	N/A	\$1050 (approx. 3 hours at \$350/hr)
	Adjudicator/Chair Per Diem (Hearing & Decision-Writing)	\$795 (approx. 1.5 days)	\$2800 (approx. 8 hours at \$350/hr)
	Independent Legal Counsel (ILC)	\$3200 (ranging from \$2800-\$3600 on average)	N/A
	Virtual Facilitation Services (incl. transcription, video recording, livestream, etc.)	N/A	\$1200 for half day (up to \$1600 for full day and \$800 per day after for multi-day hearings)
	Court Reporter	\$300	N/A
Total Difference		- Baseline -	-\$2,45

Board Meeting
March 24-25, 2025

Agenda #7.0: Committee Slate Amendment

It is moved by

and seconded by

that:

The Committee Slate be amended by appointing Marcos Rodrigues to the Examinations Committee.

BOARD BRIEFING NOTE
For Decision

Topic:	Committee Slate Amendment
Public Interest Rationale:	Committees need to be properly constituted in order to effectively engage in the work of the College and make decisions in the public interest.
Strategic Alignment:	<i>People & Culture:</i> Ensure committees are representative of the profession and are composed with members that have the required skills and experience.
Submitted By:	Caitlin O’Kelly, Governance Specialist
Attachments:	Appendix A: Amended Committee Slate (March 2025)

Issue

- Amendments to the Committee Slate are being brought forward to fill a vacancy on the Examinations Committee.

Decision Sought

- The Board is being asked to appoint Marcos Rodrigues to the Examinations Committee effective immediately for the remainder of the current Committee year until June 23, 2025.

Background

- A vacancy opened on the Examinations Committee in late 2024.
- The Examinations Committee is a non-statutory Committee of the College. The composition for which is set out in Policy #2.9 Examinations Committee as set out in the [Governance Manual](#) (page 38).
 - The Committee requires at least one physiotherapist with an Independent Practice Certificate who graduated from a Physiotherapy University Program outside of Canada and received their Independent Practice Certificate within the last five years.

Current Status and Analysis

- A call for interest for the open position on the Examinations Committee was posted on the College’s website in the fall of 2024, and a direct email was sent to all physiotherapists that met the specific composition criteria: an internationally educated physiotherapists that has been granted an Independent Practice Certificate within the last five years. This email was sent to 1420 registrants.
- Applicants were required to complete the Values, Behaviours and Competency Assessment Form, and submit a CV along with a cover letter.
 - The College received 132 applications.

- Staff conducted a preliminary review of the applicants, which included an evaluation of their CVs, the Values, Behaviours and Competency Assessment Forms and an eligibility assessment. The applicant list was narrowed to four and those selected were invited to virtual interviews conducted by Hari Gopalakrishnan Nair, Chair Examinations Committee, Manon Prince, Examination Manager, and Caitlin O’Kelly, Governance Specialist.
- The Executive Committee was provided with the applicants Values, Behaviours and Competency Assessment Form, CV and cover letter for review. Following this review, they are recommending that following individual is be appointed to the Examinations Committee:
 - Marcos Rodrigues

Risk, Audit and Finance Committee Update

- A vacancy opened on the Risk, Audit and Finance Committee, when Ms. Schulz stepped into the role of Chair of the Board and Mr. Rehan was subsequently elected as the new Vice-Chair of the Board.
- At their meeting in February the Executive Committee discussed this vacancy and with only one RAFC meeting left of the 2024-2025 term, and with the Committee remaining fully functional, decided not to fill the position for the remainder of the year.
 - The College By-laws allow committees to continue operating with a vacancy as long as any statutory requirements are met, which does not impact the RAFC as a non-statutory committee.

Next Steps

- If the Board approves the Committee Slate amendment, staff will be in contact with Marcos Rodrigues to begin the onboarding process for the Examinations Committee.

Questions for the Board

- Are there any concerns with the proposed amendments to the Committee Slate?

2024-2025 Committee Slate
Date Approved: June 24, 2024
Date Last Revised: December 10, 2024

Committee	2024-2025 Slate
<p>Executive Committee (Maximum 5 people, must include Board Chair and Board Vice-Chair)</p>	<p><u>Public Directors (at least 2, unless only 1 stands for election):</u></p> <ol style="list-style-type: none"> 1. Carole Baxter 2. Mark Heller <p><u>Professional Directors (at least 3):</u></p> <ol style="list-style-type: none"> 1. Katie Schulz, Chair 2. Theresa Stevens 3. Gary Rehan, Vice-Chair
<p>Registration Committee (Minimum 5 people)</p>	<p><u>Registrants (at least 2):</u></p> <ol style="list-style-type: none"> 1. Juliana De Castro, Chair 2. Sinéad Dufour, Vice-Chair 3. Einat Mei-Dan 4. Yee Mei Mavis Fung <p><u>Public Directors (at least 2):</u></p> <ol style="list-style-type: none"> 1. Jesse Finn 2. Frank Massey
<p>Inquiries, Complaints and Reports Committee (Minimum 5 people)</p>	<p><u>Registrants (at least 2):</u></p> <ol style="list-style-type: none"> 1. Gary Rehan, Chair 2. Greg Heikoop, Vice-Chair 3. Theresa Stevens 4. Tammy Morrissey 5. Christine Morris-Bolton 6. Diana Hatzoglou <p><u>Public Directors (at least 2):</u></p> <ol style="list-style-type: none"> 1. Carole Baxter 2. Christopher Warren
<p>Discipline & Fitness to Practise Committees (Minimum 10 people)</p>	<p><u>Professional Directors (at least 2):</u></p> <ol style="list-style-type: none"> 1. Maureen Vanwart 2. Sinéad Dufour 3. Gary Rehan 4. Dennis Ng 5. Theresa Stevens 6. Kirsten Pavelich

	<ol style="list-style-type: none"> 7. Frank DePalma 8. Kate Moffett 9. Trisha Lawson <p><u>Public Directors (at least 3):</u></p> <ol style="list-style-type: none"> 1. Jesse Finn 2. Carole Baxter 3. Richard O’Brien 4. Frank Massey 5. Mark Heller 6. Christopher Warren <p><u>Non-Board Registrants (at least 1):</u></p> <ol style="list-style-type: none"> 1. James Wernham, Chair 2. Angelo Karalekas, Vice-Chair 3. Daniel Negro 4. Sue Grebe 5. Nicole Graham 6. Richa Rehan 7. Theresa Kay
<p>Quality Assurance Committee (Minimum 5 people)</p>	<p><u>Registrants (at least 2):</u></p> <ol style="list-style-type: none"> 1. Antoinette Megens, Chair 2. Dennis Ng 3. Maureen Vanwart 4. Halak Patel <p><u>Public Director or Public Non-Board Committee Member (at least 1):</u></p> <ol style="list-style-type: none"> 1. Richard O’Brien, Vice-Chair 2. Mark Heller
<p>Patient Relations Committee (Minimum 3 people)</p>	<p><u>Registrants (at least 1):</u></p> <ol style="list-style-type: none"> 1. Anna Grunin, Chair 2. Einat Mei-Dan <p><u>Public Director or Public Non-Board Committee Member (at least 1):</u></p> <ol style="list-style-type: none"> 1. Kim Westfall-Conner, Vice-Chair
<p>Risk, Audit, and Finance Committee (Minimum 5 people, non-statutory)</p>	<p><u>Board Chair:</u> Katie Schulz</p> <p><u>Board Vice Chair:</u> Gary Rehan, Committee Vice-Chair</p>

	<p><u>Directors including at least 1 Public Director (at least 3):</u></p> <ol style="list-style-type: none"> 1. Frank Massey, Committee Chair 2. Kate Moffett 3. Vacant
<p>Examinations Committee (non-statutory)</p>	<p><u>Canadian-Educated Recent Registrant (at least 1):</u></p> <ol style="list-style-type: none"> 1. Alireza Mazaheri, Vice Chair <p><u>Internationally Educated Recent Registrant (at least 1):</u></p> <ol style="list-style-type: none"> 1. Hari Gopalakrishnan Nair, Chair 2. Marcos Rodrigues <p><u>Physiotherapy Supervisors (at least 2):</u></p> <ol style="list-style-type: none"> 1. Enoch Ho 2. Lea Damata <p><u>Member of the public (Testing/assessment) (at least 1):</u></p> <ol style="list-style-type: none"> 1. Greg Pope

BOARD BRIEFING NOTE
For Decision

Topic:	Chair, Vice-Chair and Executive Committee Election
Public Interest Rationale:	Ensuring appropriate governance of the CPO through elections of the Executive Committee.
Strategic Alignment:	<i>Performance & Accountability:</i> Following established processes to fill positions on the Executive Committee.
Submitted By:	Craig Roxborough, Registrar & CEO
Attachments:	Appendix A: Candidate Statements Received Appendix B: College By-laws Part 6

Issue

- There are upcoming openings for the Chair, Vice-Chair and Members at Large positions on the Executive Committee for 2025-2026. A vote will take place at the March 2025 Board meeting to fill these positions.

Background

- The Executive Committee consists of the Chair, Vice-Chair, and three Members at Large. The Committee should be composed of at least three Professional Directors and two Public Directors, unless only one Public Director stands for election, in which case one Public Director shall be sufficient.
- The new Executive Committee will assume its role at the June 23-24th Board meeting.
- The term for Executive Committee members is one year.
- The Executive Committee's current 2024-2025 composition includes:
 - Katie Schulz, Chair
 - Gary Rehan, Vice-Chair
 - Theresa Stevens, Member at Large
 - Carole Baxter, Member at Large
 - Mark Heller, Member at Large

Current Status and Analysis

- The following are accepted nominations that were received prior to the deadline of Wednesday March 12th:

- Katie Schulz, Chair
- Gary Rehan, Vice-Chair
- Mark Heller, Vice-Chair or Member at Large
- Christopher Warren, Member at Large
- Kirsten Pavelich, Member at Large
- Frank Massey, Member at Large
- Frank DePalma, Member at Large
- Nominations from the floor are permitted.
- All nominees will be given the opportunity to address the Board prior to the election.
- The election will be administered by the Registrar.
- Where there is only one candidate for a position, the candidates will be acclaimed. Where there is more than one candidate for a position, an election will be held using an electronic voting software that facilitates secret ballot voting. All Board members must have access to their computer during the voting period to access the voting link.
- As of the writing of this briefing note, the College has received nominations from at least three Public Directors. Since three Public Directors are standing for election, the Executive Committee will be composed of two Public Directors and three Professional Directors.

2025-2026 Executive Committee Candidate Statement



Katie Schulz
District 2 Central Western

Nominated for:
Chair

Elected Board Terms:
2019 - 2022
2022 - 2025

CPO Committees:

Executive Committee	June 2021 – June 2022, June 2023 – June 2025
ICRC	June 2022 – December 2024
Discipline and Fitness to Practice Committees	June 2019 – December 2024
Registration Committee	June 2019 – June 2024
Risk, Audit and Finance Committee	June 2024 – June 2025

Candidate Statement:

Over the past year, I have not only risen to the challenges presented but have excelled in calmly and professionally Chairing the Board through difficult, yet important discussions. I have shown an ability to facilitate and lead the Board as we make decisions that will advance our mission to protect the public interest by ensuring physiotherapists provide competent, safe, and ethical care.

Since starting on the Board in 2019, I have progressively taken on more responsibility, serving on Executive Committee for 3 years, and acting as Chair of the Registration Committee, Vice-Chair of the ICRC, and Panel Chair for Discipline Hearings. I have received positive feedback on my contributions from both colleagues and staff. I am highly organized, have a solid work ethic, and have an excellent attendance rate over the past 6 years.

I take my job on the Board seriously and strive to represent myself in a professional, yet welcoming manner. I have developed strong working relationships with my fellow Directors, staff, the Registrar, and Deputy Registrar through my committee and Board work. I have chaired many meetings, acted as a Panel Chair on the Discipline Committee, and have found effective ways to facilitate the group through difficult and emotional decisions.

Through my work as faculty at McMaster University, I have developed strong facilitation and feedback skills, which have provided me with comfort and confidence when presented with challenging situations at the Board and on Committees.

I would be honoured to continue as Chair of the Board for the upcoming year and I thank you for your support.

2025-2026 Executive Committee Candidate Statement



Gary Rehan

District 4 Eastern

Nominated for:

Vice-Chair

Elected Board Terms:

2014 – 2017

2017 – 2020

2023 – 2026

CPO Committees:

Discipline and Fitness to Practice Committees	June 2014 – June 2016, June 2023 – June 2025
Quality Assurance Committee	June 2012 – June 2016
Executive Committee	June 2015 – September 2020, June 2024 – June 2025
Inquiries, Complaints and Reports Committee	June 2011 – June 2012, June 2016 – June 2025
Registration Committee	June 2016 – June 2017
Risk, Audit and Finance Committee	June 2016 – September 2020, June 2023 – June 2025

Candidate Statement:

I am honored to be nominated by our peers to continue in my role as Board Vice Chair. I am very pleased to see Katie and Craig continue leading the organization from the front. My goal as Vice Chair going forward is to continue working collaboratively with, and support the Board and the leadership team in furthering our public protection mandate.

As Vice Chair, I share the Board’s vision for proactive risk management, modernizing our strategic plan, and building partnerships that enhance our effectiveness. Together, we can ensure ongoing access to high-quality physiotherapy services for Ontarians, with an eye on the societal value of self-regulation.

As we face potential regulatory changes, we need strong leadership to seize opportunities for modernization. We must empower College staff to tackle the challenges ahead creatively, ensuring the freedom to innovate within this evolving landscape.

I have a demonstrated record of progressive leadership at our College and within multiple provincial and federal organizations. Over the past 14 years, I have been privileged to have the opportunity to serve on many College committees and chair the Registration, ICRC, Finance, and the Executive Committee. These experiences have helped me demonstrate the leadership skills, knowledge, and commitment necessary to continue in my role as Vice Chair.

Starting my career as an internationally-educated physiotherapist, I subsequently earned a Master’s Degree in Health Management from the DeGroote School of Business, and the Certified Health Executive designation. The

combination of education and past leadership experience with my organizational experiences at the College position me well to continue as an effective partner with the Chair, Registrar, and the Board in leading our College into the future.

Thank you for considering my candidacy. I remain strongly committed to continue working diligently to uphold your trust in furthering the College's mandate of public protection.

Gary Rehan, PT CHE

2025-2026 Executive Committee Candidate Statement



Mark Heller
Public Director

Nominated for:
Vice-Chair
Member at Large

Appointed Board Terms:
September 7, 2023 - September 6, 2024
September 7, 2024 – September 6, 2025

CPO Committees:

Discipline and Fitness to Practice Committees	September 2023 – June 2025
Quality Assurance Committee	December 2024 – June 2025
Inquiries, Complaints and Reports Committee	September 2023 – June 2024
Executive Committee	January 2025 – June 2025

Candidate Statement:

I am honored to accept the nomination for the position of **Vice-Chair of the College of Physiotherapists of Ontario (CPO)**. With extensive experience in regulatory governance, healthcare leadership, and strategic decision-making, I am committed to supporting the College through its next chapter of **growth, transformation, and excellence in public protection**.

My experience with the CPO includes 1.5 years on the CPO board and various committees, including the Discipline, ICRC, Quality Assurance, and most recently, the executive committee.

Proven Leadership in Healthcare & Regulation

Having served on numerous healthcare and regulatory bodies—including **four years on the executive committee and three years as President of the College of Homeopaths of Ontario**—I bring a deep understanding of governance, accountability, and the need for **balanced, inclusive leadership**. I am dedicated to ensuring the CPO remains responsive to the evolving regulatory landscape while prioritizing **patient safety and professional integrity**.

Expertise in Infection Prevention & Patient Safety

With a national impact in **environmental infection prevention and control**, I have led services in over **650 healthcare facilities across Canada**. As **Chair of the CSA Z316.16 Subcommittee**, which sets national standards for **cleaning and disinfection in healthcare settings**, I am committed to advancing **evidence-based practices that enhance patient and public safety**—a critical pillar of the CPO’s mission.

A Vision for Collaboration & Innovation

Collaboration **between the College, professional associations, and educational institutions** is essential for a thriving profession. By fostering partnerships and **promoting continuous improvement**, we can strengthen physiotherapy in Ontario and ensure that the College remains a **progressive, forward-thinking regulatory body**.

With a **Master of Business Administration from Queen's University** and a passion for leadership, I am eager to contribute my experience, vision, and dedication to the role of **Vice Chair**.

I look forward to the opportunity to serve and help lead the College into a **dynamic and successful future**.
Your support matters—let's strengthen the profession together!



Mark Heller

2025-2026 Executive Committee Candidate Statement



Christopher Warren
Public Director

Nominated for:
Member at Large

Appointed Board Terms:
March 28, 2024 – March 27, 2025
March 28, 2025 – March 27, 2028

CPO Committees:

Discipline Committee	June 2024 – June 2025
Inquiries, Complaints and Reports Committee	June 2024 – June 2025

Candidate Statement:

My professional experience is as a results driven non-profit principal and public affairs professional with a proven track record of spearheading change through close collaboration; as a highly effective relationship builder and insightful communicator who leads and coaches cross-functional teams; as a complex problem solver who transforms organizations through strategic analysis paired with outcome focused, tactical objectives; and as a leader delivering value through the removal of ambiguity and by creating a shared culture that focuses an organization on aligned outcomes and continuous improvement. My governance experience includes service in roles including Vice Chair, Secretary, and Committee Chair, and with committee assignments including among others Executive, Regulatory and Business Strategy, and Audit, Technology and Risk Management (ATRM).

As a member of the Executive Committee I would leverage my strengths in project and change management, government and stakeholder relations, strategic planning and performance review, to help the College to grasp strategic challenges and opportunities with clear and effective leadership and with effective culture creation with growth from foundational values including respect, diversity, empowerment, and integrity. In particular I'd like to call out my experience as Chair of the ATRM committee of another high trust regulatory authority, where the committee is the primary vehicle for the heat mapping of priority risks, technology strategy / procurement, internal controls oversight, etc

Having served on this board for the past year, I draw a tremendous sense of fulfillment from being able to collaborate with all of you to ensure the effective, efficient, and integrous regulation of the physiotherapy profession in Ontario, and feel that joining the Executive Committee is the next step in my journey to lean in and add additional incremental value to the College with optimal outcomes.

Thank you in advance for your consideration of my candidacy.

2025-2026 Executive Committee Candidate Statement



Kirsten Pavelich
District 5 Northern

Nominated for:
Member at Large

Elected Board Terms:
2024-2026

CPO Committees:

Discipline Committee	2024-2025
----------------------	-----------

Candidate Statement:

Over the past year I have been honoured to work with fellow directors to address current issues in physiotherapy regulation impacting the public interest. I believe the Board’s strength lies in harnessing the diversity of skills, experience and knowledge our directors bring to the table, and identifying additional information needed to be innovative, responsive, and effective in our decisions. Continuing to identify risks and to develop and maintain key partnerships in our sector will be important in meeting the challenges and opportunities ahead of us as we navigate an evolving regulatory landscape.

During my career I have had the opportunity to develop a broad understanding of the application of physiotherapy standards of practice, take on leadership roles, develop effective partnerships, and participate in research, education, advocacy and health policy development. The common thread in these activities has been the promotion of equitable access to high quality physiotherapy care within a collaborative, integrated system, with a focus on underserved and underrepresented populations. A selection of my past and current work includes:

- Clinical practice in hospitals, private practice, and community-based care in urban and remote First Nations communities
- Co-President of the NWO District of OPA, representing urban, rural and remote communities
- Practice Advisor and Practice Enhancement Coach with CPO
- Assistant Professor with the Northern Ontario School of Medicine (focus on social determinants of health, ethics, and professionalism), and Program Lead for interprofessional programs
- Lead consultant for numerous health service and education initiatives
- Instructor with the Community Rehabilitation Worker program, supporting access to rehabilitative care in remote Indigenous communities

I would welcome the opportunity to bring my experience and perspective to a well-rounded Executive Committee, to ensure that our Board continues to be at the forefront of promoting excellence in regulation and ensuring Ontarians have access to safe, competent, and ethical physiotherapy care.

2025-2026 Executive Committee Candidate Statement



Frank Massey

Public Member

Nominated for:
Member at Large

Appointed Council Terms:
August 17, 2023 – August 16, 2025

CPO Committees:

Discipline and Fitness to Practice Committees	September 2023 – June 2025
Registration Committee	September 2023 – June 2025
Chair, Risk, Audit and Finance Committee	December 2023 – June 2025
Quality Assurance Committee	March 2024 – June 2024

Candidate Statement:

I serve on the Discipline and Registration Committees. I also add value to the college by serving as chair of the Risk, Audit and Finance Committee. I feel honored to submit my candidacy for the Member at Large role on the Executive Committee.

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

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

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

2025-2026 Executive Committee Candidate Statement



Frank DePalma
District 6 Toronto West

Nominated for:
Member at Large

Elected Board Terms:
2024-2027

CPO Committees:

Discipline Committee	June 2024 – June 2025
----------------------	-----------------------

Candidate Statement:

It is an honour to be nominated for the position of Member at Large in the Executive Committee.

I possess extensive clinical experience in the hospital and private clinic settings within all physiotherapy specialities from inpatient medical, surgical, cardiorespiratory, neurology and the intensive care unit to the outpatient setting. I was involved in pelvic health therapy during its infancy, before it became a controlled act. From 2013 to 2024, I was a Clinical Practice Leader and supervised a multi-disciplinary clinical team of Physiotherapists, Occupational Therapists, Pharmacists, Kinesiologists and Psychologists focused on chronic pain management. I experienced the challenges the profession faced as a frontline worker during SARS and COVID. I assisted with infection control measures using knowledge from my Microbiology degree. I also assisted in the development of virtual care during COVID which continues to support patients in remote Ontario communities.

In addition, I was the Coordinator of Clinical Education for over 5 years. I assessed staff physiotherapists' competency to match placement needs, supervised and evaluated physiotherapy students and physiotherapy assistant students. I cultivated effective working relationships with the schools.

I also served as a Union Steward and as a Negotiation Committee Member, assisting in the drafting and implementation of two collective bargaining agreements.

Lastly, after having multiple joint surgeries, I gained insights into the patient perspective within the physiotherapist-patient relationship. I deeply appreciate the role of a regulator.

In my 30 years as a physiotherapist, I celebrated the evolution of the profession e.g. additional of controlled acts, advanced practice physiotherapy and observed challenges in the health care system e.g. delisting of physiotherapy services, outpatient clinic closures.

If elected, my wealth of clinical experience and patient perspective could be an asset to the committee.

Part 6 — Election of Executive Committee

ELECTION OF CHAIR AND VICE-CHAIR

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

ELECTION OF REMAINING EXECUTIVE COMMITTEE MEMBERS

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

DUTIES AND POWERS OF CHAIR AND VICE-CHAIR

- 6.3.** (1) The duties of the Chair are to:
- (a) be cognisant of the affairs of the College;
 - (b) give or cause to be given notice of all meetings of the Board and the Executive Committee;
 - (c) preside or ensure that a designate presides at all meetings of the Board and meetings of the Executive Committee;
 - (d) ensure that the College is represented at all relevant meetings;

- (e) oversee the implementation of all orders and resolutions of the Executive Committee and the Board;
 - (f) act as a liaison between the College and other professional organizations as appropriate; and
 - (g) perform other duties as outlined in the College's governance policies as approved by the Board.
- (2) The duties of the Vice-Chair are to,
- (a) act on behalf of the Chair in the Chair's absence; and
 - (b) perform other duties as outlined in the College's governance policies as approved by the Board.
- (3) The Chair is the most senior official and representative of the College and the Vice-Chair shall assist the Chair in the discharge of the Chair's duties.

9.0 EDI Strategy Primer
Joyce Huang

BOARD BRIEFING NOTE
For Information

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

Governance

- Congratulations to Public Director Christopher Warren who has been re-appointed to the Board for a three-year term until March 2028.
- Following the December Board Meeting, the Registrar sent a letter on December 11, 2024, to the Manager of Public Appointments at the Ministry of Health to ask for the removal of Nitin Madhvani as a public appointee to the Board. Given that a provincial election was underway a delay in response was expected. Now that it has concluded, staff will be following up with the Public Appointments Office.

Partner Engagement

- Board Directors Kirsten Pavelich and Carole Baxter along with the Registrar & CEO Craig Roxborough, participated in an Elections Webinar held by the College on February 6th. The webinar was a chance to answer questions and share information about the role and commitment of Board Directors. A recording of the webinar has been posted online.
- The Chair and Registrar attended a Canadian Network of Agencies for Regulation (CNAR) workshop on February 6, on the topic of *Effective Board and Staff Relations: Partnering in Leadership*.
 - Key Learnings: A Board exists to provide objective oversight, thoughtful guidance, advice, and constructive challenge. It does NOT do management's work, instruct individual staff, interfere in operations, speak with multiple voices. The workshop facilitator discussed what Boards typically want from management, and this includes insights into current function, transparency about progress and challenges, and a collaborative non-defensive approach to working together. Conversely, management wants an engaged and constructive examination of vision/strategies/proposals, and clear direction and timely decision-making
 - Upon reflection, I find that the current working relationship between Board and Registrar is strong, follows best practices, and demonstrates growth over the past year.

- The Ontario Physiotherapy Association (OPA) will be holding their annual conference March 22-23, the Chair and Public Director Christopher Warren will be in attendance.
 - A meeting is being scheduled between the OPA President and CEO and our new Board Chair and Registrar is being scheduled to facilitate introductions.

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

- The annual mid-year check-in calls with all Board Directors and Committee Chairs were conducted in late January/early February, in advance of the calls Directors and Committee Chairs were invited to reflect on the following questions, these are similar to the self-reflection questions Board Directors were asked during the Board Performance Evaluation in September 2024:
 - What is your strongest asset as a Board member? Are there areas for personal improvement that you can identify?
 - Consider your preparation for and participation in Board meetings:
 - Reflect on what steps you take to prepare for meetings; are there times when you feel stuck or wish you had more information?
 - Have you felt prepared enough to listen actively to the conversation, follow along, and ask questions?
 - Are there any areas where you feel you need more support?
 - When we have education sessions, what topics/educational strategies do you find the most helpful/supportive for your role as Director? Can you identify any gaps in your learning?
 - If there was one thing you could change about Board meetings, what would it be and why? Do you have any ideas on how to implement this change?
- While the individual responses are not being shared at this time, here are the general themes and feedback:
 - Board packages are thorough, easy to follow, released in enough time to prepare for Board meetings; helpful when pros/cons and comparison to other regulators (both from those who have adopted a similar practice and those who have not) are included for consideration
 - Education sessions that include case scenarios and practical applications to our work at the CPO are preferred; suggestions to improve efficiency include having some education sessions pre-recorded and time allotted in the agenda for questions/comments only
 - Mixed feedback received around length of meetings and order of agenda, with most in favour of keeping with the status quo, with key decision agenda items being placed earlier in the day

Feedback from the December 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 71% (10/14) completion rate.
- Overall, feedback was positive. All respondents felt they had sufficient time to review the Board package, and that the agenda achieved an appropriate balance between education, information and decision-making items. Briefing Notes were well received, with all respondents agreeing they provided the necessary information for active participation in discussions. Both the Chair's and Registrar's report were well received.
- Education sessions received mostly positive feedback. The Health Profession Regulators of Ontario (HPRO) presentation was highlighted as useful and relevant.
- Suggestions for future education sessions included further exploration of the use of AI and emerging technologies in physiotherapy and a review of the Code of Conduct with practical applications. An education session on *The Emergence of A.I.* has been scheduled for the Board meeting in March. Other suggestions for education included learning from other provincial colleges.

BOARD BRIEFING NOTE
For Information

Topic:	Registrar’s Report
Public Interest Rationale:	Regular reports to the Board on College activities and performance support the Board’s oversight role to ensure the College is fulfilling its public interest mandate.
Strategic Alignment:	<i>Performance & Accountability:</i> Implementing strong governance structures and information sharing to enable informed decision-making.
Submitted By:	Craig Roxborough, Registrar & CEO
Attachments:	Appendix A: Q3 2024-2025 Dashboard Appendix B: Risk Register Appendix C: Strategic Plan Refresh Roadmap Appendix D: 2024 College Performance Measurement Framework Report Summary Chart Appendix E: Governance Practice Review Recommendations & Progress

Issue

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

Decision Sought

- None, this item is for information.

Current Status

- What follows is a non-exhaustive list of relevant activities, regulatory trends, organizational risks, and/or environmental developments to support the Board in discharging their oversight responsibilities. The updates are organized in relation to each pillar or commitment within the College’s [Strategic Plan](#).
- While the written report covers updates from the most recent quarter, the presentation at the meeting will also include a year-end review of fiscal year 2025 highlighting progress made against the FY2025 operational plan.

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

Ontario Clinical Exam (OCE)

- To address the attrition in our examiner pool last year and bolster capacity, 16 new examiners have been hired and were trained in January.

- Changes to bolster exam security have been made including strengthened remote proctoring and enhanced examiner training to identify concerns while examination is underway.
- The Exam Committee is also considering changes to the exam structure to ensure the exam continues to be reliable, valid, and secure. This is consistent with recommendations from the external review of the exam that was undertaken in 2024. It is anticipated that some investments will be made over the spring and summer with a roll-out of the changes in the fall of 2026. The Board will be kept updated as the Exam Committee considers options for enhancement.
- We continue to see strong enrollment in the exam with both the March and June 2025 sittings fully subscribed. We also anticipate that the October 2025 and January 2026 sittings will be at capacity.

Release of New Standards

- The third group of updated standards went into effect on February 1.
 - To support awareness and integration into practice, the implementation date was highlighted in both the [December Perspectives newsletter](#) and a [standalone email](#) sent to all registrants. As of this writing, each of the new standards have between 2000 and 3200 views.
 - A webinar was also held on the second group of standards to help physiotherapists understand key changes and expectations and to ask questions they have. 180 physiotherapists registered for the event.

Jurisprudence, Annual Renewal and PISA

- The 2024 Jurisprudence campaign¹ was completed with over 880 PTs completing the exercise. A handful of individuals didn't complete the module, despite multiple reminders and an extension, and they will be referred to ICRC.
- Annual renewal and the Professional Issues Self Assessment (PISA) activity run each year at the same time. They both launched on Feb. 3 and must be completed by March 31.

Monitoring the emergence of AI

- To address questions regarding the utilization of AI within healthcare, a 'primer' and overview of key expectations (anchored to existing standards or legislation) is being developed for release.
 - Many regulators are looking at this issue, with some Colleges releasing preliminary guidance centered around a handful of core principles (e.g., accountability, privacy and confidentiality, consent, clinical judgment, etc.).
 - A number of Ontario health regulatory Colleges partnered to engage the Citizen Advisory Group to understand patient expectations with respect to AI.

¹ The Jurisprudence module is a requirement for maintain licensure and tests PTs knowledge and application of practice standards, legislation, and rules related to practice in Ontario.

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

Engagement with current and future PTs and PTAs

- To raise awareness and build relationships with the physiotherapy community, the College continues to conduct outreach to both PTA and PT programs.
 - Presentations were given to two PTA school programs in February, including one in French.
 - Presentations were given to UofT students in January and February addressing Billing Practices and Professional Boundaries.

Launch of new College website

- The College successfully launched a new, re-designed [website](#) in late 2024. There were no major issues with the launch.
 - The transition to a new website platform and design is aimed to improve navigation, make information easier to find, and to increase the reliability and availability of different website functionalities.

Improving our use of language

- Last fall, all staff at the College received basic training on plain language writing. The Practice Advisors subsequently received additional individual training, and are applying their learning to revise frequently-used responses in the service. This makes the advice provided more accessible, which benefits all users, and in particular aligns with our efforts to better support IEPTs.

Improving understanding about the College's role

- The College conducted a registrant survey in 2024. One of the findings from the survey is that PTs are not always clear about the role of the College as compared to the role of the association.
 - To bring greater clarity, the College collaborated with the OPA to create an [infographic](#) that distinguishes the roles of the regulator vs. the association.

Supporting research in the profession

- The College is supporting a group of University of Toronto students who are conducting research on how physiotherapists recognize and manage professional and sexual boundary violations. The College shared a link to their research survey in the February issue of the *Perspectives* newsletter.

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.

Human Resources

- Our People & Culture team is undertaking a comprehensive review of all HR policies to ensure they are clear, will promote equity, fairness, and consistency in administration, and support staff in doing their best work.
 - The initial review and updates will be complete by March. The policies will undergo internal validation in batches before they are finalized and implemented for staff.
- Our staff turnover rate has stabilized, we had one staff departure in Q3 with a return to our historical norm.

Development of coaches

- To better support PTs engaged in remediation, we continue to develop the skills of our coaches. Working with an external professional coach, coaches have engaged in scenario-based learning and role-playing focusing on solution-oriented conversations.

Professional development for the professional conduct team

- The College is collaborating with the College of Massage Therapists of Ontario to offer a shared education opportunity for our professional conduct staff about case management strategies and efficiencies.

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.

Dashboard performance

- The Q3 dashboard is attached in Appendix A. Below is commentary on dashboard metrics that had a notable change in Q3:
 - *Registration:* The team continues to maintain high performance in meeting timelines. However, a very small portion of applications are referred or approved outside of the 30-day timeline. The two main drivers are: waiting for applicants to submit outstanding documents, and the fact that courtesy applications are submitted in advance but are not approved until just before the date when it is needed (as they are only valid for 30 days).
 - *Screening interview volume:* Some screening interviews that were planned for December were pushed into January because of reduced availability of assessors during the holiday period. The team recently onboarded new assessors which will boost assessor availability in Q4. We expect to hit our target for the year by the end of March.

- *Screening interview completion timeline:* In October, a number of screening interview reports were released a few days later than they should have been because an automated workflow in our database was temporarily offline. The issue was resolved shortly after.
- *Professional Conduct:* The complaints disposition timeline metric improved in Q3 compared to the previous quarter. There are two contributing factors: increased capacity to manage newer cases as long-standing cases are cleared and less complexity of cases in Q3.

Risk Registry

- An update to the College's risk register was presented to the Risk, Audit, and Finance Committee (RAFC) at its March meeting (see Appendix B). Changes were made to the likelihood ratings for a number of risk statements in light of changing contextual factors.
 - Risk statement #4 – Sustained Budget Deficits: The likelihood rating was downgraded (from 2.8 to 2) in light of the positive financial position achieved in FY2024 and projections for both FY2025 and FY2026. This did not impact the overall categorization of this risk as “Low”.
 - Risk Statement #8 – Board Constitution and Public Members: The likelihood rating was increased (from 2.2 to 3) as there are a number of appointments that are due for renewal in the next 9 months and a request for a revoking the appointment of N. Madhvani is still under consideration. This change did not impact the overall categorization of this risk as “Medium”.
 - Risk Statements #9 and #11 – Business Continuity and Staff Recruitment/Retention: The likelihood for both statements was increased (from 3 to 4) in light of recent staff turnover rates. This did not impact the overall categorization of the risk as “Medium”.

FY2025 external audit process

- The College's FY2025 audit process will kick-off in early spring 2025. The auditor will begin their process in earnest in May 2025, culminating in presentation to the RAFC in August 2025. The Board will be presented with draft audited statements for approval at the September 2025 Board meeting.

PC business process review

- To examine business processes with an eye to continuous improvement, the College has engaged an external consultant to review the complaints and investigations process.
 - The review seeks to find opportunities to make the process more efficient, and to explore how to better incorporate compassion and equity, diversity and inclusion principles.
 - The work is on schedule. Early observations allowed us to develop preliminary plans to support implementation actions in FY2026 and allocation of resources in the draft budget.

Strategic plan refresh

- Following the Board's direction at the December meeting that staff will lead a process to refresh our current strategic plan for use beyond 2026, a workplan has been developed.
 - A number of activities have been planned to ensure that the refreshed strategic plan reflects the current environment and priorities, and responds to emerging expectations and needs of our partners. The activities are outlined in Appendix C. This includes leveraging our presence at the upcoming OPA conference to engage the profession, followed by comprehensive partner engagement activities in April and May.

College Performance Measurement Framework (CPMF)

- A draft of the 2024 CPMF² report has been developed with the College fully meeting 49 of the 50 performance measures (up from 48 in 2023). A summary table is included as an appendix to this report (Appendix D) and the entire CPMF report is included at the end of the meeting package.
 - The one area remaining relates to the incorporation of EDI principles into the development of standards and guidance. While we met the spirit of this measure in 2024, we fell short on achieving the improvement actions we committed to, which was to begin development of the two EDI-focused standards. This work is planned for 2025.
 - Following the March 2025 Board Meeting, the report will be submitted to the Ministry of Health and posted online.

Technology and Cybersecurity

- To strengthen the security of the College's systems a number of actions continue to be undertaken. This includes:
 - Transitioning assessors and coaches to using CPO email address; and
 - New policies and practices regarding automatic updates and security patches are being implemented.
- To improve the user experience of examiners and improve process efficiency, automations were added to the portal to automatically populate key information in examiner invoices and to make tax documents available through the PT portal.

² The CPMF is a tool that the Ministry of Health uses to evaluate the performance of health regulatory colleges and to drive progress on a variety of measures. The Colleges are required to complete this report annually and submit the results to the Ministry of Health for review.

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

- To support IEPTs both with respect to the licensure process and with respect to transitioning to practice, the College has:
 - Collaborated with CPA and CAPR to create a navigation tool that will help future IEPTs see the full pathway to licensure at the outset and help them navigate through the different steps. It is anticipated that this work will be completed by the end of Q4.
 - Conducted two focus group discussions with IEPTs to hear their perspective and experience and use that to inform actions that will support future IEPTs.

Equity, Diversity, Inclusion and Belonging (EDIB) internal working group

- An EDIB staff working group was established to support EDIB initiatives focused on our internal workplace culture.
 - The working group supports the promotion of a collaborative environment and a culture based on equity, diversity and inclusion principles. The goal is to create a psychologically safe working environment where equity, diversity, inclusion and belonging are ingrained in the culture.

Supporting safe and inclusive care

- The College is supporting PTs to provide safe and inclusive care by providing advice to PTs who are supporting care in Indigenous communities about how to build trusting and supportive relationships with patients and the community.
 - The College is also undertaking work to explore the creation of two standards to support PTs to incorporate equity, diversity and inclusion principles in care: one around cultural safety and another around equity.

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. Progress against the 23 recommendations is being tracked and is attached as Appendix E.

Disqualification process

- To address a gap in the College's governance processes, work is underway to address what occurs when an Elected or Academic Director or a non-Board Committee member is disqualified.

- While our By-laws set out the disqualification criteria, it does not set out a process for addressing disqualifications, especially if they require a vote by the Board. Staff are undertaking an analysis to bring forward recommendations at a future meeting.

Public members

- To activity address risks associated with public member appointments and the impact of the provincial election, significant efforts were made to fast-track appointments that were set to expire in early spring.
 - Most notably, Chris Warren’s reappointment (for a three-year term) was received the day before the election was called.

Board election

- The Board elections for District 1 (South Western) and District 2 (Central Western) are now in progress with voting opening on March 12 and closing April 16.
- To support potential candidates, the College held a webinar with the Registrar and Board Directors, Carole Baxter and Kirsten Pavelich to share information about the Board and the election process.

