

MEETING OF THE BOARD OF THE COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Meeting Schedule

Education Session (Closed)

Monday, June 23, 2025 | 9:00 – 10:15 a.m.

Board Meeting (Public)

Monday, June 23, 2025 | 10:15 – 4:15 p.m.

Board Meeting (Public)

Tuesday, June 24, 2025 | 9:00 – 4:00 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.



BOARD MEETING AGENDA

Closed Education Session:

9:00 a.m.	<p>Strategic Oversight and Operations <i>(Shona McGlashan)</i></p> <p>The session will focus on strategic oversight and operations, including the most meaningful practices for Board and staff members to ensure effective decision-making at the strategic level.</p>
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Monday, June 23, 2025				
Item	Time	Topic	Page	Purpose
*	10:15 a.m.	<p>Welcome and Call to Order <i>(K. Schulz)</i></p> <ul style="list-style-type: none"> • Roll Call • Territory Acknowledgement 	N/A	N/A
1.	10:18 a.m.	<p>Review and Approval of the Agenda <i>(K. Schulz)</i></p>	1-7	Decision
2.	10:20 a.m.	<p>Declaration of Conflicts of Interest <i>(K. Schulz)</i></p> <p>Following approval of the Agenda, Directors are being asked to declare any known conflicts of interest with the Agenda.</p>	8	Discussion
3.	10:22 a.m.	<p>Approval of the Consent Agenda <i>(K. Schulz)</i></p> <ul style="list-style-type: none"> • Approval of March 24-25, 2025 Board Meeting Minutes • Approval of the May 13, 2025 Board Meeting Minutes • Approval of the May 13, 2025 In Camera Board Meeting Minutes • C. Warren Key Conference Learning Report – OPA InterAction 	9-28	Decision
4.	10:25 a.m.	<p>Chair's Report <i>(K. Schulz)</i></p> <p>The Board is provided with an update regarding key activities and initiatives.</p>	29-32	Information

5.	10:35 a.m.	Registrar's Report <i>(C. Roxborough)</i> The Board is provided with an overview and update regarding key activities and initiatives.	33-95	Information
6.	11:15 a.m.	Motion to go in camera pursuant to section 7.2(d) of the Health Professions Procedural Code <i>(K. Schulz)</i> The Board will be asked to move in camera as personnel matters or property acquisitions will be discussed.	96	Decision
*	12:00 p.m.	Lunch (45 Minutes)	N/A	N/A
7.	12:45 p.m.	Ontario Clinical Exam (OCE) Capacity Planning <i>(C. Roxborough & A. Ashton)</i> The Board will be asked to consider planning requirements for Ontario Clinical Exam sittings in 2026.	97-100	Discussion
7.1	1:10 p.m.	Motion to go in camera pursuant to section 7.2(b) of the Health Professions Procedural Code <i>(K. Schulz)</i> The Board will be asked to move in camera as financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public.	101	Decision
8.	1:45 p.m.	General Regulation Modernization <i>(M. Berger & E. Ermakova)</i> The Board will be asked to provide direction based on the feedback received for the consultation of amendments to the <i>O. Reg 532/98 General</i> .	102-159	Discussion

9.	2:15 p.m.	Screening Committee (C. O'Kelly) The Board is being asked to consider the By-law amendments to establish a Screening Committee to support the election process.	160-179	Decision
*	2:45 p.m.	Break (15 Minutes)	N/A	N/A
10.	3:00 p.m.	Motion to go in camera pursuant to section 7.2(d) of the Health Professions Procedural Code (K. Schulz) The Board will be asked to move in camera as personnel matters or property acquisitions will be discussed.	180	Decision
11.	3:45 p.m.	2025-2026 Committee Slate (C. O'Kelly) The Board is being asked to approve the committee slate for 2025-2026.	181-197	Decision
*	4:15 p.m.	Adjournment of Day One		

Tuesday, June 24, 2025				
Item	Time	Topic	Page	Purpose
12.	9:00 a.m.	Strategic Planning Session (K. McCarthy) The Board will engage in a facilitated discussion to update the College's strategic direction to 2030. The session will be facilitated by Kevin McCarthy from The Regulator's Practice.	198-254	Discussion
*	12:00 p.m.	Lunch (45 Minutes)	N/A	N/A
13.	12:45 p.m.	Registrar Performance Assessment Policy (M. Berger) The Board is being asked to consider updates to the Registrar Performance Assessment policy.	255-260	Decision

14.	1:15 p.m.	Registrar Succession Planning Policy <i>(M. Berger)</i> The Board is being asked to consider a new policy outlining the College's Registrar Succession Planning.	261-277	Decision
15.	2:00 p.m.	Returning Standards for Approval and Consultation <i>(E. Ermakova)</i> The Board will be provided with additional information that has been requested and asked for final approval of the Documentation and Funding, Fees & Billing Standards and to approve the Supervision Standard for consultation.	278-295	Decision
*	2:30 p.m.	Break (15 Minutes)	N/A	N/A
16.	2:45 p.m.	Artificial Intelligence (AI) Guidance <i>(F. Campbell & C. Roxborough)</i> The Board will be provided with an introduction to the College's AI guidance.	296-306	Information
17.	3:15 p.m.	FY2025 Q4 Financial Report <i>(M. Catalfo)</i> The Board will be provided with an update on the College's Q4 financial performance.	307-324	Information
18.	3:30 p.m.	Annual Committee Reports <i>(A. Ashton)</i> The Board will be provided with an overview of the Annual Committee Reports.	325-351	Information
*	4:00 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
June 23-24, 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
June 23-24, 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:

- March 24-25, 2025 Board Meeting Minutes
- May 13, 2025 Board Meeting Minutes
- May 13, 2025 In Camera Board Meeting Minutes

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

Monday, March 24 and Tuesday, March 25, 2025

The College Boardroom & Virtually via Zoom

Public Director Attendees:

Carole Baxter
Mark Heller
Frank Massey
Christopher Warren
Jesse Finn

Professional Director Attendees:

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

Guests:

Amy Block, Partner, WeirFoulds LLP
Brandi Park, National Director, Evaluation
Services, CAPR
Adam Sayers, Manager Examinations CAPR

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, Director, Strategy
Evgenia Ermakova, Policy Analyst

Recorder:

Caitlin O'Kelly, Governance Specialist

Public Director Regrets

Nitin Madhvani
Richard O'Brien
Carole Baxter (March 25)
Frank Massey (March 25)

Monday, March 24, 2025

Welcome and Call to Order

K. Schulz, Board Chair, called the meeting to order at 10:20 a.m. and welcomed Directors and staff. Meeting regrets were noted. K. Pavelich, 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

The order of agenda items was amended, with item *13.0 Approval of the 2025-2026 Budget* and item *14.0 FY2025 Q3 Financial Report Update*, being switched.

Motion 1.0

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

The agenda, as amended, 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 T. Lawson and seconded by C. Warren that:

The following items be approved by the Board:

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

CARRIED.

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

K. Schulz welcomed Brandi Park, National Director, Evaluation Services, and Adam Sayers, Manager, Examinations from the Canadian Alliance of Physiotherapy Regulators (CAPR). The

Board received an update from CAPR on developments since their December 2024 presentation, including the blueprint for the new national examination, the proposed exam format, logistical planning, and CAPR's commitments to regulators. CAPR confirmed their commitment to quality assurance, including ongoing evaluation of exam validity, publishing candidate feedback data, and sharing technical reports annually.

Brandi Park responded to questions from the Board related to exam eligibility, candidate support, feedback mechanisms, exam accommodations, security and examiner recruitment. Board members emphasized the importance of maintaining access to the written exam during the transition, minimizing disruption for candidates. CAPR indicated an openness to continuing the written exam into 2026, if required.

Following the update from CAPR, C. Roxborough, Registrar & CEO, introduced a discussion with the Board on whether to support the adoption of CAPR's national exam model in principle, contingent on satisfactory service agreements. The Board reviewed the two main options, adopting CAPR's national exam or continuing to expand the College's own examination capacity. The Board expressed interest in a national exam model, recognizing the benefits of consistency, labour mobility and public trust in a standardized entry-to-practice process.

The Board highlighted the importance of having clear commitments from CAPR in service agreements to support transition, such as safeguards to ensure examiner access does not compromise the College's ability to deliver the Ontario Clinical Exam (OCE) and continued access to the written exam as needed.

Following the discussion, the Board agreed to revise the motion to include a reference to transition plans. Staff were directed to ensure that CAPR commits to offering the written examination into 2026, as needed, to support a stable transition. Staff were also directed to return the proposed service agreements to the Board for review prior to finalization.

Motion 4.0

It was moved by M. Vanwart and seconded by F. Massey 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 and transition plans.

CARRIED.

A special Board meeting will be scheduled in the coming months to review the proposed transition plans. Staff noted that the draft service agreements may not yet be available for review at this time and will be brought forward at a subsequent meeting.

5.0 General Regulation Modernization – Approval for Consultation

M. Berger, Director Policy, Governance & General Counsel, and E. Ermakova, Policy Analyst, presented an overview of draft revisions to the General Regulation, Ontario Regulation 532/98 under the *Physiotherapy Act, 1991*. The Board was being asked to approve the proposed amendments to the O. Reg 532/98 General for circulation.

Motion 5.0

It was moved by G. Rehan and seconded by D. Ng that:

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

CARRIED.

6.0 Health Professions Discipline Tribunal: Opportunity to Join the Tribunal

C. Roxborough and A. Ashton, Deputy Registrar & Chief Regulatory Officer, engaged in a discussion to determine the Board's interest in joining the Health Professions Discipline Tribunal for a one-year pilot. The Board discussed operational considerations, including potential for reduced internal workload and enhanced decision-writing support.

In response to a question, staff confirmed that the College would retain the responsibility for referrals to the Discipline Tribunal and that Professional Directors, Public Directors and Professional Non-Board Committee members would continue to sit on panels alongside an adjudicator. Concerns were expressed about the shift away from legal counsel and to the use of adjudicators. Staff confirmed that adjudicators were experienced professionals, and legal advice would continue to be disclosed to all parties.

Motion 6.0

It was moved by M. Vanwart and seconded by S. Dufour 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.

CARRIED.

J. Finn opposed.

7.0 Chair's Report

K. Schulz provided an overview of the Chair's report that covers activities since the December Board meeting, which included a summary of the post-Board meeting survey results.

8.0 Chair, Vice-Chair and Executive Committee Election

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

Election of the Chair:

The following nominations for Chair were received:

- K. Schulz (Professional Director)

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

K. Schulz was acclaimed Chair.

Election of the Vice-Chair:

The following nominations for Vice-Chair were received:

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

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 following nominations were received for the remaining three positions for the Executive Committee members at large:

- C. Warren (Public Director)
- K. Pavelich (Professional Director)
- F. Massey (Public Director)
- M. Heller (Public Director)
- F. DePalma (Professional Director)

C. Roxborough called for additional nominations from the floor:

- K. Moffett (Professional Director) was nominated. K. Moffett accepted the nomination as was added to the ballot.

The By-laws require that the Executive Committee be composed of five members of the Board, at least three Professional Directors and two Public Directors, unless only one Public Director stands for election.

Following the election, K. Pavelich, M. Heller and F. Massey were elected as a Members-at-Large in line with the composition requirements.

The following Directors will make up the Executive Committee for the 2025-2026 year:

- K. Schulz, Chair
- G. Rehan, Vice-Chair
- M. Heller
- F. Massey
- K. Pavelich

C. Baxter left the meeting at 3:09 p.m.

9.0 EDI Strategy Primer

J. Huang, Director Strategy, provided the Board with an orientation to the College's Equity, Diversity and Inclusion strategy and how it is used to inform the College's work on EDI.

The Board recessed at 3:35 p.m. to reconvene at 9:00 a.m. on Tuesday, March 25, 2025.

Tuesday, March 25, 2025

K. Schulz reconvened the meeting at 9:00 a.m. on March 25, 2025.

10.0 Final Review of Revised Standards (4th batch) for Approval

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

The Board discussed feedback received during the consultation, including questions about the level of detail required in the revised Documentation standard. Concerns were raised about the burden of documenting every change in a patient record and whether it was necessary to include the reason for the change. There was consensus to remove this requirement in the

standard and address it more fully through examples and expectations in the accompanying guidance.

The use of artificial intelligence in documentation was also raised. Staff confirmed that while the standards aim to capture principles applicable across all tools and technologies, more detailed considerations about artificial intelligence would be addressed in a guidance document.

Motion 10.0

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

The Board approves the adoption of the following Standards, to be effective May 1, 2025.

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

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

- Advertising
- Record Keeping
- Fees, Billing and Accounts

CARRIED.

11.0 Screening Committee – Preliminary Direction

C. O’Kelly, Governance Specialist, presented a proposal to establish a Screening Committee to support the College’s election process. The Board was asked to determine whether to approve the establishment of a Screening Committee in principle and if so, to provide input on the composition and mandate.

Motion 11.0

It was moved by M. Vanwart and seconded by F. DePalma that:

The Board approves the establishment of a Screening Committee in principle.

CARRIED.

The Board discussed the composition and the mandate of the Committee. Members expressed support for a Committee that includes both Board and non-Board members, highlighting the value of involving past Board members. There was interest in ensuring the Committee is structured to avoid real or perceived conflicts of interests. It was discussed that the Committee

should be large enough to allow for recusals where needed and there was support to include explicit eligibility and conflict of interest criteria in the Terms of Reference. The Board was also supportive of including individuals with equity, diversity and inclusion or human resources expertise, noting this perspective would strengthen the Committee's review process.

Staff will refine the proposed mandate and composition based on the feedback provided, with revised policy and By-law changes to be brought forward for consideration at the June Board meeting.

12.0 Committee Slate Amendment

Motion 12.0

It was moved by M. Heller and seconded by T. Stevens that:

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

CARRIED.

13.0 FY2025 Q3 Financial Report Update

M. Catalfo, Director Finance, provided a summary of the College's financial performance and health for the period of October 1, 2024, to December 31, 2024, of Fiscal Year 2025 (i.e., Q3).