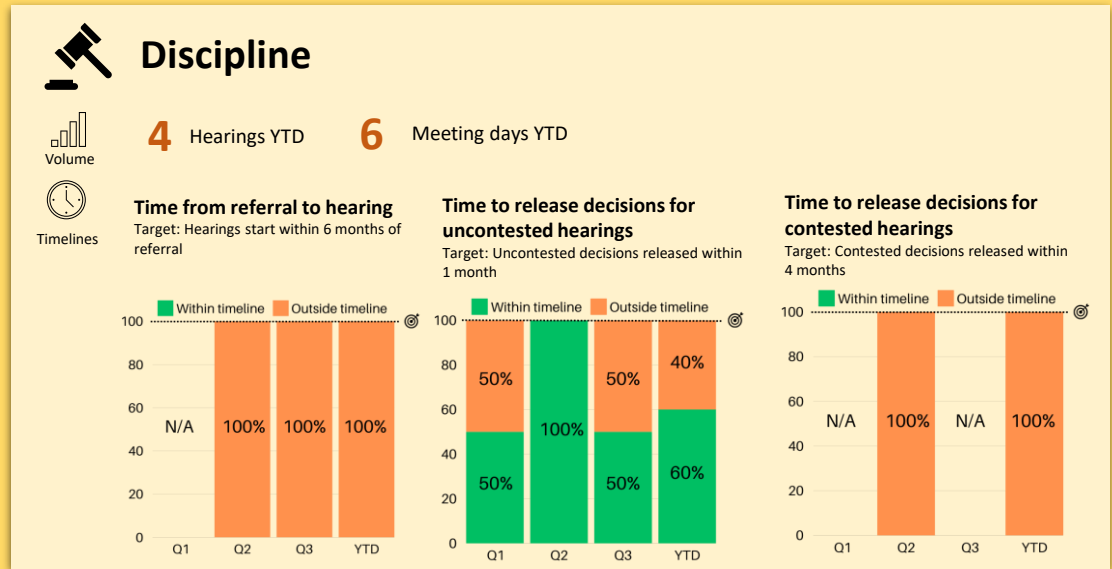
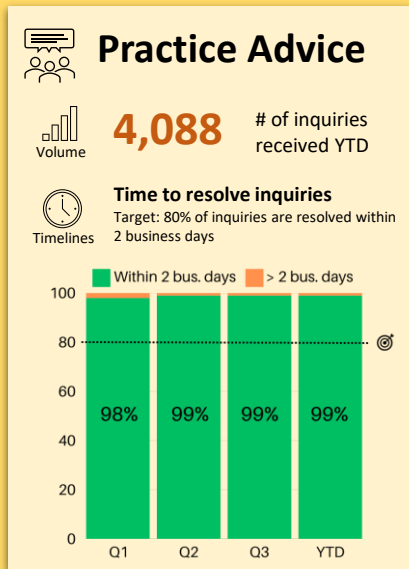
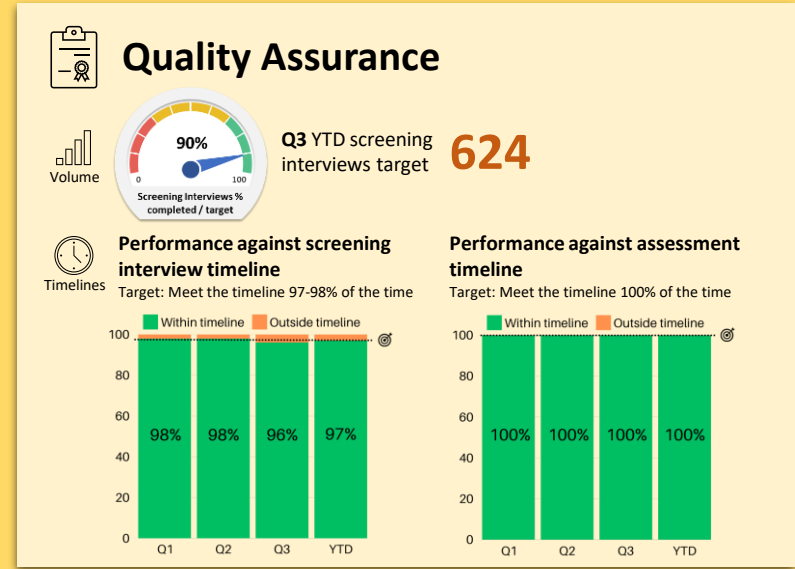
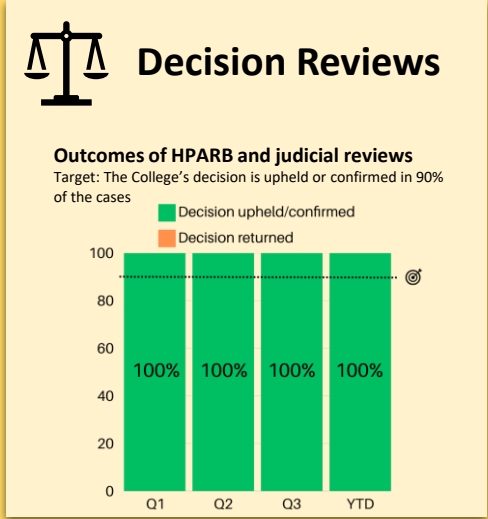
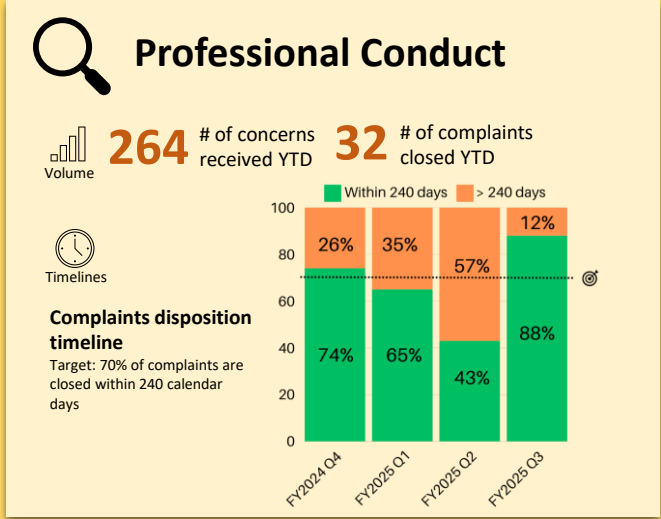
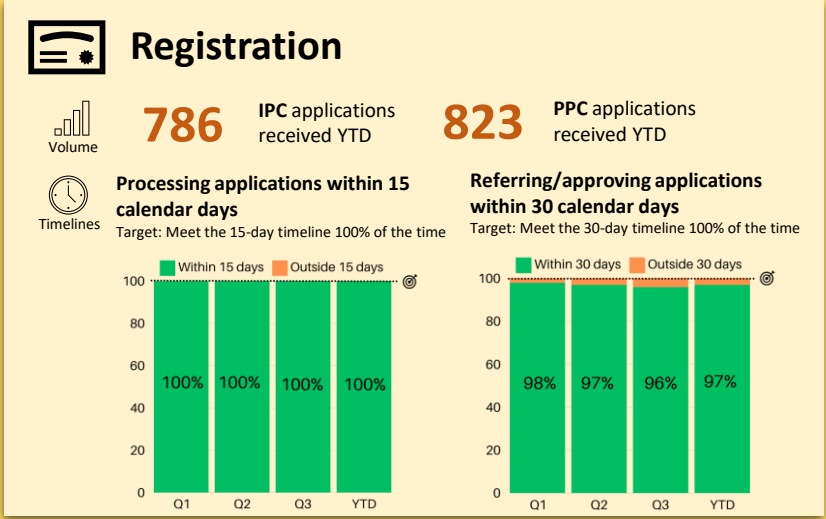
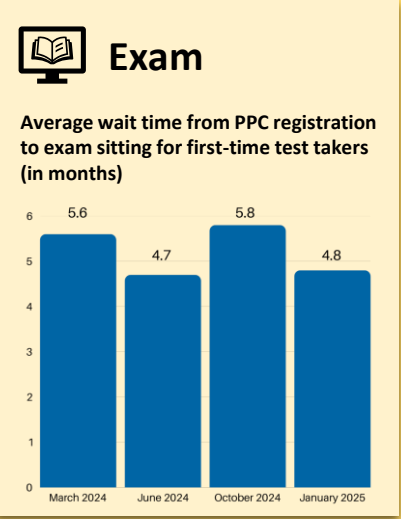
Action Items Tracker (ongoing):

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

Date of Meeting	Action item description	Required by date	Current Status
September 23-24, 2024	Staff to explore the creation of a screening committee to support the elections process and bring a proposal back to the Board for consideration.	-	Completed (item included in March meeting)
September 23-24, 2024	Provide access to mental health supports for Board and Committee members through the College’s Employee Assistance Program (EAP).	As soon as practical	Completed
December 9-10, 2024	Conduct exploration of joining the Multi College Discipline Tribunal	-	Completed (item included in March meeting)
December 9-10, 2024	Continue exploration of adopting the national exam being developed by CAPR	March 2025	Completed (item included in March meeting)
December 9-10, 2024	Incorporate Board feedback regarding updates to the General Regulations and bring an updated draft back for consideration by the Board	March 2025	Completed (item included in March meeting)

CPO Dashboard – Q3 (October – December 2024)

Statutory Programs

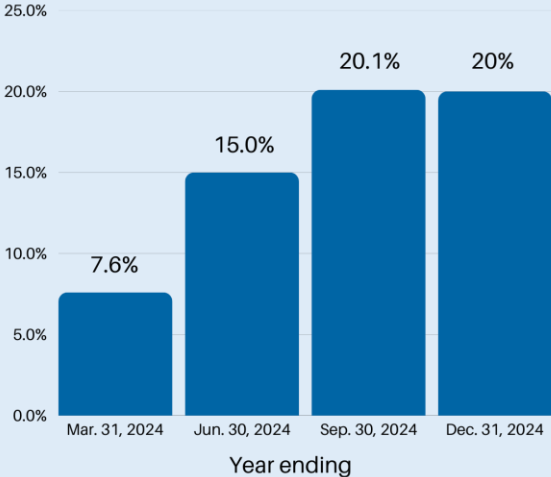


CPO Dashboard – Q3 (October – December 2024)

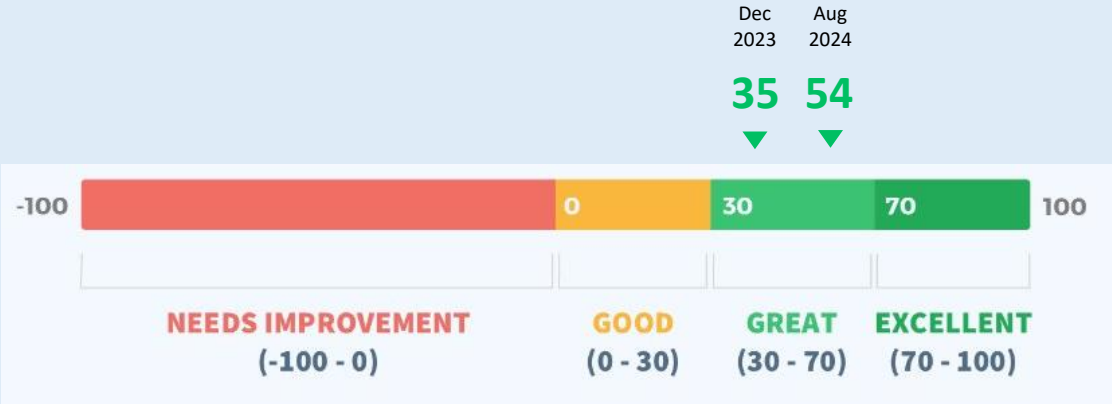


People & Culture

Staff turnover (rolling annualized rate)



Employee net promoter score
Target: A score of above 0



College of Physiotherapists
Risk Registry (Draft)
Date Created: 26-Jan-24
Date Updated: 20-Feb-25

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

Very High
High
Medium
Low
Very Low

Rating Legend



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

Legend of Common Acronyms Used in the Register and Heat Map			
Canadian Alliance of Physiotherapy Regulators	CAPR	Professional Competency Exam	PCE
Health Professional Appeal and Review Board	HPARB	Risk, Audit, and Finance Committee	RAFC
Health Profession Regulators of Ontario	HPRO	Regulated Health Professions Act	RHPA
Ontario Clinical Exam	OCE	Standard Operating Procedures	SOPs

#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: March 2025
1	Regulation and Compliance, Reputational	<p>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:</p> <ol style="list-style-type: none"> Registrant and Employee identity theft. Access to vendor information and confidential contracts. Employees locked out of the College's IT systems. College paying a ransom to regain access to IT systems. 	Senior Director, Organizational Effectiveness	3.4	4	3.4 x 4	3 (↔)	High	<ul style="list-style-type: none"> The College is completing an external cyber security audit in Fiscal Year 2025 that will result in recommendation 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 addition of assessors and coaches contracted to perform work on behalf of the College to use CPO email addresses 	<ul style="list-style-type: none"> Migration of assessors and coaches to CPO provided emails has been completed. This not only enhances cybersecurity, but is generating new opportunities to find efficiencies within College work as these individuals are better integrated into College systems. The draft FY2026 budget includes resources to conduct simulations relating to a cyber security breach. A 'breach' policy has been drafted and will be tested as part of the simulated 'breach' exercise. Updates will follow that exercise. A number of other IT policies are being drafted as well. Including: Password; Email Usage; Data Encryption; etc.

**Agenda Item: 11.0
Appendix B**

College of Physiotherapists
Risk Registry (Draft)
Date Created: 26-Jan-24
Date Updated: 20-Feb-25

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

Very High
High
Medium
Low
Very Low

Rating Legend



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: March 2025
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	<ul style="list-style-type: none"> - Registrar/CEO connects with governments - Scoping exercise undertaken to analyze regulatory changes needs. - Engage Board of Directors in key decision points. 	<ul style="list-style-type: none"> - The Board was engaged in a robust discussion regarding the adoption of the CAPR national exam in December 2024. The Board will be re-engaged in March 2025 and asked to make a decision regarding the future of examinations. - Following a Board decision, transition plans will be developed to support the transition or expand College capacity in these regards. This includes the development of any new policies (permanent or temporary) needed in light of the decision made. - Changes to the General Regulation are being considered by the Board in March 2025. If approved for consultation, it is possible that the regulatory changes will be enacted in time.
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	<ul style="list-style-type: none"> - 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

College of Physiotherapists
Risk Registry (Draft)
Date Created: 26-Jan-24
Date Updated: 20-Feb-25

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

Very High
High
Medium
Low
Very Low

Rating Legend



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: March 2025
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	3.6	2 x 3.6	1 (↓)	Low	<ul style="list-style-type: none"> - 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. 	<p>The FY2025 forecast anticipates closing the year in a strong financial position, with a potential surplus driven by OCE revenue.</p> <p>The draft FY2026 budget has been recommended for approval by the RAFC and forecasts a modest surplus.</p>
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	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - Enhanced conflict of interest management has been implemented in Board agendas. - The Code of Conduct is set for review in FY2026 with initial education and discussion occurring in June 2025.

**Agenda Item: 11.0
Appendix B**

College of Physiotherapists
Risk Registry (Draft)
Date Created: 26-Jan-24
Date Updated: 20-Feb-25

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

Very High
High
Medium
Low
Very Low

Rating Legend



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: March 2025
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 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	<ul style="list-style-type: none"> Annual Chair & Vice-Chair training Specific training budget for Chair Implemented Committee Vice-Chair model to support succession planning 	<ul style="list-style-type: none"> Development of an onboarding tool for Chairs/Vice-Chairs is being explored. Board Chair check-ins with Committee Chairs affords an opportunity for coaching and support for newer Chairs. The Executive Committee has begun slate planning for FY2026 and will be considering questions regarding succession planning.
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	<ul style="list-style-type: none"> 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 Government Relations consultant to support our collective needs; System Partner engagement is leveraged to identify opportunities/risk and information sharing. 	No Change

College of Physiotherapists
Risk Registry (Draft)
Date Created: 26-Jan-24
Date Updated: 20-Feb-25

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

Very High
High
Medium
Low
Very Low

Rating Legend



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: March 2025
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	<ul style="list-style-type: none"> - Implemented initial Competency Framework - Revised committee composition requirements to allow for more recruitment of Non-Board Committee members with specific background/skills/expertise 	<ul style="list-style-type: none"> - The Board will be considering the development of a Screening Committee to support the election process at the March 2025 meeting. - Board evaluation processes will begin to explore the diversity of skills present at the Board to support training in line with the competency framework
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	4	3.2	4 x 3.2	3 (↔)	Medium	<ul style="list-style-type: none"> - College has created a succession plan and is working to cross train individuals to ensure critical roles can be backfilled if needed. - Have established strong relationships with vendors who could assist if staff suddenly depart 	<ul style="list-style-type: none"> - Recent staff turnover has challenged resources in some departments where there are critical roles (e.g., Finance). Progress is underway to smooth out recent spikes in the need to shift responsibilities. - SOPs are being developed across the organization to support knowledge transfer and individualized solutions or approaches to work are being minimized to support consistency. - The draft FY2026 budget includes a specific recruitment to mitigate risks within the IT department.

**Agenda Item: 11.0
Appendix B**

College of Physiotherapists
Risk Registry (Draft)
Date Created: 26-Jan-24
Date Updated: 20-Feb-25

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

Very High
High
Medium
Low
Very Low

Rating Legend



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: March 2025
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	<ul style="list-style-type: none"> - 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. 	<p>The College's operational reserve is currently healthy, fluctuating between 5 and 6 months of operating expenses.</p> <p>The RAFC is being engaged in a preliminary discussion regarding the College's strategy and approach to managing the operational reserve at the March 2025 meeting.</p>
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	4	2.8	4 x 2.8	3 (↔)	Medium	<ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> - Market comparisons have been conducted of all College roles. Minor adjustments have been made for some roles to ensure competitiveness. - New benefits plan has been rolled out to enhance employee coverage while reducing organizational cost. - The FY2026 draft budget includes proposed salary increases based on cost of living and merit that help the College be more competitive within the market.

**Agenda Item: 11.0
Appendix B**

College of Physiotherapists
Risk Registry (Draft)
Date Created: 26-Jan-24
Date Updated: 20-Feb-25

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

Very High
High
Medium
Low
Very Low

Rating Legend

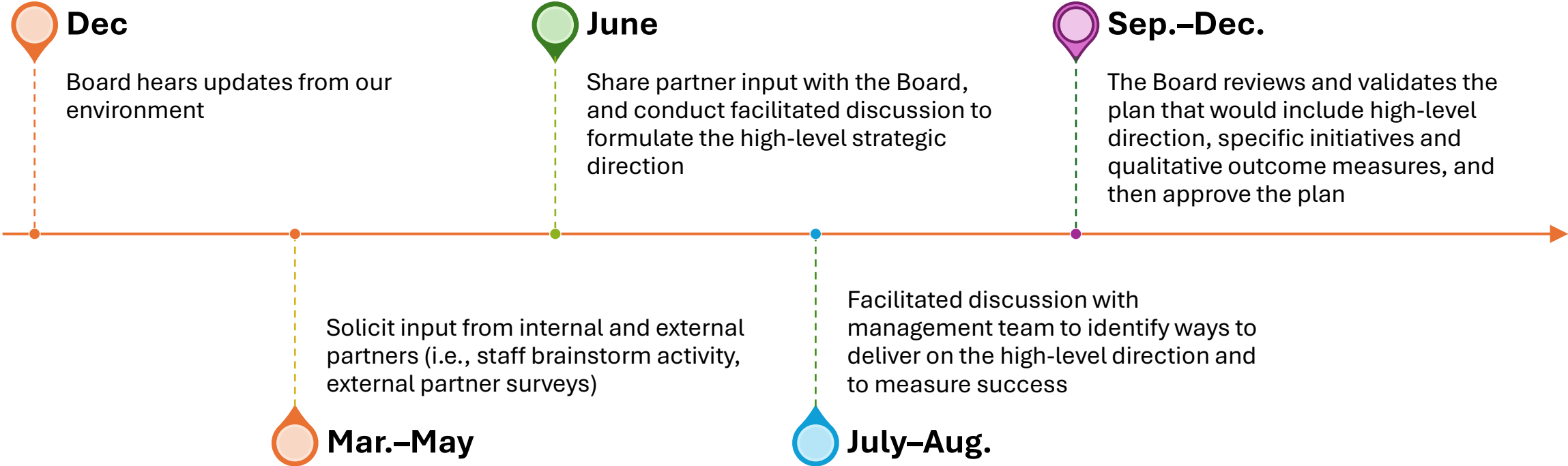


Capacity Reference

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: March 2025
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	3	4	3 x 4	1 (↓)	Medium	- Registrar/CEO is in constant contact with the Public Appointments office.	- In anticipation of a Spring 2025 provincial election, particular efforts were made to advance the reappointments of C. Warren and C. Baxter. With the change to a February election, C. Warren's re-appointment was in particular jeopardy. The reappointment was made the day before the election call. - Given the request to remove N. Madhvani from the Board following deliberations in December 2024, the College has an appointment that is in name only and may fall to 6 appointments in the short-term.
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.	- Staff have identified a small group of regulators looking to share a new office space. - Needs assessments have been completed and vendors are being explored to support design and layout needs, which will in turn support identifying potential spaces.

Strategic Plan Refresh Roadmap



CPO Responses to CPMF Measurement Domains – 2024 Reporting Year

Domain 1: Governance				
<i>Standard 1: Board and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2023 Response</i>	2024 Response	<i>2024 Improvement Plans</i>
BENCHMARKED EVIDENCE				
Professional members are eligible to stand for Board election after meeting pre-defined competency and suitability criteria.	8	Met	Met	
Professional members are eligible to stand for Board election after attending an orientation training about the College's mandate and member expectations.	9	Met	Met	
BENCHMARKED EVIDENCE				
Statutory committee members have met pre-defined competency and suitability criteria.	10	Met	Met	
Statutory committee members have attended an orientation training about the mandate of the Committee and member expectations.	10	Met	Met	
Public members attend orientation before their first meeting.	12	Met	Met	
The Board has developed and implemented a framework to regularly evaluate the effectiveness of Board meetings and the Board.	13	Met	Met	
The Board review framework includes a third-party assessment at a minimum of every three years.	14	Met	Met	
Ongoing Board training based on outcomes of relevant evaluations and needs identified by Board and Committee members.	15	Met	Met	
Board training is informed by evolving public expectations, risk management, and Diversity, Equity, and Inclusion.	16	Met	Met	
<i>Standard 2: Board decisions are made in the public interest.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2023 Response</i>	2024 Response	<i>2024 Improvement Plans</i>
The Board has a Code of Conduct and Conflict of Interest Policy that is reviewed at least every three years.	17	Met	Met	
The Code of Conduct and Conflict of Interest Policies are accessible to the public.	18	Met	Met	
The College enforces cooling off periods.	18	Met	Met	

The College has a conflict-of-interest questionnaire that is completed by all members annually.	19	Partially Met	Met	
Board meeting materials enable the public to clearly identify the public interest rationale.	20	Met	Met	
The College has and regularly reviews a formal approach to risk assessment which is reflected in strategic planning.	21	Met	Met	
<i>Standard 3: The College acts to foster public trust through transparency about decisions made and actions taken.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2023 Response</i>	<i>2024 Response</i>	<i>2024 Improvement Plans</i>
Board meeting minutes are posted and include a status update on the implementation of decisions.	22	Met	Met	
Executive Committee meeting information is publicly posted.	22	Met	Met	
Notice of Board meetings and materials are posted at least a week in advance and meeting materials are accessible for a minimum of 3 years.	23	Met	Met	
Notice of Discipline hearings and materials are posted one month in advance and include a link to allegations on the Public Register.	23	Met	Met	
The College has a Diversity, Equity, and Inclusion (DEI) Plan that is reflected in the Board's strategic planning activities and is appropriately resourced.	24	Met	Met	
The College conducts Equity Impact Assessments.	25	Met	Met	
Domain 2: Resources				
<i>Standard 4: The College is a responsible steward of its (financial and human) resources.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2023 Response</i>	<i>2024 Response</i>	<i>2024 Improvement Plans</i>
The College's strategic plan has been costed and resources allocated.	26	Met	Met	
College has a financial reserve policy and possess the set levels.	26	Met	Met	
BENCHMARKED EVIDENCE				
The Board is accountable for the College's success and longevity by ensuring a sustainable staffing component.	28	Met	Met	
The Board regularly reviews and updates the College's data and technology plan.	29	Met	Met	
Domain 3 System Partners (narratives for these standards are found on pages 30-35)				
<i>Standard 5: The College actively engages with other regulatory Colleges and system partners to align oversight of the profession and support the execution of its mandate.</i>				

<i>Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.</i>				
Domain 4: Information Management				
<i>Standard 7: Information collected by the College is protected from unauthorized disclosure.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2023 Response</i>	2024 Response	<i>2024 Improvement Plans</i>
The College uses policies/processes to govern the collection, use, and disclosure of information, including information requests.	36	Met	Met	
BENCHMARKED EVIDENCE The College uses cybersecurity measures, policies, and practices to protect against accidental and unauthorized disclosure of information.	37	Met	Met	
Domain 5: Regulatory Policies				
<i>Standard 8: Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2023 Response</i>	2024 Response	<i>2024 Improvement Plans</i>
BENCHMARKED EVIDENCE The College has processes in place to evaluate and review policies, standards of practice, and practice guidelines.	39	Met	Met	
BENCHMARKED EVIDENCE Specific information and examples are provided on how policies, standards and guidelines have been developed and updated.	40	Met	Met	
The College's policies, guidelines, standards, and Code of Ethics promote DEI.	41	Partially Met	Partially Met	✓
Domain 6: Suitability to Practice				
<i>Standard 9: The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2023 Response</i>	2024 Response	<i>2024 Improvement Plans</i>
Processes are in place to ensure only those that meet registration requirements are certified to practice.	42	Met	Met	
The College periodically reviews its criteria and processes for determining whether an applicant meets registration requirements.	43	Met	Met	
Checks are carried out to ensure currency and other competency requirements are continually met by using a risk-based approach.	44	Met	Met	

The College addresses all recommendations from the most recent OFC Audit.	45	Met	Met	
<i>Standard 10: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2023 Response</i>	2024 Response	<i>2024 Improvement Plans</i>
The College assists registrants in implementing changes to standards and guidelines.	46	Met	Met	
The College has processes and policies outlining how areas of practice in QA assessments are identified.	48	Met	Met	
The College has evidence-informed processes in place that describe how the College determines which registrants undergo a QA assessment activity.	49	Met	Met	
The College has process and policies outlining criteria for remediation activities based on QA assessment.	51	Met	Met	
The College tracks results of all remediation activities and assesses whether registrants demonstrate the required knowledge, skill, and judgement.	51	Met	Met	
<i>Standard 11: The complaints process is accessible and supportive.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2023 Response</i>	2024 Response	<i>2024 Improvement Plans</i>
The complaints process and its available supports are clearly communicated and posted on the College website.	52	Met	Met	
BENCHMARKED EVIDENCE				
Complaints process support is evaluated by the College to ensure the information provided to complainants is clear and useful.	53	Met	Met	
The College responds to 90% of inquiries within 5 business days.	54	Met	Met	
The College supports the public during the complaints process to ensure inclusivity and transparency.	54	Met	Met	
The College ensures all parties are regularly updated on the progress of their complaint or discipline case.	55	Met	Met	
<i>Standard 12: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2023 Response</i>	2024 Response	<i>2024 Improvement Plans</i>
The College has documented guidance setting out framework for assessing risk and acting on complaints.	57	Met	Met	
<i>Standard 13: The College complaints process is coordinated and integrated.</i>				

<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2023 Response</i>	2024 Response	<i>2024 Improvement Plans</i>
College has a policy outlining consistent criteria for information disclosure.	58	Met	Met	
Domain 7: Measurement, Reporting and Improvement				
<i>Standard 14: The College monitors, reports on and improves its performance.</i>				
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>2023 Response</i>	2024 Response	<i>2024 Improvement Plans</i>
College has KPIs with clear rationale for importance.	59	Met	Met	
The Board uses performance and risk information to regularly assess the College's progress against strategic objective and regulatory outcomes.	59	Met	Met	
BENCHMARKED EVIDENCE Performance and risk review findings used to identify improvement activities.	60	Met	Met	
Performance results are made public on the College website.	60	Met	Met	

Number of Responses and Improvements Made

Total Measures: **50**

Total Met in 2024: **49**

Total Partially Met in 2021: **1**

Total Not Met in 2021: **0**

Total Improvements Made from 2023-2024: **1**

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 2025	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	

Role Clarity				
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"> • What it means to “regulate in the public interest” • What are the key public risks that Council and the college need to pay attention to. • What is “reasonable reliance” and how can Council develop more trust with staff and committees so as not to duplicate their work. • The appropriate role of the Executive Committee and Committee Chair in reviewing vetting meeting materials. • When it is appropriate to have discussions outside of the Council or committee meeting and when it is not. 	Yes*	Ongoing	Role clarification conversation with Executive Committee March 2024 (including relationship to Risk, Audit and Finance Committee) - Risk Register & revised Dashboard metrics introduced June 2024 - orientation includes training re: public interest and ex parte conversations
Meetings				
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	

Strategy Oversight				
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 in September 2024
10	Include strategy progress updates in the Dashboard that is being developed.		Complete	While not captured in the Dashboard directly, regular updates about how the College is delivering on the strategic plan are included in every Registrar’s Report. A detailed 2-year update was also provided to the Board in September 2024.
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
Regulatory Oversight				
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
Registrar Oversight				
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.		Planned for 2025	

Financial Oversight				
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	
Stakeholder Oversight				
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	
Learning & Evaluation				
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"> • Council and committees as a whole • Council and committee chairs • Council and committee members. 	Yes*	Ongoing	Initial feedback about current process that will help inform potential updates to the evaluation process was collected during Fall 2024 evaluation; update about proposed evaluation process for 2025 to be included in the November/December 2024 Chair's Report, new process will be rolled out in 2025
20	Clearly articulate a committee that is responsible for this evaluation framework.		Not started	

Diversity, Equity & Inclusion				
21	<p>Review the current election process to consider emerging regulatory election practices including:</p> <ul style="list-style-type: none"> • Elimination of geographic electoral district in favour of a single district. • Creation of a nomination process to vet or recommend candidates that meet articulated competency and diversity needs. • Creation of an independent nominations committee to lead competency and diversity needs assessment of candidates. 	Yes*	Planned for 2025	Direction from the Board to develop proposal for a Screening Committee following discussion at September 2024 Board meeting
Committee Effectiveness				
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"> • Roles, responsibilities and authority of both regulatory and governance-level committees, including the Executive Committee. • Identifying the committees that are still needed and the committees that may no longer be necessary. • Committee composition including the role of Council members on committees; role of non-Council public members; competencies and diversity requirements. • Role and competencies of Committee Chairs. • The role of an independent Nominations Committee to make committee composition recommendations based on articulated competency and diversity needs. • Committee member term limits and cooling off periods. • Reporting requirements and process. 	Yes*	Ongoing	Committee composition requirements updated March 2024, Committee Chair and Vice-Chair training occurred in 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.

Board Meeting
March 24-25, 2025

Agenda #12.0: Screening Committee

It is moved by

and seconded by

that:

The Board approves the establishment of a Screening Committee in principle.

BOARD BRIEFING NOTE
For Decision

Topic:	Screening Committee – Preliminary Direction
Public Interest Rationale:	The proposed Screening Committee aims to strengthen the election process for Board Directors by enhancing the eligibility and vetting process.
Strategic Alignment:	<i>People and Culture:</i> Supports the goal of enhancing governance effectiveness through a more structured approach to the election process.
Submitted By:	Caitlin O’Kelly, Governance Specialist
Attachments:	Appendix A: Preliminary Draft Policy #2.10: Screening Committee Terms of Reference Appendix B: Comparison Chart – Environmental Scan

Issue

- The election process has been identified as needing additional support. In response to Board feedback, the Board is provided with information about and is asked for direction regarding the establishment of a Screening Committee.

Decision Sought

- The Board is being asked to decide, in principle, whether to establish a Screening Committee to support the Board election process.
- If the Board supports the establishment of a Screening Committee, it is being asked to provide direction on the Committee’s composition and input on the proposed mandate outlined in the preliminary draft Terms of Reference.

Background

- Over the past year, the need for the College to review and improve its election processes has repeatedly come up as an important step.
- Following the election review in June 2024, 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 limited circumstances, for example if there is a concern about a candidate’s eligibility.
- In September 2024, generative discussions occurred with the Board regarding the potential establishment of a Screening Committee. The Board expressed interest in a committee focused

specifically on supporting the election process but did not extend the committee's role to committee appointments, at this time. From the meeting minutes:

“Following the discussion, staff received direction that the Board was interested in exploring a committee specifically focused on supporting the election process.”

- The possibility of a Screening Committee to support the elections process was also raised by the Regulator's Practice as one of the recommendations for the Board to consider following the 2023 review of the College's governance practices.
- Outside of enhancing the election process, the establishment of a Screening Committee would also support potential future enhancements of the College's competency requirement, should the Board give direction in this regard.
 - 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

- Based on the direction received from the Board in September 2024, it is being proposed that the Board consider the establishment of a Screening Committee. This Committee would enhance fairness, transparency, and consistency in the Board Election process by introducing an independent vetting mechanism. An environmental scan shows similar committees are a common practice at other regulatory Colleges.
- As a first step, the Board will be asked to consider whether to approve the establishment of a Screening Committee in principle.
 - The Board is being asked to make a decision in principle now to allow for sufficient time to establish a Screening Committee prior to the 2026 Election cycle, if the Board wishes to proceed.
- If approved, the Board will be asked to provide feedback on the Committee's composition and mandate.
 - To support this discussion, a preliminary draft Terms of Reference for the Screening Committee (Appendix A) is included. This is a working draft, intended to be refined based on Board input.
 - Staff would incorporate the Board's feedback and develop the necessary By-law amendments, which would then be presented for approval at the June 2025 Board meeting.

Purpose

- While the purpose of a Screening Committee can take various forms, an initial outline of its possible role is provided. The intended purpose is to address issues that have been identified. Initially the Screening Committee could support the Registrar in administering the annual Board election process by:
 - 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 Committee.
 - Reviewing each candidate's competency self-assessment for completion, as it currently exists, with potential to further enhance both the competency requirements and the screening process in the future.
 - 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.
- This aligns with emerging regulatory practices. An environmental scan revealed that 16 out of 25 regulatory colleges have established similar committees responsible for screening and vetting of candidates seeking election to the Board of Directors. The attached comparison chart (Appendix B) provides a detailed overview of various committee structures.
- Potential benefits of creating a separate Screening Committee include:
 - Increased oversight of the election process.
 - Upholds the integrity of the election process by providing assurance that candidate decisions are being made objectively by a dedicated committee.

Committee Composition

- The composition of the Screening Committee is an important consideration.
- 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.

- The goal is to strike a balance between knowledge of the College's strategy and governance with the right mix of skills and experience and to maintain independence between those conducting the screening and those who are elected to the Board.
- 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.
 - Three 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.
 - One of the Colleges requires a past Board Chair to serve on the Committee, while another College requires two past Board members.
- Three 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.
 - One prefers only Community Appointees be appointed, and at the discretion of the Board one, Professional Committee Appointee.
 - 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.
 - 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.
- The potential exclusion of any Directors or Non-Board Committee members running in the Board election or those who have nominated a candidate for election the same year they are serving on the Screening Committee, to ensure impartiality and avoids potential conflicts of interest.
- The Board's input on the preferred composition will guide staff in finalizing the proposal for the Screening Committee.

Time Commitment

- It is anticipated that the Committee will meet at least once annually following the close of the nomination period, typically in late February or early March. This meeting will focus on reviewing and determining the eligibility of received nominations. The duration of the meeting will vary depending on the number of nominations but is expected to be up to 4 hours, with the possibility of being shorter in some years.
 - Additional meetings may be necessary, such as to address any issues with candidate statements or election inquiries.

Next Steps

- If the establishment of a Screening Committee is approved, staff will incorporate the Board's feedback and will bring forward the necessary By-law amendments and Terms of Reference for formal approval at the June 2025 Board meeting. Additionally, Policy 7.6: Election Campaign will need to be updated to reference the Screening Committee to ensure consistency across the College's governance documents.
- If approved at the June 2025 Board meeting, recruitment for the Screening Committee would then proceed in the fall of 2025, with the objective of having the Screening Committee in place to support the 2026 Board election cycle.

Questions for the Board

- Does the Board wish to establish a Screening Committee?
- If yes, what should be the composition of the Committee?
- Does the Board agree with the proposed mandate as outlined in the preliminary draft Terms of Reference, or are any changes needed?

Section: Terms of Reference
Title: Screening Committee
Date approved: TBD
Date revised: N/A

Policy #2.10

Type

Non-Statutory

Legislative / By-law References

- a. By-laws: TBD

Role

The Screening Committee is responsible for conducting screening and vetting of candidates seeking election to the Board of Directors, ensuring they meet the eligibility criteria as set out in the By-laws.

Accountability

Board

Duties

The Screening Committee shall:

1. Review and approve eligibility of candidates for election to the Board in accordance with the By-laws.
2. Ensure that candidates for election to the Board have met the competency requirements as set out by the Board.
3. Review disputes regarding a Registrant's eligibility to nominate a peer and vote in an election.
4. Review and approve each candidate's statement or direct the candidate to make changes to their statement to align with Policy 7.6: Election Campaign.
5. Subject to the By-laws, assist in administrating the election in any additional capacity upon request from the Registrar.
6. Upon a referral from the Registrar, review the validity of the voting and counting process of the election and make a report and recommendation to the Board.

Composition

The Committee will be composed of at least 5 individuals, and will include:

- TBD

Recruitment and Appointment

Members of the Screening Committee shall be appointed by the Board based on their qualifications and commitment to impartiality and fairness.

Exclusion Criteria

In addition to the eligibility criteria defined in the College's By-laws, individuals are excluded from serving on the Screening Committee if they are running for election in the year on which they sit on the Committee. Additionally, anyone who has nominated a candidate for election in the same year they are serving on the Screening Committee will also be excluded from sitting on the Committee.

Term of Office

Appointment to the Election Committee is one year to a maximum of nine consecutive times.

Comparison Chart

College	Committee	Composition	Role (may have other additional duties)
College of Audiologists and Speech-Language Pathologists	Nominations and Elections Committee	<p>A least one (1) Public Member of the Board recommended by the Chair of the Board who shall serve as Chair of the Committee</p> <p>At least one 1) appointed academic member of the Board; and</p> <p>At least one (1) non-Board appointed professional member</p> <p>The number of Committee members who are also registrants shall, wherever possible, exceed the number of public members (appointed by the Lieutenant Governor in Council).</p>	Review matters regarding a registrant’s eligibility to run or vote in an election for a professional seat on the Board of Directors; Review candidate statements; Determine disputes regarding a person’s eligibility for election; Oversee a robust, impartial and transparent recruitment process for competency-based appointments of non-Board committee members.
College of Chiropodists of Ontario	Elections Committee	<p>At least three public councillors</p> <p>The President shall not be an ex-officio member of the Elections Committee.</p>	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.
Royal College of Dental Surgeons	Governance Committee	Two members of Council who are	The Governance Committee oversees the competency-

<p>of Ontario</p>		<p>members of the College;</p> <p>Two public members of Council; and</p> <p>At least two subject matter experts with expertise relating to professional regulation and governance.</p>	<p>based assessment of Council and committee applicants and makes recommendations to Council regarding Council elections and selections and committee appointments, among other duties.</p>
<p>College of Denturists of Ontario</p>	<p>Elections Committee</p>	<p>At least three (3) individuals. At least one (1) member of Council who is also a Member and at least one (1) Public Member.</p>	<p>Oversees disputes on candidate eligibility, voting eligibility and disputes related to election of Board members.</p>
<p>College of Dietitians</p>	<p>Elections Committee</p>	<p>Three Public Directors</p>	<p>The Elections Committee’s responsibilities are as follows: (a) dealing with disputes relating to election of elected directors; (b) dealing with disputes relating to the distribution by the College of election material prepared by a candidate for election; (c) studying and making recommendations to Board of Directors on improving the election process; and (d) any other responsibilities as may be assigned by Board of Directors or the Executive Committee from time to time.</p>
<p>College of Homeopaths of Ontario</p>	<p>Governance Committee</p>	<p>At least three (3) individuals. At least one (1) member of Council who is also a Member and at least</p>	<p>Oversees disputes on candidate eligibility, voting eligibility, statements, assists the Registrar in with other electoral duties.</p>

		one (1) Public Member.	
College of Kinesiologists of Ontario	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, the College and/or the duties of the Committee.	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.
College of Medical Radiation and Imaging Technologists of Ontario	Election 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.
College of Naturopaths Of Ontario	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, One or more registrants who are not seeking election to the Council in the	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 an inquiry into the validity of the election and make a report and recommendation to the Council.