During discussion, it was noted that the Risk, Audit and Finance Committee (RAFC) reviewed the financial report in detail. It was suggested that future presentations of financial updates should include a preamble noting that the RAFC has reviewed the details and is satisfied.

J. Finn left the meeting at 11:15 a.m.

14.0 Approval of the 2025-2026 Budget

C. Roxborough & M. Catalfo, presented the proposed 2025-2026 budget. It was noted that the Risk, Audit and Finance Committee had reviewed the draft budget in detail and was recommending the budget to the Board.

A question was raised regarding the Board's earlier decision to participate in the Health Professions Discipline Tribunal (HPDT) pilot. Staff clarified that the costs related to the transition to join the HPDT were not included in the current budget, as the decision to join had not yet been finalized. It was noted that any costs associated with the HPDT are not expected to materially affect the overall budget. Should any additional expenses arise beyond the Colleges approval limits they would be brought back to the Board for approval.

Motion 14.0

It was moved by T. Lawson and seconded by G. Rehan that:

The Board approves the April 1, 2025 – March 31, 2026 budget.

CARRIED.

15.0 Registrar's Report

C. Roxborough, Registrar & CEO, provided an overview of key operational activities and initiatives over the last quarter, including an overview of the dashboard metrics and the College's Risk Register.

The Board had an opportunity to review and ask questions about the 2024 College Performance Measurement Framework (CPMF) submission. The finalized submission will be forwarded to the Ministry following this meeting.

C. Warren left the meeting at 12:03 p.m.

16.0 Review of Revised Standards (5th batch) for Consultation

E. Ermakova provided an overview of the work underway to adopt national standards for use in Ontario, and the specific work completed to adopt the fifth group of the national standards.

The Board engaged in small group discussions to review the revised standards and provided targeted feedback. After reconvening, the Board summarized and shared key points from their discussions, to ensure feedback was captured in the public session. The Board agreed that the Boundary Violations and the Sexual Abuse Standards were ready to proceed to consultation.

During discussion of the Supervision Standard, concerns were raised about the requirement to include student names on invoices. It was noted that similar requirements are already embedded in the revised Documentation and Funding Fees and Billing Standards, that had received final approval earlier in the meeting. The Supervision Standard references this practice more explicitly, which prompted further discussion. Some of the Board expressed concern about the implications of this requirement and requested further information.

As a result, the Board determined that the Supervision Standard was not yet ready for consultation and directed staff to conduct additional analysis and research, including an environmental scan before proceeding.

Given that the same issue is also relevant to the Documentation and Funding Fees and Billing Standards, the Board also decided to rescind the earlier motion that approved those Standards and pass a new motion to only approve the Advertising and Marketing Standard.

G. Rehan left the meeting at 2:23 p.m.

Motion 16.0

It was moved by D. Ng and F. DePalma that:

The following motion be rescinded:

"Motion 10.0

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

The Board approves the adoption of the following Standards, to be effective May 1, 2025.

- *Advertising and Marketing*
- *Documentation, as amended*
- *Funding, Fees and Billing*

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

- *Advertising*
- *Record Keeping*
- *Fees, Billing and Accounts"*

CARRIED.

T. Lawson opposed.

Motion 16.1

It was moved by T. Stevens and seconded by T. Lawson that:

The Board approves the adoption of the following Standards, to be effective May 1, 2025.

- Advertising and Marketing

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

- Advertising

CARRIED.

Motion 16.2

It was moved by T. Lawson and seconded by M. Vanwart that:

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

- Boundary Violations
- Sexual Abuse

CARRIED.

The Documentation and Funding, Fees and Filling Standards will return to the Board for further review prior to final approval, and the Supervision Standard will return for further consideration before proceeding to consultation.

17.0 Adjournment of Meeting

T. Stevens moved that the meeting be adjourned. The meeting was adjourned at 2:40 p.m.

Katie Schulz, Chair

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

Tuesday, May 13, 2025

Virtual

Public Director Attendees:

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

Professional Director Attendees:

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

Guests:

Brandi Park, National Director, Evaluation
Services, CAPR

Staff Attendees:

Craig Roxborough, Registrar & CEO
Anita Ashton, Deputy Registrar & CRO
Lisa Pretty, Senior Director, Organizational
Effectiveness
Mara Berger, Director, Policy, Governance &
General Counsel
Joyce Huang, Director, Strategy

Recorder:

Caitlin O'Kelly, Governance Specialist

Public Director Regrets

Nitin Madhvani

Tuesday, May 13, 2025

Welcome and Call to Order

K. Schulz, Board Chair, called the meeting to order at 9:00 a.m. and welcomed Directors and staff. Meeting regrets were noted. T. Stevens, 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

The agenda was amended to add an in-camera item to discuss personnel matter, time permitting.

Motion 1.0

It was moved by T. Stevens and seconded by F. DePalma that:

The agenda, as amended, 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.

T. Lawson raised a potential perceived conflict related to items 5 and 6 due to her academic role. Since the items were for discussion only and the potential conflict was not specific in nature, it was determined that no conflict existed.

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

M. Vanwart arrived at 9:08 a.m.

G. Rehan arrived at 9:12 a.m.

3.0 Exam Update & Transition Planning

C. Roxborough, Registrar & CEO, and A. Ashton, Deputy Registrar & Chief Regulatory Officer, provided the Board with an update regarding the College's exam service offerings and the preparation that is underway to support the eventual transition to the Canadian Alliance of Physiotherapy Regulators (CAPR) newly developed Canadian Physiotherapy Exam (CPTe).

4.0 Board Accepted Entry to Practice Licensure Examinations Policy

A. Ashton presented the Board Accepted Entry to Practice Licensure Examinations Policy, outlining its purpose to define what constitutes an examination for licensure in Ontario in accordance with General Regulation 532/98. It was noted that the policy supports the anticipated transition to the Canadian Physiotherapy Exam (CPTe) in January 2026.

The Board discussed contingency plans if the CPTe launch is delayed. The Registrar clarified that this policy is intended to come into effect in 2026, and that it may be revisited if needed. However, approving it now allows for clear communication to future applicants regarding the examination pathways.

Concern was raised about CAPR's role as a private exam provider rather than a consortium of regulators. The Registrar acknowledged this transition and explained that it is not uncommon for regulators to contract with external service providers. There is value in the independence of third-party exam administration, which can support exam integrity. It was noted that CAPR is working closely with the regulators and that no red flags have been identified to date.

The Board discussed the provision in the policy allowing the Registration Committee to extend the OCE deadline. While it was acknowledged that the Registration Committee could carry out such a decision administratively, it was agreed that the authority to extend the deadline should rest with the Board. The policy will be amended accordingly.

Staff confirmed that the service level agreements will be presented to the Board in June. The Registrar also noted that milestone updates will be provided to the Board in September and December, and additional Board meetings may be scheduled close to the exam launch if required.

Motion 4.0

It was moved by M. Heller and seconded by K. Pavelich that:

The Board approves the *Board Accepted Entry to Practice Licensure Examinations Policy* to define what constitutes an examination for the purpose of licensure in Ontario in accordance with General Regulation 532/98, effective January 1, 2026, as amended.

CARRIED.

5.0 Ontario Clinical Exam (OCE) Eligibility Policy

A. Ashton presented the Ontario Clinical Exam (OCE) Eligibility Policy, outlining its purpose to establish eligibility requirements for the OCE. The Board was asked to provide feedback on the policy, which is intended to take effect on June 1, 2025, for any applications received after that date.

The Board discussed capacity concerns and procedures for managing unsuccessful candidates. It was confirmed that there is no set cap for the final written exam in November, however, CAPR will share the registration data with regulators approximately closer to the exam.

While the policy aimed to preserve access to the OCE for candidates intending to practise in Ontario, the Board had concerns about that approach especially as it relates to candidates from other provinces. It was noted that if capacity were not an issue, there would be merit in allowing broader access to the OCE. Staff emphasized that the future of the OCE, including its eventual sunset, will depend on capacity data and will be discussed further at the June Board meeting. Each decision going forward will have trade-offs.

The Board raised concerns and provided feedback requiring additional deliberation by the Registration Committee. Staff will bring the Board's feedback to the Registration Committee for further review.

Other questions that were addressed included:

- CAPR noted that while there are no formal capacity limits for the CPTE administrations, contingency dates will be added if registrations exceed expectations. Only the pilot administration of the exam will have capacity constraints.
- The Board inquired about the refund policy for applicants who register for both the OCE and the CPTE. Staff explained a detailed fee and cancellation policy is in place, with varying levels of refund eligibility depending on timing. CAPR confirmed it maintains similar policies for rescheduling, withdrawals, and cancellations.
- There was a suggestion to include a provision preventing candidates from registering for both exams. It was noted that the Examinations and Registration Committees have always taken the approach to prioritize the candidate experience and autonomy, and that such a restriction could be limiting.
- It was confirmed that failed attempts that are subsequently granted a rewrite through administrative reconsideration do not count towards the maximum number of attempts under either the Ontario or CAPR exam policies.

6.0 Exam Eligibility for Canadian Physiotherapy Exam

C. Roxborough presented information on the proposed eligibility requirements for the new Canadian Physiotherapy Exam (CPTE) being developed by the Canadian Alliance of Physiotherapy Regulators (CAPR). With the anticipated launch of the CPTE in January 2026, CAPR is establishing eligibility criteria to take the exam. The Board was asked to provide feedback to inform decision-making at the national level on two items:

1. Should Canadian educated candidates be allowed to attempt the CPTE while still enrolled in their physiotherapy programs, or only after completing all program requirements?
2. What should be the maximum number of exam attempts, and should attempts be tracked across multiple exams?

Timing of Exam Eligibility for Students

It was noted that both the Canadian Council of Physiotherapy University Programs (CCPUP) and the Ontario Physiotherapy Association (OPA) support requiring students to complete their program before attempting the CPTE.

The Board acknowledged that some students may prefer to take the exam before graduating to expedite their ability to enter the workforce. However, the Board noted that taking the exam while still enrolled could interfere with students' engagement in their final clinical placements. The Board supported a model in which students register while still enrolled but sit the exam only after their program completion. CAPR confirmed that it is planning surge capacity around graduation dates. The expected wait time to be able to challenge the exam following graduation would be approximately two to four weeks, with results available within an additional four weeks.

Maximum Number of Attempts and Exam Tracking

The Board discussed maintaining the historical limit of three exam attempts and whether attempts should be tracked across the OCE and CPTE. There was general agreement to preserve the three-attempt limit, with tracking applied across both exams.

Staff explained that the OCE and CPTE are both grounded in the same competency profile, and while the format may evolve, the foundational content remains consistent. CAPR outlined its current and in-development exam preparation materials, noting that more resources will be available at launch than for previous exams.

Best practices in exam administration support a maximum of three attempts, balancing fairness with the need to uphold public safety and exam integrity. It was also noted that recent legal decisions support the reasonableness of limiting the number of attempts.

The Board's feedback will be reflected by the Registrar to CAPR and other regulators to support decision-making nationally.

K. Pavelich left the meeting at 11:41 a.m.

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

The Board will be asked to move in camera as personnel matters or property acquisitions will be discussed.

Motion 7.0

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

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

CARRIED.

7.0 Adjournment of Meeting

T. Lawson moved that the meeting be adjourned. The meeting was adjourned at 12:00 p.m.

Katie Schulz, Chair

DRAFT

Conference Report to the Board of Directors

Director's Name:	Chris Warren
Name of Conference:	Interaction 2025
Link to Conference Agenda:	https://together.wearept.ca/interaction-2025/
Location of Conference:	Toronto ON
Date of Conference:	March 21-22, 2025

Briefly summarize the nature of the conference:

The theme for the conference was: "New Perspectives. Innovative Practices. Stronger Networks" The conference aims to inspire and advance the profession through shared experiences with meaningful networking opportunities, and act as a catalyst for intentional discussions by showcasing innovative research in the field.

What type of sessions did you choose to attend and what did you find most interesting?

Community Based Rehabilitation Programs in Scarborough. A Pilot Project

Speaker: Charlotte Anderson, MSc PT, PhD

Key message: Be intentional and adaptable in identifying and addressing gaps in services, with physiotherapists having the potential to be leaders in convening stakeholders to foster more collaboration in community health care.

An Environmental Scan of Rehabilitation Literature in Uganda: Focus on the Kasese District

Speaker: Maryam Khaleqi-Sohi, Ph.D. Student

Key message: Telerehabilitation improved accessibility, affordability, and adaptability, however more work needed to be done to improve capacity building in basic rehabilitation service by community health workers.

Exploring the Clinical Use of Point of Care Thoracic Ultrasound by Physiotherapists: A Scoping Review

Speakers: Haneen Ali, HBSc, MScPT, Anastasia Newman, MScPT, MScRS, PhD

Key message: Consider whether this should be in the scope of practice in Ontario, citing examples in the UK, Saskatchewan, Nova Scotia, etc, however, with the need for improved training to ensure its appropriate use.

Don't Get Fooled Again: Medical Masqueraders in Physiotherapy Practice

Speakers: Jack Miller, BScPT, Dip MT(NZ), Dip MSK Med (UK), MCISc, DPT, FCAMPT, Rob Werstine, DPT, MBA, FCAMPT, Sport Dip

Key message: Use sound clinical reasoning and observational care, and 'index of suspicion' to recognize where serious pathologies masquerade as red flags.

Special Interest Report: Ensuring Educational Excellence in Therapeutic Exercise and Physical Activity Prescription in the Western School of Physical Therapy Curriculum

Speakers: Emma Plater, PT, PhD, Tina Ziebart, PT, PhD, Katie Kowalski, PT, PhD

Key message: Physiotherapists are well positioned to advocate for physical activity and exercise for wellbeing. Recognizing the importance of having a comprehensive framework considering exercise history, lifestyle, patient goals, diagnosis, stage of condition, tolerance, age, etc in order to prescribe exercise in a unique and nuanced way which is patient centric.

What are your top key learnings from the conference?

Overall, it was a lovely conference and in addition to the above, I came away with some more information in regards to Bill 179. Can the College please provide more information on it's work plan and approach to date regarding this including engagement / advocacy with relevant stakeholders.

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:	Appendix A: Submission on Regulatory Concept Consultation by CVO

Governance

- Staff have been following up with the Public Appointments Secretariat (PAS) to request the removal of Nitin Madhvani. Following the Board's direction in May, the Registrar has emailed Nitin Madhvani to request his resignation in writing. As of the writing of this report, there is no update.
- Congratulations to Carole Baxter who has been re-appointed to the Board effective May 29, 2025, for a three-year term. The College has been experiencing increasing delays from the PAS. Staff are closely monitoring the status of upcoming appointments.
 - Frank Massey's term is scheduled to end on August 16, 2025, a reappointment request was sent to the PAS on April 14, 2025.
 - Mark Heller's term is scheduled to end on September 6, 2025, a reappointment request was sent to the PAS on May 2, 2025.
- New Board Director orientation took place on June 5, 2025, and included the newly elected Director, Heather Weber.
- Today's agenda includes a review of the Registrar Succession Planning and Registrar Performance Assessment policies.
- A process to identify a consultant to support the Registrar's Performance Assessment has been completed, with The Pod Group selected to lead this work.
- The Annual Board Operations Evaluation will be circulated in mid June this year to align with the conclusion of the 2024-2024 Board year cycle. A separate Annual Committee Evaluation will also be circulated to all committee members to gather feedback on committee operations and effectiveness.

Partner Engagement

- The College of Veterinarians of Ontario recently circulated a consultation on proposed regulatory concepts from their Transition Council. Staff developed the response for the Chair to review. Given

the tight timeline and the fact that only a historical position was articulated, the Chair and Registrar finalized the submission. A copy of the submission is attached for reference.

- On June 10th, the Chair and Registrar presented to the Board of the College of Massage Therapists of Ontario, to provide information about the physiotherapy profession, the College, and our strategic priorities.

Feedback from the March 2025 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 66% (10/15) 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, with one suggestion to making a clearer connection to governance, rather than updates on recent activities.
- Education session received positive feedback. The AI presentation was highlighted as useful and relevant.
- Suggestions for future education sessions included further exploration of the use of AI, including demonstration of how it is being used in healthcare setting. Another suggestion was for an education session on Indigenous relations prior to reviewing creating and reviewing standards in this area.

April 16, 2025

Catherine Knipe
Chair, Transition Council

Jan Robinson
CEO & Registrar, College of Veterinarians of Ontario

College of Veterinarians of Ontario
2-71 Hanlon Creek Blvd.
Guelph, ON, M1C 0B1

Submitted via email to: kpieters@cvo.org

Dear Transition Council and College of Veterinarians of Ontario,

Re: Consultation on Regulatory Concepts being Proposed by the Transition Council

Thank you for the opportunity to provide feedback on the regulatory concepts being considered to help inform the development of regulations under the *Veterinary Professionals Act*. The College of Physiotherapists of Ontario has reviewed the consultation materials and we do not have any specific feedback regarding the proposed concepts.

The College of Physiotherapist's longstanding perspective has been that our purview is with respect to physiotherapists providing care to people, recognizing that animal care is more properly within the domain of the College of Veterinarians. We have guidance on our [website](#) outlining that the title of physiotherapists is protected under the Regulated Health Professions Act with respect to human care and that the title cannot be used when providing animal rehabilitation services. We also advise that rehabilitation services for animals should be provided under the direction and supervision of a veterinarian.

We appreciate the opportunity to contribute to the consultation. Please don't hesitate to contact us if you have any questions.

Kind regards,



Craig Roxborough, PhD
Registrar & CEO
College of Physiotherapists of Ontario



Katie Schulz
Chair of the Board
College of Physiotherapists of Ontario

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: Q4 2024-2025 Dashboard Appendix B: Risk Register Appendix C: CPO submission regarding "As of Right" proposal Appendix D: HPRO submission regarding "As of Right" proposal Appendix E: Practice Advice Trends Report for January-March 2025 Appendix F: 2024-2025 Equity, Diversity and Inclusion Report Appendix G: 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](#).

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

Responding to emerging regulatory changes

- To be an effective system partner for government and to ensure our input is shared on key regulatory changes, we pulled together a submission on the recent "As of Right" proposal in a very short amount of time.

- On April 24, the Ontario government posted for consultation a regulatory proposal that would, among other things, expand the “As of Right” framework to additional healthcare professionals, including physiotherapists. The response deadline was April 30.
- The “As of Right” rules allow healthcare professionals licensed in another province or territory to work in Ontario right away while they await the registration process with an Ontario health regulatory College.
- This College prepared a response to the consultation, which was approved by the Executive Committee and shared with the Board by email. Our submission provides analysis of the risks, benefits, and implementation considerations with regards to the “As of Right” framework, the removal of practice setting restrictions, and automatic recognition of licenses from another province/territory (which is currently only proposed for physicians and nurses). The submission is attached as Appendix C.
- The Health Profession Regulators of Ontario (HPRO) also made a submission as a collective voice for all health regulatory colleges. The HPRO submission offered suggestions regarding maintaining aspects of the current “As of Right” rules, ensuring oversight options in all practice settings, and avoiding risks related to the automatic recognition of a healthcare professional. This submission is attached as Appendix D.

Supporting Implementation of New Standards

- We continue to support awareness of new standards and integration into practice, including:
 - Promoting the new Advertising and Marking Standard before it took effect on May 1, in the [April Perspectives newsletter](#) and a [standalone email](#) sent to all registrants, resulting in 2,300 views of the Standard to date; and
 - Holding a third webinar on June 12th to highlight the third group of new standards.

Increasing efficiency and compassion in our regulatory processes

- Recognizing that it would be confusing and overwhelming for registrants to be involved in multiple regulatory processes at the same time, the Quality Assurance Committee recently approved a policy where registrants who are participating in a practice assessment because they have low practice hours, or those involved in an active professional conduct matter, would be excluded from selection in the QA process for six months after the conclusion of those other processes.
- The Inquiries, Complaints and Reports Committee (ICRC) was able to streamline their discussions during a recent meeting using a new format of case presentations, which allowed for more cases to be reviewed at the meeting.

Awareness about practice trends and supports

- In response to questions in previous Registrar's Reports, the Board is now provided with a Practice Advice trends report to share greater insight into this service offering of the College (see Appendix E).

Health Professions Discipline Tribunal (HPDT)

- The Board has approved, in principle, a transition to the Health Professions Discipline Tribunal. Both governance and operational changes are needed to support that transition.
- The transition was originally planned to be initiated in June 2025 with the necessary governance changes being presented to the Board. However, this work has been delayed as staff resources were redirected to assess and seek to manage more time sensitive matters.

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 the physiotherapy community and system partners

- To raise awareness and build relationships with the physiotherapy community, the College continues to conduct outreach to PTA and PT programs, and PTs in practice, including:
 - Presentation given to one PTA school program in March,
 - Workshops with McMaster University students in April addressing Professional Boundaries, and with University of Ottawa students in May addressing Professional Boundaries and Business Practices.
 - A presentation in May at the request of the University Health Network (UHN) covering the topics of rostering and medical delegations and directives.
 - Presentations in May to University of Toronto second-year physiotherapy students and in June to Queen's University's graduating students to welcome them as they transition to the profession.
 - Delivering a virtual presentation in early June to University of Saskatchewan physiotherapy students to share information about the pathways to register to practice in Ontario.
 - The Registrar will also attend the virtual graduation ceremony for the Ontario Internationally Educated Physiotherapy Bridging Program at the University of Toronto.
 - The College will have representatives at the 2025 PT/OT Job Fair in June, which is a large-scale event where organizations can connect with the graduating class of University of Toronto's Physiotherapy and Occupational Therapy programs.
- To foster continued collaboration with insurers, the College presented to the Canadian Life and Health Insurance Association (CLHIA)'s Healthcare Anti-Fraud Working Group in April. The presentation included information that would be relevant to insurers, such as the regulation of

physiotherapists, the Public Register, and the current expectations regarding collaborative care and billing practices.

Improving our use of language

- The College continues to strive for clear and transparent communication with our customers and partners by using plain, easy to understand and inclusive language. The Communications team is leading the efforts in this area:
 - Building on plain language training that all staff received last fall, a plain language writing guide has been developed and rolled out to further support the use of plain language throughout the organization. Staff will continue to receive coaching and training on plain language writing as needed,
 - Developed and rolled out an inclusive language guide based on current best practices, and
 - Engaging in a comprehensive review of our external communications using principles of plain language, compassionate lens and EDI.

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

- The College is committed to fostering a safe and inclusive workplace and supporting staff's wellbeing and psychological safety. Part of this commitment is to conduct staff engagement and wellbeing surveys twice a year and to take action based on the results.
 - The most recent staff engagement check-in survey was completed in May. The survey had 100% participation from staff.
 - Results show further improvement in the employee net promoter score (ENPS), which is a composite measure of employee engagement and satisfaction. This score has increased from 35 in December 2023, to 54 in August 2024 and is now at 62 in May 2025.
- Our staff turnover rate continues to stabilize after a return to our historical norm in the last two quarters.

Staff EDIB survey

- As part of our organizational EDI strategy, we have committed to creating a psychologically safe working environment where equity, diversity, inclusion and belonging (EDIB) is ingrained into our culture. In support of that goal, we conducted the first staff survey focused on EDIB in the workplace.

- Overall results are quite positive. The factors with the highest favourable ratings include Contribution to Broader Purpose, Diversity, Inclusion, and Voice. Areas with opportunity for improvement include Growth and Equity.
- The staff EDIB Committee reviewed the results and recommended actions to address the areas for improvement. These recommended actions are now being considered by the Senior Management Team for implementation.

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 Q4 dashboard is attached in Appendix A. Below is commentary on dashboard metrics that had a notable change in Q4:
 - *Registration timeline:* Performance in timeline related to the approval or referral of registration applications dipped in Q4 compared to previous quarters. The majority of the delays relate to waiting to receive Letters of Professional Standing (LOPS) from other jurisdictions.
 - *Complaints disposition:* Performance in timeline related to complaints disposition showed steady improvement over the last year, and the target was met for the second quarter in a row in Q4. The cases that took longer to resolve involved multiple disclosures/submissions, a challenging undertaking negotiation, and multiple extension requests.

Dashboard improvements for FY2026

- To ensure the dashboard continues to provide effective information to support the Board's oversight function, it was recently reviewed to identify potential improvements for fiscal year 2026.
 - The dashboard measures were reviewed and updated last year. At this time there are no major changes being proposed to the measures or targets.
 - A few minor updates have been identified to improve the clarity of the information and provide additional context, informed by feedback and questions asked throughout the last year, including:
 - Adding new data points showing the growth in the registrant base over time, a breakdown of new applicants between those who were educated in and outside of Canada, and an annualized performance rate for the complaints disposition timeline metric in addition to quarter-by-quarter performance,
 - Various formatting changes to align with best practices for data presentation and improve the clarity of the information.
 - A prototype of the new dashboard will be shared at the meeting.

Risk Registry

- An update to the College's risk register was presented to the Risk, Audit, and Finance Committee (RAFC) at its June 2025 meeting (see Appendix B). Changes were made to the likelihood ratings for a number of risk statements in light of changing contextual factors.
 - In the last report, both risk statement #9 and #11 saw increases in likelihood (from 3 to 4) as the College was observing higher than typical turnover in staff. While Q3 and Q4 dashboard data indicates that turnover is beginning to stabilize, no changes are being proposed to the ratings associated with this risk statement at this time. Instead, trends will continue to be monitored for stability prior to considering a change.
 - The likelihood assessment for risk statement #6, pertaining to government changes to relevant legislation, has been increased from 1.6 to 3. This change was prompted in response to the recent consultation on "As of Right" which involved a very tight timeframe for response.
 - The likelihood rating for risk statement #8, relating to Public Member appointments, has once again increased (this time from 3 to 3.5). This change resulted from a lapse in the reappointment of one public member, combined with a request for revocation having been submitted to the Ministry, and two additional appointments be required in the short-term. This has resulted in the overall categorization increasing from "Medium" to "High".

Technology and Cybersecurity

- To strengthen the security of the College's systems a number of actions continue to be undertaken. Recent actions include implementing updates to our operating systems and security settings, installing software that ensures secure connection while staff are traveling, and keeping up staff's cybersecurity awareness through quarterly training.
- Staff have begun development of an internal policy regarding use of artificial intelligence (AI) to guide the safe and responsible use of AI tools to support College work in the future. At the same time, a small group of staff are piloting the use of Microsoft Copilot, an AI tool that works exclusively within the College's ecosystem.

Continuous process improvement

- We continue to embrace a culture of continuous process improvement across the organization, by applying training received last year to identify and pursue process improvements across all areas of the College. Recent examples include:
 - Conducting process improvement workshops with multiple teams to improve the efficiency and accuracy in tracking financial information related to investigations, hearings, and compliance monitoring,
 - Small process improvements were recently implemented in the business operations and quality assurance areas to make the work more efficient and accurate.

Annual financial audit

- To support financial oversight and accountability, the annual audit of the College's financial statements has begun. The draft audited statements will be reviewed by the Risk, Audit and Finance Committee (RAFC) over the summer and then presented to the Board in September for approval.

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.

Annual Equity, Diversity and Inclusion Report

- To support transparency and accountability for our commitment to incorporate an equity, diversity and inclusion lens into our work, we have compiled a second annual EDI report (Appendix F). The report highlights the College's accomplishments the past year and outlines planned actions in the current year.

Supporting physiotherapists who were educated outside of Canada

- The College continues to pursue ways to better support physiotherapists who were educated outside of Canada to successfully transition to practice. Recent activities include:
 - Adapting the content of the two workshops we deliver at the Ontario universities about [professional boundaries](#) and [business practices](#) and posted them as webinars. This benefits all physiotherapists who want to learn more about these topics, but it is especially beneficial for physiotherapists who were educated outside of Ontario to give them the same exposure to the learning as Ontario graduates. We will continue to promote the webinars through our various communications channels and partners.
 - Conducting a second focus group with physiotherapists who were educated outside of Canada to better understand how to effectively offer different types of supports and resources, so that they are offered at the right time and in the right way to maximize their benefits.
 - We are continuing discussions with different system partners about how the physiotherapy community can collectively offer the supports and resources that would help physiotherapists who were educated outside of Canada successfully transition to practice in Ontario.