		<p>year on which they sit on the Committee.</p> <p>Any number of Public Representatives as defined in the by-laws.</p>	
College of Nurses of Ontario	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>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>
College of Occupational Therapists of Ontario	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 to the Board and for recommending candidates for appointment to committees.</p>
College of	Screening Committee	The Screening	The Screening Committee

<p>Opticians of Ontario</p>		<p>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>shall: 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>
<p>Ontario College of Pharmacists</p>	<p>Screening Committee</p>	<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>
<p>College of</p>	<p>Governance and</p>	<p>The Board Chair, the</p>	<p>The Governance and</p>

<p>Physicians and Surgeons of Ontario</p>	<p>Nominating</p>	<p>Board Vice-Chair;</p> <p>A past Board Chair</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>Nominating Committee is responsible for implementing governance policy recommendations and ensuring that appointments are made to all the CPSO committees so that the work of the CPSO can be done. Oversees all nominations activity for Elected Directors of the Board, Academic Directors of the Board, the Board Chair and Vice-Chair positions, Executive Member Representatives, and members of the Finance and Audit Committee;</p>
<p>College of Registered Psychotherapists of Ontario</p>	<p>Nominations and Elections Committee</p>	<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</p>

			process for competency-based appointments.
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario	Nominations Committee	Two (2) members of Council who are Professional Members; Three (3) Public Members;	Assist in the elections process, ensure candidates have met all the competencies required.

Board Meeting
March 24-25, 2025

Agenda #13.0: Approval of the 2025-2026 Budget

It is moved by

and seconded by

that:

The Board approves the April 1, 2025 – March 31, 2026 budget.

BOARD BRIEFING NOTE
For Decision

Topic:	Approval of the 2025-2026 Budget
Public Interest Rationale:	Ensuring the College has the financial resources needed to discharge its regulatory responsibilities and advance the Strategic Plan.
Strategic Alignment:	<p><i>People and Culture:</i> Ensuring that College staff and the Board have the resources needed to do their best work.</p> <p><i>Performance and Accountability:</i> Ensuring the College is adequately resourced to support the implementation of strong corporate structures and systems.</p>
Submitted By:	Craig Roxborough, Registrar & CEO Mary Catalfo, Director of Finance
Attachments:	Appendix A: Budget Detail by GL Code Appendix B: FY2026 Operating Plan

Issue

- The Board is provided with an overview of the draft FY2026 budget following review and recommendation for acceptance from the Risk, Audit, and Finance Committee (RAFC).

Decision Sought

- The Board is being asked whether it approves the draft FY2026 budget.

Background

- The College, after a series of purposeful budget deficits, began to chart a path towards financial stability in 2023 with a significant increase (10.5%) to registration and administrative fees.
- To support the College in charting this path towards financial stability, the Board was provided with a full overview of the College's financial status in [June 2023](#) (see pages 105-108) and engaged in a discussion to identify key principles that should inform long-term financial planning. The result of this discussion was a commitment to:
 - Minimizing the impact of fee increases on registrants;
 - Returning to balanced budgets in the long-term;
 - Maintaining operational reserves within 3-6 months while considering a long-term transition to post pandemic recommendations (6-12 months);
 - Ensuring adequate resources are allocated to meet regulatory responsibility and the requirements of the College Performance Measurement Framework (CPMF), with additional investments in strategic projects being considered individually; and

- Continuing modernization to the College's infrastructure and remaining competitive from a staff recruitment and retention perspective.
- In [September 2023](#) (see pages 55-65) the Board was presented with financial projections through to 2028 and in [December 2023](#) (see pages 167-173) the Board approved a 2% increase to all registration and administrative fees on the basis of updated financial projections.
- 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 along with a surplus of over \$330,00 for the Ontario Clinical Exam (OCE) based on enrollment projections.
- In [September 2024](#) (see pages 172-179) the Board was provided with an update on the financial future of the College and an analysis of registration and administrative fees. No fee increase to registration and administrative fees¹ or the OCE were proposed.
 - Projections developed at the time estimated that core business would have a small deficit (\$114,000²) and that the OCE would be in a surplus position (\$97,000).

Current Status and Analysis

- The RAFC is responsible for reviewing the budget in detail and recommending its approval to the Board. At its February 2025 meeting, the RAFC undertook this review and ultimately passed a motion to recommend the Board approve the draft budget.
- The Board is now provided with a high-level overview of the budget with a focus on key changes and investments that are proposed.

1. Budget Bottom Line

- The draft budget is anchored to the College's operational plan which actions the strategic priorities discussed with the Board at the [December 2024](#) (see pages 233-237) meeting.
 - Estimates of revenue were based on historical trends and current data. For example, the number of active registrants, historical attrition trends, and anticipated enrolment in the OCE. At this time, it is anticipated that the OCE will be at capacity through to the end of FY2026.
- The draft budget (see Appendix A and summarized in Table 1 below) anticipates a surplus for FY2026 of \$141,712.

¹ With the exception of increasing professional corporation fees by 2% to correct for a historical oversight.

² Less than 1.5% of revenue.

- **Core Business:** Revenue and expense projections forecast a deficit of \$195,155 (which is equivalent to approximately 2.25% of revenue).
- **OCE:** Revenue and expense projections forecast a surplus of \$336,867.

Table 1: Draft FY2026 Budget Compared to FY2025 Forecast and Budget

	FY25 Budget			FY25 Year End Projection			Draft FY26 Budget		
	Core	Exam	Total	Core	Exam	Total	Core	Exam	Total
Revenue	8,037,727	1,790,470	9,828,197	8,121,550	1,929,835	10,051,385	8,618,488	2,223,200	10,841,688
Expenses	8,088,349	1,458,801	9,547,150	8,126,055	1,502,212	9,628,267	8,813,643	1,886,333	10,699,976
Surplus (Deficit)	-50,622	331,669	281,047	-4,505	427,623	423,118	-195,155	336,867	141,712

2. Key Changes and Projects Included in the Draft Budget

- The draft budget represents a fully funded operational plan (Appendix B) and continued investment into strategic priorities while increasing operational capacity.
- The most substantive changes or investments are highlighted below. Where line numbers are provided, it is for information purposes only and may not reflect the total expenditure within that budget item.

Workforce Assumptions and Changes

- The draft budget includes proposals to increase the College’s human resource base through increasing the College’s Full Time Employee (FTE) headcount and contract positions to support short-term needs (unless noted below, the positions highlighted impact 5901 Salaries and 5902 Employer Benefits).
 - The draft budget includes a new full-time position in IT in order to move previously outsourced maintenance and development services in-house. This move will eventually reduce out-sourcing needs and will address business continuity risks that have been identified within the IT team.
 - A contract coordinator position for the OCE team is needed to manage the current volume of work. The OCE program headcount was established at a time where less than 600 candidates were anticipated. However, volume has increased to over 1100 candidates per year.
 - A contract administrator/coordinator position is needed in the Professional Conduct area to address short-term administrative burden while a longer-term strategy is explored to address the recommendations stemming from the business process review.

- The volume of screening interviews being conducted in the quality assurance program continues to grow with an increasing registrant base³. To support management of this increasing regulatory burden while achieving targets, a part-time contractor position is included in the budget (reflected in 5705 Professional Services Other).
- The budget also includes an average 4% increase in employee compensation, split between cost-of-living increase (2%) and merit-based increases (2%) where employees are meeting expectations (primarily reflected in 5901 Salaries).
- The mandatory employee related costs (MERCs) category (which includes health insurance benefits, employment insurance and Canadian pension plan costs, retirement plan contributions, and other mandatory costs) includes some changes (see 5902 Employer Benefits).
 - The College has changed health insurance benefits providers to reduce costs (approximately \$40,000 over the first year and a half) while also *increasing* the benefits coverage provided.
 - The wait time for enrolling in the College's retirement plan has been reduced from 12 to 6 months, much closer to industry standards.

Governance Assumptions

- A 2% increase in Board and Committee per diems has been included in the budget, mirroring the cost-of-living increases planned for employees (see 5000 Committee Per Diem).
- All Board and Committee meeting planning has mirrored the approach adopted in FY2025.
 - It is assumed that the Board and Executive Committee will meet in person. It is also assumed that a professional member of the Board will be Chair and a small amount has been included in the event the Vice-Chair takes on additional responsibilities (for a combined total of \$7500 reflected in 5003 Council Per Diem).
 - For the Inquiries, Complaints, and Reports Committee (ICRC) it is assumed that full-day meetings (with the option for in-person attendance) will occur monthly with additional education days. It is assumed that each meeting will have 5-6 attendees (see 5002 ICRC Per Diem). Estimates for committee expenses have been reduced based on historical trends (see 5052 ICRC Expenses).
- The budget continues to include funds for Board/Committee member attendance at select and relevant conferences, and to support the Registrar Performance Evaluation process with an external consultant and to provide for Registrar Executive Coaching (for a total of approximately \$16,000) (reflected across 5503 Council Education, 5904 HR Consultant Fees, 5905 Staff Development).

³ For example, in 2021-2022 there were 11,023 PTs and 673 screening interviews conducted. In 2023-2024, there were 11,909 PTs and 855 interviews conducted. This represents a 27% increase in the number of screening interviews conducted. In FY2026, 872 screening interviews are planned, signalling a steady increase in the workload of this area.

Canadian Alliance of Physiotherapy Regulator (CAPR) Fees

- For CAPR's FY2025 (which aligns with the calendar year) no increases in fees were contemplated and the per registrant levy was applied to historical rather than current registration numbers stabilizing costs. As a result, the 2025 CAPR fee is reflected as a pro-rated amount of approximately \$180,000 in the proposed budget (see 5406 CAPR Membership Fee).
- Two additional amounts are included within the same line item:
 - \$10,000 has been allocated for ad hoc projects requested of CAPR by the regulators outside of standard exam and credentialing program offerings (e.g., evaluation of language testing).
 - \$40,000 has been allocated as Ontario's share of supporting the new national regulators group called Canadian Physiotherapy Regulators (CPTR).

Quality Assurance

- The College's quality assurance program runs on an online platform that was custom built and is maintained by a small vendor with modest annual fees (approximately \$20,000).
- It has been determined that the current platform creates some risks for the organization that require addressing (e.g., cybersecurity, business continuity, user experience, etc.). To address these concerns, a migration is planned to a more suitable subscription-based software solution with anticipated development costs (approximately \$35,000) and licensing costs (prorated at \$73,500 for this fiscal year) that will continue into future years (reflected in 5102 IT Software).

Outreach and Engagement

- For FY2026 nearly 30 engagement activities are being planned for including specific resourcing for the Registrar to meet the profession across multiple districts in a joint venture with the OPA. Approximately \$20,000 has been allocated to all of these activities (reflected in 5622 In-person Communication).

Equity, Diversity, and Inclusion (EDI)

- EDI has been specifically called out as a priority within the operating plan for FY2026 and many of the activities planned require financial support to action. In total, approximately \$74,000 is allocated to these activities.
 - Most substantively, work will begin in FY2026 to develop two new standards aimed at addressing specific EDI related practice issues. They are: (1) Health Equity and Anti-Discrimination and (2) Indigenous Cultural Safety and Humility. This work will require support from external EDI consultants to both guide the positions being developed and support any relationships needed to enable meaningful engagement, particularly as it relates to the Indigenous community (approximately \$40,000 has been allocated) (reflected in 5505 Policy Development).

- Additionally, a deep dive into the College's HR policies, procedures, and practices from an EDI and intersectional lens is planned to identify potential gaps, help to reduce or eliminate barriers and improve areas that might be impacting marginalized groups (e.g., our recruitment process, etc.) (approximately \$13,000 has been allocated to support this review) (reflected in 5904 HR Consultant Fees).
- The College has become an employer partner with the Canadian Centre for Diversity & Inclusion (CCDI), enabling the college to access training and educational services relating to EDI issues (approximately \$3000).

IT Enhancements and Continuous Improvement

- IT development is an essential component of implementing process improvements across the organization, by adopting automation, centralizing information in databases, and enhancing the functionality of the College's ATLAS database.
 - While the transition to an in-house developer is underway, continued outsourcing for FY2026 is planned (approximately \$136,000), including resources to address issues being identified from the Professional Conduct business review (approximately \$40,000) (reflected in 5104 IT Database).
- In keeping with feedback from RAFC and the Board, an internal controls review is planned for FY2026. Preliminary estimates of \$10,000 are included in the budget and a competitive process will be engaged in the new fiscal year to identify a third-party to conduct the work (reflected in 5705 Professional Services Other).
- FY2026 includes conducting a mock cybersecurity incident and continuing to implement training and IT development to support prevention and real-time responses (approximately \$24,000) (reflected in 5104 IT Database).

Data Informed Decision-Making

- While significant progress has been made with respect to building internal dashboards, additional work is necessary to develop full internal monitoring of all regulatory and program activity (approximately \$56,500 to engage external support) (reflected in 5502 Strategic Operations).

Education and Training

- In keeping with the educational priorities identified by the Executive Committee, funds continue to be allocated to support education at the Board level, Chair and Vice-Chair training, and Chair's education (approximately \$44,000 in total) (spread across 5001 Chair Education, 5503 Council Education, and 5051 Chair Education Expenses).
- A gap was identified regarding the College's obligation to provide training to independent contractors (e.g., assessors, coaches, examiners) relating to basic occupational health and safety

and human rights. Across multiple departments this totals approximately \$12,500 in spending (reflected in program area codes for each regulatory department).

Strategic Planning

- Several activities have been planned to support the refresh of our strategic plan in FY2026. They include engaging with internal and external partners to gather their input and facilitating key discussions with the Board and staff to identify the strategic direction and priorities, initiatives and success measures of the new plan (totalling approximately \$28,000) (reflected in 5502 Strategic Operations).

Additional Notes

- The draft FY2026 budget contemplates accepting a deficit (2.25% of core budget) that is not sustainable in the long-run. However, FY2026 can be viewed as a transition year with significant changes on the horizon:
 - The draft budget includes time-limited positions and significant investments in key areas,
 - It also reflects the final year of significant expenditure relating to CAPR,
 - The College's lease obligation is set to reduce beginning March 2027,
 - The Board's upcoming decision regarding the exam will either result in the sunset of the OCE in 2026 or the need for significant investments to expand our assessment services.
- These substantial financial changes in the next two years will be assessed and monitored going forward.
- If a decision is made to join the Health Professions Discipline Tribunal, the transition could occur mid-year and require some adjustment to the budget. Notwithstanding this, the financial projections provided to the Board as part of those briefing materials suggest that this transition would have minimal impact on the overall budget.
- The draft budget does not capture or transfer in-kind contributions of non-OCE program staff as part of the OCE expenses and instead retains the full amount of these staff within the core business budget. That said, staff have developed a method to better capture these expenses, estimating that as much as \$200,000 per year of non-program staff time is spent on the OCE annually.

Next Steps

- Should the Board approve the draft FY2026 budget, it will go into effect April 1, 2025.

Questions for the Board

- What questions does the Board have regarding the budget?
- Does the Board approve the Budget as proposed?

BUDGET FY 26

All Departments

	Budget FY 25 TOTAL	Budget FY26 TOTAL	FY26 vs FY25 % variance	CORE FY26	OCE FY26
<u>REVENUE</u>					
4001 (Registration Fees)					
4007 (Registration Fee Credits)	(37,373)	(39,316)	5.20%	(39,316)	
4011 (Independent Practice Certificate - Full)	6,976,368	7,406,640	6.17%	7,406,640	
4012 (Independent Practice Certificate - ProRated)	240,570	391,392	62.69%	391,392	
4013 (Professional Health Corporation Fees)	132,960	132,960		132,960	
4014 (Provisional Practice Certificate Fees)	51,000	51,000		51,000	
4021 (Cross Border Fees)	444	-		-	
Total 4001 (Registration Fees)	7,363,969	7,942,676	7.86%	7,942,676	
4002 (Interest Income)					
4002 (Interest Income)	281,946	284,000	0.73%	284,000	
Total 4002 (Interest Income)	281,946	284,000	0.73%	284,000	
4008 (Adminstration Fees)					
4015 (Application Fees)	204,972	204,972	0.00%	204,972	
4016 (Letter of Professional Standing)	14,500	14,500	0.00%	14,500	
4017 (Wall Certificates)	2,900	2,900	0.00%	2,900	
4018 (Late Fees)	2,540	2,540	0.00%	2,540	
4019 (PHC Application Fees)	27,700	27,700	0.00%	27,700	
Total 4008 (Adminstration Fees)	252,612	252,612	0.00%	252,612	
4010-P (Miscellaneous Income Parent)					
4010 (Miscellaneous Income)	-	-			
4023 (Sublease Rent)	139,200	139,200	0.00%	139,200	
Total 4010-P (Miscellaneous Income Parent)	139,200	139,200	0.00%	139,200	
4030-P (ETP Fees Parent)					
4031 (Exam Exemption Fees)	-	-			
4032 (Exam Exemption Screening Interview Fees)	-	-			
4033 (Ontario Clinical Exam Fees)	1,790,470	2,223,200	24.17%		2,223,200
Total 4030-P (ETP Fees Parent)	1,790,470	2,223,200	24.17%		
Total Revenue	9,828,197	10,841,688	10.31%	8,618,488	2,223,200
<u>EXPENSES</u>					
5000 (Committee Per Diem)					
5001 (Chair Education Per Diem)	15,126	9,540	-36.93%	9,540	
5002 (ICRC Per Diem)	65,870	48,690	-26.08%	48,690	
5003 (Council Per Diem)	56,944	67,417	18.39%	67,417	
5005 (Discipline Committee Per Diem)	23,728	28,110	18.47%	28,110	

	Budget FY 25 TOTAL	Budget FY26 TOTAL	FY26 vs FY25 % variance	CORE FY26	OCE FY26
5006 (Executive Committee Per Diem)	7,780	14,442	85.63%	14,442	
5010 (Patient Relations Committee Per Diem)	1,444	993	-31.23%	993	
5011 (QA Committee Per Diem)	7,668	9,651	25.86%	9,651	
5012 (Registration Committee Per Diem)	8,129	10,671	31.27%	10,671	
5017 (Risk, Audit, and Finance Committee Per Diem)	9,000	10,000	11.11%	10,000	
5018 (Exam Committee Expenses)	-	-		-	
Total 5000 (Committee Per Diem)	195,689	199,514	1.95%	199,514	
5050 (Committee Expenses)					
5051 (Chair Education Expenses)	14,850	20,321	36.84%	20,321	
5052 (ICRC Expenses)	44,385	18,756	-57.74%	18,756	
5053 (Council Expenses)	54,840	56,120	2.33%	56,120	
5056 (Executive Committee Expenses)	10,564	12,996	23.02%	12,996	
5075 (Risk, Audit, and Finance Committee Expenses)	10,856	12,000	10.54%	12,000	
5076 (Exam Committee Expenses)	-	-		-	
Total 5050 (Committee Expenses)	135,495	120,193	-11.29%	120,193	
5100 (Information Technology and Information Management)					
5101 (IT Hardware)	2,742	8,900	224.58%	8,900	
5102 (IT Software)	231,741	425,474	83.60%	425,747	
5103 (IT Maintenance)	6,960	-	-100.00%	-	
5104 (IT Database)	137,000	160,096	16.86%	160,096	
5109 (IT Implementation Costs)	-	-		-	
Total 5100 (Information Technology and Information M)	378,443	594,470	57.08%	594,743	
5400 (Office and General Expenses)					
5200 (Insurance)	13,775	14,465	5.01%	14,465	
5300 (Networking)	6,000	5,800	-3.33%	5,800	
5301 (Conference and Travel)	19,950	22,900	14.79%	22,900	
5402 (Bank and Service Charges)	260,005	270,000	3.84%	270,000	
5403 (Maintenance & Repairs)	800	2,400	200.00%	2,400	
5405 (Membership Publications)	26,317	32,445	23.29%	32,445	
5406 (CAPR Membership Fees)	265,832	230,901	-13.14%	230,901	
5407 (Office and Kitchen Supplies)	4,000	4,000	0.00%	4,000	
5408 (Postage and Courier)	4,000	7,100	77.50%	7,100	
5409 (Office Rent)	488,738	566,628	15.94%	566,628	
5411 (Printing and Stationary)	6,600	7,850	18.94%	7,850	
5412 (Telephone and Internet)	27,661	33,000	19.30%	33,000	
5413 (Bad Debt (Allowance for Doubtful Accounts))	10,000	17,250	72.50%	17,250	
Total 5400 (Office and General Expenses)	1,133,679	1,214,739	7.15%	1,214,739	
5500 (Regulatory Effectiveness)					
5502 (Strategic Operations)	54,495	186,478	242.19%	186,478	
5503 (Council Education)	23,464	23,094	-1.58%	23,094	

	Budget FY 25 TOTAL	Budget FY26 TOTAL	FY26 vs FY25 % variance	CORE FY26	OCE FY26
5504 (Elections)	3,700	3,700	0.00%	3,700	
5505 (Policy Development)	45,200	78,625	73.95%	78,625	
5513 (Governancre)	1,250	950	-24.00%	950	
Total 5500 (Regulatory Effectiveness)	128,109	292,847	128.59%	292,847	
5600 (Communications)					
[*] 5605 (Translation Services)	22,750	12,000	-47.25%	12,000	
[*] 5620 (Print Communications)	900	2,760	206.67%	2,760	
[*] 5621 (Online Communications)	143,090	56,900	-60.23%	56,900	
[*] 5622 (In-person Communication)	6,000	20,100	235.00%	20,100	
Total 5600 (Communications)	172,740	91,760	-46.88%	91,760	
5700 (Professional Fees)					
4004 (Cost recovery from cost orders)	(42,000)	(69,000)	64.29%	(69,000)	
5701 (Audit)	21,000	23,000	9.52%	23,000	
5702 (Hearing Expenses)	5,735	3,955	-31.04%	3,955	
5704 (Investigation Services)	-	-		-	
5706 (Investigator Travel)	-	2,000		2,000	
5707 (Decision Writing)	59,850	56,037	-6.37%	56,037	
5708 (Peer / Expert Opinions)	40,000	20,000	-50.00%	20,000	
5710 (Undercover Assessment Fees)	-	-		-	
5711 (External Investigators)	83,040	83,040	0.00%	83,040	
5712 (PC Chart Review)	13,680	13,680	0.00%	13,680	
5713 (Summons - Conduct Fees)	300	300	0.00%	300	
5714 (Fees to Secure Records)	600	1,000	66.67%	1,000	
5715 (Corporate Searches)	200	200	0.00%	200	
5716 (Transcripts)	10,080	10,080	0.00%	10,080	
5705 (Professional Services Other)	10,000	64,700	547.00%	64,700	
5751 (Legal - QA)	3,707	4,805	29.60%	4,805	
5752 (Legal - Registration)	27,400	14,700	-46.35%	14,700	
5760 (General Counsel)	117,000	65,613	-43.92%	65,613	
5761 (Independent Legal Advice)	63,854	45,765	-28.33%	45,765	
5762 (Hearing Counsel)	98,875	60,000	-39.32%	60,000	
5763 (Court Proceedings & Appeals)	-	-		-	
5756 (C&D Accrual Expense)	(91,000)	-	-100.00%	-	
5754 (Legal - Council Advice)	10,000	14,000	40.00%	14,000	
5755 (General Legal)	30,000	20,000	-33.33%	20,000	
5757 (Legal - Corporate Obligations)	-	-		-	
5758 (Legal - Practice Advice)	1,800	1,975	9.72%	1,975	
5759 (Legal - Policy)	-	-		-	
Total 5700 (Professional Fees)	464,121	435,850	-6.09%	435,850	
5800 (Programs)					
[*] 5802 (Jurisprudence)	15,255	-	-100.00%	-	
[+] 5810 (QA Program)	197,718	249,627	26.25%	249,627	
[+] 5830-P (Ontario Clinical Exam Parent)	1,134,473	1,468,135	29.41%		1,468,135

	Budget FY 25 TOTAL	Budget FY26 TOTAL	FY26 vs FY25 % variance	CORE FY26	OCE FY26
[*] 5841 (Exam Exemption - PT Assessment Costs)	-	-		-	
[*] 5842 (Exam Exemption - Screening Interview Costs)	-	-		-	
[+] 5870 (Practice Enhancement - QA)	-	-		-	
[+] 5880 (Remediation)	22,561	17,807	-21.07%	17,807	
[*] 5890 (Therapy and Counselling Fund)	40,152	47,977	19.49%	47,977	
Total 5800 (Programs)	1,410,159	1,783,546	26.48%	315,411	1,468,135
5900 (Staffing)					
5901 (Salaries)	4,514,374	4,878,409	8.06%	4,520,974	357,434
5902 (Employer - Benefits and Mandatory employment-i	766,931	829,329	8.14%	768,566	60,764
5903 (Employer - RRSP Contribution)					
5904 (HR Consultant Fees)	40,000	37,025	-7.44%	37,025	
5905 (Staff Development)	54,500	59,996	10.08%	59,996	
5906 (Recruitment)	3,000	5,000	66.67%	5,000	
5907 (Staff Recognition)	23,180	37,025	59.73%	37,025	
5909 (Employee Overtime)	-	-			
5914 (Vacation Pay Adjustment)	-	-			
Total 5900 (Staffing)	5,401,985	5,846,784	8.23%	5,428,586	418,198
6000 (Amoritization)					
6001 (Amoritization - Tangible Assets)	127,000	120,000	-5.51%	120,000	
Total 6000 (Amoritization)	127,000	120,000	-5.51%	120,000	
Total Expenses	9,547,420	10,699,702	12.07%	8,813,643	1,886,333
Surplus (Deficit)	280,777	141,985.96	-49.43%	-195,154.54	336,866.85

Fiscal Year 2025-2026 Operating Plan



Executive Summary

The College's operating plan is anchored by the College's mandate and strategic plan. It has four related components.

The work plan lays out priority areas where we intend to make progress in addition to our core work. It describes planned activities for the year, including organization-wide initiatives and department-level activities and projects.

An action plan in support of the College's Equity, Diversity and Inclusion (EDI) strategy is also included as part of the overall plan. The initiatives are intended to drive progress towards our long-term EDI goals.

Executive Summary

The human resource plan outlines the workforce requirements and the College's practices for talent recruitment, retention and development. There is a proposed increase of one permanent position to a total of 42 full-time staff to support our work, with additional support on a contract basis.

The budget plan outlines the financial plan corresponding to the activities and workforce needs. The plan for the year includes an expected revenue of \$10,841,688 and an expected expense of \$10,699,976, which results in an expected surplus of \$141,712.

Mandate

The College has a duty to serve and protect the public interest. The College protects the public by ensuring that physiotherapists are delivering safe, ethical, competent and equitable care.

Strategic Plan 2022-2026



Mission

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



Vision

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



Values

Integrity
& Trust



Inclusion
& Respect



Transparency
& Accountability



Collaboration

Strategic Pillars

Regulation & Risk

Effectively regulate the physiotherapy profession in Ontario and advance its statutory work through a risk-based approach.

Engagement & Partnerships

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

People & Culture

Promote a collaborative environment and a culture based on equity, diversity and inclusion principles while ensuring staff and Council have the resources they need to do their best work.

Performance & Accountability

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



Focus on Equity, Diversity & Inclusion
(EDI)



Improve Governance Based on Government
Direction and Best Practices

Strategic Initiatives

Create, implement and maintain a culture grounded in risk-based assessments and evidence-informed decision making.

Assess the pathways to licensure to ensure that they are appropriate and fair to both Canadian trained and internationally educated physiotherapists.

Engage in purposeful and meaningful engagement, collaboration and partnerships which further our strategic goals and statutory mandates.

Develop and maintain an organizational infrastructure which supports our statutory obligations and strategic priorities.

Develop and maintain an enterprise risk management strategy which supports organizational, governance and statutory activities of the College.

Develop and implement a Data Management Strategy to support risk-based and evidence-informed decision making.



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



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

Strategic Alignment

Throughout this document, the following icons will be used to indicate alignment with the College's strategic pillars.



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity &
Inclusion



Governance Modernization

Work Plan



Work Plan Overview

This section outlines the College's work plan for Fiscal Year 2025-2026. The plan includes organization-wide initiatives and department-level activities and projects.

While this plan indicates our *intention* to make progress on the stated priorities, it does not mean that we will necessarily complete every single activity or project listed. There will be times when competing operational needs will require reallocation of resources and trade-offs.

Should there be major changes in our environment that requires a regulatory response, that will also have impact on this plan.

Our commitment is to be transparent and keep the Board informed of our completion of planned work and any changes to the plan on an ongoing way.

Organization-Wide Initiatives



Right-touch Regulation

Proportionate regulatory responses, right interventions at the right time, support competency, be compassionate.

Examples of activities:

- Bolster exam security
- Communicate using plain and compassionate language
- Develop guidance for PTs about AI, trauma-informed practice and documentation

Strategic Alignment



Data Strategy

Continue to build our data infrastructure foundation, foster data informed decision-making.

Examples of activities:

- Build dashboards for all levels of the organization to monitor performance
- Use our data to inform action

Strategic Alignment



Continuous Improvement

Standardize and document processes, small acts of change, better user or customer experience.

Examples of activities:

- Improve user experience in PT portal
- Create/update policies and standard operating procedures (SOPs)
- Improve practices and automation in finance

Strategic Alignment
Supports all strategic pillars

Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization

Organization-Wide Initiatives

 **People and Culture**

Have the people and skills necessary to do our work, build more capacity in-house, support psychological safety.

Examples of activities:

- Continue training and development of those who work on behalf of the College
- Improve information sharing across the organization
- Learning and development for leaders on psychological safety

Strategic Alignment 

 **Technology**

Better use of current technology, explore use of new ones, support efficiency, performance and accountability.

Examples of activities:

- Expand functionality of database
- Implement new solution to support quality assurance assessments
- Explore technology solutions to support professional conduct
- Leverage accounting software to make finance data more accessible

Strategic Alignment   

Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization

Organization-Wide Initiatives



Intentional Partnerships

Intentional partnerships with clear goals, be at the right tables with clear roles, build trust through intentional, compassionate communication.

Examples of activities:

- Strategic outreach to various audiences and partners
- Connect with registrants through outreach activities across Ontario
- Proactive and thoughtful social media presence

Strategic Alignment



Support Good Governance

Foster partnership and trust with Board and Committees, support competency and focus on public interest, enhance learning and education.

Examples of activities:

- Continue to assess and implement governance review recommendations
- Support learning and development of Board and Committee members
- Update Code of Conduct and processes

Strategic Alignment



Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization

Exam



Key Objectives

- Review and update exam content development process to improve content quality and examiner/candidate experience
- Increase/improve examiner pool capacity and retention
- Implement improvements to processes and practices with a focus on exam security

Core Activities

- Day-to-day exam administration and delivery
- Ongoing documentation of all exam procedures
- Customer service focus
- Continuous quality improvement debriefs
- Ongoing examiner training

Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization

Registration



Key Objectives

- Review registration templates to ensure use of plain and compassionate language
- Improve the communication that we have in the PT Portal so that the user better understands their application status

Core Activities

- Process applications
- Respond to applicant inquiries
- Approve and process other registration-related requests
- Provide registration information to support other teams
- Support the Registration Committee
- Share data and reports to support system partners

Other Projects

- Review practices around frequency and method of annual renewal reminders
- Create an updated application guide and checklist for initial professional health corporation applications

Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization

Practice Advice



Key Objectives

- Maintain a high level of customer service in responding to practice advice inquiries
- Support roll out of new standards by responding to and monitoring trends in questions and issues related to the new standards
- Outreach to PTA students to foster engagement and increase awareness about supervision expectations

Core Activities

- Respond to calls and email inquiries to practice advice
- Present to Ontario PT students, PTA students, and ad hoc presentations to PT workplaces
- Support various College committees
- Partner meetings and environmental scanning

Other Projects

- Use of Power BI data to track inquiries related to new standards

Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization

Quality Assurance



Key Objectives

- Ensure sufficient capacity and continue to increase diversity within pool of assessors
- Review communication templates to ensure use of plain and compassionate language

Core Activities

- Administer screening interviews and assessments
- Provide technical and other support to PTs and assessors
- Maintain and update PT and assessor resources
- Ongoing assessor training
- Support the Quality Assurance Committee
- Ongoing evaluation and continuous improvement
- Maintain and update program operating procedures

Other Projects

- Support implementation of new technology solution to support QA assessments



Professional Conduct



Key Objectives

- Ongoing development and updates to SOPs to improve process efficiencies with Committee work, day to day investigations
- Develop ability to retrieve and summarize data from ATLAS that provides information on trends, updates and progress
- Ensure there are tools and resources to support the Committee to make reasonable decisions according to the behaviour or action of registrants
- Ensuring that registrants, complainants and reporters understand College processes.

Core Activities

- Conduct investigations
- Support Inquiries, Complaints and Reports Committee
- Implement recommendations from the business process review

Other Projects

- Review communication templates to ensure use of plain and compassionate language



Hearings Office



Key Objectives

- Training for Committee members on unconscious bias and different forms of discrimination to increase knowledge of how they can impact the hearings process, and make changes to the hearings process based on the learnings
- Support succession planning for the Chair role so that the Vice-Chair can step into the Chair role seamlessly when needed

Core Activities

- Day-to-day support to the Discipline Committee
- Ongoing Committee training
- Updating and creating SOPs

Other Projects

- Review and update frequently used communication templates to ensure use of plain and compassionate language



Compliance Monitoring



Key Objectives

- Recruitment to ensure roster of coaches reflect the diversity of PTs they serve and that is large enough to keep up with changing caseload
- Training coaches on various EDI topics

Core Activities

- Day-to-day support for the compliance monitoring program
- Ongoing recruitment and development of coaching pool
- Develop standard operating procedures and process guidelines



Special Regulatory Projects



Projects

- Support the College's readiness to implement a potential scope change
- Develop a guideline for PTs to incorporate AI into physiotherapy practice in a safe and ethical way
- Develop a webinar that equips physiotherapists with essential knowledge and skills for applying trauma-informed practices in clinical settings
- Develop an educational resource on documentation tailored for registrants who have been directed by a committee to complete education in documentation practices

Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization



Key Objectives

- Supporting updates to the General Regulation
- Addressing process gap related to disqualification for Board and Committee positions
- Continuous improvement of governance processes with a focus on the onboarding and orientation process
- Continue Standards development and implementation to support professional practice

Core Activities

- Routine governance activities
- Ad hoc governance work from Board/management direction
- Review and update By-laws and Governance Policies as needed
- Support policy development in other teams
- Support development of practice advice for registrants
- Providing legal advice (General Counsel)
- Addressing privacy breaches (Privacy Officer)

Other Projects

- Review and update the College's guidance for Privacy, Consent and Virtual Care to ensure they continue to be fit for purpose
- Complete development of a Policy Framework to allow for appropriate policy classification



Business Operations



Key Objectives

- Ensure compliance with all Joint Health and Workplace Safety requirements
- Update records retention schedule and ensure compliance with the schedule
- Update emergency preparedness plan

Core Activities

- Ensure smooth operations in the office space for CPO and space sharing partners
- Support hearings and other meetings (in-person, hybrid and virtual)
- Act as key contact for external vendors
- Work with IT team on various IT projects
- Work with People & Culture Manager to provide administrative support
- Provide customer support for Professional Issues Self Assessment and Jurisprudence activities
- Manage files, records management, mail and courier packages

Other Projects

- Create an office move plan

Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization

Communications



Key Objectives

- Build internal capacity for using more compassionate regulatory language
- Strategic, proactive outreach to various audiences so that we are at the right tables
- Streamlining the data we collect and optimizing its use in College communications
- Supporting the College's People & Culture efforts by helping to share information across the organization to break down departmental silos

Core Activities

- Day-to-day and annual communications activities
- Townhalls, webinars and partner events across Ontario
- Communication and collaboration with system partners
- Ongoing communications support for Ontario Clinical Exam
- Support communication and outreach activities across the organization

Other Projects

- Create and implement a strategic and proactive outreach plan
- Comprehensive social media review and updated plan
- Set-up of automated and robust analytics reports



People & Culture



Key Objectives

- Implement the internal Equity, Diversity, Inclusion and Belonging strategy to create a psychologically safe workplace where EDIB is ingrained in our culture
- Continued review and update of all HR policies to provide clear guidelines on HR policies and procedures and promote equity and fairness in how we apply policies across teams
- Enhance our leaders' capabilities to provide, support and promote a psychologically safe workplace at the College

Core Activities

- Day-to-day management of workforce
- Support ongoing skills development for staff and leaders
- Carry out staff engagement and psychological safety survey and present results

Other Projects

- Create procedures/SOPs/workflow charts to align with frequently accessed HR policies



Information Technology



Key Objectives

- Expand functionality of database so that it is fully utilized to support all teams' day-to-day activities
- Deliver training and education to staff to support effective use of technology tools
- Implement new technology solution to support QA assessments to bolster resiliency of the program

Core Activities

- Maintain IT systems
- Serve as IT helpdesk for staff
- Complete IT work requests for all business areas
- Education and training for staff
- Technology support for the Ontario Clinical Exam, PISA, and annual renewal

Other Projects

- Public Register and PT Portal enhancements
- Actions to reinforce cybersecurity

Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity & Inclusion



Governance Modernization



Key Objectives

- Improve finance processes to implement best practices for improved reliability of all financial data
- Implement new automated process for expense processing so invoices and expenses are paid on a timely basis and recorded correctly in our accounting system
- Conduct review of our internal controls and processes and implement any recommended improvements
- Reassess the approach for operational reserve planning

Core Activities

- Financial planning, reporting, modeling, and forecasting
- Payments and treasury management
- Prepare for annual audit
- Maintain Enterprise Risk Management program
- Establish or update SOPs





Key Objectives

- Refresh strategic plan for April 2026 and beyond that reflects the current environment and priorities, and responds to emerging expectations
- Continue implementation of EDI actions to achieve sustained progress towards long-term goals in our EDI strategy
- Continue building out our data infrastructure foundation so that data can be used to monitor day-to-day work and inform actions
- Equip staff with the knowledge and skills about process improvement (LEAN) and entrench the practice of continuous process improvement

Core Activities

- Monitor strategic and operational performance
- Ensure we meet internal and external reporting requirements
- Monitor environment and share timely updates
- Execute cross-functional projects and support others to plan and execute projects
- Engagement and communication activities to support understanding and effective execution of our strategy

Other Projects

- Support IEPTs to successfully transition to practice in Ontario (continued from FY2025)



Equity, Diversity & Inclusion Plan



Equity, Diversity and Inclusion Plan Overview

The College's equity, diversity and inclusion (EDI) plan is anchored by the strategic goal to intentionally incorporate an EDI lens in the College's work, and further informed by the equity, diversity and inclusion strategy.

The College leveraged a toolkit developed for the Health Profession Regulators of Ontario to conduct equity impact assessments at the department level.

These departmental EDI self-assessments helped teams critically assess their work from an EDI lens to understand the current state and to plan concrete improvement actions for the future.

The EDI action plan outlines work planned for fiscal year 2025-2026 that will help make progress towards the College's long-term EDI goals.

Equity, Diversity & Inclusion Strategy



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

Diversity & Representation

Increasing diversity and representation among people who do work for the College so that they reflect the diversity of the profession and society at large.

Countering Bias

Empowering individuals to identify and address unconscious bias so that they don't lead to inequitable or unfair decisions.

Equitable Access & Outcomes

Designing our processes to support equitable outcomes and equitable access for all individuals.



Meaningful Engagement

Meaningfully engage with groups who are impacted by our work to understand their needs and to address them.

Supporting EDI in Care

Supporting registrants to incorporate equity, diversity and inclusion principles to advance safe, welcoming, and equitable physiotherapy care.