Supporting reconciliation

- To deepen knowledge in support of reconciliation, the management team completed the San'yas Indigenous Cultural Safety course in March, which provides learners with a deep understanding and knowledge about the history of Indigenous peoples in Canada and the legacy of colonialism.
- The Quality Assurance Committee recently made a decision that was informed by the context of working with Indigenous patients, where they reflected on learnings about Indigenous peoples in Canada, the wheel of privilege and power, calls to action following the Truth and Reconciliation Commission's final report, In Plain Sight Report, and Bill C-92 *Indigenous Child and Family Services Act*.

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 identified 23 areas where the College could explore changes that could enhance or strengthen the governance structures of the College. Progress in the 23 areas is being tracked and is attached as Appendix G.
- The following items were completed recently, including some items that will be considered at the June meeting:
 - Completing a draft of by-law changes to support implementation of a Screening Committee following direction from the Board at the March 2025 meeting,
 - To further bolster role clarity, an education session is being planned for the June 2025 Board meeting to explore the distinction between strategic oversight and operations.
 - Updating the Registrar Performance Assessment Policy to ensure the Board and the Chair is supported with appropriate resources to facilitate the Registrar performance process,
 - Drafting a Registrar Succession Planning Policy to support continuity of leadership,
 - Further streamlining the new director orientation materials, and
 - Roll out of an updated Board and Committee evaluation framework based on earlier feedback and discussions.

Action Items Tracker (ongoing):

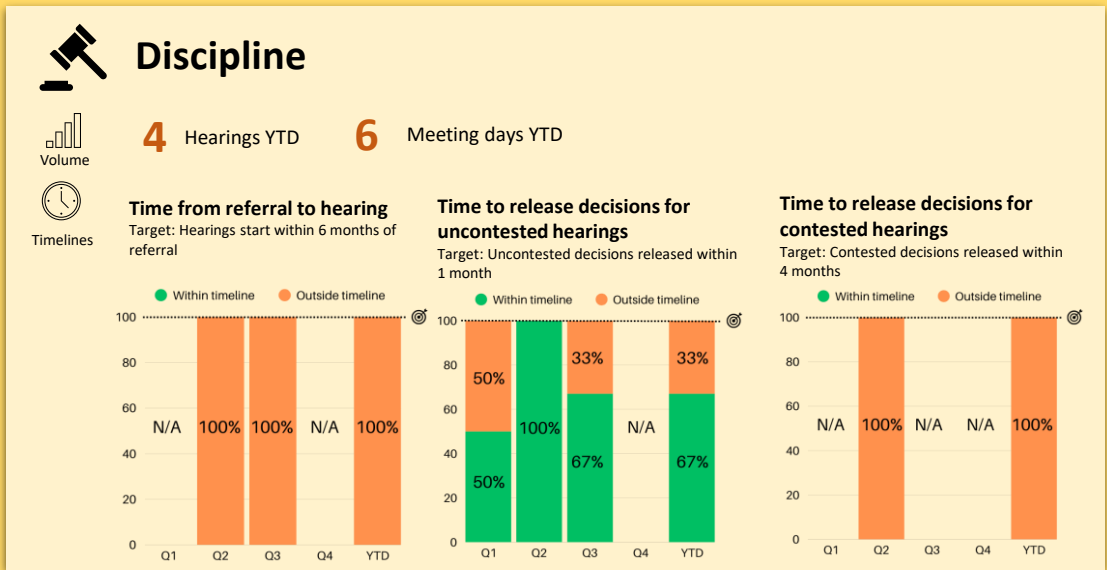
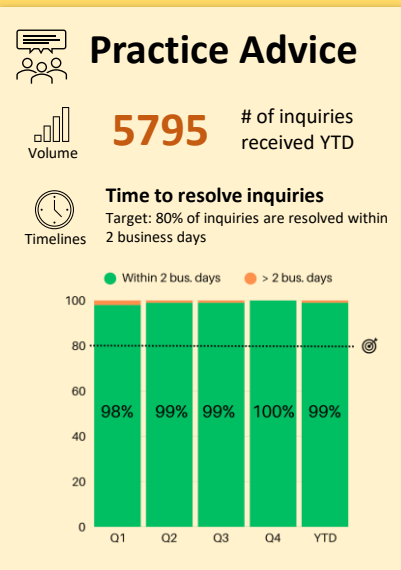
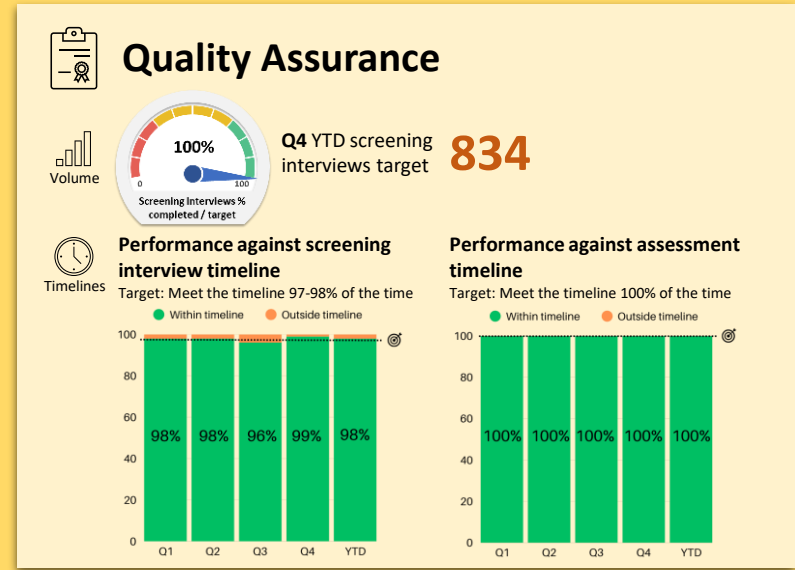
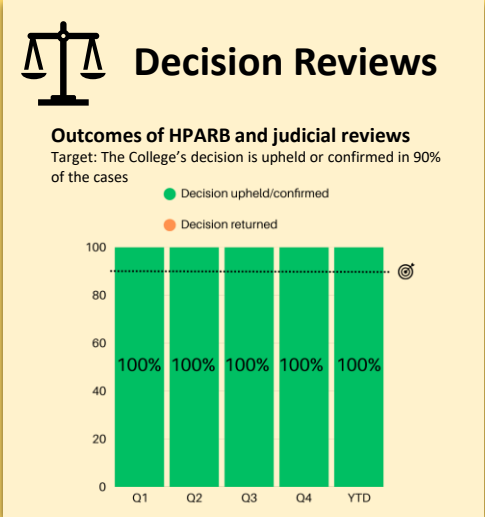
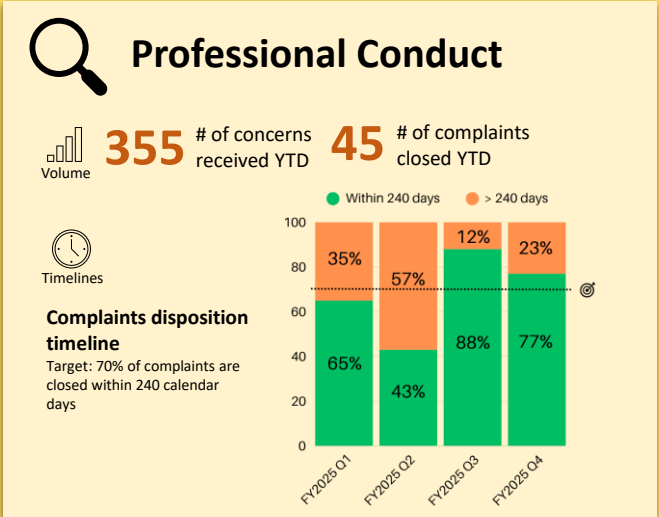
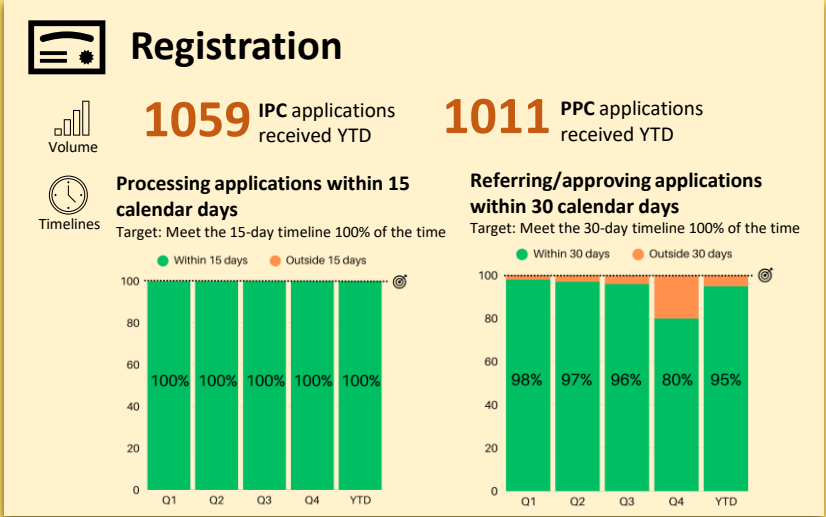
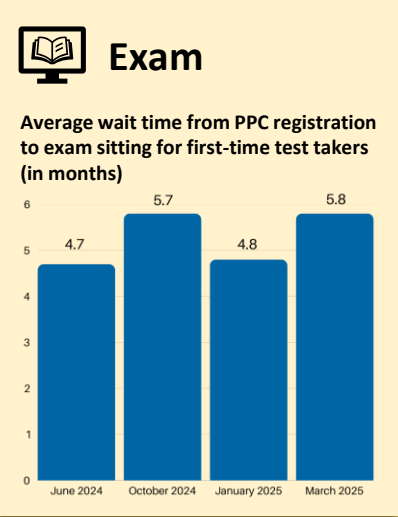
A running list of action items from previous Board meetings; once items are marked complete, they will come off the list.

Date of Meeting	Action item description	Required by date	Current Status
March 24-25, 2025	Develop a transition plan to move from the Ontario Clinical Exam (OCE) to the new national exam administered by the Canadian Alliance of Physiotherapy Regulators (CAPR).	June 2025	In progress (item included in the June meeting)
March 24-25, 2025	Develop a Service Level Agreement (SLA) with the Canadian Alliance of Physiotherapy Regulators (CAPR) regarding the new national exam and bring it back to the Board for consideration.	June 2025	In progress (item included in the June meeting)
March 24, 25, 2025	Circulate the proposed changes to the General Regulation for partner consultation.	June 2025	Completed

Date of Meeting	Action item description	Required by date	Current Status
March 24, 25, 2025	Implement the governance and operational changes required for the College to join the Health Professions Discipline Tribunal as a pilot for a one-year pilot.	June 2025	Pending
March 24-25, 2025	Bring back revised policy and by-law changes to establish a Screening Committee.	June 2025	Completed (item included in the June meeting)
March 24-25, 2025	Circulate the draft Boundary Violations and Sexual Abuse Standards for partner consultation.	September 2025	Completed
March 24-25, 2025	Return the Documentation and Funding, Fees and Filling Standards to the Board for further review prior to final approval, and return the Supervision Standard to the Board for further review prior to approval for consultation.	June 2025	Completed (item included in the June meeting)

CPO Dashboard – Q4 (January – March 2025)

Statutory Programs

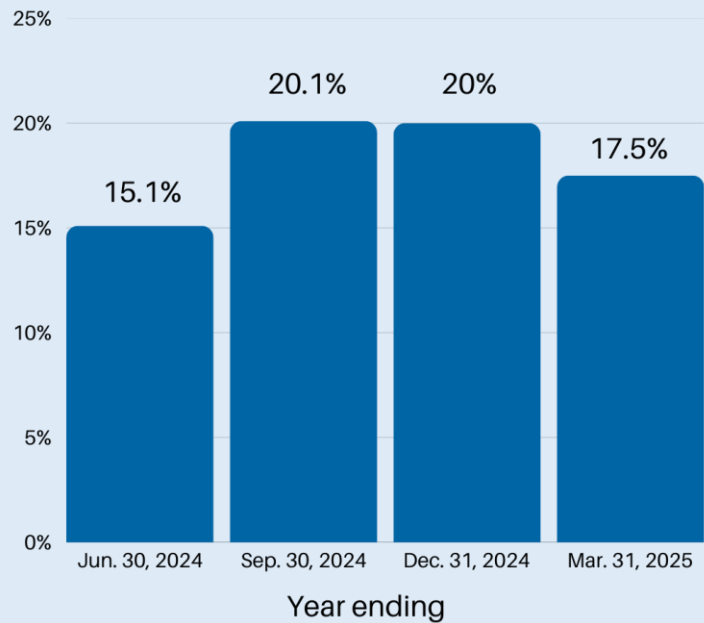


CPO Dashboard – Q4 (January – March 2025)

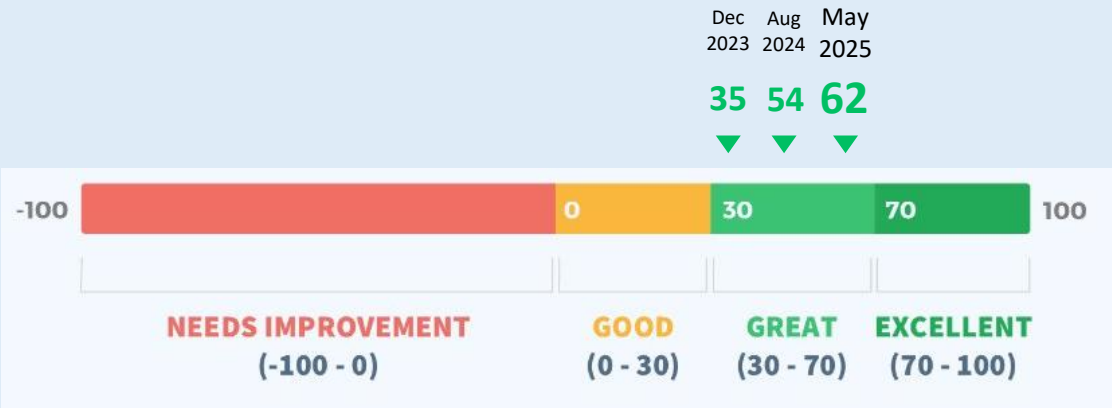


People & Culture

Staff turnover (rolling annualized rate)



Employee net promoter score
Target: A score of above 0



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

26-Jan-24
28-May-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



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: June 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> <p>a. Registrant and Employee identity theft. b. Access to vendor information and confidential contracts. c. Employees locked out of the College's IT systems. d. College paying a ransom to regain access to IT systems.</p>	Senior Director, Organizational Effectiveness	3.4	4	3.4 x 4	3 (↔)	High	<p>- 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.</p> <p>- KnowB4 training for all staff to learn how to prevent phishing attacks.</p> <p>- 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</p>	<p>- Installed VPN software on specific computers to enhance security when Staff are offsite</p> <p>- Final roll-out of Windows updates to ensure all computers are up to date with supported versions</p> <p>- Quarterly KnowBe4 Staff Training completed</p> <p>- Implemented new monthly software update schedule to automatically maintain latest security updates</p> <p>- New security policies were pushed to all computers</p>

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

26-Jan-24
28-May-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



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: June 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">- In March 2025 the Board agreed in principle to support the transition to the CAPR exam.- A Service Level Agreement is being developed with support of external legal counsel. The draft agreement will be presented to the Board in June 2025.- The Board was engaged in a special meeting to approve acceptance of the new exam and to solicit feedback on eligibility policy decisions being made at CAPR. Board feedback was confirmed by the national group.- Communication materials were developed and posted online to support understanding during the transition. Questions continue to come in.- General Regulation feedback will be presented to the Board in June 2025 for further discussion.
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.	<ul style="list-style-type: none">- A recent divisional court decision was released, upholding both the College and HPARB's decision with respect to an investigation.

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

26-Jan-24
28-May-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



Capacity Reference
Capacity = Very Low = 5 (↑) = Increase by 1 level risk rating
Capacity = Low = 4 (↑) = Increase by 1 level risk rating
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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.	<ul style="list-style-type: none">- FY2025 Q4 reports suggest that the College will close FY2025 in a strong surplus position. These findings will be assessed as part of the audit process with audited statement presented to the RAFC in August 2025.- The draft FY2026 budget was approved by the Board and includes a modest surplus.- A new reporting tool has been created to support RAFC in their financial oversight.- Long-term financial planning regarding the investments and reserves policies are currently underway.
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">- The Code of Conduct is set for review in FY2026. Initially this was planned for June 2025, but has been pushed to September 2025 due to competing priorities.

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#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: June 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	Annual Chair & Vice-Chair training - Specific training budget for Chair - Implemented Committee Vice-Chair model to support succession planning	- Chair/Vice-Chair training is planned for July 2025 to support training early in the Board year. - Board Chair check-ins with Committee Chairs will continue. - The Executive Committee is specifically assessing succession planning as part of the Committee Slate planning process.
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	3	4.2	1.6 x 4.2	3 (↔)	High	- Registrar is actively engaged with HPRO where bi-weekly information sharing is occurring including identification of opportunities/risks relating to government change; - External environment is regularly monitored for changes that may impact Ontario (e.g., BC amalgamation); - HPRO has engaged a Government Relations consultant to support our collective needs; - System Partner engagement is leveraged to identify opportunities/risk and information sharing.	- The Government introduced "As of Right" legislation with a short consultation period. - The College was able to produce a response that sought to be constructive to engender continued discussions around issues of patient safety. - HPRO is making inroads and the Minister is attending the HPRO AGM for the 2 nd year in a row and HPRO is starting to see invitations to participate. The Government has expressed a desire to have HPRO act as a collective voice and channel through which changes are communicated.

College of Physiotherapists
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#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: June 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 has endorsed the concept of a Screening Committee and will have an opportunity to consider the necessary governance changes at the June 2025 meeting.
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">- Q3 dashboard results suggest that turnover is stabilizing, however, no change in this rating is proposed at this time.- Staff across the organization are developing SOPs to support business continuity.- Notwithstanding turnover rates, Staff Engagement survey results continue to trend upwards.

College of Physiotherapists
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#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: June 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	<div>- The operating reserve (i.e., Unrestricted Net Assets) is monitored each quarter and reported to the RAFC and Board of Directors.</div> <div>- 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.</div>	- The College's operational reserve is currently healthy, fluctuating between 5 and 6 months of operating expenses.
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	<div>- 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.</div> <div>- The College recently gave staff a Board approved 4% increase, which includes a cost-of-living increase.</div>	- The FY2026 draft budget was approved and included salary increases based on cost of living and merit that help the College be more competitive within the market. It also included changes to the College's RRSP program which support competitiveness in the market.
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	3.5	4	3.5 x 4	1 (↓)	High	<div>- Registrar/CEO is in constant contact with the Public Appointments office.</div>	<div>- The Board issued a revocation request following a conduct review.</div> <div>- A lapse occurred in the appointment of C. Baxter despite significant efforts and communication to ensure otherwise.</div> <div>- - With 2 additional reappointments needed over the summer, there is a greater risk that the College will not have the reappointments needed.</div>

College of Physiotherapists
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26-Jan-24
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Very High
High
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Low
Very Low

Rating Legend



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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 are looking at various space-sharing models and layouts of office space to support an eventual move.

Submission to the Ministry of Health on the proposal:

Reducing Barriers to Registration and Practise for Regulated Health Professionals Registered in other Jurisdictions

Introduction

Thank you for the opportunity to contribute to this consultation. The College of Physiotherapists of Ontario is committed to providing efficient and effective entry to practice and registration processes and facilitating labour mobility. As communicated with the Ministry of Health previously, the College turns around interprovincial applications within a short period of time, with applications generally being processed within the same day they are received and nearly always approved within 10 days, provided that the applicant completes the process.

As a member of the Health Profession Regulators of Ontario (HPRO), the College's submission focuses primarily on physiotherapy practice and supplements the broader submission provided by HPRO on behalf of all health regulatory Colleges.

The purpose of our consultation feedback is to assist the government as it seeks to implement this new framework by identifying potential risks and highlighting where additional supports may be needed to ensure that physiotherapists entering Ontario through this pathway are well-positioned to practice safely and effectively. This feedback is provided recognizing that these individuals will not be registered with the appropriate health regulatory body for a period of time after they start practicing in Ontario. The Ministry has asked for the information set out below.

Questions from the Ministry

Expand "As of Right" Rules to Additional Out-of-Province Regulated Health Professionals

Benefits and Risks:

1. Are there any additional risks with this proposal that you would like to highlight?

Scope of Practice, Controlled Acts, and Rostering

The proposed requirements for out-of-province professionals to qualify for As of Right practice in Ontario currently do not seem to address scope of practice, which differs across Canadian jurisdictions. While it can be assumed that As of Right practitioners would be limited to the scope of practice applicable in Ontario, for physiotherapists there is an added challenge with respect to controlled acts.

Ontario physiotherapists have access to the controlled acts of communicating a diagnosis, spinal manipulation, tracheal suctioning, treating a wound below the dermis, pelvic internal exams, administering a substance by inhalation and acupuncture.

Apart from communicating a diagnosis, all of the controlled acts require **rostering** with the College. Rostering refers to the process by which physiotherapists indicate to the College that they have

additional training, education and experience to safely perform those higher-risk activities. Once a physiotherapist has rostered for a controlled act, that information appears on their profile on the College's Public Register.

Rostering for controlled acts is common among the Canadian physiotherapy regulators. While there are differences in the scope of practice and which controlled acts physiotherapists may have access to in each jurisdiction, most but not all physiotherapy regulators have a rostering system in place in recognition of the higher risks associated with controlled acts.

In the absence of clear guidelines regarding scope of practice and the performance of controlled acts, there is a risk that physiotherapists practicing As of Right may assume they are authorized to perform the full spectrum of controlled acts available in Ontario, irrespective of whether they were deemed qualified to perform those acts in their home province or territory. Alternatively, they may assume that they can perform any controlled acts that were permitted in their home province or territory, whether those acts are authorized to physiotherapists in Ontario.

Clarity is sought regarding which provincial scope of practice applies to As of Right practitioners, and how rostering requirements in Ontario and/or other jurisdictions will be addressed under this framework. The College is willing to work with the Ministry to address this risk.

Potential for Fraudulent Billing

It is the College's understanding that in Ontario, billing systems for both public and private insurers typically rely on a health professional's registration number, which is issued and overseen by the respective regulatory body. This mechanism provides assurance that the billing is linked to an accountable, licensed provider that is subject to regulatory oversight.

Without clear guidance on billing practices and eligibility under the As of Right model, payors may be unable to verify providers in the usual way. This may increase the risk of fraudulent or improper billing, especially in private practice settings where oversight is more limited.

Implementation:

2. What implementation considerations or supports should the Ministry be aware of?

To support implementation of 'As of Right' practice for physiotherapists, consideration should be given to how the issue of controlled acts may be addressed. Establishing the applicable scope of practice, as well as any limitations with respect to controlled acts, in the regulations would support patient safety and provide greater certainty for physiotherapists practicing As of Right.

Alternatively, clear guidelines should be issued that address the scope of practice out-of-province physiotherapists should adhere to, including which controlled acts they would be able to access. This

could be similar to previous [Guidance](#) issued by the Ministry of Health in September 2023 to support the implementation of As of Right practice for the first cohort of health professions. The Guidance included a section on scope of practice and controlled acts, which could be expanded for physiotherapists practicing As of Right to establish the need to have been rostered to perform a controlled act in another Canadian jurisdiction or, alternatively, being able to meet the eligibility requirements to roster for the controlled act in Ontario.

In addition, safeguards may be needed to identify, prevent, and address potential sources of billing fraud under the As of Right framework. Key considerations include clarifying billing eligibility for public-sector programs, working with payors to strengthen verification processes, and establishing billing conditions or restrictions until Ontario registration is completed. It will also be important to communicate with institutions employing As of Right practitioners about their responsibilities for ensuring appropriate billing practices.

Remove Practice Setting Restrictions

While the College recognizes the need to improve access to care and reduce administrative barriers, it is important to assess how expanding practice settings may impact patient safety as out-of-province practitioners would not be subject to College oversight until their registration has been approved.

As such, the College conducted a risk analysis to identify areas where removing current practice setting restrictions may pose the greatest risks. Practice locations were derived from annual renewal data for 2025 and grouped into six clinical practice settings: Hospital (in- and out-patient), Specialized Facilities (e.g., children's treatment centre, cancer centre, rehab facility), Long-Term Care, Primary Care (e.g., community health clinics, Family Health Teams), Home Care (mobile physiotherapy), and Private Practice (e.g., multidisciplinary clinic, physiotherapy clinic, solo practice).

The analysis drew on four key risk factors:

- **Oversight and Monitoring:** Strength of internal structures to detect and/or monitor performance concerns.
- **Safeguards for Patient Safety Incidents:** Availability of clear, functioning mechanisms to prevent and address patient safety incidents quickly and effectively.
- **Nature of Care:** Complexity of clinical care, potential for high-risk scenarios, and need for advanced clinical judgement.
- **Patient Factors:** Degree of patient vulnerability due to age, medical condition, or other factors.

Benefits and Risks:

1. Are there any risks to patient safety or the quality of care? How could these risks be mitigated?

Moderate Risk – Some Concern

The College has moderate concerns with expansion into **Primary Health Care**¹ and **Home Care** settings for physiotherapists. These settings generally have defined oversight frameworks and safety protocols, but risks may arise due to the degree of physiotherapist autonomy, the complexity of care, and the vulnerability of patient populations.

For example, in publicly funded Primary Health Care programs and services, physiotherapists often work as part of an interprofessional team with shared responsibilities, though they may still carry significant independent decision-making responsibilities. More significantly, in Home Care settings, physiotherapists frequently serve elderly or medically complex patients, some with a risk of acute complications. These individuals may face communication challenges, medical impairments, or reduced ability to recognize and report concerns. Home-based care also increases the potential for boundary violations due to the one-on-one nature of treatment and limited supervision and oversight.

Additional steps may be needed to mitigate these concerns, for example:

- Ensuring that As of Right professionals are oriented towards Ontario-specific standards and rules to ensure familiarity with areas such as privacy, consent, documentation, and professional boundaries, which are instrumental to mitigating population-specific risks.
- Requiring employers, institutions, or contracting organizations to attest to the existence of appropriate policies and safety procedures and their enforcement.
- Encouraging supervision where possible during the early stages of practice.

High Risk – Most Concern

Private Practice settings raise the greatest level of concern. In 2025, **66%** of Ontario physiotherapists reported private practice as their primary setting. These environments range from multidisciplinary clinics to solo operations, with no requirement that clinic owners be regulated health professionals.

Oversight structures may vary widely in private practice environments depending on clinic size, business model (e.g., franchised vs. independent), and practice location. Patient risks in these environments are categorized by:

- High levels of practitioner autonomy with little or no direct supervision or oversight,
- Varied, sometimes informal organizational safeguards against patient safety incidents,

¹ The College uses “Primary Care” in this context to refer primarily to general primary care delivered in publicly funded physician- or nurse practitioner-led environments, which may operate across a range of locations. The College assumes that this aligns with the Ministry’s understanding and use of ‘Primary Care’ within their consultation document.

- Inconsistent reporting pathways for patients or staff, and
- Increased potential for boundary violations in one-on-one treatment environments.

As noted above, the risk of improper or fraudulent billing may also be elevated in these settings.

As a result, the College recommends that private practice settings remain restricted for As of Right physiotherapists. We continue to welcome physiotherapists registered in other Canadian jurisdictions to apply for Ontario licensure through our existing pathway which, as noted above, processes inter-provincial applications efficiently, often within the same day.

It is important to note that, unlike public sector environments, the private sector tends to operate in areas where physiotherapy services are already widely available.

The Ministry has emphasized its focus on supporting and strengthening the public health care system. Given that private practice does not form part of the public system, maintaining restrictions on these settings based on the concerns raised above would not undermine the Ministry's stated objectives.