Incremental Improvements

Always pursuing incremental improvements, acknowledging that work towards achieving equity, diversity and inclusion is never truly done.

Equity, Diversity and Inclusion Initiatives



Training and Education

Increase awareness and understanding of types of bias and discrimination and how they impact our work.

Examples of activities:

- Provide training and education on various EDI topics to those who work on the College's behalf
- Includes Board and Committee members, staff, assessors, examiners, and coaches



EDI Data Strategy

Assess the role of data in advancing EDI goals.

Examples of activities:

- Catalogue EDI data we currently collect and consider future data needs
- Critically assess how we present EDI data to reduce harm and support inclusion



Supporting EDI in Care

Help physiotherapists incorporate EDI principles to advance safe, welcoming and equitable care.

Examples of activities:

- Lay the groundwork for the potential development of two EDI-focused standards: Indigenous cultural safety and humility, and health equity and anti-discrimination

Equity, Diversity and Inclusion Initiatives



EDI in the Workplace

Foster an equitable and inclusive workplace.

Examples of activities:

- Review human resource policies from an EDI lens
- Implement the internal equity, diversity, inclusion and belonging strategy focused on workplace culture



Inclusive Communication

Use inclusive and accessible communication and intentionally communicate our EDI commitments.

Examples of activities:

- Review our communications to ensure use of plain and compassionate language
- Create an inclusive language guide
- Intentionally incorporate our EDI commitment into communications

Human Resource Plan



Workforce

The College currently has 41 full-time employees to support our work.

There is a proposed increase of one permanent position, to a total of 42 full-time employees in fiscal 2025-2026. The new position is to bring more database development capacity in-house.

We are also including one contract position and one part-time independent contractor to respond to the increased volumes in exams and QA respectively, and one contract position in the professional conduct area to support capacity as the team pursues process improvement work next year.

Workforce needs were assessed and identified as part of the operational planning process. Each team was asked to identify the human resource needed to support the work they plan to do for the year.

Recruitment, Retention and Development

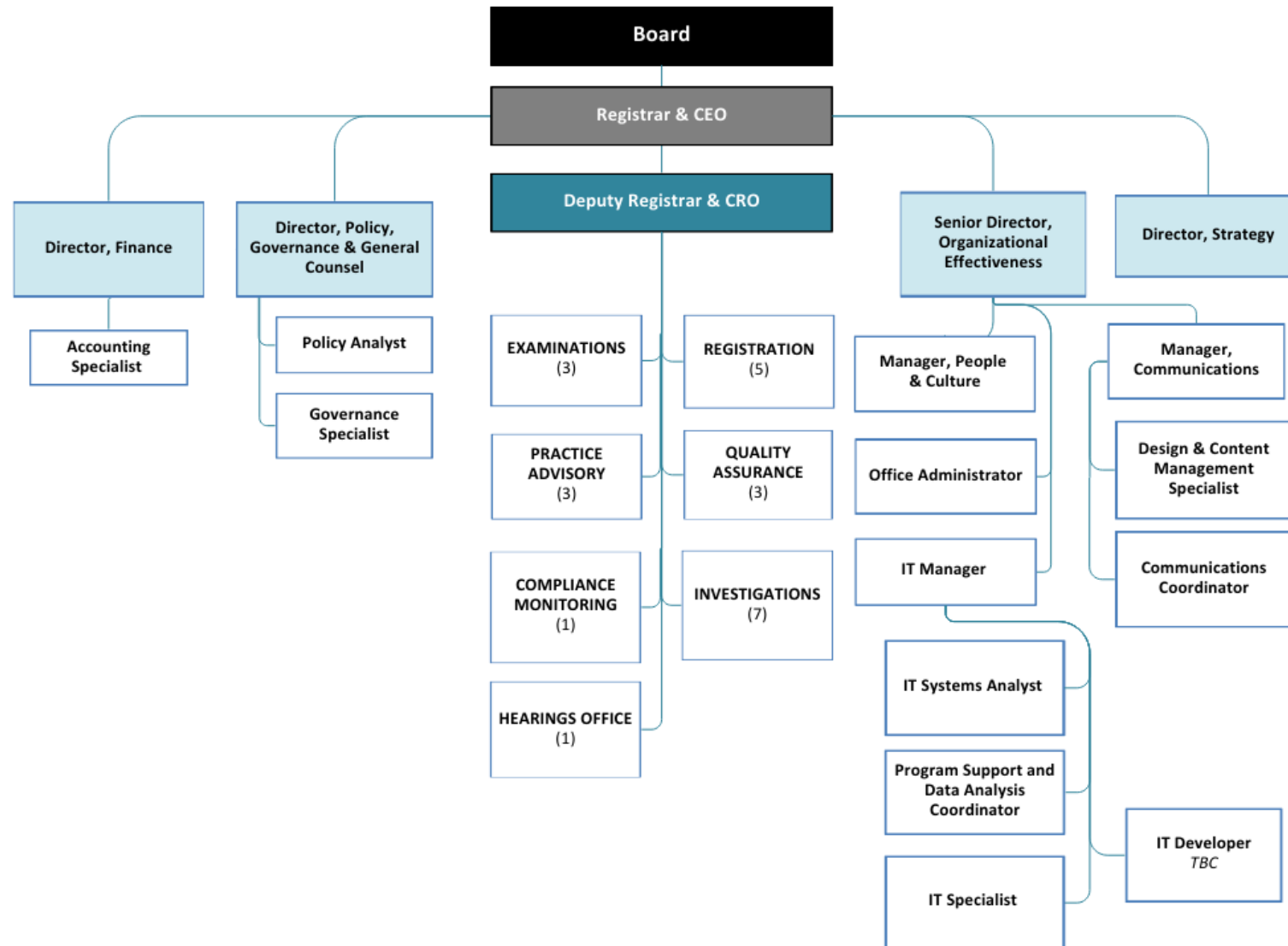
The College conducts open, fair and transparent recruitments. We post all job openings on the market. We make all efforts to identify a diverse pool of candidates. For example, we post openings on an Indigenous-focused job site where appropriate.

We provide comprehensive onboarding and training to new hires to set them up for success. We offer a comprehensive total rewards package that includes monetary compensation, benefits, flexible work arrangements, and other supports.

We support staff development at all levels of the organization, through a combination of group and individual training and learning. Areas of focus for the coming year include EDI-related training (e.g. anti-racism and anti-oppression awareness, cultural awareness) and leadership training (e.g. performance management, coaching, etc.).

The College has a succession plan to ensure business continuity. The plan identifies critical roles and outlines contingency plans to temporarily fill those roles/functions should they become vacant.

Workforce and Organizational Structure



Budget Plan

A large, white, curved shape, resembling a thick arc or a partial circle, is positioned on the right side of the image. It is set against a solid blue background. The shape starts from the top right and curves downwards and to the left, ending near the bottom right.

Budget Plan Overview

This section outlines the budget plan that corresponds to the work plan and workforce needs outlined in the previous sections. The plan for the year includes an expected revenue of \$10,841,688 and an expected expense of \$10,699,976, which results in an expected surplus of \$141,712.

The financial resources were identified through the same operational planning process, where departments identified the work they planned to do, the workforce needs, and any financial resources required. The financial components of the plan as identified by the departments, plus overhead, were then compiled into the budget.

The budget plan is presented with two components – the Ontario Clinical Exam and core business.

Overall Corporate Budget Plan

The budget plan for the College is shown below. To support the Board's oversight of the financial performance of the Ontario Clinical Exam, the OCE revenue and expenses are presented separately from the revenue and expenses in the core business.

Fiscal Year 2025-2026 Budget			
	Core	Exam	Total
Revenue	8,618,488	2,223,200	10,841,688
Expenses	8,813,643	1,886,333	10,699,976
Surplus (Deficit)	-195,155	336,867	141,712

BOARD BRIEFING NOTE
For Information

Topic:	FY2025 Q3 Financial Report Update
Public Interest Rationale:	Financial planning will ensure the programs and services provided by the College are properly financially supported to protect and serve the public interest in each of the identified areas.
Strategic Alignment:	<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.
Submitted By:	Mary Catalfo, Director of Finance
Attachments:	Appendix A: Statement of Operations – Budget vs Actuals Appendix B: Statement of Operations – Previous year comparison Appendix C: Statement of Financial Position Appendix D: Statement of Cash Flows

Issue

- The Board is provided with financial statements at December 31, 2025.

Decision Sought

- The FY2025 Q3 statements are being provided for information only.

Background

- The College’s fiscal year end is March 31st of each year. The Board is provided with quarterly statements. This is an opportunity for Management to provide analysis on variances, trends, comparative and forecasts.

Executive Summary

- In Q3, we continued to validate key financial data while identifying and assessing existing processes.
- The financial statements are presented with a caveat that, while they provide a comprehensive overview, they may not fully capture or reflect all expenses and adjustments due to the outstanding work that is still in progress. This ensures transparency and reflects ongoing efforts to finalize all tasks, transactions and financial activities. As the remaining work is completed, any necessary adjustments will be made, and the final figures will provide an even more accurate and refined picture of financial performance.
- Our focus remains on refining and improving these processes to enhance efficiency and ensure accuracy and completeness in our financial records. Specifically, we prioritized revenue recognition, accruals, and the proper allocation of expenses to the correct departments. These efforts will

remain ongoing for at least the next 6 to 12 months. In support of this objective, an additional staffing change has been made with a new accounting specialist joining in January 2026.

Financial Performance

Summary of Overall Financial Performance

- The overall financial picture for the College remains positive. Revenue is slightly higher than anticipated and expenses are tracking slightly under budget.
- The result of the higher than anticipated revenue and lower than anticipated expenses is that the College is showing a surplus in both the core business and OCE sides of the organization at the close of Q3. The overall breakdown is captured below in Table 1. As noted below in the FY2025 forecast, it is anticipated that both reconciliation and anticipated spending will adjust these results over the remainder of the year.

Table 1: Q3 Financial Summary by Core Business and OCE

	Core	Exam	Total
Revenue	6,356,409	938,328	7,294,737
Expenses	5,785,324	793,762	6,579,086
Surplus	<u>571,085</u>	<u>144,566</u>	<u>715,651</u>

Overview of Statement of Operations and Explanatory Notes

- A brief overview of the statement of operations (Appendix A) is provided below.
- Budget vs Actual variances
 - Total revenue is on track with budget with less than 2% variance.
 - Expenses are tracking 2% under budget.
 - An analysis of the variances observed is provided below. This analysis mirrors much of what was provided as commentary to the Q2 report reviewed by the Board at its December meeting. The primary findings outlined there continue to be the primary driver of the variances reported in Q3.
 - Broadly speaking where expenses are lower than budgeted, this is due to one of two primary reasons. Either (a) expenses are outstanding at the time of preparing these submissions (i.e.,

have not been submitted or processed) or (b) there is lower than anticipated utilization of the resources in question. Some examples include:

- 5000 – Committee Per Diem & 5050 Committee Reimbursed Expenses
 - Committee per diems and expenses are currently lower than budgeted. Some of this variance is due to delays in submitting or processing claims along with less than anticipated in-person attendance.
- 5700 – Professional Fees
 - The need for external investigation services continues to be lower than anticipated (5704 – Investigation Services).
 - Utilization of external counsel for complaints and discipline is tracking lower than anticipated (5753 Legal Professional Conduct) due to lower than anticipated need at the committee level.
- 5500 – Regulatory Effectiveness
 - Work in relation to the website (5621 Online Communication) was completed late in Q3 with invoices processed in Q4.
- Broadly speaking where expense variances are higher than anticipated, this is due to the way expenses have been recognized within the fiscal versus budgeted. For example, total annual expenditures are spread across the year from a budget perspective but then when claims are received they are recognized in one specific quarter. Examples of higher than anticipated expenses include:
 - 5100 – Information Management
 - IT expenses are higher than anticipated by about 19% overall.
 - IT Hardware (5101) is higher than anticipated due to an accounting matter, where historically these costs were recognized as depreciating assets and this approach had not been applied to this expense at the time of submission as further work is needed to ensure this is done properly.
 - The IT Database (5104) variance is due to up-front purchasing of service provider hours that will extend well into the remainder of the year.
 - IT Maintenance (5103) was due to unanticipated costs relating to migrating our firewall protections from the historical third-party IT service provider to our in-house IT team.
 - 5301 – Conferences and Travel.

- Conference registration and expenses for the Canadian Network of Agencies of Regulators (CNAR) was recorded in this period. It should have been put in as pre-paid and then recognized in October when the conference occurred and was budgeted for. This variance will be adjusted going forward.
- 5409 – Rent
 - The rent budget for FY25 required an adjustment to align with updated information. The variance noted is due to the use of outdated information which has since been corrected.
- 5900 Staffing
 - The primary driver of cost over-runs in 5904 – Consultant Fees relates to two expenditures: temporary utilization of a temporary bookkeeper to cover an unexpected leave, and consultant fees relating to confidential human resource matters.
- 5913 – Employer Health Tax
 - The budget amount is an underestimation of the actual costs. The actual is correct.

FY2025 Forecast

- As noted above, despite what appears to be a significant surplus at the end of Q3, relative to the budget, there are still outstanding payables from previous periods that were not processed by December 31st. As we continue to deal with the backlog of work in finance these will be processed in Q4.
- To support an analysis of the College’s financial position over the entire period, a line-by-line analysis of the budget and Q3 report were conducted to produce a forecast for the close of the fiscal year. The results of this analysis are provided in Table 2 below.
- Overall, the forecast is indicating that core business will land close to a balanced position and in a matter that is more favourable than budgeted.
- Similarly, the OCE is outperforming projections due to higher than anticipated enrollment.

Table 2: Year End forecast for FY25

	FY25 Budget			Year End Projection		
	Core	Exam	Total	Core	Exam	Total
Revenue	8,037,727	1,790,470	9,828,197	8,121,550	1,929,835	10,051,385
Expenses	8,088,349	1,458,801	9,547,150	8,126,055	1,502,212	9,628,267
Surplus (Deficit)	-50,622	331,669	281,047	-4,505	427,623	423,118

- A brief overview of the process undertaken is outlined below:
 - To determine the year end forecast, where the actual expenses at December 31st were significantly below the budget for the year, a reassessment was conducted to adjust for potential issues such as inaccuracies in the original budget or changes in known activities expected to happen in the last quarter.
 - Exam expense increase correlates to increase in demand. There are two exam dates in Q4. The expenses are an early estimate. Technology being one of the biggest expense lines.
 - Core expenses are expected to end at approximately \$40,000 over budget by the close of FY2025.

Questions for the Board

- What questions does the Board have regarding the ongoing transition and management of the College's finances?
- What questions does the Board have on the status of the College's finances?

College of Physiotherapists of Ontario

Statement of Operations - Budget vs. Actuals

April - December, 2024

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Income				
4001 Registration Fees				
4007 Registration fee credits	-32,673	-28,030	-4,643	117.00 %
4011 Independent Practice - \$648	5,241,632	5,232,276	9,356	100.00 %
4012 Independent Practice - ProRated	312,960	180,428	132,533	173.00 %
4013 Prof Corp Fees \$277	93,961	99,720	-5,759	94.00 %
4014 Provisional Practice Fees \$83	69,700	38,250	31,450	182.00 %
4021 Misc Fee \$113 and \$300	339	0	339	
Total 4001 Registration Fees	5,685,919	5,522,644	163,276	103.00 %
4002 Interest Income	296,446	183,233	113,213	162.00 %
4008 Admin Fees				
4015 Application Fees \$114	186,459	153,729	32,730	121.00 %
4016 Letter of Prof Stand / NSF \$56	12,272	10,875	1,397	113.00 %
4017 Wall Certificates \$28	3,000	2,175	825	138.00 %
4018 Late Fees \$254	4,064	1,905	2,159	213.00 %
4019 Prof Corp Application \$774	39,474	20,775	18,699	190.00 %
Total 4008 Admin Fees	245,269	189,459	55,810	129.00 %
4010 Miscellaneous Income	24,375		24,375	
4023 Sublease Income	104,400	104,400	0	100.00 %
Total 4010 Miscellaneous Income	128,775	104,400	24,375	123.00 %
4030 ETP Assessment Fees				
4033 Reg Com - OCE Fee (\$1,985)	938,328	897,220	41,108	105.00 %
Total 4030 ETP Assessment Fees	938,328	897,220	41,108	105.00 %
Total Income	\$7,294,737	\$6,896,956	\$397,781	106.00 %
GROSS EARNINGS	\$7,294,737	\$6,896,956	\$397,781	106.00 %
Expenses				
0051 do not use GST Expenses	0		0	
5000 Committee Per Diem				
5001 Chairs Education - per diem	3,836	14,629	-10,793	26.00 %
5002 ICRC - per diem	29,735	48,318	-18,583	62.00 %
5003 Council - per diem	27,921	44,498	-16,578	63.00 %
5005 Discipline Committee - per diem	6,354	11,778	-5,424	54.00 %
5006 Executive - per diem	3,963	5,835	-1,872	68.00 %
5010 Patient Relations - per diem	228	922	-694	25.00 %
5011 QA Committee - per diem	5,561	5,536	25	100.00 %
5012 Registration Com. - per diem	3,839	5,991	-2,153	64.00 %
5017 Finance Committee - per diem	4,427	6,525	-2,098	68.00 %
5018 Exam Committee - per diem	2,449		2,449	
Total 5000 Committee Per Diem	88,312	144,032	-55,720	61.00 %
5050 Committee Reimbursed Expenses				
5051 Chairs Education- expenses	8,880	14,850	-5,970	60.00 %
5052 ICRC - expenses	4,316	32,549	-28,233	13.00 %
5053 Council - expenses	29,185	41,130	-11,945	71.00 %
5056 Executive Committee - expenses	2,545	7,923	-5,378	32.00 %
5057 Fitness to Practice - expenses		8,142	-8,142	
5075 Finance Committee - expenses	240		240	

College of Physiotherapists of Ontario

Statement of Operations - Budget vs. Actuals

April - December, 2024

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Total 5050 Committee Reimbursed Expenses	45,166	104,594	-59,428	43.00 %
5100 Information Management				
5101 IT Hardware	17,309	2,142	15,167	808.00 %
5102 Software	106,141	178,548	-72,407	59.00 %
5103 IT Maintenance	9,216	5,220	3,996	177.00 %
5104 IT Database	196,989	96,750	100,239	204.00 %
5109 IT Implementation Costs	6,243		6,243	
Total 5100 Information Management	335,898	282,660	53,238	119.00 %
5200 Insurance	15,129	10,237	4,892	148.00 %
5300 Networking	583	4,500	-3,917	13.00 %
5301 Conferences and Travel	25,381	17,150	8,231	148.00 %
5400 Office and General				
5402 Bank & service charges	70,259	65,863	4,396	107.00 %
5403 Maintenance & repairs	213	400	-187	53.00 %
5405 Memberships & publications	32,234	25,987	6,247	124.00 %
5406 CAPR Fees	193,977	194,352	-375	100.00 %
5407 Office & kitchen supplies	3,574	2,000	1,574	179.00 %
5408 Postage & courier	2,830	3,000	-170	94.00 %
5409 Rent	407,885	365,871	42,013	111.00 %
5411 Printing, Filing & Stationery	3,019	5,400	-2,381	56.00 %
5412 Telephone & Internet	19,808	20,746	-938	95.00 %
5413 Bad Debt	-504	0	-504	
Total 5400 Office and General	733,295	683,619	49,677	107.00 %
5500 Regulatory Effectiveness				
5502 Strategic Operations	15,866	34,359	-18,493	46.00 %
5503 Council Education	2,688	20,464	-17,776	13.00 %
5504 Elections	3,200	3,700	-500	86.00 %
5505 Policy Development	17,202	33,150	-15,948	52.00 %
5513 Governance	240	700	-460	34.00 %
Total 5500 Regulatory Effectiveness	39,196	92,373	-53,177	42.00 %
5600 Communications				
5605 Translation Services	10,221	16,250	-6,029	63.00 %
5620 Print Communication		700	-700	
5621 Online Communication	69,274	125,855	-56,581	55.00 %
5622 In-Person Communication	3,337	3,500	-163	95.00 %
Total 5600 Communications	82,831	146,305	-63,474	57.00 %
5700 Professional fees				
4004 Cost recovery from cost orders	-6,945	0	-6,945	
5701 Audit	113	0	113	
5702 Hearing Expenses	2,797	0	2,797	
5704 Investigation Services	10,963		10,963	
5711 External Investigators	35,587	62,280	-26,693	57.00 %
5712 PC - Chart Review	12,825	10,260	2,565	125.00 %
5713 Summons - Conduct fees		300	-300	
5714 Fees to Secure Records	1,086	450	636	241.00 %
5715 Corporate Searches		0	0	

College of Physiotherapists of Ontario

Statement of Operations - Budget vs. Actuals

April - December, 2024

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
5716 Transcripts	5,574	7,560	-1,986	74.00 %
Total 5704 Investigation Services	66,035	80,850	-14,815	82.00 %
5705 Professional services - Other	23,097	0	23,097	
5706 Investigator travel	264		264	
5707 Decision writing	18,059	44,700	-26,641	40.00 %
5708 Peer / Expert opinions	10,395	30,000	-19,605	35.00 %
5750 Legal				
5751 Legal - QA	2,622	2,780	-159	94.00 %
5752 Legal - Registration	18,160	27,000	-8,840	67.00 %
5753 Legal - Professional Conduct				
5760 General Counsel	45,717	87,750	-42,033	52.00 %
5761 Independent Legal Advice	16,376	47,891	-31,515	34.00 %
5762 Hearing Counsel	56,293	74,156	-17,863	76.00 %
5763 Court Proceedings & Appeals	19,635		19,635	
Total 5753 Legal - Professional Conduct	138,021	209,797	-71,776	66.00 %
5754 Legal - Council Advice	22,744	7,500	15,244	303.00 %
5755 General Legal	16,988	22,500	-5,512	76.00 %
5756 C & D Accrual Expense	-15,642	-68,250	52,608	23.00 %
5758 Legal - Practice Advice		1,800	-1,800	
Total 5750 Legal	182,892	203,127	-20,235	90.00 %
Total 5700 Professional fees	296,707	358,677	-61,970	83.00 %
5800 Programs				
5802 Jurisprudence	2,816	15,255	-12,439	18.00 %
5810 Quality Program				
5811 QA Program Development & Eval.		1,469	-1,469	
5821 Assessor Travel		2,649	-2,649	
5823 Assessor Training	3,374	10,914	-7,540	31.00 %
5824 Assessor Onsite Assessment Fee	9,000	10,800	-1,800	83.00 %
5825 Assessor Remote Assessment	111,641	121,200	-9,559	92.00 %
Total 5810 Quality Program	124,015	147,032	-23,017	84.00 %
5830 Entry to Practice - Projects	0		0	
5831 OCE Examiner Exam Fee	371,711	363,588	8,123	102.00 %
5832 OCE Examiner Training Fees	8,318	6,125	2,193	136.00 %
5833 OCE Staff Compensation	1,296	14,000	-12,704	9.00 %
5834 Exam Committee - per diem	525	6,062	-5,537	9.00 %
5835 Exam - Technology costs	100,865	122,320	-21,455	82.00 %
5836 Exam Delivery Costs	15,140		15,140	
5837 Exam - Admin / Misc. costs	2,284	16,954	-14,670	13.00 %
5838 Exam - Consultant Fees	0	10,500	-10,500	0.00 %
5839 Exam - Legal costs	251	0	251	
5840 Exam - Development / Misc.costs	43,164	43,824	-659	98.00 %
Total 5830 Entry to Practice - Projects	543,555	583,373	-39,817	93.00 %
5880 Remediation				
5871 QA Practice Enhancement fees	2,178		2,178	
4029 QA Remediation Chargeback	-829		-829	
Total 5871 QA Practice Enhancement fees	1,349		1,349	

College of Physiotherapists of Ontario

Statement of Operations - Budget vs. Actuals

April - December, 2024

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
5881 Remediation - QA		7,002	-7,002	
5882 Remediation - ICRC	33,841	33,000	841	103.00 %
4028 ICRC Remediation Chargeback	-35,951	-32,000	-3,951	112.00 %
Total 5882 Remediation - ICRC	-2,110	1,000	-3,110	-211.00 %
5883 Remediation - Registration	6,237	2,925	3,312	213.00 %
4027 Registration Chargeback	-7,143	-2,925	-4,218	244.00 %
Total 5883 Remediation - Registration	-906	0	-906	
5884 Remediation - Discipline	8,208	9,865	-1,657	83.00 %
4026 Discipline Chargeback	-10,517	-9,865	-652	107.00 %
Total 5884 Remediation - Discipline	-2,309	0	-2,309	
5887 Coach Training	5,054	8,775	-3,721	58.00 %
Total 5880 Remediation	1,077	16,777	-15,700	6.00 %
5890 Therapy and Counselling Fund	58,557	30,114	28,443	194.00 %
Total 5800 Programs	730,020	792,551	-62,530	92.00 %
5900 Staffing				
5901 Salaries	3,406,313	3,371,523	34,789	101.00 %
5902 Employer Benefits	165,433	164,252	1,182	101.00 %
5903 Employer RRSP Contribution	173,450	203,009	-29,559	85.00 %
5904 Consultant fees	97,566	37,500	60,066	260.00 %
5905 Staff Development	43,359	40,875	2,485	106.00 %
5906 Recruitment	6,004	2,250	3,754	267.00 %
5907 Staff Recognition	17,061	13,460	3,601	127.00 %
5911 CPP - Canadian Pension Plan	112,910	101,515	11,396	111.00 %
5912 EI - Employment Insurance	37,465	39,128	-1,663	96.00 %
5913 EHT - Employer Health Tax	68,984	33,180	35,803	208.00 %
Total 5900 Staffing	4,128,544	4,006,691	121,853	103.00 %
6001 Amortization	58,024	95,250	-37,226	61.00 %
Minister of Finance Expense	0		0	
Total Expenses	\$6,579,087	\$6,738,638	\$ -159,551	98.00 %
NET OPERATING INCOME	\$715,651	\$158,318	\$557,333	452.00 %
NET INCOME	\$715,651	\$158,318	\$557,333	452.00 %

College of Physiotherapists of Ontario

Statement of Operations with Prior Year Comparison

April - December, 2024

	TOTAL		
	APR - DEC., 2024	APR - DEC., 2023 (PY)	% CHANGE
INCOME			
4001 Registration Fees			
4007 Registration fee credits	-32,672.63	-36,025.00	9.31 %
4011 Independent Practice - \$648	5,241,631.70	4,901,911.51	6.93 %
4012 Independent Practice - ProRated	312,960.37	259,381.87	20.66 %
4013 Prof Corp Fees \$277	93,961.00	87,215.00	7.73 %
4014 Provisional Practice Fees \$83	69,700.00	44,322.00	57.26 %
4021 Misc Fee \$113 and \$300	339.00		
Total 4001 Registration Fees	5,685,919.44	5,256,805.38	8.16 %
4002 Interest Income	296,446.29	154,316.46	92.10 %
4008 Admin Fees			
4015 Application Fees \$114	186,459.18	134,066.00	39.08 %
4016 Letter of Prof Stand / NSF \$56	12,272.00	10,486.00	17.03 %
4017 Wall Certificates \$28	3,000.00	3,853.00	-22.14 %
4018 Late Fees \$254	4,064.00	2,490.00	63.21 %
4019 Prof Corp Application \$774	39,474.00	24,620.00	60.33 %
Total 4008 Admin Fees	245,269.18	175,515.00	39.74 %
4010 Miscellaneous Income	24,375.00	6,125.00	297.96 %
4023 Sublease Income	104,400.00	5,800.00	1,700.00 %
Total 4010 Miscellaneous Income	128,775.00	11,925.00	979.87 %
4030 ETP Assessment Fees			
4031 Reg Com Exemption Fees (\$800)		108,600.00	-100.00 %
4032 Reg Com Screening Interview Fee		2,250.00	-100.00 %
4033 Reg Com - OCE Fee (\$1,985)	938,327.50	817,820.00	14.74 %
Total 4030 ETP Assessment Fees	938,327.50	928,670.00	1.04 %
Services		0.00	
Total Income	\$7,294,737.41	\$6,527,231.84	11.76 %
GROSS EARNINGS	\$7,294,737.41	\$6,527,231.84	11.76 %
EXPENSES			
0051 do not use GST Expenses	0.00	0.00	
5000 Committee Per Diem			
5001 Chairs Education - per diem	3,836.25	3,625.50	5.81 %
5002 ICRC - per diem	29,735.00	40,220.25	-26.07 %
5003 Council - per diem	27,920.50	29,954.95	-6.79 %
5005 Discipline Committee - per diem	6,353.75	15,225.50	-58.27 %
5006 Executive - per diem	3,963.00	7,277.00	-45.54 %
5010 Patient Relations - per diem	228.00	158.50	43.85 %
5011 QA Committee - per diem	5,561.00	2,265.25	145.49 %
5012 Registration Com. - per diem	3,838.50	3,202.00	19.88 %
5017 Finance Committee - per diem	4,427.00	3,047.00	45.29 %
5018 Exam Committee - per diem	2,449.00	878.00	178.93 %
Total 5000 Committee Per Diem	88,312.00	105,853.95	-16.57 %

College of Physiotherapists of Ontario

Statement of Operations with Prior Year Comparison

April - December, 2024

	TOTAL		
	APR - DEC., 2024	APR - DEC., 2023 (PY)	% CHANGE
5050 Committee Reimbursed Expenses			
5051 Chairs Education- expenses	8,880.39	6,582.28	34.91 %
5052 ICRC - expenses	4,315.66	7,078.84	-39.03 %
5053 Council - expenses	29,184.60	38,184.60	-23.57 %
5055 Discipline Committee - expenses		0.00	
5056 Executive Committee - expenses	2,545.19	3,254.60	-21.80 %
5075 Finance Committee - expenses	240.00	941.35	-74.50 %
Total 5050 Committee Reimbursed Expenses	45,165.84	56,041.67	-19.41 %
5100 Information Management			
5101 IT Hardware	17,308.80	15,773.65	9.73 %
5102 Software	106,141.10	94,822.50	11.94 %
5103 IT Maintenance	9,215.84	121,896.68	-92.44 %
5104 IT Database	196,989.20	104,925.48	87.74 %
5109 IT Implementation Costs	6,243.24	34,114.79	-81.70 %
Total 5100 Information Management	335,898.18	371,533.10	-9.59 %
5200 Insurance	15,129.00	13,028.31	16.12 %
5300 Networking	582.85	1,567.85	-62.82 %
5301 Conferences and Travel	25,380.97	4,943.04	413.47 %
5400 Office and General			
5402 Bank & service charges	70,258.84	61,341.06	14.54 %
5403 Maintenance & repairs	213.14	2,216.26	-90.38 %
5405 Memberships & publications	32,234.32	15,350.38	109.99 %
5406 CAPR Fees	193,976.55	185,059.88	4.82 %
5407 Office & kitchen supplies	3,574.44	3,151.70	13.41 %
5408 Postage & courier	2,829.59	5,642.95	-49.86 %
5409 Rent	407,884.57	391,736.88	4.12 %
5411 Printing, Filing & Stationery	3,019.14	4,232.55	-28.67 %
5412 Telephone & Internet	19,808.42	30,063.15	-34.11 %
5413 Bad Debt	-503.75		
Total 5400 Office and General	733,295.26	698,794.81	4.94 %
5500 Regulatory Effectiveness			
5502 Strategic Operations	15,866.17	62,120.04	-74.46 %
5503 Council Education	2,688.08	5,312.94	-49.41 %
5504 Elections	3,200.00	3,837.68	-16.62 %
5505 Policy Development	17,201.95	51,806.85	-66.80 %
5513 Governance	240.00		
Total 5500 Regulatory Effectiveness	39,196.20	123,077.51	-68.15 %
5600 Communications			
5605 Translation Services	10,220.85	-7,506.59	236.16 %
5620 Print Communication		290.37	-100.00 %
5621 Online Communication	69,273.63	40,873.83	69.48 %
5622 In-Person Communication	3,336.69	2,528.50	31.96 %
Total 5600 Communications	82,831.17	36,186.11	128.90 %

College of Physiotherapists of Ontario

Statement of Operations with Prior Year Comparison

April - December, 2024

	TOTAL		
	APR - DEC., 2024	APR - DEC., 2023 (PY)	% CHANGE
5700 Professional fees			
4004 Cost recovery from cost orders	-6,945.08	-33,985.02	79.56 %
5701 Audit	113.00	1,130.00	-90.00 %
5702 Hearing Expenses	2,797.44	4,514.28	-38.03 %
5704 Investigation Services	10,962.54		
5710 Undercover Assessment Fees		2,425.67	-100.00 %
5711 External Investigators	35,586.71	68,430.84	-48.00 %
5712 PC - Chart Review	12,825.00	2,650.50	383.87 %
5713 Summons - Conduct fees		226.00	-100.00 %
5714 Fees to Secure Records	1,086.24	475.05	128.66 %
5715 Corporate Searches		408.21	-100.00 %
5716 Transcripts	5,574.16	5,875.45	-5.13 %
Total 5704 Investigation Services	66,034.65	80,491.72	-17.96 %
5705 Professional services - Other	23,097.20	10,057.00	129.66 %
5706 Investigator travel	263.63		
5707 Decision writing	18,058.75	33,325.30	-45.81 %
5708 Peer / Expert opinions	10,395.00	18,552.60	-43.97 %
5750 Legal			
5751 Legal - QA	2,621.60	130.52	1,908.58 %
5752 Legal - Registration	18,159.67	15,296.81	18.72 %
5753 Legal - Professional Conduct			
5760 General Counsel	45,716.76	14,534.41	214.54 %
5761 Independent Legal Advice	16,375.98	33,881.93	-51.67 %
5762 Hearing Counsel	56,293.21	40,558.01	38.80 %
5763 Court Proceedings & Appeals	19,634.89	17,204.37	14.13 %
Total 5753 Legal - Professional Conduct	138,020.84	106,178.72	29.99 %
5754 Legal - Council Advice	22,744.09	7,897.01	188.01 %
5755 General Legal	16,988.18	3,362.88	405.17 %
5756 C & D Accrual Expense	-15,642.34	-127,931.20	87.77 %
5757 Legal - Corporate Obligations		226.00	-100.00 %
5758 Legal - Practice Advice		6,857.97	-100.00 %
5759 Legal - Policy		180.80	-100.00 %
Total 5750 Legal	182,892.04	12,199.51	1,399.18 %
Total 5700 Professional fees	296,706.63	126,285.39	134.95 %
5800 Programs			
4022 Recovery of Therapy Costs		-1,111.12	100.00 %
5802 Jurisprudence	2,816.01	14,086.09	-80.01 %
5810 Quality Program			
5823 Assessor Training	3,373.59	3,557.00	-5.16 %
5824 Assessor Onsite Assessment Fee	9,000.00	2,250.00	300.00 %
5825 Assessor Remote Assessment	111,641.13	99,608.00	12.08 %
Total 5810 Quality Program	124,014.72	105,415.00	17.64 %

College of Physiotherapists of Ontario

Statement of Operations with Prior Year Comparison

April - December, 2024

	TOTAL		
	APR - DEC., 2024	APR - DEC., 2023 (PY)	% CHANGE
5830 Entry to Practice - Projects	0.00	0.00	
5831 OCE Examiner Exam Fee	371,711.21	293,336.72	26.72 %
5832 OCE Examiner Training Fees	8,318.05	49,096.98	-83.06 %
5833 OCE Staff Compensation	1,296.45	0.00	
5834 Exam Committee - per diem	525.00	7,604.00	-93.10 %
5835 Exam - Technology costs	100,864.51	110,543.85	-8.76 %
5836 Exam Delivery Costs	15,140.39	23,260.00	-34.91 %
5837 Exam - Admin / Misc. costs	2,284.10	20,015.26	-88.59 %
5838 Exam - Consultant Fees	0.00	32,419.50	-100.00 %
5839 Exam - Legal costs	251.43		
5840 Exam - Development / Misc.costs	43,164.24	23,372.19	84.68 %
5841 Exam - PT Assessment costs		5,408.81	-100.00 %
5842 Exam - Screening Interview cost		39,577.00	-100.00 %
Total 5830 Entry to Practice - Projects	543,555.38	604,634.31	-10.10 %
5880 Remediation			
5871 QA Practice Enhancement fees	2,177.50	4,452.50	-51.09 %
4029 QA Remediation Chargeback	-828.75	-325.00	-155.00 %
Total 5871 QA Practice Enhancement fees	1,348.75	4,127.50	-67.32 %
5882 Remediation - ICRC	33,840.84	33,833.77	0.02 %
4028 ICRC Remediation Chargeback	-35,951.13	-32,567.27	-10.39 %
Total 5882 Remediation - ICRC	-2,110.29	1,266.50	-266.62 %
5883 Remediation - Registration	6,236.75	2,064.31	202.12 %
4027 Registration Chargeback	-7,143.00	-1,962.50	-263.97 %
Total 5883 Remediation - Registration	-906.25	101.81	-990.14 %
5884 Remediation - Discipline	8,208.20	5,790.46	41.75 %
4026 Discipline Chargeback	-10,517.00	-6,667.96	-57.72 %
Total 5884 Remediation - Discipline	-2,308.80	-877.50	-163.11 %
5887 Coach Training	5,053.75	2,953.60	71.10 %
Total 5880 Remediation	1,077.16	7,571.91	-85.77 %
5890 Therapy and Counselling Fund	58,557.16	15,281.22	283.20 %
Total 5800 Programs	730,020.43	745,877.41	-2.13 %
5900 Staffing			
5901 Salaries	3,406,312.60	3,192,422.33	6.70 %
5902 Employer Benefits	165,433.37	139,926.49	18.23 %
5903 Employer RRSP Contribution	173,449.57	153,040.28	13.34 %
5904 Consultant fees	97,565.91	7,377.59	1,222.46 %
5905 Staff Development	43,359.47	32,886.04	31.85 %
5906 Recruitment	6,003.50	1,298.55	362.32 %
5907 Staff Recognition	17,060.92	17,445.56	-2.20 %
5909 Employee Overtime		123,610.40	-100.00 %
5911 CPP - Canadian Pension Plan	112,910.11	97,736.02	15.53 %
5912 EI - Employment Insurance	37,464.88	33,816.65	10.79 %
5913 EHT - Employer Health Tax	68,983.59	67,562.00	2.10 %

College of Physiotherapists of Ontario

Statement of Operations with Prior Year Comparison

April - December, 2024

	TOTAL		
	APR - DEC., 2024	APR - DEC., 2023 (PY)	% CHANGE
5914 Vacation Pay Adjustment		-59.11	100.00 %
Total 5900 Staffing	4,128,543.92	3,867,062.80	6.76 %
6001 Amortization	58,024.35	84,996.14	-31.73 %
Minister of Finance Expense	0.00	0.00	
Total Expenses	\$6,579,086.80	\$6,235,248.09	5.51 %
NET INCOME	\$715,650.61	\$291,983.75	145.10 %

Statement of Financial Position

As of December 31, 2024

	TOTAL
Assets	
Current Assets	
Cash and Cash Equivalent	
1000 Cash on Hand	0.00
1001 Petty Cash	0.00
1003 CC Clearing - RBC - 100-999-2	5,822.82
1005 Operating - RBC - 102-953-7	296,031.66
1101 RBC Prime Linked GIC	0.00
1103 Savings - RBC - 100-663-4	4,597,478.91
Total 1000 Cash on Hand	4,899,333.39
1100 Investments	
1102 Investments - Short Term	1,091,249.15
1104 Investments - Long Term	4,329,388.06
1105 RBC Investments - cash balance	1,290.96
1106 Accrued Interest - Short Term	21,616.36
1107 Accrued interest - Long Term	170,394.08
Total 1100 Investments	5,613,938.61
Virtual Wallet (CAD)	53,952.27
WayPay Clearing Account (CAD)	0.00
1205 Undeposited Funds	0.00
Total Cash and Cash Equivalent	\$10,567,224.27
Accounts Receivable (A/R)	
1200 Accounts Receivable	48,101.70
1207 Employer Health Tax Receivable	0.00
Total 1200 Accounts Receivable	48,101.70
Total Accounts Receivable (A/R)	\$48,101.70
1201 Allowance for Doubtful Accounts	0.00
1206 Accrued Receivable	18,027.10
1400 Prepaid Expenses	0.00
1401 Prepaid Software	41,888.15
1403 Prepaid IT services	6,243.25
1405 Prepaid Insurance	3,205.80
1406 Prepaid Membership	1,669.31
1408 Prepaid staff development	0.00
1409 Prepaid Salary - COLA	0.00
1410 Prepaid meetings	0.00
1411 Prepaid Rent	34,736.20
1412 Prepaid OCE	0.00
Total 1400 Prepaid Expenses	87,742.71
Total Current Assets	\$10,721,095.78