2. Are there any additional risks with this proposal that you would like to highlight?

An additional consideration is the varied nature of institutions across practice settings. Under the proposed model, regulatory Colleges will not provide direct oversight of out-of-province professionals. The assumption is that these professionals will continue to have six months to complete their registration with the relevant Ontario College. In the meantime, oversight responsibilities will fall to institutions, employers, and other health system partners, whose capacity and readiness to assume these responsibilities vary widely across practice settings.

Some institutions, particularly those that are private, rural, or under-resourced, may face greater challenges in identifying practice issues, supporting performance improvement, or escalating complaints. Patients in these environments may carry a disproportionately high level of risk, particularly if the institution or location serves historically marginalized communities.

To ensure that patient safety is maintained, further research and evaluation may be required to identify where any additional location-based conditions are needed to support the successful implementation of this proposal.

Implementation:

3. What implementation considerations or supports should the Ministry be aware of?

To ensure this proposal receives uptake and upholds the principles of public protection, some implementation considerations include:

- Communicating the changes broadly to the public to support patient awareness and empowerment in all settings.
- Supporting organizations by setting out clear expectations for oversight and accountability, including the institutional roles related to monitoring, documenting, and addressing conduct concerns for As of Right professionals.
- Retaining flexibility to limit access to certain high-risk practice settings based on further evaluation.
- Ensuring continuous improvement through system-wide tracking and evaluation to monitor uptake over time, including where professionals are practicing geographically, the types of practice settings they enter, and any relevant trends or emerging risks

Automatic Recognition of Another Provincial/Territorial Certificate of Registration

While physiotherapy is not currently being contemplated for Automatic Recognition, we would like to offer the following considerations.

Benefits and Risks:

1. Are there any risks to patient safety or the quality of care? How could these risks be mitigated?

Currently, to qualify for physiotherapy practice in Ontario, labour mobility applicants must apply for registration and submit a Letter of Professional Standing from any health regulatory college they are registered with in another Canadian jurisdiction.

The College is uncertain how automatic recognition would differ from this process since certificates of registration from other physiotherapy regulators are already being recognized as equivalent.

To affect automatic recognition and register labour mobility candidates, some form of application would still be needed for the College to have a record of the individual. Additionally, there would be a significant risk if labour mobility applicants were no longer required to submit Letters of Professional Standing. The purpose of these letters is to verify that there has been no finding of or is subject to any proceeding related to professional misconduct, incompetence or incapacity. In the absence of the College receiving that information, there would be a higher risk of practitioners with conduct histories providing patient care in Ontario.

Implementation:

2. What implementation considerations or supports should the Ministry be aware of?

As part of implementation, the Ministry should clarify how permanent residence will be defined for the purposes of requiring a health professional to transfer their registration to Ontario, and how this will

differ from the automatic recognition process. Especially in border regions, health professionals may reside in one province but primarily provide patient care in another. As such, residency is not always a reliable indicator of where a health professional is practising.

It will also be important to ensure that the regulatory body responsible for oversight is able to recover the cost of this oversight directly from the health professional, rather than relying on Ontario registrants to absorb the financial burden. The cost of regulatory oversight varies across the country, and without appropriate safeguards, there is a risk that individuals may choose to license in lower-cost jurisdictions simply to practice elsewhere. This would create significant challenges for the oversight and financial sustainability of a regulatory system that is structured provincially or territorially by design.



Health Profession Regulators of Ontario (HPRO)

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April 30, 2025

Ms Allison Henry, Director
Health Workforce Regulatory Oversight Branch
Ministry of Health
10th Floor, 438 University Ave
Toronto ON M7A 1N3

Transmitted by email: allison.henry@ontario.ca and online via
<https://www.ontariocanada.com/registry/mail.do?action=displayComment>

Re: HPRO Comments on MOH Regulatory Registry Proposal 25-HLTC005 – Reducing Barriers to Registration and Practise for Regulated Health Professionals Registered in other Jurisdictions

Dear Director Henry:

The Health Profession Regulators of Ontario (HPRO) is pleased to comment on the Ministry's regulatory registry proposal (25-HLTC005), Reducing Barriers to Registration and Practise for Regulated Health Professionals Registered in other Jurisdictions. You know we are committed to patient safety, and it is in that context that we present the following recommendations.

1. Maintain aspects of current "As of Right" rules

Using the model currently in place for the four Colleges who have developed mechanisms for the implementation of "As of Right" rules would be logical. Examples of the current model include the following:

- Confirming applicants have professional liability insurance coverage,
- Enforcing the need for applicants to submit the application to the College on the first day of employment (or before when possible), and
- Submitting the application fee, recognizing Government might want to reimburse applicants for that fee, consistent with other provinces' practices.

2. Ensure oversight options in all practice settings

"As of Right" rules have safeguards when employers are able to take responsibility for oversight of the healthcare professional while their application is being processed. Government would be wise to confirm that:

- Healthcare professionals will have oversight or supervision during the time that they are awaiting the approval of their application for registration.
- Independent practice is not permitted through the "As of Right" rule, recognizing the high level of risk when no oversight mechanisms exist.

3. Avoid risks related to the automatic recognition of a healthcare professional

As HPRO shared in its letter to Health Minister Jones on April 14th, *RHPA* Colleges register qualified interprofessional applicants very quickly, most in three days or less. Colleges also ensure that there are no unnecessary barriers to speedy, cost-effective registration. Automatic recognition could pose risks to Ontario's healthcare system; areas of concern include:

- Terms, conditions, or limitations on practice, a specified continuing education or remediation program (SCERP), undertakings, or current complaints or discipline proceedings,
- Confirmation of the healthcare professional's current standing in the jurisdiction in which they are regulated/practice,

- The variability of scopes of practice and access to controlled acts in Ontario, along with an understanding of various aspects of provincial jurisprudence, and
- Undue burdens, including supports for the true costs of regulation.

Additionally, the current pathways for US physicians and surgeons and nurses need to be better understood. Other professions will need to carefully consider their individual professions' unique perspectives.

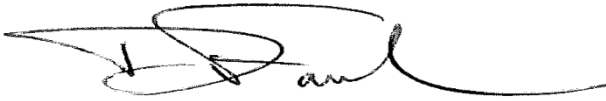
There is also hesitation to support the broad regulation-making powers that would be conferred on the government (or its delegate) on the issuance of authorizations by an *RHPA* College with concerns that regulations could be retroactive and potentially overriding the *RHPA*, exposing the public to risk based on unreviewed conduct issues or other unforeseen matters.

HPRO's member Colleges continue to be effective and efficient, working with system partners, including regulators across Canada, to build capacity in Ontario and continue to identify unintended consequences that could adversely affect the good work intended by Government.

As we shared with Minister Jones, "Ontario's health regulatory Colleges protect Ontarians, and we are pleased to do that together with you. Continue to let us know how we can help."

We look forward to continuing to work with.

Sincerely,

A handwritten signature in black ink, appearing to read 'Daniel', with a long, sweeping horizontal line extending to the right.

Daniel Faulkner, Chair

cc. Ministry of Health: ADM Dr. Karima Velji
HPRO Board of Directors

Practice Advice Trends Report

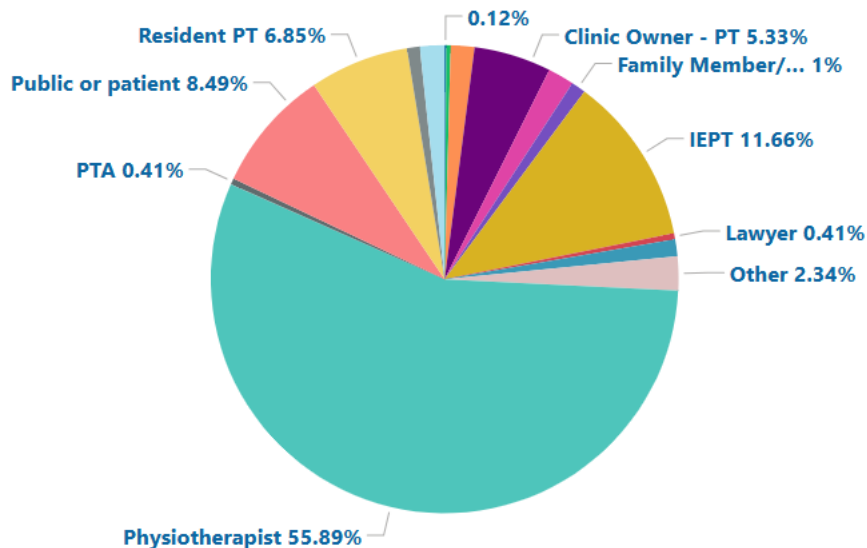
Period: January – March 2025

What is Practice Advice?

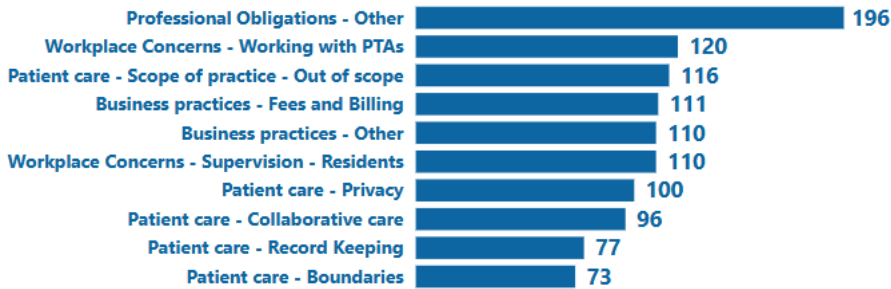
The College's Practice Advisors are physiotherapists that anyone can contact for free and anonymous advice about matters relating to the practice of physiotherapy. Practice Advisors offer a safe space for physiotherapists, PT Residents, PT students, patients, caregivers and others to get answers to their questions.

Practice Advisors are an educational resource to support but not replace professional judgment. Practice Advisors may assist in identifying and evaluating the options and risks involved in taking various courses of action with the intention to support an individual's reflection and decision-making process. Their guidance is grounded in the College's standards and Code of Ethical Conduct.

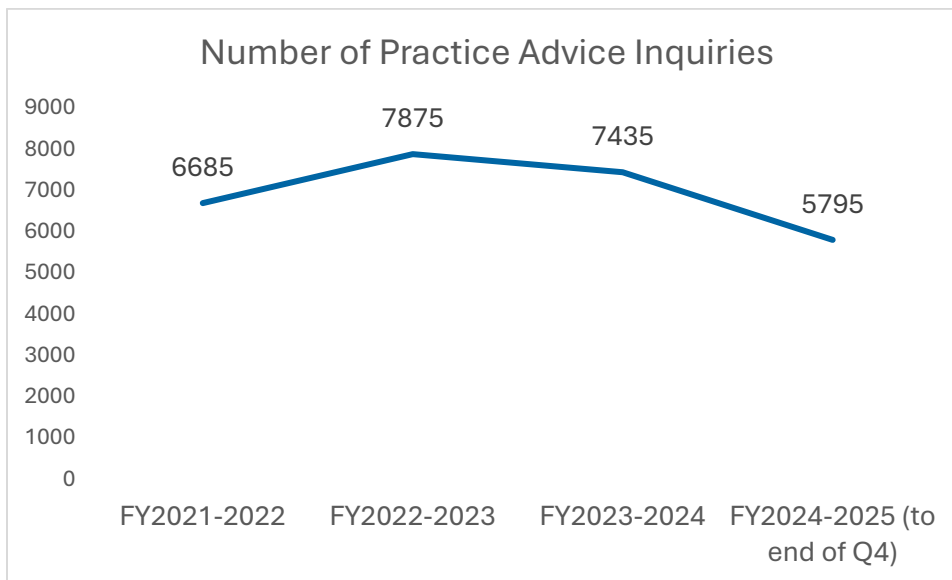
Who Used the Service in this Reporting Period



Top Themes in this Reporting Period



Trend in Volume



- Starting in April 2024, a new method was used to track inquiries which provides more complete and accurate data. Volumes prior to April 2024 were likely an undercount.
- The higher usage in previous years corresponds to promotional campaigns to drive the users to the service.

Responses to Recent Themes

The College regularly reviews trends in Practice Advice inquiries to help improve how we communicate with partners and the information and resources we offer. Recent actions include:

- We added a link to the Ministry's clinic listing page on the main [Patient](#) page,
- We made changes on our website and updated instructional text to help physiotherapists find what they are looking for in the PT Portal.
- We are revising the website page that summarizes Privacy obligations to use plainer language, simplify the information, and make sure that information related to commonly asked questions are clearly explained.
- The Practice Advice and Policy teams collaborated to draft a new resource supporting the Communications Standard, so that the content is informed by commonly asked questions about communication.



Equity, Diversity and Inclusion

2024-2025 Report

Territorial Acknowledgement

We acknowledge the land our office is on is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.

We are honouring these lands as part of a deeper commitment to Indigenous communities in Ontario. As provincial health regulators, we have a large role to play in reconciliation to meet the broader goal of public protection.





How well we achieve **our mission** to **protect the public interest** depends wholly on our ability to **cultivate a climate** in which everyone feels like they **belong**.

*Statement of Awareness around Equity, Diversity and Inclusion (EDI)
by the College of Physiotherapists of Ontario*

Message from Leadership

Advancing safe, welcoming and equitable physiotherapy care requires that we acknowledge and address direct and systemic discrimination within our health systems and broader communities. Both types of discrimination lead to barriers that exclude many people from participating in health systems based on identity factors like race, ethnicity, gender identity and expression, sex and sexual orientation, age, ability levels, and physical appearance. Discrimination often goes unaddressed, resulting in continued inequity and marginalization.

This is our second formal report on the College’s ongoing Equity, Diversity and Inclusion journey, and we are excited to share the progress we have made over the past year. We continue to approach this work with humility and an understanding that we are at the beginning of a long journey. We will continue to pursue incremental improvements while acknowledging that work towards achieving equity, diversity and inclusion is never truly done.

We remain steadfast in our commitment to equity, diversity and inclusion as an organization. We will continue to strive to make our organization a safe, welcoming and inclusive place for all those who interact with us, and to support our registrants in delivering safe, welcoming and equitable physiotherapy care.