Statement of Financial Position

As of December 31, 2024

	TOTAL
Non-current Assets	
Property, plant and equipment	
1301 Computer equipment	187,912.33
1302 Computer Software	110,740.00
1305 Computer equipment - Acc dep	-151,388.01
1306 Computer Software - Acc Dep	-110,740.00
1310 Furniture and Equipment	378,189.00
1312 Furniture & Equipment -Acc Dep	-373,686.91
1320 Leasehold Improvements	793,263.20
1322 Leasehold Improvements -Acc dep	-586,870.57
1325 Construction Work In Progress	0.00
Total Property, plant and equipment	\$247,419.04
1399 Suspense	0.00
Total Non Current Assets	\$247,419.04
Total Assets	\$10,968,514.82
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable (A/P)	
2000 Accounts Payable	176,161.42
Total Accounts Payable (A/P)	\$176,161.42
Credit Card	
2001 RBC VISA 9421/4129	4,575.21
2003 RBC VISA 2808/2195	-25,824.18
2004 RBC VISA 9044/3707	-2,003.43
Total Credit Card	\$ -23,252.40
2010 Accrued Liabilities	-6,078.53
2011 Vacation Accrual	222,546.69
2012 C&D accrual	186,496.00
2015 Sexual Abuse Fund	0.00
2100 Deferred Revenue	0.00
2101 Deferred Registration Fees	0.00
2102 Deferred Full Fee Revenue	1,744,186.18
2103 Deferred Pro-Rated Fee Revenue	152,610.74
2107 Deferred Reg Com Exemption Fee	0.00
2108 Deferred Revenue - OCE Fee	1,691,220.00
Total 2101 Deferred Registration Fees	3,588,016.92
2105 Deferred credit card charges	0.00
2110 Banked refunds	38,818.89
Total 2100 Deferred Revenue	3,626,835.81
2150 Other Payables	
2151 Due to Canada Life	45,699.51
2152 Due to Manulife (RRSP)	-13,922.41
2153 Due to Allstate (CI)	-547.32
2154 Citizen's Advisory Group	0.00

Statement of Financial Position

As of December 31, 2024

	TOTAL
Total 2150 Other Payables	31,229.78
24000 Payroll Liabilities	0.00
25530 GST/QST Payable	0.00
Total Current Liabilities	\$4,213,938.77
Non-current Liabilities	
2125 Deferred Rent - Tenant Incentiv	70,027.44
2190 Lease Inducements	0.00
Total Non-current Liabilities	\$70,027.44
Total Liabilities	\$4,283,966.21
Equity	
3000 Unrestricted Net Assets	4,660,809.00
3001 Invested in Capital Assets	208,089.00
3010 Restricted Reserves	0.00
3011 Contingency Reserve / C&D	1,000,000.00
3012 Fee Stab / Sex Abuse Therapy	100,000.00
3013 Strategic Initiatives	0.00
3014 IT Improvements	0.00
Total 3010 Restricted Reserves	1,100,000.00
Retained Earnings	0.00
Earnings for the year	715,650.61
Total Equity	\$6,684,548.61
Total Liabilities and Equity	\$10,968,514.82

Statement of Cash Flows

April - December, 2024

	TOTAL
OPERATING ACTIVITIES	
Net Income	715,650.61
Adjustments to reconcile Net Income to Net Cash provided by operations:	
1200 Accounts Receivable	-16,341.85
1201 Allowance for Doubtful Accounts	0.00
1206 Accrued Receivable	-18,027.10
1401 Prepaid Expenses:Prepaid Software	-26,733.65
1403 Prepaid Expenses:Prepaid IT services	7,329.75
1405 Prepaid Expenses:Prepaid Insurance	9,698.76
1406 Prepaid Expenses:Prepaid Membership	212,048.75
1411 Prepaid Expenses:Prepaid Rent	11,797.20
1412 Prepaid Expenses:Prepaid OCE	43,388.29
2000 Accounts Payable	17,612.43
2001 RBC VISA 9421/4129	4,575.21
2003 RBC VISA 2808/2195	-25,824.18
2004 RBC VISA 9044/3707	-2,003.43
2010 Accrued Liabilities	-517,505.06
2012 C&D accrual	186,496.00
2102 Deferred Revenue:Deferred Registration Fees:Deferred Full Fee Revenue	-5,216,977.82
2103 Deferred Revenue:Deferred Registration Fees:Deferred Pro-Rated Fee Revenue	151,974.01
2108 Deferred Revenue:Deferred Registration Fees:Deferred Revenue - OCE Fee	1,087,780.00
2110 Deferred Revenue:Banked refunds	5,434.93
2151 Other Payables:Due to Canada Life	45,699.51
2152 Other Payables:Due to Manulife (RRSP)	-13,922.41
2153 Other Payables:Due to Allstate (CI)	-547.32
25530 GST/QST Payable	4,109.67
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	-4,049,938.31
Net cash provided by operating activities	\$ -3,334,287.70
INVESTING ACTIVITIES	
1301 Computer equipment	-13,773.20
1305 Computer equipment - Acc dep	14,577.11
1312 Furniture & Equipment -Acc Dep	3,305.48
1322 Leasehold Improvements -Acc dep	40,141.76
Net cash provided by investing activities	\$44,251.15
FINANCING ACTIVITIES	
2125 Deferred Rent - Tenant Incentiv	-13,553.66
3000 Unrestricted Net Assets	878,175.29
3001 Invested in Capital Assets	-152,812.47
3900 Retained Earnings	-729,260.18
Net cash provided by financing activities	\$ -17,451.02
NET CASH INCREASE FOR PERIOD	\$ -3,307,487.57
Cash at beginning of period	13,874,711.84
CASH AT END OF PERIOD	\$10,567,224.27

Board Meeting
March 24-25, 2025

Agenda #15.0: Final Review of Revised Standards (4th batch) for Approval

It is moved by

and seconded by

that:

The Board approve the adoption of the following Standards, to be effective May 1, 2025.

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

And rescinds the following Standards, effective May 1, 2025:

- Advertising
- Record Keeping
- Fees, Billing and Accounts

BOARD BRIEFING NOTE
For Decision

Topic:	Final Review of Revised Standards (4 th batch) for Approval
Public Interest Rationale:	The College ensures accountability, high-quality care, and equity in PT practice by regularly reviewing and updating its Standards of practice to align with evolving practice and public expectations.
Strategic Alignment:	<p><i>Risk & Regulation:</i> A risk-based approach is applied to Standards development.</p> <p><i>Continuous Improvement:</i> Standards are current and relevant and establish the right level of professional expectations.</p> <p><i>EDI:</i> EDI principles are considered as part of the adaptation process.</p>
Submitted By:	Evguenia Ermakova, Policy Analyst
Attachments:	<p>Appendix A: Table of Concordance Post-Consultation</p> <p>Appendices B-D: Draft Standards – Advertising and Marketing, Documentation, and Funding, Fees and Billing</p> <p>Appendix E: Consultation Response Letter – Ontario Physiotherapy Association</p> <p>Appendix F: Consultation Response Summary – Citizens Advisory Group</p>

Issue

- Following consultation, the fourth batch of revised Standards in the College’s Standards Review Process (Advertising and Marketing, Documentation, and Funding, Fees and Billing) is now being considered by the Board for final approval.

Decision Sought

- The Board is being asked to approve the fourth group of Standards for use effective May 1, 2025.

Background

- The College is in the process of adopting 16 of the [National Model Standards](#) for use in Ontario. The aim of this project is to be as closely aligned to the national consensus as possible, while making changes where necessary to reflect the Ontario context.
 - For additional background information, please see the [December 2023 Board materials](#).
- In [September 2024](#), the Board previewed the fourth group of draft Standards and approved their consultation with the College’s registrants and partners.
- During this meeting, the Board discussed the Standards in small groups before making some minor changes and identifying areas where they sought feedback from the consultation process before deciding on an approach. The identified areas and their outcomes are outlined below.

- These pre-consultation changes were (1) removing “products” from the expectation about comparative statements in the Advertising Standard; and (2) clarifying the legislative requirements for record retention in the Documentation Standard.
- The consultation was posted on the College website and shared with registrants and partners, including organizations and academics, from September to November 2024.
- A separate survey-based consultation was conducted with the Citizens Advisory Group (CAG), with a completion deadline of January 17, 2025.

Current Status and Analysis

Summary of Consultation Responses

- The College received 57 responses from registrant PTs, 23 responses from the CAG (Appendix F), and a submission from the Ontario Physiotherapy Association (OPA) (Appendix E).
- The below tables outline where changes were made in response to feedback received. A Table of Concordance outlining the exact wording of the changes is included as Appendix A.
- Feedback that speaks to providing more detail, examples, or elaboration will be considered for the development of guidance.

Advertising and Marketing Standard

Physiotherapists’ advertising, marketing, and promotional activities are true, accurate, and verifiable.

Feedback Group	Comment	Outcome
Registrants, Board	The application to social media should be directly called out early in the Standard.	Included “social media” as part of the Standard Statement.
Registrants	Ongoing education requirement to be able to state a practice focus is unclear.	Removed this portion of the provision.
Registrants	“Superlative” is unclear and overly broad.	Changed to “claims of superiority”
OPA	Add provision to ensure that ads for bundled PT services align with the Fees Standard.	Added this expectation for consistency.
Registrants	Clarify expectation around advertising free services is unclear; currently appears to limit the provision of these services.	Revised wording to ensure that limitations are not implied for providing free services.

General comments from the CAG:

- Advertising for healthcare should not be used as a means of business competition or revenue growth; the goal should only be to inform.

- Protections against misleading advertising are important for informed public choice.
- It benefits the public for PTs to advertise free services, as long as protections exist to ensure that these services are not being used solely to generate profit from patients.

Areas to consider for the development of guidance include:

- Guidance around compliance with federal advertising legislation, including anti-spam legislation.
- Clarifying PT responsibilities when advertising in a multidisciplinary clinic.
- Using incentives and endorsements and promoting free services in a manner that is not misleading.

Documentation Standard

Physiotherapists maintain patient records that are accurate, complete, and confidential, completed in a timely manner, and easily retrievable.

Feedback Group	Comment	Outcome
Registrants	Clarify which components of a treatment plan need to be included.	Added “parameters” to the expectation with a definition.
OPA	Several important components of clinical care that are in the current Standard need to also be included here.	Included documentation of care refusals, referrals, and discharge summaries.
Registrants, OPA	Clarify whether changes or additions to a record made by EMRs are sufficient to meet the relevant expectation.	Added footnote to clarify that EMRs may record these changes automatically.
Board	Need to determine if documenting the “reason for the change” is too burdensome.	Dedicated survey question asked, no concerns were raised.
Board	Need to determine if the Financial Records portion is too burdensome.	No concerns raised during consultation.
Executive	Standard does not reference the privacy/confidentiality of patient records.	Added general expectation around ensuring confidentiality.

General comments from the CAG:

- The level of detail aligns with what patients would like to see in their chart, though patients note that they aren’t often able to preview the information that is present in their chart.

Areas to consider for the development of guidance include:

- Aspects of documenting clinical care, i.e., subjective assessments and the informed consent process.
- Clarification around record retention requirements (raised by the Board pre-consultation).
- Using different tools to align with the Standard, such as EMRs and AI scribing technologies.

Funding, Fees and Billing Standard

Physiotherapists manage their fees and billing practices with accuracy, fairness, and transparency.

Feedback Group	Comment	Outcome
Registrants	Unclear whether or not providing free services is still allowed under this Standard.	Added wording from current Standard around reducing fees.
Registrants	Feasibility concern with maintaining a written process for reviewing billings.	Removed expectation, focus on routine billing review only.
Registrants	Exclusions from bundled care provision should not be limited to provincial programs.	Expanded provision to include other pre-defined payment plans.
Board	Explaining the fees and billing process to patients may be time consuming.	No concerns raised during consultation.

General comments from the CAG:

- Stress the importance of ensuring transparency in costs wherever possible.
- Strong preference for PTs to be up to date on relevant funding programs to ensure patients are not denied care, and to help with patients' understanding of the health system.
- Questions around what constitutes a "justifiable" fee.

Areas to consider for the development of guidance include:

- Clarifying PT responsibilities, including registration numbers and work done by administrative staff.
- Routinely reviewing billings to ensure compliance (raised by the Board pre-consultation).
- Explaining the fees and billing process to patients (raised by the Board pre-consultation).

Next Steps

- If approved, the Standards will have an effective date of **May 1, 2025**.
- If the Standards are approved, the corresponding College Standards will be rescinded on the effective date (Advertising, Record Keeping, and Fees, Billing and Accounts, respectively).

Questions for the Board

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

Table of Concordance: Proposed Key Changes to Group 4 Standards Post-Consultation

Advertising and Marketing Standard

Expectation (Pre-Consultation)	Changes Made (New Version)	Rationale
<p>The physiotherapist engages in advertising, marketing and promotional activities in a manner that is truthful, accurate, and verifiable...</p>	<p>The physiotherapist engages in advertising, marketing and promotional activities, including through social media, in a manner that is truthful, accurate, and verifiable...</p>	<ul style="list-style-type: none"> • Consultation with the Board, CAG, and registrants noted that social media should be called out earlier in the standard than the definition.
<p>Does not state or imply a practice focus or area of interest in their advertising, marketing or promotional activities unless:</p> <ul style="list-style-type: none"> • 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. 	<p>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</p> <ul style="list-style-type: none"> • The physiotherapist can demonstrate ongoing professional development or continuing education in the area of interest upon request. 	<ul style="list-style-type: none"> • Registrant consultation flagged the “ongoing professional development” provision unclear and difficult to interpret, since there is no set threshold for the continuing education requirement. • Confirmation from internal review that this expectation may be removed, since QA does not check details regarding ongoing education.
<p>Does not use advertisements, marketing or promotional activities that:</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Make claims of superiority about products, physiotherapy services, or any aspect of care, including but not limited to care providers. • Endorse physiotherapy-related 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. 	<ul style="list-style-type: none"> • Consensus in consultation that the term “superlative” is unclear. Returned language from current Standard. • Consultation noted that claims that remark the effectiveness of products or services are not always misleading; reframed the expectation to focus on care providers only, which has the highest risk. • Reframed to focus only on PT products, which have the highest risk for misleading patients due to deference to expertise.
<p>N/A</p>	<p>Ensures that any advertisements for bundled physiotherapy services clearly disclose the services included, the option for patients to</p>	<ul style="list-style-type: none"> • Clarified the permitted advertising for bundled services, ensuring that this aligns

	purchase services individually, and the availability of refunds for unused services.	with the proposed Funding, Fees and Billing Standard.
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: <ul style="list-style-type: none"> • Providing general education or health promotion. • Informing the public about physiotherapy services offered. • Providing pro-bono services to patients experiencing financial hardship. 	Only advertises free physiotherapy services, such as offers of free consultations, screening appointments, assessments, or free trials of clinically indicated physiotherapy treatments, unless free services are provided for the purposes of in a manner that: <ul style="list-style-type: none"> • Promotes general education or health awareness. • Informs the public about any conditions or limitations related to the physiotherapy services offered. • Highlights pro-bono services offered to patients experiencing financial hardship. 	<ul style="list-style-type: none"> • Consultation feedback remarked that this expectation was confusing, since Ontario allows the provision of free services. Revised expectation to focus more on advertising free services, without unintentionally limiting the actual provision of those services. • Removed “screening appointments” and revised the second bullet point to emphasize patient transparency in advertising, which aligns with the CAG’s comments around ensuring patients are not “lured in” under false pretences.

Documentation Standard

Expectation (Pre-Consultation)	Changes Made (New Version)	Rationale
N/A – Performance Expectations section	Maintains patient confidentiality in the course of collecting, storing, using, transmitting and disposing of personal health information.	<ul style="list-style-type: none"> • Added language from current Standard to address a concern that there are no explicit expectations about confidentiality, more details will be covered in guidance.
Includes in the patient record detailed chronological information including: <ul style="list-style-type: none"> • Treatment plan and goals. 	Treatment plan, including parameters, and goals. Parameters are specific, measurable elements set by the physiotherapist to guide and tailor treatments. This may include factors like treatment frequency, intensity, and duration, modality specifications, and progression criteria. Parameters may be provided as a range, such as varying sets, repetitions, or intensity over time.	<ul style="list-style-type: none"> • Expanded on the “details” required to document a treatment plan, per requests for additional clarification. • Added definition of “parameters” for further clarity.
Includes in the patient record detailed chronological information including:	<ul style="list-style-type: none"> • Instances where the patient refuses care. 	<ul style="list-style-type: none"> • Care refusals, referrals, and discharge summaries were identified as important

	<ul style="list-style-type: none"> • Referrals and transfers of care to another health provider, and any reports sent regarding the patient’s care. • Discharge summaries including reassessment findings, reason for discharge, and other recommendations. • Documentation of any patient safety incidents, including near misses. 	<p>documentation components in the current Standard that should not be lost.</p> <ul style="list-style-type: none"> • Aligned expectation to document adverse events with Risk Standard; consultation noted that documentation requirements should all be found in one place.
<p>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.</p>	<p>Add: and ensures the original entry remains legible and retrievable.¹</p> <p>¹ If an Electronic Medical Record (EMR) system is equipped to track the name, date, and original content of changes or additions to a record, this information may be automatically captured in the audit trail. In this case, a separate notation does not need to be made.</p>	<ul style="list-style-type: none"> • No concerns raised in consultation regarding adding “reason for the change”, though the need to maintain the original entry was highlighted. • Footnote added for clarification, in response to comments that some EMRs automatically perform this process.

Funding, Fees, and Billing Standard

Expectation (Pre-Consultation)	Changes Made (New Version)	Rationale
N/A	<p>Knows that any departure from the established fee schedule can only be to reduce fees.</p>	<ul style="list-style-type: none"> • Requests for clarification that free and discounted services may be provided.
<p>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:</p>	<p>Maintains a written process for Routinely reviews their fees, billings or accounts, and is able to demonstrate that they did the review. This review process must to ensure that:</p>	<ul style="list-style-type: none"> • Feedback suggested that maintaining a written process/policy was too onerous. • Protections against fraudulent billing covered in other expectations.
<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 (not applicable to provincial bundled care programs), 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 (other than bundled fees required by a predefined third-party payment plan), including but not limited to:</p>	<ul style="list-style-type: none"> • Consultation highlighted that this expectation should not be limited to provincial programs only, revised to broaden the scope.

Advertising and Marketing

Standard

The physiotherapist engages in **advertising, marketing and promotional activities**, including through social media, 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 significant focus of their practice.
- 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 **claims of superiority** about any aspect of care, including but not limited to care providers.
 - Make comparative statements about care providers.
 - Discredit, disparage or undermine the skills of other care providers or the physiotherapy services of other clinics or facilities.
 - Endorse physiotherapy-related 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.
- Does not offer incentives or other inducements that promote unnecessary physiotherapy services.
 - Ensures that any advertisements for bundled physiotherapy services clearly disclose the services included, the option for patients to purchase services individually, and the availability of refunds for unused services.
 - Only advertises free physiotherapy services, such as offers of free consultations, assessments, or trials of clinically indicated physiotherapy treatments, in a manner that:
 - Promotes general education or health awareness.
 - Informs the public about any conditions or limitations related to the physiotherapy services offered.
 - Highlights pro-bono services offered to patients experiencing financial hardship.

Definitions

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

Claims of superiority – statements or assertions that imply a product, physiotherapy service, or care provider is the best, most effective, or otherwise surpasses all others. These claims are often exaggerated, unverified, or unsupported by evidence. Examples include phrases like "number one" or "best care available".

Credible – 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, public relations, and social media presence.

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.
- Confirms that the following information is retained as part of a complete patient record:
 - Details of clinical care, and
 - Financial records, in situations where fees for services or products have been charged.
- Maintains patient confidentiality in the course of collecting, storing, using, transmitting and disposing of personal health information.

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, including parameters, and treatment 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 that is related to clinical care.
- Instances where the patient refuses care.
- Referrals and transfers of care to another health provider, and any reports sent regarding the patient's care.
- Discharge summaries including reassessment findings, reason for discharge, and other recommendations.
- Documentation of any patient safety incidents, including near misses.
- 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.

Financial Records

- Maintains accurate, complete, and retrievable financial records related to fees charged for the provision of any 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.

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, additions, or late entries made to the patient record, identifying who made the change, the date of the change, and the reason for the change, and ensures the original entry remains legible and retrievable¹.

Record Retention

Clinical and financial records must be retained for at least 10 years 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.

¹ If an Electronic Medical Record (EMR) system is equipped to track the name, date, and original content of changes or additions to a record, this information may be automatically captured in the audit trail. In this case, a separate notation does not need to be made.

It must be possible to retrieve and reproduce a complete clinical and financial record for each patient throughout the retention period².

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.

Definitions

Parameters are specific, measurable elements set by the physiotherapist to guide and tailor treatments. This may include factors like treatment frequency, intensity, and duration, modality specifications, and progression criteria. Parameters may be provided as a range, such as varying sets, repetitions, or intensity over time.

² The requirement to retain patient records for a minimum of 10 years is set out in the *Public Hospitals Act 1990*, and this has been adopted by the College to apply to physiotherapists in all sectors. However, under the *Limitations Act 2002*, legal proceedings can be brought up to 15 years after any alleged act or omission. As a result, physiotherapists may wish to keep their records for longer than the minimum 10-year requirement.

Funding, Fees and Billing

Standard

The physiotherapist is responsible for ensuring that the fees charged for physiotherapy services and products are transparent, justifiable, and not excessive, 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 reasonable 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.
- Knows that any departure from the established fee schedule can only be to reduce fees.
- 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:

- aligned with the principles and parameters outlined in 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 along with any necessary explanations 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.
- Routinely reviews their fees, billings, or accounts, and can demonstrate that they did the review, to 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 (other than bundled fees required by a predefined third-party payment plan), 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.

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.

Nov 24, 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

Subject: Consultation on proposed Standards, round 4

Dear Mr. Madhvani and Dr. Roxborough,

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

Standard: Advertising and Marketing

This Standard replaces the existing Advertising Standard and is well organized with clear language. The new standard includes important elements from the existing standard, such as restrictions around claims of superiority or comparisons, and that the physiotherapist is responsible for any advertising related to their services. The clarity in the proposed standard on using the specialist term is particularly helpful.

One element that is not captured by the proposed standard is any clarification about bundling of services and the need to maintain options for individual services. This expectation is noted in the proposed Funding, Fees and Billing standard, but it is important to include it here as well. It may also be helpful to include reference to Canada's anti-spam legislation and that all businesses and organizations, including those related to healthcare, must comply with this legislation.

Standard: Documentation

This Standard replaces the existing Recording Keeping Standard. The proposed standard is clear and direct, with improved clarity on how to document working with a physiotherapist assistant. OPA has identified a few elements where greater clarity or additional information would enhance this proposed standard.

Components of a complete patient record, as outlined in the proposed standard, includes the financial record. It is important to clarify if the full financial record is part of the patient's health



information, or what elements are separate and distinct. This section also outlines the need to include details or copies of all verbal or written communication related to patient care, and we recommend including that the medium of communication be recorded, to specify if it is a phone call or an email, for example. Additionally, it would be very helpful to expand on what verbal or written communication might be included that is related to clinical care – perhaps an added definition of what constitutes a patient encounter with examples would be helpful, similar to definitions sections of other standards.

Under Quality of Documentation, there is guidance to clearly document changes to a patient record, including who made the change, the date, and why the change was made. As many physiotherapists use Electronic Medical Record (EMR) systems, it would be helpful to comment if the changes recorded by EMRs are sufficient, as many EMRs document who made any changes, and the date and time of the change.

The existing Recording Keeping Standard includes several elements that are important to include in the proposed standard:

- The existing standard includes the requirement that records must “use appropriate, respectful, and non-judgmental language.”
- The existing standard also details more elements of record keeping that are not present in the proposed standard. OPA recommends maintaining mention of the following elements:
 - Care refusals
 - Tests results and reports received
 - Details about analysis, diagnosis (in the proposed standard only assessment findings are mentioned)
 - Referrals, transfers of care and any reports sent related to the patient’s care
 - Discharge summaries including reason for discharge and other recommendations
- The proposed standard also does not reference the Personal Health Information Protection Act (PHIPA) and the requirements to communicate to the patient who has custody and control of their personal health information, how it will be managed, and how they can access their records or request changes. It is essential that the documentation standard is reviewed for concordance with PHIPA, and includes explicit instruction that all documentation must adhere to the requirements of PHIPA.

There is an opportunity to further modernize this standard, by explicitly mentioning how to evaluate the use of Artificial Intelligence (AI) when completing documentation. The use of AI must adhere to all PHIPA requirements, and so it may be sufficient to highlight that link.

Standard: Funding, Fees and Billing

This Standard replaces the existing Fees, Billing and Accounts Standard. The proposed standard is comprehensive and clear. The OPA offers two suggestions to enhance the proposed standard.



The performance expectation that physiotherapists maintain current knowledge of funding sources for physiotherapy services could be expanded to include direction to inform the patient of options when they exist. OPA suggests the statement be revised to the following:

- “Maintains current knowledge of relevant funding sources for physiotherapy services, informs the patient of those funding sources so the person can make an informed choice, and complies with funding requirements, policies, and procedures.”

One additional performance expectation from the existing standard that we suggest being considered for inclusion in the proposed standard is that a physiotherapist must not charge or accept payment for a service that has been paid for in full by another payor.

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,

Sarah Hutchison, MHSc., LL.M, ICD.D
shutchison@opa.on.ca
Chief Executive Officer
Ontario Physiotherapy Association

Amy Hondronicols, PT, PhD
ahondronicols@opa.on.ca
Director, Practice, Policy & Member Services
Ontario Physiotherapy Association

Citizens Advisory Group (CAG) Feedback Summary – Group 4 Standards

Advertising and Marketing Standard

Total number of responses = 23

Domain	Summary of Strengths	Summary of Improvement Areas
Clarity of Standard	<ul style="list-style-type: none"> Standard is clear, precise, and direct. Definitions support overall understanding. 	<ul style="list-style-type: none"> “Free services” provision somewhat unclear. Clarify that purpose is to provide information about services, not generate business.
Patients’ ability to make informed choices about PT services	<ul style="list-style-type: none"> Emphasis on truth, accuracy, verifiability allows patients to make informed decisions. Supported by prohibition against “expert” language, and the competence requirement. Combats misinformation and builds trust. 	<ul style="list-style-type: none"> Does not reference other health disciplines like OT or Chiro, may impact patient choice. Concern that larger clinics may pressure patients through advertising.
PTs accurately represent qualifications	<ul style="list-style-type: none"> Provisions foster transparency and trust. “Specialist”, “review,” and “practice focus” provisions prevent misrepresentation. 	<ul style="list-style-type: none"> Accuracy in credential representation may not always be meaningful for public choice.
Importance of transparency in product endorsements	<ul style="list-style-type: none"> Very important – financial ties should always be disclosed to current/prospective patients. Patients need to know if a product is being suggested genuinely or to make a profit. 	<ul style="list-style-type: none"> Some patients aren’t concerned with this if it doesn’t negatively impact their care. Suggest that patients not be given or offered any promotional materials at all.
Agreement with provision around advertising free services	<ul style="list-style-type: none"> Mixed consensus, though generally positive. May prevent free services from misuse. Ensures that PTs do not use “free” offers to generate business or pressure patients to buy other services. 	<ul style="list-style-type: none"> May limit access for those in need; low-income programs have limited availability. Some skepticism around advertising free services without knowing patient needs. No issue if an ad is true, accurate, verifiable.

Documentation Standard

Total number of responses = 22

Domain	Summary of Strengths	Summary of Improvement Areas
Clarity of Standard	<ul style="list-style-type: none"> Overall clear, thorough, and well-formatted. Level of detail is helpful for understanding what should be included, good “checklist”. 	<ul style="list-style-type: none"> EMR section not entirely clear and should include AI considerations. Public may not know all professional terms.
Comprehensiveness of details related to clinical care	<ul style="list-style-type: none"> Standard is comprehensive and complete. Balanced level of detail for patients. General agreement that the listed components are useful for a patient chart. 	<ul style="list-style-type: none"> May not align with the reality of charting. Needs details of patient progress & timelines. Add requirement to double-check AI charts. Add details about patient access to records.
Alignment with expectations for info mgmt	<ul style="list-style-type: none"> Emphasizes importance of “retrievable” and “legible” documentation for ongoing care. 10-year timeframe clear & understandable. 	<ul style="list-style-type: none"> Needs info about patients’ access to charts. More information needed about digital storage, AI, etc.
Importance of documenting consent	<ul style="list-style-type: none"> Very important, highlighted in Standard. Ensures this discussion takes place and that patients clearly understand treatments. Protects both patients and PTs. 	<ul style="list-style-type: none"> Unclear when consent should be obtained. Consent should be given for sharing records. Consent in patient records is only important when all record keeping is effective.

Funding, Fees and Billing Standard

Total number of responses = 22

Domain	Summary of Strengths	Summary of Improvement Areas
Clarity of Standard	<ul style="list-style-type: none"> Expectations are clear and concise. Outcomes of provisions are understood. 	<ul style="list-style-type: none"> Bundled care provision could be clearer. Terms “promptly”, “justifiable” are less clear.
Transparency of costs prior to treatment	<ul style="list-style-type: none"> Ensures patients are informed of all actual and potential costs. Useful for patients in funding programs. Protects against unwanted costs. 	<ul style="list-style-type: none"> Unclear if this also applies to admin staff. Levels of transparency and disclosure may differ in practice. Clarify role of insurance & payment plans.
Supports understanding of costs	<ul style="list-style-type: none"> Information given to patients regarding fees is clear and complete. Standard is comprehensive in covering bundled fees, access to records, refunds. 	<ul style="list-style-type: none"> Standard has no effect on how PTs set fees. PTs should also communicate fee increases. Not always perfect in practice – hard to estimate total costs for multiple sessions.

General Comments (All Standards)

- Emphasis on the importance of enforcement when it comes to implementation of Standards.
- Ensure that resources exist for patients to report inappropriate behaviour they observe, and that these resources are promoted to the public.
- Suggestions to improve the general readability of the Standards where possible.
- Ensure that caregivers are directly included and considered throughout.
- Suggestions to strengthen general public awareness of the Standards, such as where to access more information if they have questions.

Board Meeting
March 24-25, 2025

Agenda #16.0: Review of Revised Standards (5th batch) for Consultation

It is moved by

and seconded by

that:

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

- Boundary Violations
- Sexual Abuse
- Supervision

BOARD BRIEFING NOTE
For Decision

Topic:	Review of Revised Standards (5 th batch) for Consultation
Public Interest Rationale:	The College ensures accountability, high-quality care, and equity in PT practice by regularly reviewing and updating its Standards of practice to align with evolving practice and public expectations.
Strategic Alignment:	<p><i>Risk & Regulation:</i> A risk-based approach is applied to Standards development.</p> <p><i>Continuous Improvement:</i> Standards are current and relevant and establish the right level of professional expectations.</p> <p><i>EDI:</i> EDI principles are considered as part of the adaptation process.</p>
Submitted By:	Evguenia Ermakova, Policy Analyst
Attachments:	<p>Appendix A: Table of Concordance</p> <p>Appendix B: Draft Standard – Boundary Violations</p> <p>Appendix C: Draft Standard – Sexual Abuse</p> <p>Appendix D: Draft Standard – Supervision</p> <p>Appendix E: Board Small Group Activity – Group 5 Standards</p>

Issue

- The fifth and final group of Standards under review is now being considered by the Board for approval for consultation with the College’s registrants and partners.

Decision Sought

- The Board is being asked to approve the fifth group of draft Standards for consultation.

Background

- The College is in the process of adopting 16 of the [National Model Standards](#) for use in Ontario. The aim of this project is to be as closely aligned to the national consensus as possible, while making changes where necessary to reflect the Ontario context.
- Following internal review, each group of Standards is presented to the Board for approval of a 60-day consultation period with registrants, members of the public, and other community and regulatory partners.
- The draft Standards then return to the Board for final approval together with the consultation feedback received.
- The Boundary Violations, Sexual Abuse, and Supervision Standards comprise the fifth and final group of the national standards review process.

- If approved, they would replace the following College Standards: Boundaries and Sexual Abuse, Supervision, and Working with Physiotherapist Assistants (PTAs).

Current Status and Analysis

- The fifth group of Standards were reviewed internally to identify: (1) comparable provisions in the College's current standards and any gaps, (2) inconsistencies with language or terminology, and (3) Ontario-specific legislation, regulation, or other rules.
- An overview of each Standard and the high-level changes made is provided below. A more detailed list of the key changes is available in Appendix A: Table of Concordance.

Boundary Violations Standard

- Standard overview: Physiotherapists establish and maintain appropriate professional boundaries to foster a safe, respectful, and patient-centered environment.
- Key provisions include:
 - *Awareness and Sensitivity to All Types of Boundaries*: PTs must recognize and respect the unique boundaries, backgrounds, and personal experiences of each patient.
 - *Professional Physical Environment*: PTs must establish and maintain a physical environment that upholds professional boundaries to ensure the patient's comfort and privacy at all stages of care.
 - *Identifying, Addressing, and Resolving Boundary Violations*: When boundary violations occur, PTs must take appropriate action by discussing the situation with the patient, documenting the breach, resolving issues professionally, and ending the therapeutic relationship or transferring care if boundaries cannot be re-established or maintained.
- Overview of initial changes:
 - Expanded on the concept of professional boundaries by emphasizing power imbalances and non-physical boundaries throughout the Standard and in the definitions.
 - Aligned with provisions in the current Standard that reinforce patient-centered care.

Sexual Abuse Standard

- Standard overview: Physiotherapists do not engage in behaviour that constitutes sexual abuse in accordance with the *Regulated Health Professions Act (RHPA)*.
- Key provisions include:

- *Prohibition of Entering Sexual Relationships with Patients*: PTs must not start or engage in intimate or sexual relationships with patients during active treatment and at least one year thereafter, understanding the inherent power imbalance present in a therapeutic relationship.
- *Prohibition of Sexual Abuse*: PTs are prohibited from any conduct, behavior, or remarks that constitute sexual abuse, which includes any actions or comments of a sexual nature that could be inappropriate or offensive.
- *Informed Consent for Sensitive Treatments*: If any treatment could be perceived as sexual in nature, PTs must clearly explain its therapeutic purpose and ensure that the patient understands, encourage open discussion, and obtain informed consent before proceeding.
- Overview of initial changes:
 - Ensured consistency and alignment with the Health Professions Procedural Code (schedule 2 of the RHPA), which sets out parameters for what constitutes a patient and sexual abuse.
 - This includes aligning definitions and removing references to the separate concepts of “sexual misconduct” and “sexual nature”, which are included in the Code under “sexual abuse”.

Supervision Standard

- Standard overview: Physiotherapists are accountable for the services provided by supervisees and ensure appropriate supervision based on their own competence, the supervisee’s competence, patient needs, and other relevant factors.
- Key provisions include:
 - *Responsibilities of a Supervisor*: PTs are responsible for setting out an appropriate supervision arrangement, monitoring the performance of supervisees, making sure their documentation meets the standards of practice, and reassigning supervision if they become unavailable.
 - *Proper Assignment of Care*: PTs must assign tasks to supervisees that are appropriate to their knowledge, skills, and judgement, and that are within legislative/regulatory requirements.
 - *Informed Consent and Patient Communication*: PTs must communicate clearly with patients regarding the roles and responsibilities of supervisees in their care and obtain informed consent for services delivered by supervisees.
- Overview of initial changes:
 - Reformatted the performance expectations by first outlining general requirements applicable to all supervision categories, followed by specific expectations for each category. Previously, the Standard did not list general requirements and duplicated expectations across the three groups.

- Aligned with the controlled acts provisions in the RHPA.
- Aligned with current College expectations regarding the supervision of students and PTAs.

Next Steps

- During this meeting, the Board will participate in small group discussions to support more focused discussions on key issues and questions.
 - Directors will be divided into three groups, with each group assigned to one of the Standards.
 - The goal of this exercise is for Directors to:
 - Provide focused feedback on each Standard,
 - Assess whether the performance expectations are set appropriately, and
 - Determine whether the Standards are ready for consultation.
 - Sample questions to help guide these conversations are provided in Appendix E, though Directors may discuss any topic within their assigned Standard that they deem relevant.
 - After the small group discussions, the Board will reconvene to consider the feedback from each group, as well any additional input on each Standard from all Directors.
 - In terms of outcomes, staff will keep a record of all the feedback that is received. Feedback from Directors may lead to:
 - A direct change to the Standard prior to the consultation, or
 - An aspect to monitor during the consultations process – findings will be reported back to the Board when the Standards return for final approval.
- 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

- Do you feel anything in the materials requires further clarification?
- Do you need any additional background or information to determine whether to approve the fifth group of Standards for consultation?

Table of Concordance: Proposed Key Changes to Group 5 National Model Standards

Boundary Violations Standard

Expectation (Original Standard)	Changes Made (New Version)	Rationale
The physiotherapist acts with integrity and maintains appropriate professional boundaries with patients, colleagues, students, and others.	The physiotherapist acts with integrity and establishes and maintains appropriate professional boundaries (including social, physical, or psychological boundaries) with patients, colleagues, students supervisees , and others.	<ul style="list-style-type: none"> Highlighted, from the outset, that boundaries are more than just physical to support the interpretation of the rest of the Standard.
None.	Recognizes that each patient’s boundaries will be unique to their own experiences, including their culture, age, values or experiences of trauma, and establishes additional boundaries as needed to ensure the patient’s comfort and safety.	<ul style="list-style-type: none"> Added provision from current Standard to highlight some additional considerations regarding maintaining a patient-centered and trauma-informed approach to professional boundaries.
<ul style="list-style-type: none"> Proactively providing options for draping. 	<ul style="list-style-type: none"> Proactively providing options for draping or other barriers when treating sensitive areas of the body. 	<ul style="list-style-type: none"> Expanded on the subpoint around draping to also include other barriers.
Explains to patients beforehand any procedures that could be misinterpreted and obtains ongoing informed consent.	Clearly and thoroughly explains to patients any planned procedures, ensuring the information is delivered in a manner that respects professional and patient boundaries, and obtaining informed consent before and throughout the treatment.	<ul style="list-style-type: none"> Clarified provision by highlighting the role of boundaries in these situations and how to manage them. Aligned language with the relevant provision in Sexual Abuse Standard.
Does not attempt to persuade patients to a personal view related to politics, or religion in the context of a therapeutic relationship.	Does not attempt to promote or persuade patients to a personal view related to politics, religion, or spirituality in the context of a therapeutic relationship.	<ul style="list-style-type: none"> Added “promotion” to broaden outside of just persuasion. Included spirituality as this would carry the same risk.
Identifies, documents, and addresses boundary violations, whether initiated by the physiotherapist or the patient, by discussing inappropriate behaviour and attempting to resolve issues.	Identifies and addresses boundary violations, whether initiated by the physiotherapist or the patient, by: <ul style="list-style-type: none"> Addressing the concerns with the patient, Taking steps to resolve issues while maintaining professionalism, 	<ul style="list-style-type: none"> Clarified this provision by expanding on the actions that need to be taken, including a focus on resolution since we address resolving boundary issues through quality assurance and student education.

	<ul style="list-style-type: none"> Documenting the actions taken to address the breach in the patient's record. 	
<p>Ends the therapeutic relationship by appropriately discontinuing treatment or transferring care as required in instances where:</p> <ul style="list-style-type: none"> Professional boundaries cannot be maintained or re-established, 	<p>Ends the therapeutic relationship by appropriately properly discontinuing treatment or transferring care as required in instances where:</p> <ul style="list-style-type: none"> Attempts to maintain or re-establish professional boundaries have been unsuccessful. 	<ul style="list-style-type: none"> Changed to "properly" to clarify that there are proper procedures for discontinuing care. Strengthened language to highlight the PT's responsibility in attempting to maintain/re-establish boundaries.
<p>Establishes and maintains professional boundaries with students.</p>	<p>Establishes and maintains professional workplace boundaries with colleagues, students supervisees, and others in support of a safe and patient-centered environment.</p>	<ul style="list-style-type: none"> Added a qualifier to highlight that the broader purpose of these provisions is to support a patient-centered workplace environment.
<p>None – provisions were previously included in the national model Standard on Sexual Abuse and Sexual Misconduct.</p>	<ul style="list-style-type: none"> Abstains from all forms of conduct, behaviour or remarks directed towards a supervisee that constitute sexual abuse for the duration of the professional relationship. Does not commence an intimate or sexual relationship with a supervisee for the duration of the professional relationship. 	<ul style="list-style-type: none"> Because the RHPA does not outline sexual abuse provisions for anyone who is not a patient, the expectations relating to the sexual abuse of supervisees have tentatively been moved to the Boundaries Standard.
<p>Boundaries refers to the accepted social, physical or psychological space between people. Boundaries create an appropriate therapeutic or professional distance between the physiotherapist and another individual and clarify their respective roles and expectations.</p>	<p>Boundaries define the accepted social, physical or psychological space between people. In physiotherapy, boundaries establish a professional distance between a physiotherapist and another person and clarify the roles, responsibilities, and behaviour that should be expected in a professional setting. A boundary is crossed when a physiotherapist steps outside their professional role.</p> <p>Boundaries also help to manage power imbalances. For example, physiotherapists hold a position of power and authority over their patients, since patients rely on them to make decisions about their healthcare. Maintaining professional boundaries ensures that this power imbalance does not compromise a patient's care.</p>	<ul style="list-style-type: none"> Expanded on this definition for minor clarification, and to include the concepts of a boundary violation and power imbalance. A separate section was added to assist with understanding the concept of a power imbalance.

Sexual Abuse Standard

Expectation (Original Standard)	Changes Made (New Version)	Rationale
Physiotherapists do not engage in behaviour that constitutes sexual abuse or sexual misconduct .	Physiotherapists do not engage in behaviour that constitutes sexual abuse or sexual misconduct , in accordance with the <i>Regulated Health Professions Act (RHPA), 1991</i> .	<ul style="list-style-type: none"> Aligned with RHPA, which categorizes sexual misconduct under the broader term “sexual abuse”. Reflected throughout the Standard.
None.	Does not treat their spouse as a patient, understanding that spouses are not exempt from the definition of sexual abuse, unless the care is provided in emergency circumstances or is minor in nature, in which case no fees can be charged.	<ul style="list-style-type: none"> Referenced Ontario’s rules around treating spouses, as well as the two exceptions as set out in Ontario Regulation 260/18 to the RHPA.
Abstains from conduct, behaviour or remarks directed towards a patient that constitute sexual abuse for the duration of the therapeutic relationship.	Does not engage in any conduct, behaviour or remarks that constitute sexual abuse, per the definition below, towards a patient for the duration of the therapeutic relationship.	<ul style="list-style-type: none"> Reframed for stronger language and greater adherence to the RHPA definition of sexual abuse.
Knows that the duration of the therapeutic relationship extends beyond the duration of active treatment and may be enduring, depending on:	Knows Recognizes that in Ontario, the therapeutic relationship extends beyond the duration of for at least one year after active treatment and may be enduring, depending on:	<ul style="list-style-type: none"> Added Ontario’s requirement that an individual remains a patient for at least one year after treatment ends.
Does not enter into a sexual relationship with a former patient unless sufficient time has passed that the imbalance of power inherent in the therapeutic relationship and/or patient dependence on the physiotherapist no longer exists.	Does not enter into a sexual relationship with a former patient unless sufficient time has passed that the imbalance of power inherent in the therapeutic relationship and/or patient dependence on the physiotherapist no longer exists.	<ul style="list-style-type: none"> Removed – covered in other provisions. Entering into a sexual relationship with a former patient would constitute sexual abuse if a power imbalance or dependence is still present.
Clearly and thoroughly explains any physiotherapy service which could be perceived to be sexual in nature, taking all reasonable steps to confirm the patient’s understanding of the service and its rationale, and obtaining informed consent prior to engaging in the service.	Clearly and thoroughly explains to patients any physiotherapy service treatment which could be perceived mistaken to be sexual in nature, ensuring the patient understands its therapeutic purpose, encouraging an open discussion of concerns, and obtaining informed consent before and throughout the treatment.	<ul style="list-style-type: none"> Clarified wording to emphasize the importance of patient communication, addressing potential concerns, and ensuring full informed consent. Included that consent must be obtained in an ongoing way.

<p>Patients are recipients of physiotherapy services, and may be individuals, families, groups, organizations, communities, or populations. In some circumstances, clients/patients may be represented by their substitute decision-makers.</p>	<p>A patient is an individual recipient of physiotherapy services. An individual remains a patient for at least one year after care ends. A patient may be represented by their substitute decision-maker.</p> <p>In Ontario, an individual is considered a patient if they interact directly with a physiotherapist and any of the following apply:</p> <ul style="list-style-type: none"> • Payment was charged or received for a physiotherapy service. • The physiotherapist contributed to the individual's health record. • The individual consented to a recommended service. 	<ul style="list-style-type: none"> • Aligned with the definition of “patient” set out in Ontario Regulation 260/18 to the RHPA, which defines a patient for the purposes of sexual abuse.
<p>Sexual abuse includes threatened, attempted or actual conduct of a physiotherapist towards a patient that is of a sexual nature and includes sexual intercourse; masturbation of or by the patient or in the presence of the patient; and touching of a sexual nature of patient's genitals, anus, breasts or buttocks by a physiotherapist.</p>	<p>Sexual abuse of a patient by a physiotherapist includes:</p> <ul style="list-style-type: none"> • Sexual intercourse or physical sexual relations between the physiotherapist and patient, • Touching of a sexual nature (including the patient's genitals, anus, breasts, or buttocks) of the patient by the physiotherapist that is not appropriate to the clinical setting, • Sexual behavior or remarks directed by the physiotherapist toward the patient, such as those that could be inappropriate or offensive. 	<ul style="list-style-type: none"> • Aligned with the RHPA definition for sexual abuse. • Removed the definitions for “sexual abuse” and “sexual misconduct” from the national version, as the definition of “sexual abuse” under the RHPA covers both terms.

Supervision Standard

Expectation (Original Standard)	Changes Made (New Version)	Rationale
<p>Monitors the documentation of physiotherapy services by PTAs to confirm that the documentation is consistent with the College's standards.</p>	<p>Is accountable for documentation prepared by PTAs, and monitors the documentation of physiotherapy services by PTAs to confirm that the documentation is consistent with the College's standards.</p>	<ul style="list-style-type: none"> • Added qualifier to convey that PTs are ultimately responsible for documentation completed by PTAs.

<p>Designates an alternate physiotherapist as a contact for PTAs when the supervisor is unavailable, ensuring that the alternate supervisor:</p>	<p>Designates an alternate physiotherapist as a contact for PTAs when the supervisor is unavailable to fulfill their usual responsibilities, ensuring that the alternate supervisor:</p>	<ul style="list-style-type: none"> • Since supervision may take on different forms, added an explanation for the meaning of “unavailable”.
<p>Advises patients and employers that delivery of physiotherapy services by PTAs must be discontinued when physiotherapist supervision is not available.</p>	<p>Advises PTAs that delivery of physiotherapy services must be discontinued when the physiotherapist is not available to provide a level of supervision appropriate for the clinical context.</p>	<ul style="list-style-type: none"> • Reframed to place the responsibility of ensuring discontinuation away from the patient/employer. • Added the “clinical context” qualifier to clarify what “not available” may mean. • Same changes made for “students”.
<p>None – under the “Students” section.</p>	<p>Only delegates controlled acts with direct supervision until the student can perform the controlled act with a consistent level of competency.</p>	<ul style="list-style-type: none"> • Added provision to align with current College rules, which require direct supervision for students performing controlled acts.
<p>None – under the “Definitions” section.</p>	<p>Added new definitions for (1) “controlled acts”, (2) “other factors”, and (3) “physiotherapist assistants”.</p>	<ul style="list-style-type: none"> • Aligned with current rules and legislative requirements.
<p>Supervision means the action or process of watching and directing what someone does or how something is done.</p>	<p>Supervision refers to the oversight provided by a physiotherapist, who remains accountable and responsible for the care being delivered. Supervision may be direct or indirect, and involves guiding, monitoring, and ensuring appropriate patient care.</p>	<ul style="list-style-type: none"> • Revised definition to be more inclusive of the different types of supervision that can be present in a clinical setting.

Boundary Violations

Standard

The physiotherapist acts with integrity and establishes and maintains appropriate professional **boundaries** (including social, physical, or psychological boundaries) with patients, colleagues, supervisees, and others.

Expected outcome

Patients can expect to be treated with dignity and respect, and that the physiotherapist will maintain boundaries appropriate to the **therapeutic relationship** in all interactions.

Colleagues, supervisees, and others can expect to be treated with respect and that the physiotherapist will maintain professional boundaries in all interactions.

Performance expectations

Related to Therapeutic Relationships with Patients

The physiotherapist:

- Demonstrates awareness of and sensitivity to the impact of power, trust, respect, and physical closeness on relationships with patients.
- Treats patients with respect avoiding all situations, comments and/or actions that could reasonably be perceived as:
 - Unprofessional,
 - In violation of human rights, or
 - Discriminatory.
- Recognizes that each patient's boundaries will be unique to their own experiences, including their culture, age, values or experiences of trauma, and establishes additional boundaries as needed to ensure the patient's comfort and safety.
- Does not enter into or continue therapeutic relationships with individuals with whom professional boundaries, judgment and objectivity cannot be established and maintained.
- Establishes and maintains a professional physical environment that supports the maintenance of therapeutic boundaries during patient assessment, treatment, and education in both formal and informal practice environments. Including but not limited to:

- Proactively providing options for draping or other barriers when treating sensitive areas of the body.
- Providing privacy while the patient is undressing or dressing.
- Clearly and thoroughly explains to patients any planned procedures, ensuring the information is delivered in a manner that respects professional and patient boundaries, and obtaining informed consent before and throughout the treatment.
- Does not attempt to promote or persuade patients to a personal view related to politics, religion, or spirituality in the context of a therapeutic relationship.
- Does not use their professional role as a means of intentionally pursuing personal relationships beyond the therapeutic relationship with patients or caregivers (e.g., parent of a minor receiving physiotherapy services, patient's spouse) and former patients.
- Identifies and addresses boundary violations, whether initiated by the physiotherapist or the patient, by:
 - Addressing the concerns with the patient,
 - Taking steps to resolve issues while maintaining professionalism,
 - Documenting the actions taken to address the breach in the patient's record.
- Ends the therapeutic relationship by properly discontinuing treatment or transferring care as required in instances where:
 - The physiotherapist is unable to maintain their objectivity,
 - Attempts to maintain or re-establish professional boundaries have been unsuccessful.
 - A positive, respectful therapeutic relationship cannot be established or maintained.

Related to Relationships with Others in the Workplace

The physiotherapist:

- Demonstrates awareness of and sensitivity to the impact of power, trust, respect, and physical proximity in relationships with colleagues, supervisees, and others in a workplace environment.
- Conducts oneself professionally in the work environment, treating colleagues, supervisees, and others with respect avoiding all situations, comments and/or actions that could reasonably be perceived as:

- Unprofessional,
 - In violation of human rights, or
 - Discriminatory.
- Establishes and maintains professional workplace boundaries with colleagues, supervisees, and others in support of a safe and patient-centered environment.
 - Abstains from all forms of conduct, behaviour or remarks directed towards a supervisee that constitute sexual abuse for the duration of the professional relationship.
 - Does not commence an intimate or sexual relationship with a supervisee for the duration of the professional relationship.

Definitions

Boundaries define the accepted social, physical or psychological space between people. In physiotherapy, boundaries establish a professional distance between a physiotherapist and another person and clarify the roles, responsibilities, and behaviour that should be expected in a professional setting. A boundary is crossed when a physiotherapist steps outside their professional role.

Boundaries also help to manage power imbalances. For example, physiotherapists hold a position of power and authority over their patients, since patients rely on them to make decisions about their healthcare. Maintaining professional boundaries ensures that this power imbalance does not compromise a patient's care.

Therapeutic Relationship refers to the relationship that exists between a physiotherapist and a patient during the course of physiotherapy treatment. The relationship is based on trust, respect, and the expectation that the physiotherapist will not harm or exploit the patient in any way.

Sexual Abuse

Standard

Physiotherapists do not engage in behaviour that constitutes **sexual abuse**, in accordance with the *Regulated Health Professions Act (RHPA)*, 1991.

Expected outcome

Patients can expect that any interaction with a physiotherapist will be free from sexual abuse, which includes conduct, behaviour or remarks of a sexual nature.

Performance expectations

Related to Interactions with Patients

The physiotherapist:

- Does not commence an intimate or sexual relationship with a patient for the duration of the therapeutic relationship, even if the patient agrees to or seeks to initiate an intimate or sexual relationship.
 - Recognizes that due to the inherent power imbalance between patient and PT, patients cannot offer valid consent to commencing a sexual relationship.
- Does not treat their spouse as a patient, understanding that spouses are not exempt from the definition of sexual abuse, unless the care is provided in emergency circumstances or is minor in nature, in which case no fees can be charged.
- Does not engage in any conduct, behaviour, or remarks that constitute sexual abuse, per the definition below, towards a patient for the duration of the therapeutic relationship.
- Recognizes that in Ontario, the therapeutic relationship extends for at least one year after active treatment and may be enduring, depending on:
 - The nature of the patient-physiotherapist relationship,
 - The risk of enduring power imbalance between patient and physiotherapist, and
 - Dependence of the patient on the physiotherapist.
- Must not end a therapeutic relationship for the purpose of pursuing a personal relationship.
- Clearly and thoroughly explains to patients any physiotherapy treatment which could be mistaken to be sexual in nature, ensuring the patient understands its therapeutic purpose,

encouraging an open discussion of concerns, and obtaining informed consent before and throughout the treatment.

- Reports all instances where the physiotherapist has reasonable grounds to believe that the conduct of another member of any regulated health profession constitutes sexual abuse or sexual misconduct to the Complaints Director/Registrar of the other regulated member's regulatory organization¹.

Definitions

A **patient**² is an individual recipient of physiotherapy services. An individual remains a patient for at least one year after care ends. A patient may be represented by their substitute decision-maker.

In Ontario, an individual is considered a patient if they interact directly with a physiotherapist and any of the following apply:

- Payment was charged or received for a physiotherapy service.
- The physiotherapist contributed to the individual's health record.
- The individual consented to a recommended service.

Sexual abuse³ of a patient by a physiotherapist includes:

- Sexual intercourse or physical sexual relations between the physiotherapist and patient,
- Touching of a sexual nature (including the patient's genitals, anus, breasts, or buttocks) of the patient by the physiotherapist that is not appropriate to the clinical setting,
- Sexual behavior or remarks directed by the physiotherapist toward the patient, such as those that could be inappropriate or offensive.

¹ *Regulated Health Professions Act, 1991, Schedule 2, section 85.1(1)*

² For the purposes of the sexual abuse provisions in the RHPA. See: Ontario Regulation 260/18: Patient Criteria under Subsection 1(6) of the Health Professions Procedural Code

³ *Regulated Health Professions Act, 1991, Schedule 2, section 1(3)*.

Supervision

Standard

The physiotherapist is responsible and accountable for the physiotherapy services provided by personnel working under their **supervision (supervisees)**, and for providing appropriate supervision, in accordance with the patient's needs, supervisee's skills and competencies, identified risks, and the context of practice.

Expected outcome

Patients can expect that they are informed of the roles and responsibilities of supervisees, have consented to services being provided by supervisees, and that the physiotherapy services provided by supervisees are supervised by the physiotherapist.

Performance expectations

Related to All Supervision Activities

The physiotherapist:

- Ensures that the supervisee has the knowledge, skills, and judgement to deliver safe and competent care.
- Does not assign care to or provide supervision for a person with whom they have a **close personal relationship**.
- Communicates to patients the roles and responsibilities of supervisees participating in the delivery of physiotherapy services.
- Obtains patients' informed consent for the delivery of physiotherapy services by supervisees.
- Uses mechanisms (e.g., introduction, name tags) so that supervisees are readily identifiable.
- Employs direct or indirect supervision strategies appropriate to the competence of the supervisee, the patient's care needs, identified risks, and **other factors** related to the practice environment.
- Establishes ongoing and timely communication with supervisees.
- Monitors and evaluates the delivery of physiotherapy services by supervisees.
- Does not delegate controlled acts that the physiotherapist is not rostered to perform.

- Reassigns the supervision of supervisees when the physiotherapist is not available to supervise.

Related to the Supervision of Physiotherapist Assistants (PTAs)

In addition to the general supervision requirements, the physiotherapist:

- Ensures that they are listed as a supervisor of PTAs on the College's Public Register.
- Assesses patients to determine those appropriate to receive physiotherapy services from PTAs.
- Assigns only those tasks/activities that the supervisor is competent to perform, and that fall within the PTA's competence.
- Is accountable for documentation prepared by PTAs, and monitors the documentation of physiotherapy services by PTAs to confirm that the documentation is consistent with the College's standards.
- Reassesses patients, adjusting or reassigning service delivery by PTAs as needed to meet patients' needs and achieve desired outcomes.
- Ensures that the PTA's name and job title appear on invoices whenever they have provided all or part of the treatment, along with the name of the supervisor.
- Maintains a written communication protocol with PTAs that states:
 - How and when they will discuss patient care with the PTA,
 - How to contact the supervising physiotherapist, and
 - How to contact the alternate supervisor if the supervising physiotherapist cannot be reached.
- Designates an alternate physiotherapist as a contact for PTAs when the supervisor is unavailable to fulfill their usual responsibilities, ensuring that the alternate supervisor:
 - Can assume responsibility for patient care and oversight of the PTA,
 - Has the required knowledge, skills, and judgement to perform the assigned care, and
 - Is available to intervene as per the communication protocol.
- Advises PTAs that delivery of physiotherapy services must be discontinued when the physiotherapist is not available to provide a level of supervision appropriate for the clinical context.

- Must not assign the following activities to PTAs:
 - Any controlled act that has been delegated to the supervising physiotherapist by another health professional.
 - The controlled acts of acupuncture, communicating a diagnosis, spinal manipulation, or internal assessment or internal rehabilitation of pelvic musculature¹.
 - Interpretation of referrals, diagnosis or prognosis.
 - Initial discussion of treatment rationale, clinical findings and prognosis with patients.
 - Interpretation of assessment findings, determination of treatment procedures and treatment goals, and the planning, development or modification of treatment plans.
 - Discharge planning.
 - Any treatment that would require the PTA to employ clinical reasoning, analysis and decision making to change the established plan of care without the input of the supervising physiotherapist.

Related to the Supervision of Physiotherapy Students

In addition to the general supervision requirements, the physiotherapist:

- Assesses patients to determine those appropriate to receive physiotherapy services from students.
- Assigns only those tasks/activities that the supervisor is competent to perform, and that fall within the student's competence.
- Monitors documentation of physiotherapy services by students to confirm that the documentation is consistent with the College's standards.
- Reassesses patients, adjusting or reassigning service delivery by students as needed to meet patients' needs and achieve desired outcomes.
- Ensures that the student's name and, if applicable, job title appear on invoices whenever they have provided all or part of the treatment, along with the name of the supervisor.
- Ensures that patient records and related documentation completed by a student include the student's name and status and the co-signature of the student's direct supervisor.

¹ The controlled acts of administering a substance by inhalation and tracheal suctioning may be delegated provided the supervisor is rostered to perform these acts.

- Only delegates controlled acts with direct supervision until the student can perform the controlled act with a consistent level of competency.
- Must not delegate to physiotherapy students any controlled act that has been delegated to the supervising physiotherapist by another health professional.
- Advises students that delivery of physiotherapy services must be discontinued when the physiotherapist is not available to provide a level of supervision appropriate for the clinical context.

Related to the Supervision of Members of the College, such as Physiotherapist Residents or Other Physiotherapists

In addition to the general supervision requirements, the physiotherapist:

- Ensures that the supervised member performs only those activities that the supervisor is competent to perform and supervise.
- Maintains records that demonstrate the adequacy of their supervision.

Definitions

Close personal relationship – where the physiotherapist’s ability to be objective and impartial, and to fulfill their professional obligations may be impaired due to the nature of the personal relationship. Close personal relationships typically exist between an individual and their romantic or sexual partner, children, parents, and close friends, but may also exist between individuals and other relatives, business partners, past romantic partners and others.

Controlled acts are acts which may be performed only by authorized regulated health professionals under the *Regulated Health Professions Act, 1991* (RHPA). Controlled acts are considered potentially harmful if performed by someone who does not have the required knowledge, skill and judgment.

The *Physiotherapy Act, 1991* authorizes physiotherapists to perform specific controlled acts when providing services to patients. Physiotherapists who perform controlled acts under their own authority must roster for each of these activities with the College. These include:

- tracheal suctioning
- spinal manipulation
- acupuncture (including dry needling)
- treating a wound below the dermis

- pelvic internal exams (this includes putting an instrument, hand or finger, beyond the labia majora, or beyond the anal verge)
- administering a substance by inhalation

Other factors refer to additional considerations that may influence the level of supervision required in the practice environment, including factors that relate to:

- The patient, such as their needs, best interests, ability to communicate, and any relevant physical, health, mental, and social aspects,
- The environment, such as the availability of resources and workload demands, Physiotherapy treatment, such as the level of technical skill required, complexity of tasks, and potential risk of harm related to the intervention, and
- The physiotherapist, such as the ability to provide supervision, their scope of practice, and their individual sphere of competence.

Physiotherapist Assistant (PTA) – an individual who provides care on behalf of or under the direction of a registered physiotherapist. PTAs may have diverse educational backgrounds and levels of experience. In Ontario, there is no specific educational or licensing requirement for this role, and PTAs are not regulated as a distinct health profession.

Supervisees are individuals working under the supervision of a physiotherapist. This includes physiotherapist assistants (PTAs), physiotherapy students, physiotherapist residents, and other physiotherapists under supervision, who provide physiotherapy services within the scope of their competence.

Supervision refers to the oversight provided by a physiotherapist, who remains accountable and responsible for the care being delivered. Supervision may be direct or indirect, and involves guiding, monitoring, and ensuring appropriate patient care.

Board Small Group Activity – Group 5 Standards

Description of Activity

- Directors will be divided into three groups, with each group assigned to one of the Standards.
- The goal of this exercise is for Directors to:
 - Provide focused feedback on each Standard,
 - Assess whether the performance expectations are set appropriately, and
 - Determine whether the Standards are ready for consultation.
- Below are sample questions to help guide these conversations, though Directors may discuss any topic within their assigned Standard that they deem relevant.
- After the small group discussions, the Board will reconvene to consider the feedback from each group, as well any additional input on each Standard from all Directors.
- **Please assign one representative Director from each group to take notes and report back to the Board.**
- In terms of outcomes, staff will keep a record of all the feedback that is received. Feedback from Directors may lead to:
 - A direct change to the Standard prior to the consultation, or
 - An aspect to monitor during the consultations process – findings will be reported back to the Board when the Standards return for final approval.

Group 1: Boundary Violations Standard

Guiding Questions

1. Does the Standard provide clear guidance on navigating different types of boundaries, including physical, social, and relational?
2. Does the Standard effectively address power imbalances in both therapeutic and workplace relationships?
3. Is there anything else that should be included or further clarified to better guide physiotherapists in maintaining appropriate boundaries?

Group 2: Sexual Abuse Standard

Guiding Questions

1. Are the performance expectations clear and consistent with the definition of sexual abuse, as outlined in the Standard?
2. Does the Standard provide clear guidance about what constitutes a therapeutic relationship?
3. Are there any expectations that should be strengthened or included to further support the prevention of sexual abuse?

Group 3: Supervision Standard

Guiding Questions

1. How well does the Standard define the responsibilities and accountability of physiotherapists when supervising different types of supervisees (e.g., PTAs, students, other PTs)?
2. Does the Standard provide clear guidance on when supervision arrangements should be reconsidered, or when supervision should be reassigned or discontinued?
3. Are there any expectations that should be included or strengthened to ensure patient safety in supervised physiotherapy settings?



College Performance Measurement Framework (CPMF) Reporting Tool

College of Physiotherapists of Ontario

Reporting Year: January 2024 – December 2024

Table of Contents

Introduction.....	4
The College Performance Measurement Framework (CPMF).....	4
CPMF Model.....	5
The CPMF Reporting Tool.....	7
Completing the CPMF Reporting Tool.....	7
Part 1: Measurement Domains.....	8
DOMAIN 1: GOVERNANCE	8
DOMAIN 2: RESOURCES	26
DOMAIN 3: SYSTEM PARTNER	30
DOMAIN 4: INFORMATION MANAGEMENT.....	32
DOMAIN 5: REGULATORY POLICIES	34
DOMAIN 6: SUITABILITY TO PRACTICE	37
DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT	50
Part 2: Context Measures.....	54
Table 1 – Context Measure 1	54
Table 2 – Context Measures 2 and 3.....	56
Table 3 – Context Measure 4	57
Table 4 – Context Measure 5	58
Table 5 – Context Measures 6, 7, 8 and 9.....	60
Table 6 – Context Measure 10	62

Table 7 – Context Measure 11	64
Table 8 – Context Measure 12	65
Table 9 – Context Measure 13	66
Table 10 – Context Measure 14	68
Glossary	69

Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the Ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?” This information will:

1. Strengthen accountability and oversight of Ontario’s health regulatory Colleges.
2. Help Colleges improve their performance.

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	Measures	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. The 14 Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

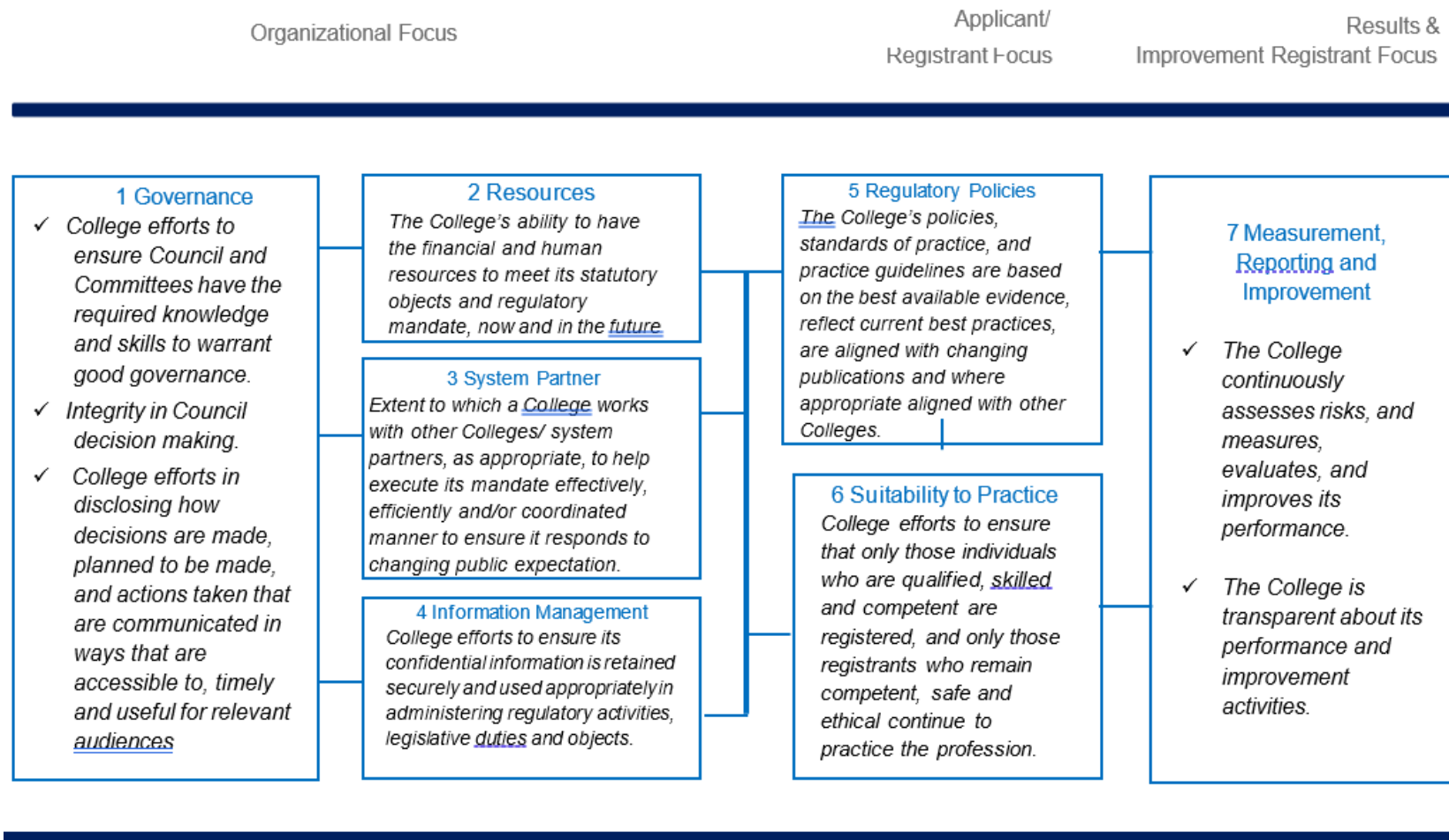


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate, aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

Completing the CPMF Reporting Tool

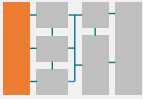
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as ‘Benchmarked Evidence’. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with ‘Met in 2023 and Continues to Meet in 2024’. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE STANDARD 1		Required Evidence	College Response
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. Meeting pre-defined competency and suitability criteria; and</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/> <p>-</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>The College has competency and suitability criteria in place for members of its Board of Directors prior to election.</p> <p>The Board and Committee Competency Profile outlines criteria that prospective Directors must meet before being eligible to run for election. The Profile aims to ensure that incoming Board members possess the foundational behaviours, attitudes, and skills required by all Directors to effectively engage in governance work. The competency framework was approved by the Board during their September 2023 meeting (page 264). The competency framework was used for the first time in the 2024 election cycle.</p> <p>Prospective professional Directors must complete the Values, Behaviours, and Competency Assessment, which is a questionnaire based on the Competency Profile, as part of the pre-election eligibility requirements.</p> <p>Suitability criteria are generic and relate to behaviour, relationships and conduct rather than competence. They are as follows:</p> <ul style="list-style-type: none"> The roles and responsibilities of a Board member are laid out in the College’s Governance Policies under Policy #1.2: Role of a Board Member (page 6). Further accountabilities are outlined in the College’s Code of Conduct found on page 49 of the By-laws, which are available on the College website. The College’s Board Elections webpage highlights a variety of skills prospective Directors must possess. Additional election suitability criteria can be found in Part 3: Election or Appointment of Directors (page 11) of the College By-laws. <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
<p>ii. attending an orientation</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	

	<p>training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Prospective candidates are required to complete the Board Election Module, which outlines the mandate of the College and the roles, responsibilities, and expectations of Directors. The purpose of the module is to ensure that prospective candidates are aware of and committed to the mandate of public protection and have the skills and knowledge to effectively govern within their scope as Directors, and it includes a self-reflection component to help assess their commitment to and suitability for this role.</p> <p><u>Duration and Format of Training</u></p> <p>This module takes approximately one hour to complete, and it is completed online.</p> <p><u>Training Topics</u></p> <p>The module is divided into the following sections:</p> <ul style="list-style-type: none"> • Eligibility requirements: Outlines the eligibility criteria that must be met to qualify to run in the election. • The role of the College: The focus is on public interest and protection, understanding what self-regulation is, the role and core functions of the College, explanation of governance and reinforcing public confidence in the profession through regulation and explanation of roles between Governance (Board and Committees) and Operations (Registrar and staff). • Understanding the Board: Provides an overview of what fiduciary duties are, characteristics of an effective Board, explanation of the Board structure including the three kinds of Directors (elected, academic and public appointees), the roles, responsibilities and duties of Directors, and the time commitment required. • Becoming a Board Member: Outlines the election process and terms of office. <p>This module is evaluated and updated annually to ensure relevance of topics and information, and to make improvements that have been identified by new Directors and individuals who have completed the module.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional):</i></p>
b.	Statutory Committee candidates	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Yes</p>

<p>have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>Statutory Committee candidates must meet pre-defined competency and suitability criteria.</p> <p>The Board and Committee Competency Profile was used in 2024 to assess the core values, attributes, and skills for prospective Committee members. Candidates must complete the Values, Behaviours, and Competency Assessment before being eligible to be appointed to a Committee.</p> <p>The roles and responsibilities of Committee Chairs and Committee members are laid out in the College’s Governance Policies under Policies #1.3: Role of a Committee Chair (page 8) and #1.4: Responsibility of a Non-Board Committee Member (page 10), respectively.</p> <p>Suitability criteria for Committee members are generic and relate to behaviour, relationships and conduct rather than competence. Information about Committee members’ eligibility for appointment is available in the College By-laws (7.6: Appointment of Non-Board Committee Members, page 34). The requirements include not having any decision-making influence at a physiotherapy body or any other position with a potential conflict to the College’s mandate and not having been disqualified from the Board or Committees in the past three years.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	
<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
	<ul style="list-style-type: none"> Duration of each Statutory Committee orientation training. Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p><u>Duration of Training</u></p> <p>Orientation for newly appointed Committee members takes place shortly after their appointment date. All Committee members also receive ongoing training throughout the year. The duration of orientation and training varies as some activities are completed asynchronously.</p> <p><u>Format of Training</u></p> <p>Each Committee has developed a standard orientation program that is used for all new Committee members that typically includes e-</p>	

		<p>learning modules, reviewing resource documents, and in some cases, attending external training courses.</p> <p>Members of some Committees also participate in online training sessions focusing on topics related to the Committee and emerging trends. Members are required to complete a test at the end of each module to confirm they have completed it and to test their understanding.</p> <p>Some Committees also have an annual orientation session that is scheduled after the new Committee slate is approved in June. This session may be facilitated by a lawyer. This orientation session focuses on Committee-specific roles and responsibilities. The session includes what Committee members need to know to support their deliberations and decision making using a case-based learning format. For some Committees, the College also invites speakers from partner organizations where they are relevant to the work of the Committee.</p> <p><u>Training Topics</u></p> <p>Requirements regarding Committee orientation set out in the College’s Governance Policies under Policy #7.7: Board Education/Orientation (page 83). The Inquiries, Complaints and Reports Committee, Patient Relations Committee, Quality Assurance Committee, and Registration Committee sessions may include presentations by legal counsel on issues relevant to the Committee, such as bias and decision making. The orientation program for the Discipline and Fitness to Practice Committees is conducted by the Independent Legal Counsel to the Committee and occurs throughout the year. The College also utilizes external training programs where available, for example, the Discipline Committee Member training program offered by the Health Profession Regulators of Ontario (HPRO).</p> <p>The College implemented orientation e-learning modules for statutory Committees that are completed by all new Committee members once they have been appointed. The modules outline the mandate of the College, the roles and responsibilities of the Committees and Committee members and key governance concepts such as conflict of interest and confidentiality. The modules include a final knowledge quiz and confirmation of completion. The College also has e-learning modules on other relevant topics such as sexual abuse awareness, decision writing, gender inclusive writing, and others.</p> <p>In 2023, the College also implemented an orientation e-learning module for the Finance Committee (now the Risk, Audit and Finance Committee), which is non-statutory. The Risk, Audit and Finance Committee module covers Committee member duties and responsibilities, the budget, financial reporting, financial management, and investment procedures, tips, and aids to help Committee members understand the technicalities of finance, audit, and risk required for members of a finance, audit, and risk committee. The module includes a final knowledge quiz and confirmation of completion.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional):</i></p>
	c. Prior to attending their first	The College fulfills this requirement: Yes

	<p>meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>The College’s usual process is to hold orientation training for public appointments to the Board before their first meeting. Only in unusual circumstances (e.g., delays in the appointments process or unavoidable scheduling conflicts) is training held after their first meeting.</p> <p><u>Duration and Format of Training</u></p> <p>Orientation sessions are typically three hours long. It is provided in-person or in a hybrid format before the public member’s first Board meeting and is led by the Board Chair and Registrar. The New Board Director Orientation Module is completed online.</p> <p><u>Training Topics</u></p> <ul style="list-style-type: none"> • The Orientation program is set out in the College’s Governance Policies under Policy #7.7: Board Education/Orientation (page 83). Directors are also required to complete a series of e-learning modules on a variety of topics. • The New Board Director Orientation Module includes information about the role of the Board, areas of the College, Code of Conduct, governance rules, Board administration, staff and partners, College Committees, respecting diversity, and what is physiotherapy. This Orientation Module is completed by all new Directors, professional and public. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional):</i></p>
<p>Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p>		
<p>Required Evidence</p>	<p>College Response</p>	
<p>a. Council has developed and</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>

implemented a framework to regularly evaluate the effectiveness of:

- i. Council meetings; and
- ii. Council.

- Please provide the year when Framework was developed **OR** last updated.
- Please insert a link to Framework **OR** link to Council meeting materials and indicate the page number where the Framework is found and was approved.
- Evaluation and assessment results are discussed at public Council meeting: Yes
- *If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.*

The College has an assessment framework to evaluate the effectiveness of the Board and its meetings. The high-level summary of the results of the Board meeting surveys is included in the Chair’s Report, which is also presented verbally during Board meetings.

Year Developed/Last Updated

The measurement and reporting framework was developed in June 2002 and updated in June 2021. It was reviewed again in 2024, with revisions to be implemented in 2025. The Board meeting evaluation form is updated on an ongoing basis to adapt to current needs.

Link to Framework and Description of Evaluation

The organizational measurement and reporting framework is laid out in the College’s Governance Policies under [Policy #8.1: Measurement and Reporting](#) (page 95).

Board Meeting Evaluation: Following each Board meeting, a meeting-specific evaluation survey is sent to all Directors, and the results are shared with the Chair and Registrar. This process is informal and generally deals with the different aspects of the meeting. The Chair reviews the information, and the results are reported to the Board in an aggregate form as part of the Chair’s Report and/or provided to all Directors ahead of the next meeting. These are not anonymous surveys. Evaluations were last presented during the [December 2024 Board meeting](#) (page 20).

Board Operations Evaluation:

As part of the usual Board Performance Assessment process, Directors are required to complete a yearly Board Operations Evaluation. This is an electronic survey sent to each Director that focuses on seven domains: (1) Board Activity, (2) Mission and Mandate, (3) Governance/Partnership Alignment, (4) Organization, (5) Meetings, (6) Board Membership, and (7) Administration and Staff Support.

Directors are also provided with an opportunity to give comments and feedback on the work and effectiveness of the Board outside of these domains. The results of this survey are reviewed by the Chair and Registrar and help inform changes and/or improvements to governance processes and overall planning for Board meetings, training, and education.