We are proud of our achievements in the past year — making strides towards embedding equity, diversity and inclusion into how we think about our work and putting the infrastructure in place to ensure our progress continues into the future.



Katie Schulz
Chair, Board of Directors



Craig Roxborough
Registrar and CEO



Equity, Diversity and Inclusion is a foundational pillar in our **strategic plan**, and our EDI initiatives are connected to our **mission, vision and values**.

Strategic Plan



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 Plan

Focus on Equity, Diversity and Inclusion (EDI)

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

Regulation & Risk

Effectively regulate the physiotherapy profession in Ontario and advance its statutory work through a risk-based approach.

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.

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.

INITIATIVES

Engage in purposeful and meaningful engagement, collaboration and partnerships which further our strategic goals and statutory mandates.

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.

INITIATIVES

Develop and maintain an organizational infrastructure which supports our statutory obligations and strategic priorities.

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.

INITIATIVES

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.



Focus on Equity, Diversity & Inclusion (EDI)

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



Improve Governance Based on Government Direction and Best Practices

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

Our EDI Strategy

An internal EDI strategy was developed to support the implementation of the EDI goal in our strategic plan.

- » Increase diversity and representation among people who do work for the College so they reflect the diversity of the profession and society at large.
- » Empower individuals to identify and address unconscious bias so they do not lead to inequitable or unfair decisions.
- » Design our processes to support equitable outcomes and equitable access for all individuals.
- » Meaningfully engage with groups who are impacted by our work to understand their needs and address them.
- » Support registrants in incorporating EDI principles in their practice to advance safe, welcoming and equitable physiotherapy care.
- » Always pursue incremental improvements, acknowledging that work towards achieving equity, diversity and inclusion is never truly done.

Our EDI Team

The pursuit of our EDI strategy is supported by staff at all levels of the organization. The implementation of the EDI strategy continues to be guided and championed by the College's senior leadership team. We also have an internal staff committee focused on incorporating EDI principles into our workplace culture.

Internal EDIB Committee

In late 2024, the College formed an internal Equity, Diversity, Inclusion and Belonging Committee made up of staff from across the College.

The Committee supports the strategy of promoting 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.

The Committee's role is to advise senior leadership on actions and programs that promote Equity, Diversity, Inclusion and Belonging in the College as a workplace, and to be ambassadors for this work within the organization.

Group Membership

Equity, Diversity, Inclusion & Belonging (EDIB) Committee

Diane Daley, Chair People & Culture	Jennifer Ramoutar-Ali, Member Professional Practice
Sameera Merchant, Deputy Chair Practice Advice	Jimmi Bhatti, Member Information Technology
Faith Muchena, Treasurer Organizational Effectiveness	Joyce Haung, Internal Advisor Strategy
Maria Beck, Secretary Quality Assurance	Craig Roxborough, Executive Sponsor Executive Office

Embedding Equity, Diversity and Inclusion into the College's Work

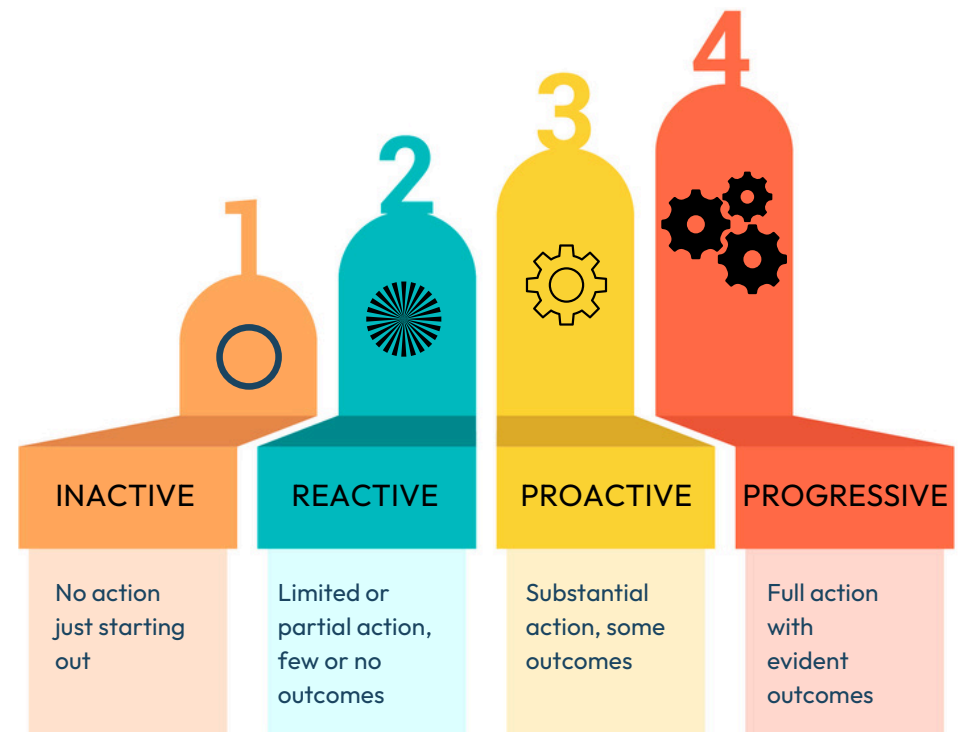
To support our commitment to incorporate an equity, diversity and inclusion lens into all aspects of our work, we implemented an EDI self-assessment and action planning framework across the organization in 2024. The framework assesses performance along a continuum from “Inactive” to “Progressive”.

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).

We leveraged this toolkit to conduct a team EDI self-assessment and action planning exercise.

The purpose is to help departments reflect on their work from an EDI lens and identify concrete actions we can take to achieve incremental improvements toward our EDI goals. We conducted this exercise in the fall of 2024 and the results of the exercise are embedded in the College's operational plan and resourced as part of the budget for 2025-2026.

The intention is to repeat this process annually to ensure progress is consistently being made.



1

Targeted recruitment of Quality Assurance assessors to ensure that our assessors reflect the diversity of registrants who are participating in the Quality Assurance program

The Quality Assurance team completed analysis of the make-up of our assessor pool as compared to that of our registrant base and conducted a targeted recruitment in October 2024 for new assessors based on the results.

In particular, it was identified that we need to increase the proportion of physiotherapists who were educated outside of Canada among applicants for the position.

During the last assessor recruitment in 2022, 18% of applicants were physiotherapists who were educated outside of Canada. The team set a target of 30% for this round of recruitment. In the end, 47% of applicants were physiotherapists who were educated outside of Canada, which exceeded the team's target.

The team hired eight new assessors, three of whom are physiotherapists who were educated outside of Canada and the others also help increase the diversity of the assessor pool in other domains.



2

Plain language review to ensure information is accessible to all audiences

In September 2024, all staff participated in a plain language writing workshop to support the use of more accessible language throughout the organization.

The Practice Advisors received additional individual training and have applied their learning to revise frequently used responses in the service. This makes the advice provided more accessible, which benefits all users, and aligns with our efforts to better support physiotherapists who were educated outside of Canada.



3

**Firmly integrate EDI principles into
Board and Committee recruitment processes**

We now explicitly include EDI elements, such as practice experience and certain demographic factors, in Committee recruitment and composition planning.



4

Integrate a stronger EDI-lens into our consultation process

While conducting reviews of the College's standards and Code of Ethical Conduct, the College captured EDI perspectives obtained through the consultations process.

The College routinely invited and received feedback from groups representing diverse physiotherapy communities.

The registrant consultation process also provides different avenues for responding to ensure anonymity.

The College also engaged the Citizen Advisory Group, a diverse panel of patient and public perspectives.



5

Begin to develop EDI-focused standards (cultural safety and anti-discrimination)

We were not able to deliver on this commitment.

We committed to begin development on two standards that support registrants to incorporate EDI principles into their practice: Health Equity and Anti-Discrimination, and Indigenous Cultural Safety and Humility.

In 2024, the College completed research into best practices for engaging with Indigenous communities to inform our approach to collaborating with Indigenous communities in Ontario during the development of the Indigenous Cultural Safety and Humility Standard.

The development of these two standards is planned to begin in 2025 instead.

6

Create an internal EDIB strategy for staff

In fall 2024, the College established an Equity, Diversity, Inclusion and Belonging (EDIB) Strategy to guide our work internally.

The EDIB Strategy focuses on key activities to meet our objective of creating a psychologically safe working environment where equity, diversity, inclusion and belonging is ingrained in our culture.

EDIB initiatives will be developed and initiated over the next two years for us to move towards our objective, and staff involvement will be critical to our success as we shift our culture in the right direction. Once policies, programs and procedures are implemented, they will be assessed on an ongoing basis to ensure that they meet the needs of our staff and the goals of the EDIB strategy.





Other Actions to Advance EDI in 2024-2025

ONGOING TRAINING AND LEARNING

We continued to support our staff to engage in ongoing learning about equity, diversity and inclusion topics.

» During Truth and Reconciliation week, staff participated in the lunch and learn sessions offered by the National Centre for Truth and Reconciliation. Staff also shared various resources and learning opportunities with each other.

» In September and October, staff completed the 2SLGBTQ Foundations Course offered by Rainbow Health to learn about the unique challenges this community faces in the healthcare system and how to make care more inclusive and equitable.

» To deepen knowledge in support of reconciliation, our management team completed the San'yas Indigenous Cultural Safety Online Training course in March 2025, which provides learners with a deep understanding and knowledge about the history of Indigenous peoples in Canada and the legacy of colonialism. We then offered staff the opportunity to share their reflections on that learning as it relates to their work and more broadly.



COMPLIANCE MONITORING COACHES



We welcomed applications from physiotherapists educated both in and outside of Canada to join the coach team. Among the new coaches hired in 2025, two out of four were educated outside of Canada, demonstrating our commitment to have our coaching team reflect the diversity of our registrants.



We aim to foster an inclusive and supportive coaching environment, ensuring that all individuals feel heard, valued and respected. We held two coach workshops with an external facilitator, integrating evidence-informed coaching techniques, such as compassion, active listening, empathy and awareness of bias.



SUPPORTING SAFE, WELCOMING AND EQUITABLE CARE

» We continued to share resources and information with registrants to help them provide safe, welcoming and equitable care to patients.

» In our [September 2024 newsletter](#), in recognition of Truth and Reconciliation week, we shared information about webinars hosted by the National Centre for Truth and Reconciliation, in particular highlighting the one about Health-Related Impacts of the Residential School System.

» In our [February 2025 newsletter](#), we highlighted resources that celebrate Black physiotherapists and healthcare professionals and to learn more about Black history.

» In our [March 2025 newsletter](#), we shared a resource from TransHealthTO about practical changes physiotherapists can make to provide inclusive care for trans patients.



SUPPORTING PHYSIOTHERAPISTS EDUCATED OUTSIDE OF CANADA

The College aims to provide better support to physiotherapists who were educated outside of Canada to successfully transition to practice in Ontario. The following activities occurred in 2024-2025 in support of this goal, and this work will continue in 2025-2026.

SUPPORTING PHYSIOTHERAPISTS EDUCATED OUTSIDE OF CANADA

OUR WEBSITE

Based on feedback that credentialing, examination and licensure information on our website was missing or difficult to understand, we made updates to that content and other parts of the site as part of our website re-design in 2024.

RESEARCH AND ANALYSIS

The College conducted research and analysis to identify areas where physiotherapists educated outside of Canada may need additional support.

FOCUS GROUP

We conducted two focus group discussions with physiotherapists educated outside of Canada to hear their perspectives and experiences to inform actions to support them in the future.

The first discussion sought to understand which parts of the process to licensure and practice are most challenging for physiotherapists educated outside of Canada and what kinds of supports would help address those challenges.

The second discussion sought to understand how to effectively offer different types of supports and resources, so that they are offered at the right time and in the right way to maximize their benefits.

NAVIGATION TOOL

The College collaborated with the Canadian Physiotherapy Association and the Canadian Alliance of Physiotherapy Regulators to create a [navigation tool](#) that helps physiotherapists who were educated outside of Canada see the full pathway to licensure at the beginning of the process and help them navigate through the different steps.



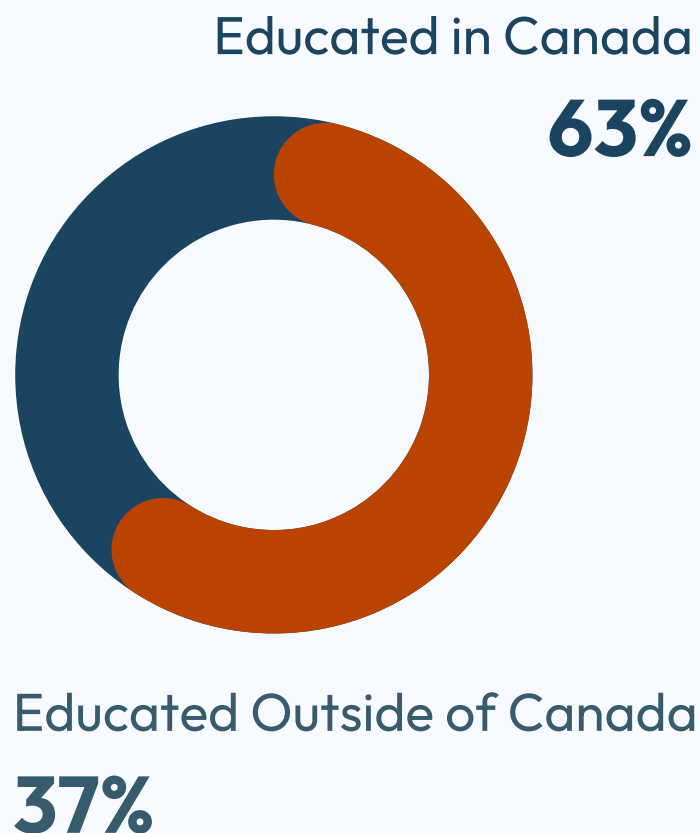
Continuing the Conversation Around Collection of Demographic Data

We recognize the **important role of data**, particularly **demographic data**, to **help us understand** who comprises the profession, and to help us **identify and address** potential **equity and inclusion issues**.