		<p>Mid-Year Check-in Calls</p> <p>As part of the Board Performance framework, Board members participate in a mid-year check-in call with the Chair. As part of the check-in, Board members are asked to reflect on the following questions:</p> <ul style="list-style-type: none"> • How are you feeling about your time on the Board? • How confident are you in understanding your governance role? If needed, what suggestions do you have to assist you in developing this area of expertise? • How do you assess your contribution to the Board and committees? (You might want to include such things as: attendance at meetings, participation, Committee work, or any other areas on which you would like to comment) • Are there opportunities to enhance Board or Committee performance? If so, what does that look like? • Thinking back to education you have received on the Board and/or Committees, what do you continue to apply today to your College work? • If you could change one thing about our Board meetings, what would it be and why? <p>The most recent check-in calls were completed in January 2024.</p> <p>The information collected helps inform in-service education sessions and governance activities such as improvements to our Board member orientation. This information is tracked in an internal document and reviewed periodically.</p>						
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>						
		<p><i>Additional comments for clarification (optional):</i></p>						
	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<table border="1"> <tr> <td data-bbox="706 1031 1903 1089">The College fulfills this requirement:</td> <td data-bbox="1903 1031 2553 1089">Yes</td> </tr> <tr> <td colspan="2" data-bbox="706 1089 2553 1268"> <ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur?</i> • Please indicate the year of the last third-party evaluation. </td> </tr> <tr> <td colspan="2" data-bbox="706 1268 2553 1385"> <p>In 2023, the College completed an external review of our governance practices. This review was led by the organization The Regulator’s Practice, and the final report was presented to the Board at their meeting in December 2023 (page 19). Part of this review focused on an assessment of Board and Committee effectiveness, and the Board received recommendations for improvement in this area. The College is</p> </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur?</i> • Please indicate the year of the last third-party evaluation. 		<p>In 2023, the College completed an external review of our governance practices. This review was led by the organization The Regulator’s Practice, and the final report was presented to the Board at their meeting in December 2023 (page 19). Part of this review focused on an assessment of Board and Committee effectiveness, and the Board received recommendations for improvement in this area. The College is</p>	
The College fulfills this requirement:	Yes							
<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur?</i> • Please indicate the year of the last third-party evaluation. 								
<p>In 2023, the College completed an external review of our governance practices. This review was led by the organization The Regulator’s Practice, and the final report was presented to the Board at their meeting in December 2023 (page 19). Part of this review focused on an assessment of Board and Committee effectiveness, and the Board received recommendations for improvement in this area. The College is</p>								

		<p>now working on implementing recommendations following the governance review.</p> <p>Following implementation of the improvement items from the 2023 review, the College will then plan how to conduct periodic reviews going forward.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
		<p><i>Additional comments for clarification (optional)</i></p>		
	<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">The College fulfills this requirement:</td> <td style="width: 30%; text-align: center; padding: 5px;">Yes</td> </tr> </table> <ul style="list-style-type: none"> Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. Please insert a link to Council meeting materials and indicate the page number where this information is found OR Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>Board members have an opportunity to identify learning needs after each Board meeting as part of the post-Board meeting evaluations. The College also evaluates education sessions to determine if additional education on the specific topic is required.</p> <p>The College’s Board and Committee Education Strategy includes Core Education and Supplementary Training components. The Core Education component includes a standard set of orientation and training topics that Board members receive training on.</p> <p>The Supplementary Training component is comprised of two parts: (1) ad-hoc education, and (2) external education opportunities. Ad-hoc education are the topics that are identified by Board members or staff that support a specific activity or gap in knowledge. External education consists of targeted education and governance-related conferences that are identified to support individual Board member needs.</p> <p>In 2024, the College collected feedback from Board evaluations and incorporated it into the Education Strategy. Feedback collected has informed training topics this year.</p> <p>Needs identified by Board members that have translated into education activities include:</p> <ul style="list-style-type: none"> Indigenous Rights – Blanket Exercise (attended by Board and Committee members): March 2024 meeting Information about Directors and Officers Liability Insurance presented by HIROC: September 2024 meeting Presentation from the College of Dietitians of Ontario about Governance Experiences: September 2024 meeting 	The College fulfills this requirement:	Yes
The College fulfills this requirement:	Yes			

		<ul style="list-style-type: none"> • Chair and Vice-Chair training: October 2024 <p>Needs identified by Committee members that have translated into education activities include:</p> <ul style="list-style-type: none"> • Inquiries, Complaints and Reports Committee: An overview of the Assistive Devices Program presented by a staff from the Ministry of Health, and an Overview of the Health Claims for Auto Insurance (HCAI) and Motor Vehicle Accident (MVA) coverage delivered by representatives from the Insurance Bureau of Canada, HCAI and Financial Services Regulatory Authority of Ontario (FSRA). • Discipline Committee: Session led by a lawyer to provide overview about conducting contested hearings. 		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
		<p><i>Additional comments for clarification (optional):</i></p>		
	<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u> Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">The College fulfills this requirement:</td> <td style="width: 30%; text-align: center; padding: 5px;">Yes</td> </tr> </table> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>In 2024, the College held the following Board trainings around evolving public expectations:</p> <ul style="list-style-type: none"> • Presentation on Trauma-Informed Care: March 2024 meeting • Conflict of Interest Primer: June 2024 meeting • Presentation about the Multi-College Discipline Tribunal: September 2024 meeting • Presentation from the Health Profession Regulators of Ontario (HPRO) about their role, current initiatives and strategic plan: December 2024 meeting • Information session and discussion about recent developments and trends in our environment and how they inform the College’s future strategic direction: December 2024 meeting 	The College fulfills this requirement:	Yes
The College fulfills this requirement:	Yes			

DOMAIN 1: GOVERNANCE	STANDARD 2		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			
			<i>Additional comments for clarification (optional):</i>			
		Measure:				
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.				
		Required Evidence	College Response			
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p style="margin-left: 20px;">i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Yes</p> <ul style="list-style-type: none"> Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. <p>The College’s Code of Conduct and Conflict of Interest Policy are reviewed at least every three years. Current legislation, practices, public expectations, and other issues were considered in the last review cycle. The College will continue to ensure that the documents are regularly reviewed to reflect the current environment.</p> <p><u>Year last evaluated/updated:</u></p> <p>In 2020, the Executive Committee reviewed the College’s governance framework, By-laws and policies, including the Code of Conduct and Conflict of Interest Policy. The Board approved the proposed changes at their June 23, 2021 meeting (page 71).</p> <p><u>Changes made resulting from last review:</u></p> <p>No substantive revisions to the Code of Conduct or Conflict of Interest policies were proposed as part of the 2021 review.</p> <p>The Code of Conduct and Conflict of Interest Policy are currently undergoing review, and proposed changes will be presented to the Board for consideration in 2025.</p>					
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>					
	<i>Additional comments for clarification (optional)</i>					

<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>The Code of Conduct and Conflict of Interest policy are found in the College By-laws (Part 5: Conduct of Directors and Committee Members, page 27).</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	<p>Met in 2023, continues to meet in 2024</p>
<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect to their Council duties (i.e., cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement: Choose an item.</p> <ul style="list-style-type: none"> Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the College define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number, Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number OR, Where not publicly available, please briefly describe the cooling off policy. <p><u>Year Last Updated:</u></p> <p>Cooling off periods for elected Directors are defined in s.3.1.(9) of the College By-laws, and in s.3.2.(2) for academic Directors. These sections were last considered by the Board in September 2024. Term limits for Board and Committee members are laid out in By-laws and Governance Policies.</p> <p><u>Length of Cooling Off Period:</u></p> <p>The length of the cooling off period is 12 months.</p> <p><u>Definition of Cooling Off Period</u></p>	<p>Met in 2023, continues to meet in 2024</p>

		<p>To be eligible to run for election, the registrant must not have been in the previous 12 months:</p> <ul style="list-style-type: none"> • a director, officer, committee member, employee, or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession; • a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College; or • an employee of the College. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>		
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ol style="list-style-type: none"> The completed questionnaires are included as an appendix to each Council meeting package; Questionnaires include definitions of conflict of interest; Questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and At the beginning of each Council meeting, members must declare any updates to 	<table border="1" data-bbox="706 586 2529 634"> <tr> <td data-bbox="706 586 1903 634">The College fulfills this requirement:</td> <td data-bbox="1903 586 2529 634">Yes</td> </tr> </table> <ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: No • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>The College implements several measures to ensure that Board member conflicts of interest are identified and managed.</p> <ul style="list-style-type: none"> • The College has Conflict of Interest provisions in the By-laws (Part 5: Conduct of Directors and Committee Members, page 27), which includes a definition of a conflict of interest. • As part of the distribution of a Notice of Meeting, Directors are asked to reflect upon and declare any conflicts of interest with any of the items outlined on the Agenda. • Additionally, at the beginning of each meeting, Board and Committee members are instructed to declare any real, potential, or perceived conflicts of interest for any of the items on the respective meeting’s agenda. • A conflict of interest provision is included at the beginning of each Board and Committee meeting package. • At Board meetings, the declaration of conflicts of interest is now a standalone Agenda item since the December 2024 Board meeting. • The College also manages breaches of conflicts of interest per the provisions outlined in the Code of Conduct (Appendix C to the By-laws, page 51). 	The College fulfills this requirement:	Yes
The College fulfills this requirement:	Yes			

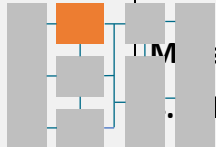
	<p>their responses and any conflict of interest <u>specific to the meeting agenda</u>.</p>									
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>								
		<p><i>Additional comments for clarification (optional)</i></p>								
	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<table border="1"> <tr> <td data-bbox="706 326 1903 375"> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p><u>Accessibility of Public Interest Rationale in Board Materials and Example Links</u></p> <p>College Board materials enable the public to identify the public interest rationale in two areas:</p> <ol style="list-style-type: none"> 1) All Board agendas begin with a statement of commitment to the public interest (Example: December 2024 Board materials, page 1). 2) All individual Board briefing items highlight and describe the relevant public interest considerations for that item (Example: Standards Approval item, December 2024 Board materials, page 114). </td> <td data-bbox="1903 326 2529 375"> <p>Met in 2023, continues to meet in 2024</p> </td> </tr> <tr> <td data-bbox="706 375 1903 906"></td> <td data-bbox="1903 375 2529 906"></td> </tr> <tr> <td data-bbox="706 813 1903 857"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="1903 813 2529 857"></td> </tr> <tr> <td data-bbox="706 857 1903 906"> <p><i>Additional comments for clarification (if needed)</i></p> </td> <td data-bbox="1903 857 2529 906"></td> </tr> </table>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p><u>Accessibility of Public Interest Rationale in Board Materials and Example Links</u></p> <p>College Board materials enable the public to identify the public interest rationale in two areas:</p> <ol style="list-style-type: none"> 1) All Board agendas begin with a statement of commitment to the public interest (Example: December 2024 Board materials, page 1). 2) All individual Board briefing items highlight and describe the relevant public interest considerations for that item (Example: Standards Approval item, December 2024 Board materials, page 114). 	<p>Met in 2023, continues to meet in 2024</p>			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p><i>Additional comments for clarification (if needed)</i></p>	
<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p><u>Accessibility of Public Interest Rationale in Board Materials and Example Links</u></p> <p>College Board materials enable the public to identify the public interest rationale in two areas:</p> <ol style="list-style-type: none"> 1) All Board agendas begin with a statement of commitment to the public interest (Example: December 2024 Board materials, page 1). 2) All individual Board briefing items highlight and describe the relevant public interest considerations for that item (Example: Standards Approval item, December 2024 Board materials, page 114). 	<p>Met in 2023, continues to meet in 2024</p>									
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>										
<p><i>Additional comments for clarification (if needed)</i></p>										
	<p>e. The College has and regularly</p>	<table border="1"> <tr> <td data-bbox="706 906 1903 954"> <p>The College fulfills this requirement:</p> </td> <td data-bbox="1903 906 2529 954"> <p>Yes</p> </td> </tr> </table>	<p>The College fulfills this requirement:</p>	<p>Yes</p>						
<p>The College fulfills this requirement:</p>	<p>Yes</p>									

DOMAIN 1:	STANDARD 3	<p>reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>In 2023, the College developed a risk management policy for approval by the Board and an Enterprise Risk Management (ERM) program. The risk management policy and ERM program was approved by the Board during their September 2023 meeting (page 36). The approach takes into consideration the risks related to regulation and the public interest in addition to strategic, operational, reputational, and financial risks. The ERM program is directly integrated with the College’s Strategic Plan (Performance & Accountability).</p> <p>Implementation of the College’s ERM program includes assigning the responsibility to monitor the program to the Finance Committee. The terms of reference for the newly named Risk, Audit and Finance Committee was updated in September 2023 (page 43) to reflect this expanded scope.</p> <p>The ERM program includes the development of risk registers for departments that are rolled up to a College risk registry for presentation to the Board. The risk registry considers internal and external risks that impact the ability of the College to fulfill its mandate and impact the ability of management to conduct operations. The risk registry is updated and presented to the Board at each meeting, where notable changes are highlighted followed by questions and discussion. (Most recent example from the December 2024 Board meeting, page 37.)</p> <p>The College also uses data presented on the Board dashboard to identify potential risks. The dashboard includes key performance indicators for the organization and is presented to the Board at every meeting where they have the opportunity to ask questions and have discussions about the data. (Most recent example from the December 2024 Board meeting, page 36.)</p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		
		<i>Additional comments for clarification (if needed)</i>		
		Measure:		
3.1 Council decisions are transparent.				
	Required Evidence	College Response		
	a. Council minutes (once approved)	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	

<p>and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p>	<ul style="list-style-type: none"> • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>Board minutes and meeting materials are available on the College website and updated after each meeting when approved. Shortly after each meeting, the College also posts highlights of what was discussed at that meeting.</p> <p>Status updates on the implementation of Board decisions are provided at each meeting as part of the Registrar’s Report. The most recent update is found in the December 2024 Board materials (page 27).</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	
<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information):</p> <ol style="list-style-type: none"> the meeting date; the rationale for the meeting; a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and if decisions will be ratified by Council. 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
	<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>A report is submitted by the Executive Committee to the Board at each Board meeting, which is included in the meeting package. The report provides an overview of the Executive Committee’s activities during the reporting period, including how many times they met, the purpose of each meeting, matters discussed, outcomes and recommendations, decisions they made within the Committee’s authority, instances where the Executive Committee acted on behalf of the Board, and any motions passed using written resolutions. A recent example of an Executive Committee report can be found in the December 2024 Board meeting package (page 18).</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	

Measure: 3.2 Information provided by the College is accessible and timely.	
Required Evidence	College Response
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Yes
	<ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. <p>The College provides notice of meetings on the College website at least one week before all Board meetings that fall within an established meeting schedule. Meeting materials for the Board are published at least one week in advance on the College website. Board meeting materials are accessible on the website for a minimum of three years, and archived materials are available upon request.</p> <p>In the case of Special Meetings of the Board, which fall outside of the published Council schedule, the requirement is that the College makes every effort to ensure that at least five days' notice is given.</p> <p>These requirements are listed in By-law 4.4(4) (Notice of Meetings) in the College By-laws (page 24).</p> <p>Meeting materials are published to the College website.</p>
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>
	<i>Additional comments for clarification (optional)</i>
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: Met in 2023, continues to meet in 2024
	<ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. <p>The College provides Discipline hearing notices and relevant materials on the College website and posts notations to the Public Register as soon as the matter is referred to the Discipline Committee for a hearing.</p>
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>
	<i>Additional comments for clarification (optional)</i>

Measure:		
3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.		
Required Evidence	College Response	
a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	
	<ul style="list-style-type: none"> Please insert a link to the College’s DEI plan. Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. 	
	<p>Equity, Diversity, and Inclusion (EDI) is reflected in the College’s Strategic Plan, which places a focus on embracing a culture where an EDI lens is intentionally incorporated into all levels of decision making at the College. The College has a statement of awareness around EDI issues and shares resources through its EDI webpage.</p> <p>The College has a dedicated internal team working on College-wide EDI projects. The College allocates internal resources and works with external partners to implement EDI activities that are in support of this plan. In 2024, the College pursued the following initiatives:</p> <ul style="list-style-type: none"> Developed an Equity, Diversity and Inclusion strategy Published an EDI report to highlight commitments, actions and progress towards EDI goals Provided training to staff on the use of plain language in our communications Provided education to staff and Board members to increase understanding and awareness of Indigenous experiences and how we can incorporate further change in our work Continued efforts to support internationally educated physiotherapists to successfully transition to practice in Ontario Increased the diversity of our pool of quality assurance assessors to better reflect the diversity of registrants Provided training to staff about the unique challenges the 2SLGBTQ+ community faces in the healthcare system and how to make care more inclusive and equitable 	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
<p><i>Additional comments for clarification (optional)</i></p>		
		Yes
		Choose an item.

	<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The Ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	
		<ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <p>In 2023, the Health Profession Regulators of Ontario (HPRO) developed an EDI Organizational Self-Assessment and Action Guide, which includes a toolkit to assist health regulatory organizations in developing their own Equity Impact Assessments (EIA). Using this toolkit, the College developed a customized assessment of equity impact to address the College’s unique circumstances.</p> <p>In October and November 2023, the College conducted an organizational EDI self-assessment exercise. This exercise related to an organization-wide reflection of where the different areas of the College (governance, registration, conduct, policy, etc.) are currently positioned with respect to approaching their work through an EDI lens. This was supported by the EDI Self-Assessment Reflection Tool informed by the indicators developed by HPRO. The tool included the self-assessment matrix developed by HPRO, where different areas of the College could indicate whether they feel they are inactive, reactive, proactive, or progressive with respect to their work at the College. This reflection tool is not publicly accessible.</p> <p>In 2024, the College expanded the Equity Impact Assessment activity to individual departments. We leveraged the same EIA toolkit to conduct equity impact assessments at the department level. These departmental self-assessments helped teams critically assess their work from an EDI lens to understand the current state and to plan concrete improvement actions for the future. The College intends to conduct this exercise annually to ensure sustained progress towards our EDI goals. An update about this work was provided to the Board at the December 2024 meeting (page 33).</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
		<p><i>Additional comments for clarification (optional)</i></p>		
	<p>Measure:</p> <p>The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.</p>			

Required Evidence	College Response	
<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
	<ul style="list-style-type: none"> • Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. <p>The Board established a strategic plan for 2022-2026 that directs the work of the College during the March 2022 Board meeting (page 242). During the June 2022 meeting (page 103), the Board approved a list of strategic initiatives in support of that plan. The strategic plan serves as an anchor for work and budget planning.</p> <p>The strategic plan is executed through an annual operating plan for the College, and the execution of this plan requires both financial and human resources, and an annual operating budget is prepared each year for Board approval. The College’s fiscal year is from April 1 to March 31. In a typical year, the College budget is approved at the March Board meeting.</p> <p>The Board provides input and direction throughout the annual planning process to ensure the plan and resources align with their strategic direction:</p> <ul style="list-style-type: none"> • Typically, in December a list of proposed strategic projects for the upcoming fiscal year is presented to the Board for input and feedback, with the most recent example being from the December 2024 Board meeting (page 233). • In March of each year, the operating plan and budget are presented to the Board for approval, which includes the planned strategic projects, with the most recent example being from the March 2024 Board meeting (page 261). <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	
<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
	<ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes <p><u>Link to Policy and Date of Last Review</u></p>	

	<p>unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The Finance Committee presented the last formal review of the financial reserve policy during the December 2017 Board Meeting (page 33), and a revised policy was approved in June 2019 (page 92). The revised policy includes recommendations from the Auditor to maintain an undesignated reserve within the range of 25-50% of annual operating costs (or three to six months). The reserve policy is used as a metric by the College to manage its long-term finances.</p> <p>The appropriateness of this policy position was discussed by the Board in June 2023 as they considered a long-term financial planning strategy for the College, specifically whether the College should establish a higher reserve requirement. In November 2023, the (then) Finance Committee was asked to consider whether our reserve policy should be updated but they determined that an update was not necessary at that time.</p> <p><u>Review by Financial Auditor</u></p> <p>The financial reserve policy was reviewed by an external financial auditor, and the Finance Committee reviewed the financial reserve policy in November 2021 following the external Auditor’s comments.</p> <p><u>Current Level of Reserves</u></p> <p>As indicated in the most recent quarterly financial report presented in December 2024 (page 238), the College has the required level of reserve as set out in the financial reserve policy.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>
	c. Council is accountable for the	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Yes</p>

	<p>success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<ul style="list-style-type: none"> • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>The College regularly involves the Board in providing oversight of the College’s workforce to ensure ongoing success.</p> <p>The Board is regularly engaged in the annual planning and budgeting process, which includes consideration of workforce requirements. In March 2024 (page 275), the College presented a Human Resources Plan to the Board as part of the budget package. The Human Resources Plan outlines information about the College’s workforce requirement and practices for recruitment, retention and development of the workforce. Workforce requirements are considered when the College develops its annual budget, which is approved by the Board each year.</p> <p>The College also includes human resources metrics in its Board dashboard and tracks key operational risks related to human resources in our risk register. Any notable changes or trends in these indicators are highlighted in the Registrar’s Report to support ongoing oversight by the Board. Major initiatives and projects related to our human resource management are also highlighted in the Registrar’s Report, under the People & Culture section. The most recent examples of these updates can be found in the December 2024 meeting package (page 27).</p> <p>The above activities enable the Board to ensure that the College has the human resources needed for discharging its responsibilities.</p>
	<p>ii. regularly reviewing and</p>	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Yes</p>

updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).

- Please insert a link to the College’s data and technology plan which speaks to improving College processes **OR** please briefly describe the plan.

The College has multiple mechanisms in place to enable the Board to provide oversight of the College’s technology and data practices, including:

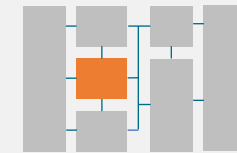
- Updates about enhancements to the College’s technological systems and processes, data practices, and data sharing with system partners as part of the Registrar’s Report. Updates around technology and data are found under the Performance & Accountability heading of the Report (for example, see the [December 2024 Board materials](#), page 27).
- As part of the annual operational planning process, major projects related to the College’s technology and data systems are identified, and the Board has the opportunity to provide input (for example, see the [December 2024 Board meeting](#), page 233).
- As part of the Board’s approval of the operation plan and budget every year, an overview of work on the College’s technology and data systems are outlined as part of the operating plan and budget presentation (for example, see the [March 2024](#) meeting package, page 298).
- Updates are provided to the Board about ongoing enhancements to cybersecurity measures and practices as part of the Registrar’s Report under the Performance & Accountability section. The Board also receives regular reports about how the College is managing cybersecurity risks as part of the risk register. (for example, see the [December 2024 Board materials](#), page 27).

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Additional comments for clarification (optional)

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



Measure / Required evidence:

College response

<p>N/A</p>	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the Ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <p>The College works with its system partners to ensure that physiotherapy is regulated with oversight and accountability, and to ensure the practice is governed with quality, safety, and ongoing improvement in mind. This section will expand on the College’s response from 2023 and will identify any new partnerships or new initiatives undertaken by existing regulatory partners with the goal of strengthening practice expectations for Ontario physiotherapists.</p> <p>The College collaborated with its key system partners in 2024 to strengthen the execution of its mandate and ensure the mutual exchange of information across all partner groups.</p> <ul style="list-style-type: none"> In 2024, the College continued to work with the Ontario Physiotherapy Association (OPA) to ensure mutual alignment with our understanding of the scope of practice changes that require implementation. The College has also communicated with other partners, including the government, about scope of practice changes. These collaborative efforts ensure that the College is fully prepared should

physiotherapy scope changes be enacted, allowing us to respond quicker in regulating the new activities.

- The College engaged with the Canadian Alliance of Physiotherapy Regulators (CAPR) regularly to keep apprised of the ongoing transformation of their evaluation and examination services, a collaborative effort which helps to ensure a smooth experience for candidates seeking licensure as they move through the entry to practice process. The College had opportunities to provide direct input as the Deputy Registrar served on the CAPR Board and the Registrar is a member of CAPR's advisory committees on examination and accreditation.
- In 2024, a number of system partners presented to the Board about their roles in the system and ways they can collaborate with the College to advance shared objectives, including the Canadian Alliance of Physiotherapy Regulators (who presented at two meetings in 2024), the Ontario Physiotherapy Association, the Healthcare Insurance Reciprocal of Canada (HIROC), and the Chair of the Health Profession Regulators of Ontario.

The College engaged with other regulators through the **Health Profession Regulators of Ontario (HPRO)** in 2024. Collaboration activities through HPRO include:

- The College's Registrar joined HPRO's management committee in 2024. The management committee provides strategic leadership to help HPRO fulfill its mandate, which is to advocate for the collective regulatory community and foster excellence in the regulation of health professionals in Ontario.
- The Practice Advice team meets with advisors from other HPRO Colleges twice a year to share emerging trends and salient resources, and to build on the knowledge base of key issues affecting healthcare providers in Ontario. They last met in December 2024 to discuss updates from each College as well as a shared working group around artificial intelligence.
- The Quality Assurance department continued to be involved with a Quality Assurance HPRO Working Group that meets twice a year to share emerging trends, resources, and to share information about their Quality Assurance programs. This year, the QA Manager was also part of a smaller QA HPRO organizing committee to help plan a full quality assurance learning day which will take place in 2025. The group met once a month from June to November 2024.
- The Professional Conduct team connects with their peers at other regulatory colleges through an HPRO networking group, which aims to meet twice a year. The group shares experiences for professional conduct issues and processes, such as trauma-informed investigations, interviewing, disclosure of information, and investigation timelines.

- The College is part of an HPRO networking group comprised of Deputy Registrars from regulatory colleges. The group meets once every one to two months to talk about trends, best practices, and opportunities to collaborate.
- The College has representatives on HPRO's Public Members' Working Group, which develops potential strategies to address public member constraints to allow public members to effectively support the Colleges' work.
- In February, the College engaged HPRO to establish how the provisions outlined in Section 36 of the RHPA could be interpreted consistently across Colleges. Each College was asked to consider how this might apply to their work, and recommendations and learnings were shared. This activity has supported all Ontario health regulators in making consistent decisions when referencing the same legislative framework.
- In October, the Compliance Monitoring team met with a Compliance Monitoring Networking Group to share coaching models, identify shared trends and issues, and discuss learnings to continue to strengthen the College's education and coaching program. This group includes 14 different regulatory colleges.
- The College's Communications team participates in the HRPO Communications Working Group, meeting regularly to find ways to raise awareness of regulatory Colleges' roles with the public, as well as bringing regulatory communications leads together to share resources and messaging.
- The College's Examinations Manager participates in a HPRO working group focused on testing and accommodations. They use a shared online portal to exchange materials, information, and advice in an ongoing way.

Other collaboration activities with system partners in 2024 include:

- The Practice Advice team met four times with other physiotherapy colleges (AB, BC, MN, and SK) to share updates on regulatory trends and to share information related to the inquiries and issues seen in each respective jurisdiction, including comparing responses to frequently asked questions raised through the service. Practice issues involving artificial intelligence, scope of practice, pelvic health, and virtual care access were identified as shared issues across provinces. They also discussed strategies for how best to communicate the physiotherapy standards of practice. Through these meetings and resource sharing, the College leveraged the opportunity to collaborate with and learn from other physiotherapy Colleges.
- In May, the Practice Advice team hosted an in-person meeting for advisors from other regulatory rehabilitation Colleges across Ontario (CASLPO, OT, RD, Kins) to build on the collaborative relationship of the rehabilitation-focused Colleges, discuss common trends and inquiries,

such as the use of incentives, and brainstorm effective strategies for greater registrant engagement with regulatory updates and Colleges' standards of practice.

- The College regularly engages its academic partners to ensure that students experience a seamless integration between academic curricula, hands-on aspects of practice, and regulatory requirements. The Practice Advice team provides presentations to students at all Ontario physiotherapy programs and other educational institutions to introduce them to the role of the College and educate them on various topics. In 2024, this included sessions around working with physiotherapist assistants, managing professional boundaries, and best business practices.
- The College also collaborates with the Ontario Physiotherapy Leadership Consortium (OPLC), which has representatives from the association, regulator, and academic institutions and meets regularly to share updates and identify opportunities for engagement. As an example, the College published a blog in 2024 speaking to [the value of being a supervisor](#) arising from discussions with OPLC.
- The Practice Advice team continues to support Physiotherapy Education Accreditation Canada (PEAC). PEAC conducts accreditation reviews of Canada's 15 physiotherapy education programs. This collaboration presents an opportunity to contribute and understand the physiotherapy curriculum across universities. In 2024, a Practice Advisor participated in multi-month preparation, and a 4-day onsite review of a physiotherapy program in Alberta.
- The College continued to engage in work around the experience of internationally educated physiotherapists in 2024 to support their successful transition to practice in Ontario. The College met with students in the Ontario Internationally Educated Physical Therapy Bridging (OIEPB) Program at the University of Toronto, which educates internationally educated physiotherapists and prepares them for Canadian practice. OIEPB has many interactive educational resources used with the internationally educated physiotherapy candidates, specifically record keeping and by extension, clinical reasoning. The College is also undertaking engagement with internationally educated physiotherapists to better understand their unique needs and challenges and what supports would be helpful to them. We are also engaging with system partners to explore ways to better support this population in the future. This work will continue into 2025.
- The Registration Manager is the Co-Chair of the Ontario Regulators for Access Consortium (ORAC), which consists of registration staff from various regulators across the province. ORAC is a forum for regulators to discuss any registration-related challenges and its primary goal is information sharing. The group meets virtually two to three times per year. ORAC met in February and September 2024.
- The College regulator co-develops and/or share materials and resources with other regulators to foster consistency in the way that we communicate about regulatory obligations with registrants. Examples in 2024 include collaborating with other physiotherapy regulators to

develop a Patient Centred Communication E-Learning Module, and sharing content from our Transitioning to Practice in Ontario modules with key system partners.

Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

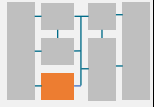
- Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labour mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.
- In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).

The College responds to changing public and societal needs through ongoing and targeted engagement of its registrants and external partners, including the public. Below are some related initiatives in 2024:

- On March 5, a member of the College’s Practice Advice team presented at a webinar about professional standards hosted by the Ontario Physiotherapy Association (OPA). On March 21, the Advisor presented to the OPA membership regarding a new Patient Centred Communication E-Learning Module from the College. These discussions provided an opportunity to collaborate with Ontario physiotherapy partners, educate participants on standards and rules, and invite questions and feedback from physiotherapists and other partners.
- The Workplace Safety and Insurance Board (WSIB) funds physiotherapy care for patients who are injured in their workplace. Over the past year, they have continued to develop and implement new programs for physiotherapists across the province. The College met with WSIB

representatives to discuss the role of physiotherapists in filling out the Functional Abilities Form to further understand how to assist registrants and patients in navigating the WSIB system.

- The College met with representatives from the Information and Privacy Commissioner to obtain their input on emerging privacy issues between insurers and private clinics. Privacy issues are continuing to rise in prominence in the healthcare space, and there is an ongoing need to keep informed of privacy requirements and considerations for regulated health professionals.
- The Registrar, Deputy Registrar, and Practice Advice department met with representatives from the Canadian Life & Health Insurance Association (CLHIA). CLHIA shared trends and resources with the College around instances of insurance fraud and discussed the emerging issue of Preferred Provider Networks (PPNs) in healthcare. This helps the College to understand the landscape and further consider the benefits and risks of PPN arrangements in developing a potential future approach.
- In June, September, and November 2024, the College met with the Infection Prevention and Control (IPAC) Regulatory Colleges Working Group (IRCWC), which includes representatives from the Ministry of Health, Public Health Ontario, and other Ontario regulatory health Colleges. The purpose of the working group is to advance IPAC in Ontario for regulated health professionals and to create a forum for discussion of matters related to IPAC, facilitation of IPAC exchange of knowledge and to create opportunities to identify strategies to address current and future IPAC issues/threats in Ontario. The 2024 meetings were held to review terms of reference, share information about IPAC standards since the COVID-19 pandemic, discuss reusable medical devices, and share other resources and learnings across the membership. The College will leverage the outcomes of this partnership to develop IPAC guidance for its registrant base in a post-pandemic environment, contributing to a safe overall health system.
- The College co-sponsored an item brought to the Citizens' Advisory Group (CAG) around the emergence of artificial intelligence (AI) in healthcare together with eight other Ontario health regulators. The meeting took place on November 25 and explored CAG Members' perspectives on the experiences and expectations related to healthcare provider use of AI in practice. The discussions centered on understanding AI's role in healthcare, ensuring ethical use, and maintaining the human element in care delivery.
- The College provides available data to key system partners including government and the Canadian Institute for Health Information to support health human resources planning and to demonstrate the growth the profession is experiencing in Ontario.

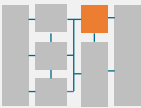
	Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.		
	DOMAIN 4: INFORMATION MANAGEMENT STANDARD 7	Required Evidence	College Response
a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;		The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. <p>The College has policies governing the disclosure of and requests for information. They are as follows:</p> <ul style="list-style-type: none"> Privacy Code: Details reasons for collection, use and disclosure of data. The Privacy Code is published on the College Website. Governance Policy #3.2: Privacy Procedures – Requests for Access or Corrections and Compliance Concerns further outlines the procedures around requests to access, corrections, and compliance with respect to personal information held by the College. Confidentiality declaration. Under Policy #3.1: Confidentiality – General of the College’s Governance Policies (page 42), everyone this policy applies to must sign a confidentiality agreement to confirm their understanding of the RHPA’s rules regarding the confidentiality of matters that come to their attention as part of their College-related work. Board and Committee orientation and manuals. Confidentiality policies and the Code of Conduct are included as part of Board and Committee trainings. Both the Code of Conduct and declaration of office are included in the By-laws (pages 51 and 21, respectively). Human Resource Policy #2.09: Public Register Information and College Data describes the scope of information shared through the Public Register and defines how the College responds to information sharing requests. This policy protects against the release of unauthorized information of College registrants through the Public Register and more. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	
ii. Uses cybersecurity measures to protect against unauthorized disclosure of information; and		The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. 		

	<p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College has policies, practices, and processes to address accidental or unauthorized disclosure of information and to aid in the prevention and management of security threats. The College also has several security measures in place to protect its data and access to its IT systems, such as multi-factor authentication and spam filters.</p> <p>In 2023, the College implemented action items of an internal cybersecurity audit that took place in the 2022 reporting year. Examples of the recommendations that have been actioned include:</p> <ul style="list-style-type: none"> • Decommissioning some of our older, more outdated servers that are vulnerable to security risks • Moving servers to a virtual cloud (Microsoft SharePoint) • Implementing a 90-day password change policy • Implementing multi-factor authentication for staff • Limiting access to our networks to IP addresses within Canada only • Providing regular cybersecurity training for all staff <p>In 2024, the College conducted an external cybersecurity audit to further assess the security of our systems and identify opportunities for improvement. The audit included external and internal penetration testing and examination of all College systems and security measures.</p> <p>In 2024, the College took the following actions to implement recommendations from the internal and external cybersecurity audits:</p> <ul style="list-style-type: none"> • Expanded multi-factor authentication implementation across all key systems and users • Strengthening access controls by enhancing multi-factor authentication enforcement and reviewing user access privileges • Endpoint security upgrades with advanced threat detection tools • Network segmentation and firewall enhancements to minimize attack surfaces • Routine vulnerability scans and patch management to proactively address security gaps • Data encryption improvements for sensitive files and communications • Phishing awareness campaigns that have significantly reduced risky email interactions
--	--	--

- Introduction of a password manager for all passwords used by the College
- Immediate alerts to the IT team for potential threats in real-time
- Moved all independent contractors who communicate on the College's behalf to using secure College email addresses, allowing the IT team to ensure the cybersecurity of all College emails
- Incident Response Improvements to incident responses by updating the College's Incident Report Policy to streamline reporting and response procedures

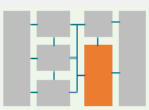
Description of cybersecurity policies and processes:

- **The Code of Conduct** for Board and Committee members (page 51 of the College's [By-laws](#)) sets out confidentiality rules (Performance Expectations, point 10) and provides a mechanism to manage concerns from the Board, staff or members of the public if there is a breach (Sanctions, point 5e).
- Training modules on digital security and protecting sensitive information for staff: Staff receive ongoing online training on a variety of digital security topics including essential knowledge related to cybersecurity, ransomware and malware and internet security when working from home. Staff training modules consistently have 100% completion rates.
- Human Resource Policies:
 - [HR Policy #1.05](#): Confidentiality guards against the unauthorized disclosure of information to anyone outside of the organization. This applies to anyone who performs a duty or service for the College.
 - [HR Policy #1.07](#): Employee Records and Personal Information Protection is the internal framework for managing personal and confidential employee information. The document outlines employee responsibilities with respect to personal information management and highlights the preservation of privacy of employees and confidentiality of their records.
- **Governance Policy – In Camera Meetings:** [Policy #7.11: Board In Camera Meetings – Storage and Access](#) in the College's Governance Policies (page 88) outlines how in-camera minutes are recorded, reviewed and archived to ensure confidentiality of information.
- The College has an internal Privacy Breach Protocol Policy, as well as Standard Operating Procedures around what to do in case of a privacy breach. These are implemented when breaches of information occur and outline the steps necessary for resolution.
- In 2023, the College implemented the use of an "Extranet", leveraging the SharePoint platform to create sites for Board and Committee members and contractors to access information they need to fulfill their roles. The use of the Extranet allows the College to

		<p>closely control and monitor the access of confidential information and prevent authorized access and accidental distribution/loss of information.</p>
		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
	<p>Measure: 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 5: REGULATORY POLICIES</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 8</p>	<p>Required Evidence</p>	<p>College Response</p>
	<p>a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/> <p>-</p>	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Met in 2023, continues to meet in 2024</p> <ul style="list-style-type: none"> Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). <p>Policy #5.1: College Policy Review Schedule of the College’s Governance Policies (page 68) outlines the procedures for reviewing its various policies. This policy was last revised in September 2023. The College aims to review By-laws and governance policies annually and other documents (policies, standards of practice, regulations) on a three-year rolling cycle. The College also reviews and makes changes to its official documents as needed.</p> <p><u>Review Items Conducted in 2024</u></p> <ul style="list-style-type: none"> Standards: As part of the College’s ongoing process to align Ontario’s practice standards with the national core standards developed by physiotherapy regulators across Canada, the Board reviewed and approved 10 standards in 2024: (1) Assessment, Diagnosis, Treatment; (2) Collaborative Care, (3) Communication, (4) Conflict of Interest, (5) Dual Practice, (6) Duty of Care, (7) Evidence-Informed Practice, (8) Infection Control, (9) Risk Management and Safety, and (10) Titles, Credentials, and Specialty Designations. These Standards were approved on a rolling basis over the course of the reporting year. By-laws and Governance Policies: The College continued its review of its By-laws and Governance Policies to align with the established review cycle and emergence of governance best practices. This included revisions to terminology across both documents, meeting guidelines, Committee composition and procedures, the Specialty Designation Policy, the Signing Officers Policy, the In Camera

		<p>Meetings Policy, and election eligibility criteria. Board review and approval of these changes occurred throughout 2024.</p> <ul style="list-style-type: none"> • Code of Ethical Conduct: Following consultation, the Board approved a revised Code of Ethical Conduct at their June 2024 meeting. <p><u>Description of Practice Monitoring Process</u></p> <p>The College monitors the practice environment in several ways: results from the Quality Assurance Program, contacts made to the Practice Advice team, complaints received through the Professional Conduct area, and responses to the Professional Issues Self Assessment (PISA) and Jurisprudence Module. The College also monitors website metrics, such as page visits, length of visits and search terms entered on the site. By monitoring trends, issues can be raised to management team level, the Board, and the associated Committees. Monitoring trends is an ongoing process in all areas so the College can initiate reviews and updates to associated policies, standards, or practice guidelines in a timely manner.</p>	
	<p>b. Provide information on how the College considers the following when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients/ the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges; v. expectations of the public; and vi. stakeholder views and feedback. <p>-</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. <p>The College’s policies, standards, and guidance documents typically account for all six components. The College uses an internal policy development and review template to ensure all six components are accounted for when engaging in policy, standards, and guidance development. The template includes the following components to ensure all six areas are accounted for:</p> <ul style="list-style-type: none"> • Collect data around the body of evidence, practice trends, and program area data • Conduct a risk assessment • Hold consultations with the physiotherapy profession • Conduct an environmental scan of how the issue is addressed in relevant jurisdictions • Incorporate feedback from the public, such as the Citizen Advisory Group • Consult with professional associations, insurance organizations, financial regulators, and legal counsel <p>One example of how this was done in practice is the College Standards Review Process, which began in 2023. This process involves adopting a set of national core standards for use in Ontario. The national core standards were developed in collaboration with provincial regulators</p>	<p>Yes</p>

		<p>to support alignment of practice expectations across the country, incorporating feedback from physiotherapists across Canada. Additionally, the College also conducted a second round of consultations with Ontario physiotherapists only, and engaged with the Citizens Advisory Group and other province-specific partners, such as the Ontario Physiotherapy Association for feedback. The most recent group of standards to be reviewed and approved by the Board according to this framework were the Collaborative Care, Conflict of Interest, Dual Practice, and Infection Control standards. The Board approved these standards for consultation at their June 2024 meeting (page 153) and for use at the December 2024 meeting (page 115). The linked materials describe further how the information was considered with respect to standards development.</p>		
		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>		
	<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<table border="1" data-bbox="704 578 2569 634"> <tr> <td data-bbox="704 578 1903 634">The College fulfills this requirement:</td> <td data-bbox="1903 578 2569 634">Partially</td> </tr> </table> <ul data-bbox="704 634 2569 781" style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p data-bbox="704 781 2569 911">The College’s Strategic Plan focuses on incorporating Equity, Diversity and Inclusion (EDI) into its initiatives and processes, which includes the College’s standards, policies, and guidelines. The College regularly evaluates EDI considerations when developing or reviewing policies, standards, and the Code of Ethical Conduct. Examples of how this was actioned in 2024 include:</p> <ul data-bbox="704 911 2569 1300" style="list-style-type: none"> • EDI Assessment Framework: The College implemented internal Departmental EDI Self-Assessment documents, which help College teams to reflect on their work from an EDI lens, and to identify actions or changes that will achieve incremental improvement. The self-assessment document for the College’s Policy Team helped guide the review of its practice standards and Code of Ethical Conduct in 2024. • Consultation Process: Review of the College’s standards and Code of Ethical Conduct in 2024 captured EDI perspectives obtained through the consultations process. The College has engaged groups representing diverse physiotherapy communities such as the Black Physiotherapy Association and the Queer Physiotherapy Collective. The registrant consultation process also provides different avenues for responding to ensure anonymity, and the College has engaged the Citizens Advisory Group, a diverse panel of patient and public perspectives. <p data-bbox="704 1300 2569 1357"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p data-bbox="704 1357 2569 1390">In the 2023 report, the College committed to begin developing two standards around cultural safety and equity in 2024. While the College</p>	The College fulfills this requirement:	Partially
The College fulfills this requirement:	Partially			

		did complete some preliminary work in 2024, the development of these two standards is planned for 2025 instead.	
		<i>Additional comments for clarification (optional)</i>	
	Measure: 9.1 Applicants meet all College requirements before they are able to practice.		
DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 9	Required Evidence	College Response	
	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
		<ul style="list-style-type: none"> Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p><u>For cases not referred to the Registration Committee</u></p> <ul style="list-style-type: none"> The considerations outlined in the Eligibility Questionnaire are assessed before registration. Essential criteria include selection of application type, being eligible to work in Canada, and having obtained a degree in physiotherapy. Applicants previously practicing in another jurisdiction or regulated health profession must submit a Regulatory History Form to the College. For internationally educated physiotherapists: The Canadian Alliance of Physiotherapy Regulators (CAPR) is a credentialing and assessment agency that provides credential evaluation services for all physiotherapy regulators in Canada. International credentials are assessed through CAPR. Before a registration application is approved, the file is reviewed a second time to ensure that the applicant meets all the regulatory requirements, and that all documentation has been collected and is accurate. <p><u>For cases referred to the Registration Committee</u></p> <ul style="list-style-type: none"> The Registration Committee uses an internal decision-making tool to assess the eligibility criteria, qualifications and risk to patients when registering new applicants. There is no Canadian experience requirement. An overview of the Registration Committee process is available on the College website. 	

	supervisors, etc.) ¹	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		<i>Additional comments for clarification (optional)</i>	
	b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>The Canadian Alliance of Physiotherapy Regulators (CAPR), the national credentialing and assessment agency for Canadian physiotherapy regulators, sets the requirements for and reviews the education qualification of international applicants, including language proficiency and ensuring documents are not fraudulent. CAPR implements internal continuous improvement processes to ensure their practices align with best practice in the industry. CAPR is currently undertaking a transformation of their evaluation services based on research about best practice and responding to the changing needs of applicants.</p> <p>Essential competencies for physiotherapists are maintained and updated by the National Physiotherapy Advisory Group. The Essential Competencies Profile informs how physiotherapy programs design their curriculums, what content is tested in the Physiotherapy Competency Exam, the Ontario Clinical Exam, and the College’s quality assurance program.</p> <p>The Canadian Alliance of Physiotherapy Regulators has completed work with The Association of Canadian Occupational Therapy Regulatory Organizations on benchmarking new language proficiency assessments to meet the new Ontario Bill 106 Regulation Requirements.</p> <p>The College has also developed its own clinical exam: the Ontario Clinical Exam . Candidates can register online. Before results are released to candidates, all exam scores go through multiple levels of verification and quality assurance. This is to ensure that each candidate’s performance is appropriately assessed, and their scores are accurately reported. Successful candidates are then eligible to apply for an Independent Practice Certificate of Registration.</p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		<i>Additional comments for clarification (optional)</i>	

¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

Measure:		
9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
<p>c. A risk-based approach is used to ensure that currency² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. <p>Currency and other competency requirements are regularly monitored. The requirements registrants must meet include:</p> <ul style="list-style-type: none"> • Minimum practice hour requirements to renew their certificate of registration • Declaring their professional development activities during annual renewal • Successful completion of a Jurisprudence Module after initial registration and then every five years. • Completion of the Professional Issues Self Assessment every year as a self-reflection exercise and to identify areas where more learning is required • Completion of a screening interview (when selected) as part of the Quality Assurance program to assess ongoing competency • Answering self-reporting questions related to various professional conduct issues during annual renewal. • Declaration of liability insurance during annual renewal. The College follows up with those who provide patient care and declare that they do not have insurance. • Review and updating of their roster information at annual renewal (if applicable). <p><u>How Currency and Competency Requirements were Identified</u></p> <p>Currency requirements are laid out in regulation (Section 21 of the Ontario Regulation 532/98 under the Physiotherapy Act). The annual renewal process is available through the PT Portal on the College website. Physiotherapists are required to have practice hours – 1,200 hours every five years or to have completed the national exam within the last five years. Registrants are required to report their practice hours annually during renewal. Those who do not have sufficient practice hours are required to engage in activities to address this issue</p>	<p>Yes</p>

² A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

<p>such as undergoing a practice assessment, or they may agree to stop delivering patient care.</p> <p><u>Process for Monitoring Currency Requirements</u></p> <p>The College’s monitoring process for its currency requirements is based on risk to the public, and different regulatory tools and responses are used in response depending on the level of risk. This ensures that currency requirements do not fall under a “one size fits all” approach, but are stratified with risk mitigation in mind. Tools currently in use include:</p> <ul style="list-style-type: none"> • A reference tool for the Registration Committee to outline precedents for individuals with low practice hours. The tool references the Committee’s decisions in previous cases where applicants are returning to the profession after a period of time. It is intended to assist with consistency in decision making, and it will be included in case files as well as memos to the Committee and Registrar. • For individuals performing controlled acts, the College monitors registrants who have not practiced the activity in two years or more and asks them to remove the rostered activity if that is the case. If those PTs come up in the Quality Assurance process, specific questions are asked to assess their competencies for those activities.
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
<p><i>Additional comments for clarification (optional)</i></p>

Measure:
9.3 Registration practices are transparent, objective, impartial, and fair.

<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
	<ul style="list-style-type: none"> • Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. • Where an action plan was issued, is it: No Action Plan Issued <p>The College posts OFC assessment reports on Fair Registration Practices on the College website. The OFC website also archives College reports.</p> <p>Recently, the OFC also introduced the Risk-Informed Compliance Framework (RICF). In April 2022, the College received a medium risk rating from the OFC. This rating was mainly due to the clinical exam being unavailable during the pandemic. At that time, it was identified that the rating would remain in place for 12 months (until March 31, 2023) and then reassessed. No specific corrective actions were required or recommended in the assessment. Shortly after the College received the assessment report, we provided a follow-up response to the OFC outlining the steps the College had taken and was in the process of taking to address the concerns outlined in the assessment.</p>	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10		<p>In March 2023, the OFC communicated to the College that the assigned rating would remain in place until the next review cycle (until March 31, 2024) given that there was no formal review taking place at the time and no appeal mechanism. The College has engaged in ongoing discussions with the Fairness Commissioner and their team. In June 2023, the Ontario Fairness Commissioner presented to Council. Part of their presentation spoke to the new RICF and the College’s medium risk rating. The Commissioner noted that the College has made material progress in addressing the risk factors highlighted in the 2022 assessment.</p> <p>In November 2023, the OFC launched the second iteration of its RICF. In February 2024, after reviewing the College’s submission, the OFC placed the College in the low-risk category for the period April 1, 2024, to March 31, 2026. The risk assessment included two risk-related recommendations which the College is reviewing internally to determine next steps.</p> <p>In summer 2024, the College made its annual Fair Registration Practices submission to the OFC and we are currently awaiting the final report.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (if needed)</i>	
		Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.		
		Required Evidence	College Response	
		<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>- Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> - Name of Standard - Duration of period that support was provided - Activities undertaken to support registrants - % of registrants reached/participated by each activity - Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i> <p>To support the implementation of the new standards that were approved in 2024, the College:</p>	<p>Met in 2023, continues to meet in 2024</p>

<p>are adopting updated standards of practice and addressing identifiable gaps.</p>	<ul style="list-style-type: none"> Highlighted all new standards in <i>Perspectives</i>, our monthly newsletter, with accompanying commentary to discuss key changes. In 2024, three groups of new standards were approved, and they were promoted in the July, October, and December issues of our newsletter. Sent targeted communications to physiotherapists in advance of the effective date of the new standards and undertook additional social media efforts to amplify the message. We alerted physiotherapists to new standards that are about to go into effect in July, September, and December. On November 19, the College held a webinar for the first four new standards that went into effect in August 2024 to introduce the new standards, to help highlight the key changes, explain how they could be implemented, and to answer questions. Additional webinars are being planned in 2025 to introduce and explain the other two groups of new standards approved in 2024. Once new standards go into effect, our Practice Advice team helps answer questions individual physiotherapists may have about how to apply the new standards. <p>Outside of the standards review process, the College undertook the following activities to assist registrants, students, and other partners in understanding and applying existing standards and practice guidelines:</p> <ul style="list-style-type: none"> Fees, Billing, and Accounts & Conflict of Interest: Held a two-hour workshop with 110 students; a positive pre/post confidence shift was noted. The session included case studies and Q&A. Working with PTAs: Held a one-hour presentation with around 50 PTs and PTAs across 10 hospital/community sites. The College highlighted the Standards in its Professional Issues Self Assessment (PISA), which is a short online exercise that all registrants must complete annually. PISA raises awareness about rules and standards that are either new or have been identified by Practice Advisors and the investigations team as areas in need of additional support. One practice standard is featured in each issue of our monthly newsletter, <i>Perspectives</i>, where highlights about the standard expectations are included. See the most recent example from December 2024 here.
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>
	<p><i>Additional comments for clarification (optional)</i></p>
<p>Measure:</p>	

10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
<p>a. The College has processes and policies in place outlining:</p> <p style="margin-left: 20px;">i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Yes <i>If yes, please insert link to policy</i> <p><u>Areas of focus for QAassessment</u></p> <p>The assessment process includes two parts, physiotherapists go through a screening interview and when unsuccessful are required to go through a practice assessment. Priority areas include:</p> <ul style="list-style-type: none"> • For the screening interview, there are eight behaviour-based interview questions, and each physiotherapist will respond to six or seven questions depending on their practice. The questions focus on informed consent, assessment, boundaries, controlled acts, patient safety, ethics, working with physiotherapist assistants and scholarship. Screening interview topics and questions are posted to the College website. • For the assessment, the physiotherapist answers 13 or 14 behaviour-based interview questions, in addition, written policies required by College standards and patient records are reviewed. Assessment topics and questions are posted to the College website. Half of the assessment is case-based and based on the care provided to one patient. The remaining interview questions are situation-based questions. <p>How the priority areas have been identified:</p> <ul style="list-style-type: none"> • During the development and pilot test phase of our screening interview and assessment tools (2018-2020), the College engaged several focus groups of physiotherapists representing different practice settings and patient populations. From this work, two blueprints were created. The first blueprint identified core areas where all physiotherapists should demonstrate competency, 	<p>Met in 2023, continues to meet in 2024</p>

³ "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>regardless of practice area. These topics are covered in the screening interview. The expectation was that most physiotherapists should score highly across these topics. The second blueprint was created to identify the additional areas of practice that the College would need to explore if a physiotherapist did not meet the expected pass score of the screening interview. These topics are covered in the assessment. The second blueprint represented a longer assessment with more topics and a more in-depth review of some of the core topics covered in the screening interview.</p> <ul style="list-style-type: none"> In the case of both blueprints, the focus groups considered risks to the public when determining the areas to develop. Once the blueprints were created by the consultant and approved by Council, the College engaged different subject matter experts for an item writing exercise. These sessions resulted in the questions and probing questions for the screening interview and assessments. <p><u>Link to QA policies</u></p> <p>Development of the screening interview tool and assessment tool are explained in Board briefing notes in March 2018 and June 2018. These documents refer to the processes involved to create the current tools.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>						
	<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<table border="1" style="width: 100%;"> <tr> <td data-bbox="706 824 1903 873">The College fulfills this requirement:</td> <td data-bbox="1903 824 2548 873">Met in 2023, continues to meet in 2024</td> </tr> <tr> <td colspan="2" data-bbox="706 873 2548 1247"> <ul style="list-style-type: none"> Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - Public Yes - Employers Yes - Registrants Yes - Other stakeholders Yes </td> </tr> <tr> <td colspan="2" data-bbox="706 1247 2548 1351"> <p><u>Description of Evidence-Informed Approach</u></p> <p>The College’s Quality Assurance program underwent a redesign in 2018-2019 and launched in 2021. Previously, about five percent of</p> </td> </tr> </table>	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	<ul style="list-style-type: none"> Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - Public Yes - Employers Yes - Registrants Yes - Other stakeholders Yes 		<p><u>Description of Evidence-Informed Approach</u></p> <p>The College’s Quality Assurance program underwent a redesign in 2018-2019 and launched in 2021. Previously, about five percent of</p>	
The College fulfills this requirement:	Met in 2023, continues to meet in 2024							
<ul style="list-style-type: none"> Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - Public Yes - Employers Yes - Registrants Yes - Other stakeholders Yes 								
<p><u>Description of Evidence-Informed Approach</u></p> <p>The College’s Quality Assurance program underwent a redesign in 2018-2019 and launched in 2021. Previously, about five percent of</p>								

	<p>practicing physiotherapists were randomly selected to undergo a four-hour on-site practice assessment. Upon a review of the historical program data, we found that very few physiotherapists were found to require remediation and education following the assessment.</p> <p>In the redesigned program, the College aims to give a larger number of physiotherapists an opportunity to be assessed while being resource efficient. We introduced a two-step process where approximately 10% of practicing physiotherapists are selected per year to undergo a screening interview, which is a one-hour structured interview focusing on key competency indicators. Those who are below a pre-established pass score will undergo the assessment.</p> <p>Based on research on risks to professional competence, the program selects physiotherapists to participate in the screening interview based on who has been in practice the longest without being assessed, and those who have never been assessed before are prioritized.</p> <p>For decision making, the Committee uses a decision-making tool that helps the Committee identify risk to the public to ensure decisions are based on no, low, moderate, and high risk. The actions under each category help to ensure right-touch regulation.</p> <p><u>Year Approach was Last Updated:</u></p> <p>As the new program was launched in January 2021, the approach for selecting PTs to participate in a screening interview has not been revisited. The passing score of the screening interview was reviewed via an equating study completed by the tool developer and a psychometrician. It was determined that the pass score could be retained for the following year. For future study, the QA program is planning to study the profile of physiotherapists who do not pass the screening interview and a second profile of physiotherapists who must complete a Specified Continuing Education or Remediation Program following a full assessment.</p>	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	
	<i>Additional comments for clarification (optional)</i>	
iii. criteria that will inform the	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

	<p>remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>The Quality Assurance Committee formally approved a decision-making tool to help guide their discussions and final decisions. It received final approval at the Committee’s February 2022 meeting. This resource helps the Committee to determine if the physiotherapist’s assessment results are no risk, low risk, moderate risk, or high risk. Additionally, the tool guides the Committee to determine how the file should be managed based on the level of risk to the public that is identified.</p> <p>Files considered low risk indicate that one or more areas of concern were noted but the items pose little risk, and the physiotherapist can address these concerns independently of the Committee’s oversight. Moderate to high-risk issues are apparent gaps in the physiotherapist’s knowledge, skills, abilities or judgement and these problem areas need to be addressed to ensure safe and quality patient care. In some cases, if the concerns are related to higher risk concerns, the physiotherapist may have terms, conditions, or limitations on their practice until they accomplish specific learning activities to address the higher risk concerns.</p> <p>Finally, if corrective action is not sufficient due to serious/significant concerns, the Committee may decide to refer the physiotherapist to the Inquiries, Complaints and Reports Committee (ICRC). For example, if an assessment suggests that a patient was abused or the physiotherapist was unwilling to participate in learning activities, a referral to ICRC would be appropriate.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>				
<p>Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.</p>						
	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.</p>	<table border="1"> <tr> <td data-bbox="706 1031 1903 1084">The College fulfills this requirement:</td> <td data-bbox="1903 1031 2553 1084">Yes</td> </tr> <tr> <td colspan="2" data-bbox="706 1084 2553 1382"> <ul style="list-style-type: none"> Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>College staff track the completion of remediation activities and provide registrants with frequent updates throughout the process. An initial email introducing the registrant to their remediation program is typically sent after the Committee’s written decision and reasons have been released. This email provides a description of what is required in each remediation activity including the due date. If requirements have special aspects, such as a course that has limited space, these are flagged in the description. After a requirement has been met, this email is</p> </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>College staff track the completion of remediation activities and provide registrants with frequent updates throughout the process. An initial email introducing the registrant to their remediation program is typically sent after the Committee’s written decision and reasons have been released. This email provides a description of what is required in each remediation activity including the due date. If requirements have special aspects, such as a course that has limited space, these are flagged in the description. After a requirement has been met, this email is</p>	
The College fulfills this requirement:	Yes					
<ul style="list-style-type: none"> Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>College staff track the completion of remediation activities and provide registrants with frequent updates throughout the process. An initial email introducing the registrant to their remediation program is typically sent after the Committee’s written decision and reasons have been released. This email provides a description of what is required in each remediation activity including the due date. If requirements have special aspects, such as a course that has limited space, these are flagged in the description. After a requirement has been met, this email is</p>						

DOMAIN 6: SUITABILITY	STANDARD 11		<p>updated to reflect its completion, including the completion date, and sent to the registrant to confirm where they are in their remediation program. If there is a delay between the time one requirement is completed and the deadline of the next, this email may be sent again as a reminder to the registrant.</p> <p>The criteria for successful completion are outlined in the Order, Undertaking, Specified Continuing Education or Remediation Program or Term, Condition and Limitation . Confirming completion may involve:</p> <ul style="list-style-type: none"> • The registrant submits completion certificates. • The registrant submits written confirmation that they have reviewed certain resources. • The College downloading quiz results following completion of e-learning modules. The software confirms completion of the quiz along with the physiotherapist’s performance to ensure they passed. • When required, receiving reports and evaluations from practice enhancement coaches, practice monitors, facilitators of specialized programs (e.g. PROBE) and following spot audits. • In some cases, the registrant completes a second assessment to show if the concerns have been addressed. <p>For Quality Assurance files, if the report from this final assessment identifies additional remediation needs, the case goes back to the Quality Assurance Committee for further consideration and a decision. Other breaches or concerns are referred to the Registrar for assessment.</p>
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
			<i>Additional comments for clarification (if needed)</i>
		<p>Measure 11.1</p> <p>The College enables and supports anyone who raises a concern about a registrant.</p>	
	Required Evidence	College Response	
	<p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>i. supported by formal policies and procedures to ensure all</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. 	Yes

<p>relevant information is received during intake at each stage, including next steps for follow up;</p> <p>ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;</p>	<p><u>Policies and Procedures</u></p> <p>The College’s Professional Conduct team has internal policies, templates, and standard operating procedures (SOPs) to ensure the receipt of relevant information, key considerations, and actions to be taken at each stage of the complaints process. In 2024 a review of all of these resources was completed, and additional policies and SOPs have been created to address gaps.</p> <p><u>Communications to Complainants</u></p> <p>The College’s complaints process webpage outlines the different stages of this process, how to make a complaint, and provides links to relevant resources. The content on the page provides answers to commonly asked questions to help clarify expectations for complainants in terms of the process and timelines. This information is accessible in 10 other languages. Information about funding for therapy and counselling for patients who have been sexually abused is also listed on this webpage. Complaints can be submitted online, by mail, through email and over the phone if accommodations are required. The College also provides links to other organizations that can provide victims of sexual abuse/complainants with support. The College has also increased resources on our website to support mental health and wellness of those participating in the complaints process. In 2024, as part of a larger website re-design, the complaints section of the website was updated to streamline the information to make it easier for complainants to find and understand the information.</p>	
<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/> <p>-</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>Starting in March 2021, the College included surveys to both complainants and registrants with the decision and reasons, seeking their feedback on the complaints process. To date, the College has received four responses to the complainant’s survey and zero for the registrant’s survey. The College is conducting a business process review of the complaints and investigations process. Part of the review will include gathering feedback through surveys to complainants and registrants who have recently gone through the complaints process.</p>	<p>Yes</p>
<p>b. The College responds to 90% of</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>

	<p>inquiries from the public within five business days, with follow-up timelines as necessary.</p>	<p>Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).</p> <p>The College meets this expectation. The College’s Professional Conduct area received 431 inquiries in 2024 (initial contacts from the public to report a concern to the College). The College responded to 99.7% of these inquiries within five business days in 2024.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	
	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
		<ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>The College provides updates to the complainant upon request and before cases are expected to be presented to the Inquiries, Complaints and Reports Committee (ICRC). Complainants are apprised of the process during intake and ICRC review, and the College is responsive to complainant inquiries. The College provides information on both support and funding for sexual abuse allegations on its website.</p> <p>Most frequently provided supports in 2024 include:</p> <ul style="list-style-type: none"> • Information for complainants about the ICRC processes, procedures and decisions. • Live translation services: the College has offered to translate the complaints process to languages other than English or French to facilitate the complaints process for those with a different first language. • The College’s ICRC decision-making tool is posted to the website. • For continuity, each complainant is assigned to an investigator who is then their primary point of contact. • For sexual abuse cases, if the decision outcome is an undertaking for resignation of their certificate of registration, staff would advise the complainant of that potential outcome before the decision is released. The goal is to provide context to the decision and discussion with College staff instead of learning the result from a written decision. The staff also offer to answer any questions that they may have and direct them to any resources and supports they may require. • For sexual abuse and incapacity cases, two investigators participate in interviews. One investigator is the lead, which is able to provide full attention to the interviewee to listen closely to them and provide guidance where necessary, while the other investigator 	

		<p>is there for support and to take notes during the interview.</p> <ul style="list-style-type: none"> • When the College learns of criminal charges of sexual abuse of a registrant, the College connects with the police / crown for regular updates in that process. The College (possibly through the police) will provide information to the victim about the College’s funding for counselling. • If individuals are showing signs of distress or have indicated that they experiencing mental health challenges, College staff will provide resources for mental health support. <p>Complainants are offered the opportunity to speak to College staff outside of business hours. There is also the option for complainants to include support person(s) when speaking to the College about their complaints and concerns. This is something that the College encourages.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>				
<p>Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>						
	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<table border="1"> <tr> <td data-bbox="706 812 1903 868">The College fulfills this requirement:</td> <td data-bbox="1903 812 2553 868">Yes</td> </tr> <tr> <td colspan="2" data-bbox="706 868 2553 1377"> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <p>The College has procedures to ensure all parties are updated throughout the complaints process. The confirmation letter complainants receive sets expectations around communications and updates from the College. It contains information about updates to the process and the option to contact the College if they require an update about their case.</p> <p>Currently, the College proactively provides updates to the parties during the following points in the complaints process:</p> <ul style="list-style-type: none"> • Initial intake • Interview stage, once the complaint is confirmed • When an investigator is assigned to their case • Follow-ups with parties on an as needed basis </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <p>The College has procedures to ensure all parties are updated throughout the complaints process. The confirmation letter complainants receive sets expectations around communications and updates from the College. It contains information about updates to the process and the option to contact the College if they require an update about their case.</p> <p>Currently, the College proactively provides updates to the parties during the following points in the complaints process:</p> <ul style="list-style-type: none"> • Initial intake • Interview stage, once the complaint is confirmed • When an investigator is assigned to their case • Follow-ups with parties on an as needed basis 	
The College fulfills this requirement:	Yes					
<ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <p>The College has procedures to ensure all parties are updated throughout the complaints process. The confirmation letter complainants receive sets expectations around communications and updates from the College. It contains information about updates to the process and the option to contact the College if they require an update about their case.</p> <p>Currently, the College proactively provides updates to the parties during the following points in the complaints process:</p> <ul style="list-style-type: none"> • Initial intake • Interview stage, once the complaint is confirmed • When an investigator is assigned to their case • Follow-ups with parties on an as needed basis 						

- Complaint is ready to be presented to the ICRC
- Final decision is made
- Any delay letters, per the statutory requirements

In some cases, the College also provides a copy of the physiotherapist’s response to the complainant, if the complainant requests it, or if we have specific matters that require clarification from the complainant.

Details around contacting the College before and during the complaints process can be found on the [College website](#). This webpage aims to provide complainants with a complete picture of the College’s complaints process to proactively support their understanding of the process. The College encourages complainants to reach out to the College at any time for additional support. Complainants are made aware of the name of the investigator working on their file and how to contact them during the process. The College’s professional conduct team is very responsive to complainants whenever they have questions or require support.

Similarly, the College has procedures to ensure all parties are informed throughout the hearings process. The College has a dedicated team who support discipline hearings and act as the point of contact for information, updates and support to all parties. There is a dedicated contact email for hearings and College staff are very responsive to incoming inquiries.

Currently, the College proactively provides updates to the parties during various points in the hearings process.

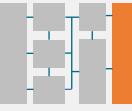

- Once a matter is referred, the parties receive a notification letter, which includes an overview of the hearings process, so they know what to expect.
- The College’s counsel will contact the complainant to provide further explanation of the process and offer supports.
- College staff will notify the parties once a hearing is scheduled, any changes to the hearing dates and are available to respond to any questions.
- Prior to hearings, the College provides information and support to the parties about how to attend the hearing virtually.
- For anyone who is testifying during the hearing, the College offers information and resources to support them prior to the hearing date, and provides limited support during the hearing.
- Once a decision has been made, the College provides the decision to the parties.

All information about hearings, past and upcoming, is posted to the [College’s website](#), including details about how to contact the College’s hearings team.

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Additional comments for clarification (optional)

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.	
	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		<ul style="list-style-type: none"> Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>The ICRC Decision Making Flowchart is posted to the College website. The flowchart was last updated in 2019. This tool is used to broadly set out the considerations for acting on complaints. This was developed in response to the College’s 2014 zero tolerance position on inappropriate business practices and the College’s zero tolerance approach to sexual abuse of patients by physiotherapists. The ICRC also uses an Interim Order Assessment Tool (originally from the Royal College of Dental Surgeons), also posted to the website, which helps determine the appropriate intervention measures for immediate and higher risk cases.</p> <p>In 2023, the ICRC adopted a tool that provides panels with guidance about when an undertaking versus a Specified Continuing Education or Remediation Program may be more appropriate given that publication of one outcome is time-limited and the other is indefinite.</p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		<i>Additional comments for clarification (optional)</i>	
STANDARD 13	Measure: 13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
	a. The College’s policy outlining	The College fulfills this requirement:	Yes

	<p>consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<ul style="list-style-type: none"> • Please insert a link to the policy and indicate page number OR please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p><u>Policy Regarding Information Disclosures</u></p> <p>In 2022, the College initiated a special project in collaboration with other Colleges through the Health Profession Regulators of Ontario (HPRO), with the goal to develop a consistent approach across all Colleges as it relates to proactive and reactive disclosure of registrant-specific information. This work produced a draft template policy document that can be used and adopted by each College. The draft policy was completed near the end of 2023. The draft policy then underwent legal review. The HPRO board of directors supported the initiatives and determined that each College would consider how it could be applied in their own organization.</p> <p><u>How Information was Shared in 2024</u></p> <p>In 2024, the College issued 291 letters of professional standing to regulators in other jurisdictions. There were no instances where we proactively engaged with law enforcement as we did not have any files that warranted this. In one instance, we shared information with another regulator. We also routinely engage with third party payors and other system partners to advise them of the outcome of discipline proceedings or other changes in a registrant’s certificate status that is important for them to know.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>
	<p>Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.</p>	
	<p>Required Evidence</p> <p>a. Outline the College’s KPIs,</p>	<p>College Response</p> <p>The College fulfills this requirement:</p> <p>Met in 2023, continues to meet in 2024</p>

	<p>including a clear rationale for why each is important.</p>	<ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>The College uses KPIs to track progress against the College’s strategic priorities and initiatives. The College last reported on their KPIs during the December 2024 Board meeting (page 36). In 2024, the College reviewed its KPIs and introduced an updated set of KPIs (page 65) including rationale for each indicator included in the dashboard.</p> <p>The updated dashboard includes two broad categories of KPIs:</p> <ol style="list-style-type: none"> Statutory Programs: Displays the volume of cases in each program area and the College’s performance in meeting statutory requirements, internal benchmarks regarding process timelines, and other performance metrics that are strategically important. People & Culture: Two metrics that help monitor the health of the workforce, including a new metric on employee engagement and psychological health. 		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
		<p><i>Additional comments for clarification (if needed)</i></p>		
	<p>b. The College regularly reports to Council on its performance and risk review against:</p> <ol style="list-style-type: none"> stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and its risk management approach. 	<table border="1" data-bbox="706 841 2553 933"> <tr> <td data-bbox="706 841 1903 933">The College fulfills this requirement:</td> <td data-bbox="1903 841 2553 933">Yes</td> </tr> </table> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <p>The College has a dashboard as a tool to monitor progress against strategic objectives and regulatory outcomes (the most recent example is from the December 2024 Board meeting, page 36). The Registrar’s Report also provides additional updates about the College’s performance against our regulatory mandate and strategic objectives (the most recent example is from the December 2024 Board meeting, page 27).</p> <p>Before 2023, regulatory and organizational risks were identified on an ongoing basis and included in briefings to the Board where the risk is relevant to the issue or decision at hand. In 2023, the College developed a formal Enterprise Risk Management framework. This risk management framework enabled the College to begin reporting on risks to the Board using a risk register starting in 2024, with the most example from the December 2024 Board meeting (page 37). In addition to the risk register, relevant risks will continue to be highlighted in briefings to the Board where they are relevant to the issue or decision.</p>	The College fulfills this requirement:	Yes
The College fulfills this requirement:	Yes			
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		

	<i>Additional comments for clarification (if needed)</i>	
Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	Yes
<hr/> <i>Benchmarked Evidence</i> <hr/>	<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. <p>At each Board meeting, the Board receives a comprehensive update about the College’s performance and risk assessment through the Registrar’s report, the dashboard, and the risk register. In each update, any notable changes in performance or in the environment are highlighted, and an explanation about the change and any future action needed are included. The Board then has an opportunity to ask questions and discuss the updates and the planned actions in response. The most recent example of this is from the December 2024 Board meeting (page 27).</p>	
	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
Measure:		
14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
-	<ul style="list-style-type: none"> Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>The College reports on the performance of regulatory activities and strategic initiatives during public Board meetings through the Registrar’s Report and a dashboard. The most recent Registrar’s report and dashboard were presented at the December 2024 Board meeting (page 27). These reports are standing items at every meeting, and the information is publicly accessible through the posted Board materials. The strategic plan and our strategic priorities are also available on the website.</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
	<i>Additional comments for clarification (if needed)</i>	

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

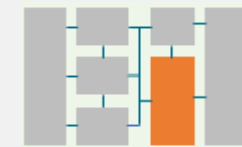
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The Ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

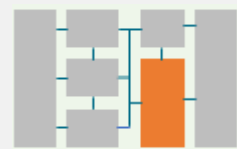
DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 10	
Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>	
Type of QA/QI activity or assessment:	#		
i. Screening Interview	718		
ii. Assessment	31		
iii. Professional Issues Self Assessment	11,453		
iv. Continuing Professional Development Declaration	10,780		
v. <Insert QA activity or assessment>			
vi. <Insert QA activity or assessment>			
vii. <Insert QA activity or assessment>			
viii. <Insert QA activity or assessment>			
ix. <Insert QA activity or assessment>			
x. <Insert QA activity or assessment>			

** Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.*

[NR](#)

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2024	718		<i>What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024.	6	0.8%	<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2024, understanding that some cases may carry over.</i>
NR			

Additional comments for clarification (if needed)

Table 3 – Context Measure 4

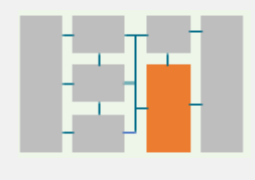
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2024:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	NR	NR	
II. Registrants still undertaking remediation (i.e., remediation in progress)	7	70%	
<p>NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024. **This measure may include any outcomes from the previous year that were carried over into CY 2024.</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>This count includes remediation programs that were initiated in 2023 that were still in progress at the beginning of 2024.</p>			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2024	Formal received	Complaints	Registrar initiated	Investigations
Themes:	#	%	#	%
I. Advertising	NR	NR	NR	NR
II. Billing and Fees	6	9.5%	5	16.1%
III. Communication	55	87.3%	11	35.5%
IV. Competence / Patient Care	54	85.7%	17	54.8%
V. Intent to Mislead including Fraud	5	7.9%	5	16.1%
VI. Professional Conduct & Behaviour	24	38.1%	20	64.5%
VII. Record keeping	16	25.4%	15	48.4%
VIII. Sexual Abuse	NR	NR	NR	NR
IX. Harassment / Boundary Violations (Included in Sexual Abuse category above)	10	15.9%	NR	NR
X. Unauthorized Practice	NR	NR	5	16.1%
XI. Other: Business Practice – Other; Holding Out; Patient Care – Other; Discrimination; Rostering; Equipment maintenance; Infection Control; Supervision (General and of PTAs); Health Concerns; Failure to respond to the College; Social Media; Titles and Credentials; Breach of an Order; Professional Obligations – Other; Workplace concerns - Other	27	42.9%	22	71.0%
Total number of formal complaints and Registrar’s Investigations**	63	100%	31	100%

What does this information tell us? This information facilitates transparency to the public, registrants and the Ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.

<p>Formal Complaints NR Registrar's Investigation</p> <p><i>**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2024	53	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2024	45	
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2024	49	
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2024**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	NR	NR
II. Formal complaints that were resolved through ADR	NR	NR
III. Formal complaints that were disposed of by ICRC	42	79
IV. Formal complaints that proceeded to ICRC and are still pending	6	11%
V. Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR
<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i>		

<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>6</p>	<p>6%</p>	
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE								
STANDARD 12								
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended								
<i>If a College method is used, please specify the rationale for its use:</i>								
Context Measure (CM)								
CM 10. Total number of ICRC decisions in 2024		83						
Distribution of ICRC decisions by theme in 2024*		# of ICRC Decisions++						
Nature of Decision		Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I.	Advertising	NR	NR	NR	NR	NR	NR	NR
II.	Billing and Fees	NR	NR	NR	NR	7	NR	NR
III.	Communication	10	12	NR	5	17	NR	NR
IV.	Competence / Patient Care	39	47	9	18	63	6	8
V.	Intent to Mislead Including Fraud	NR	NR	NR	NR	NR	NR	NR
VI.	Professional Conduct & Behaviour	7	11	NR	NR	21	7	NR
VII.	Record Keeping	NR	8	NR	NR	21	NR	NR
VIII.	Sexual Abuse	NR	NR	NR	NR	5	NR	NR
IX.	Harassment / Boundary Violations (included in Sexual Abuse row above)	NR	NR	NR	NR	5	NR	NR

X. Unauthorized Practice	NR	NR	NR	NR	NR	NR	NR
XI. Other <please specify>: Holding Out; Regulatory Requirements; Supervision (General) Supervision of PTA; Failure to respond to the College; Jurisprudence; Social Media; Breach of an order; Professional Obligations – Other; Equipment Maintenance, Infection Control; Workplace Concerns - Other	NR	NR	6	NR	11	NR	NR
<ul style="list-style-type: none"> • Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2024. <p>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.</p> <p>NR</p>							
<p>What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</p>							
<p>Additional comments for clarification (if needed)</p> <p>-</p>							

Table 7 – Context Measure 11

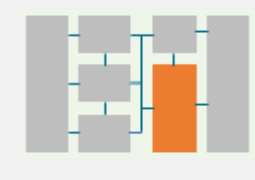
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended		
<i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which nine out of 10 formal complaints or Registrar’s investigations are being disposed of by the College.</i>
I. A formal complaint in working days in CY 2024	238	<i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i>
II. A Registrar’s investigation in working days in CY 2024	744	
Disposal		
<i>Additional comments for clarification (if needed)</i>		
The College disposed of 49 complaints and 30 Registrar’s inquiries in 2024.		

Table 8 – Context Measure 12

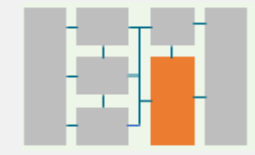
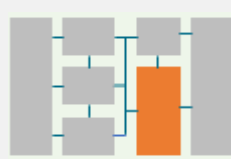
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which nine out of 10 uncontested discipline hearings and nine out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2024	488	
II. A contested discipline hearing in working days in CY 2024	649	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
<i>Additional comments for clarification (if needed)</i> In 2024, the College closed nine (9) uncontested matters and one (1) contested matter. -		

Table 9 – Context Measure 13

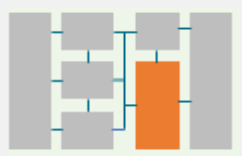
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended		
<i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	NR	<p><i>What does this information tell us? This information facilitates transparency to the public, registrants and the Ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i></p>
II. Incompetence	NR	
III. Fail to maintain Standard	5	
IV. Improper use of a controlled act	NR	
V. Conduct unbecoming	NR	
VI. Dishonourable, disgraceful, unprofessional	5	
VII. Offence conviction	NR	
VIII. Contravene certificate restrictions	NR	
IX. Findings in another jurisdiction	NR	
X. Breach of orders and/or undertaking	NR	
XI. Falsifying records	NR	
XII. False or misleading document	NR	
XIII. Contravene relevant Acts	NR	

** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 12	
Context Measure (CM)			
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>	
Type	#		
I. Revocation	NR		
II. Suspension	5		
III. Terms, Conditions and Limitations on a Certificate of Registration	5		
IV. Reprimand	5		
V. Undertaking	NR		
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR </p>			
Additional comments for clarification (if needed)			

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute. Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs. Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported

cases. Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to

conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions

Act, 1991. Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice. Return to: [Table 10](#)

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: [Table 10](#)

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the Respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College

committee. Return to: [Table 10](#)