We currently collect a small number of demographic data points from our registrants on a mandatory basis, and we ask registrants to provide additional data on a voluntary basis. We recognize that we have not always collected and shared demographic data in a respectful, safe and inclusive way, and we are working to correct this. For example, in 2025, we updated the options available for individuals to indicate their gender to use more correct terminology for gender identity. The changes were informed by perspectives shared by those who have interest and expertise on this issue.

Based on data that we have now, here's what we know about who makes up the physiotherapy profession in Ontario.

Country of Education

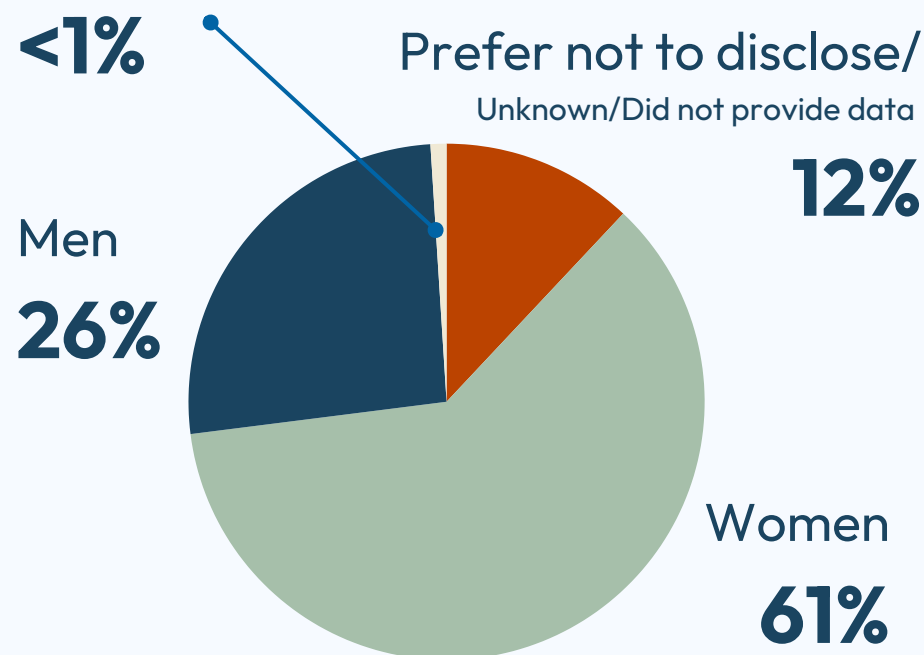


About this data: This information is collected on a mandatory basis at the time of application.

Gender

Other Genders

Including non-binary, another gender, and those who selected more than one gender identity



About this data: This information is collected on a mandatory basis at the time of application. Registrants have the ability to update the information during annual renewal and at any time on the PT Portal. The field allows someone to select more than one option.

Racial Identity

About this data:

- This information is collected voluntarily at the time an individual creates their PT Portal profile.
- Registrants have the ability to update the information at any time on the PT Portal.
- The field allows someone to select more than one option.
- About 29% of registrants provided data.
- Response categories with less than 1% value were grouped together to preserve confidentiality.

Black (African descent, Afro-Caribbean, African Canadian descent)	1.7%
East Asian (Chinese, Korean, Japanese, Taiwanese descent)	5.9%
Latino (Latin American, Hispanic descent)	1.2%
Middle Eastern (Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)	2.6%
Other Racial Identities (Includes those who identify as First Nations or Metis; those who identify as a racial identity not listed in the options; and those who identify with multiple racial identities)	6.6%
Prefer Not to Answer or Do Not Know	6.4%
Southeast Asian (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)	6.2%
South Asian (South Asian descent (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)	15.5%
White (European descent)	53.8%

The Demographic Data

The demographic data we do have has contributed to advancing equity, diversity and inclusion in our work.

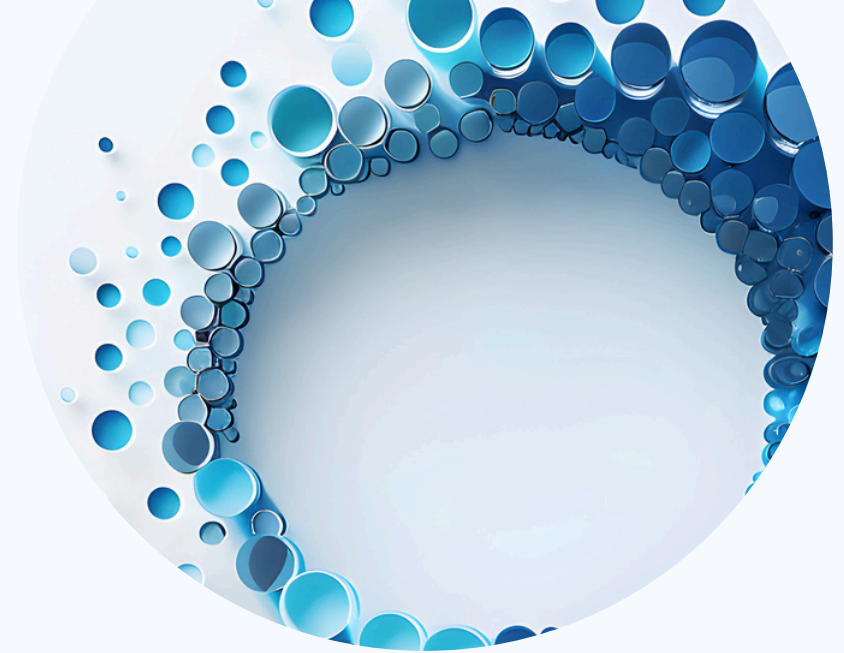
We consider representation of demographic and practice diversity when we propose composition for our Committees.

We consider representation of demographic and practice diversity when we recruit quality assurance assessors and practice enhancement coaches.

We noted a consistent increase in the number of applicants who were educated outside of Canada in the last several years, which prompted us to work on ways to support them to successfully transition to practice in Ontario.

Continuing the Conversation around Data Collection

We heard clearly from physiotherapists through our past consultations that we do not yet have their trust to collect additional demographic information about them. We recognize that, for us to collect more data about our registrants to help advance our equity, diversity and inclusion work, we first have to build trust.



We have continued to engage registrants in a dialogue about this topic, through recent blogs, which outlined how the College protects physiotherapists' privacy*, and an update on changes we will be making to our data collection practices** (timed to align with annual renewal). We want to thank those who have shared their thoughts with us so far, and we hope you will continue to do so.

*[Blog Post: Let's Talk Data: How We Protect Your Privacy](#)

**[Blog post: Let's Talk Data: An Update on Our Journey](#)

Future Actions: 2025–2026

Based on the EDI self-assessment and action planning exercise, we have identified various actions to take into the operating plan and budget for 2025–2026. Areas of focus will include:

Training and Education

Increase awareness and understanding of types of bias and discrimination and how they impact our work.

Examples of activities:

- 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.

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.

Inclusive Communication

Use inclusive and accessible communication and intentionally communicate our EDI commitments.

Examples of activities:

- Review our communications to ensure use of plain, compassionate and trauma-informed language.
- Create an inclusive language guide.
- Intentionally incorporate our EDI commitment into communications.

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.

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.



Keep in Touch

We look forward to sharing our ongoing Equity, Diversity and Inclusion (EDI) journey with you, and your thoughts are always welcome.



www.collegept.org

Visit the College website for updates and information about new and existing resources.



cpo@collegept.org

Contact us with any feedback on this report or questions about our EDI work: cpo@collegept.org



Follow us on social media for more information about our EDI initiatives.

Governance Practice Review 2023 Recommendations

The Governance Practice Review that concluded in December 2023 identified 23 areas where the College could explore changes that could enhance or strengthen the governance structures of the College.

#	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; education session on strategy and operations planned for June 2025 Board meeting
	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	Updated Registrar Performance Assessment Policy will be presented to the Board for consideration at the June 2025 meeting
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.		Ongoing	Registrar Succession Planning Policy will be presented to the Board for consideration at the June 2025 meeting

	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; additional significant updates and streamlining was completed in 2025
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*	Complete	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*	Ongoing	<p>Direction from the Board to develop proposal for a Screening Committee following discussion at September 2024 Board meeting; Board confirmed direction to establish a Screening Committee to support the elections process at March 2024 Board meeting; Terms of Reference and By-law changes will be presented to the Board for consideration at the June meeting</p>
	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	<p>Committee composition requirements updated March 2024, Committee Chair and Vice-Chair training occurred in October 2024</p>
23	<p>This Committee Review may result in certain recommendations to government for changes to legislation and policy that may be outdated.</p>	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
June 23-24, 2025

Agenda #6.0: Motion to go in-camera pursuant to section 7.2(d) of the Health Professions Procedural Code

It is moved by

and seconded by

that:

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

BOARD BRIEFING NOTE
For Discussion

Topic:	Ontario Clinical Exam (OCE) Capacity Planning
Public Interest Rationale:	The public interest is served by ensuring exam candidates can challenge the Ontario Clinical Exam and move to Independent Practice within a reasonable timeline.
Strategic Alignment:	<i>Regulation & Risk:</i> Ensuring that the pathways to licensure are appropriate, fair, and timely for physiotherapists educated both in and outside of Canada.
Submitted By:	Anita Ashton, Deputy Registrar & Chief Regulatory Officer Craig Roxborough, Registrar & CEO
Attachments:	N/A

Issue

- Demand for the Ontario Clinical Exam (OCE) is exceeding current capacity and candidates may have to wait longer than a year to challenge the exam if no changes are made.

Decision Sought

- The Board is asked for direction on whether to (a) maintain current capacity and serve candidates on a first-come, first-served basis or (b) explore increasing capacity within each administration of the OCE through 2026.

Background

- The OCE was launched in October 2022 following direction from the Board in December 2021 to build an alternative to the historical clinical exam offered by the Canadian Alliance of Physiotherapy Regulators (CAPR).
- The OCE has been operating effectively since launch and demand in the exam has grown over time. Currently the College has a projected capacity of just over 1100 candidates per year.
- To support the Board's monitoring of the OCE, the College's dashboard was updated in FY2025 to include a metric reporting on the average length of time candidates for the OCE wait while they practice within the Provisional Practice Certificate class.
 - While no specific goals or benchmarks were set recognizing the external factors that might drive this metric, organizationally the College has been striving for an approximately 6 month maximum average wait time.
- At the same time, the Board agreed in March 2025 to adopt the newly developed Canadian Physiotherapy Exam (CPTE) administered by CAPR, provided satisfactory service level agreements can be established.

- The first administration of the CPTE will be January 2026 and with a shift to this exam, the OCE will be sunset in time.

Current Status and Analysis

- Demand for the OCE has been difficult to project since its launch and has steadily increased since it was first launched.
 - Based on historical internal data and data from CAPR, it was originally anticipated that approximately 540 individuals would challenge the exam annually.
 - This estimate has been exceeded each year, and the College has been expanding capacity to meet this demand.
 - For FY2026 the College made projections that the maximum capacity of approximately 1100 would be sustained yet again.
- Even since the FY2026 projections have been made, the College has observed a steady increase in the number of individuals challenging the CAPR written exam and seeking to challenge the OCE.
- Demand has now reached a point where individuals are booking for the June 2026 administration of the OCE and waiting up to 15 months from the point of registration. Demand is expected to continue to grow prior to the sunset of the written exam in November 2026.
 - The increase in demand stems primarily from a steady increase in the number of physiotherapists educated outside of Canada who are seeking to practice in Ontario.
 - At the time of writing this briefing note, there are over 600 candidates who are registered or projected to register for the written exam prior to its planned sunset date in November 2026.
- In light of this surge in demand, it is necessary to evaluate whether the OCE should continue to be offered on a first-come, first-served basis or whether the College should explore expanding capacity. An overview of the advantages and disadvantages of each option is outlined below.

Option 1 – No Changes in Capacity

- The first option is to maintain the status quo and continue to register individuals on a first come, first served basis.
- The advantages of this approach include:
 - It allows the OCE to run its natural course;
 - It is uncertain how demand might decline over time, particularly with the CPTE coming online in early 2026 and candidates may self-select to pursue the CPTE as wait times for the OCE increase;

- It does not require any operational or budgetary changes to the College's planned approach;
- It does not introduce any new or exacerbated risks associated with attempting to increase capacity as there are already challenges that exist with examiner availability (more on this below).
- The disadvantages of this approach include:
 - Candidates challenging this route will be in provisional practice for extended periods of time (currently 15 months);
 - The need for re-takes could extend the length of time the OCE is offered (approximately 11% of candidates require a retake);
 - Between demand and the need for retakes, the exam may need to run into 2027 to reach a natural conclusion or a decision will be needed to cut candidates off and move them to the CPTE; and
 - There is the potential for significant reputational damage as candidates wait to challenge the exam.

Option 2 – Look to Increase Capacity at Each Administration

- Over the course of a 2-day exam administration, the College currently maxes out at 280 candidates. Staff have looked at the possibility of increasing capacity of each administration from 280 to 350.
 - Most importantly, this approach would require increasing the number of examiners used for each administration (up from 175 to 200 per administration) resulting in the need for a greater commitment from existing examiners and/or recruitment of new examiners.
- The advantages of this approach include:
 - We anticipate that the additional seats could reduce the wait time for many candidates, ensuring more individuals have the opportunity to challenge the exam earlier;
 - It would support better planning towards the eventual sunset of the exam and increase the likelihood of achieving an end of 2026 sunset goal; and
 - It would strengthen the College's reputation insofar as it demonstrates a commitment to respond (in part) to a current challenge and overcome obstacles experienced during the pandemic.
- The disadvantages of this approach include:
 - It would require significant use of non-exam team staff, returning to historical levels of involvement after having just found efficiencies that enabled us to reduce this burden;

- Additional temporary resources would be required within the exam team itself to support examiner recruitment, onboarding and training, and to implement the necessary changes to the exam form that are planned;
- Challenges associated with ensuring enough examiners are available for each administration would be exacerbated and staff are exploring the development of methods to increase examiner participation and retention;
- There would be other increased costs associated including additional staffing and IT costs requiring approval of an unplanned budget expenditure.

What is not Being Proposed

- Prior to landing on the options above, explorations of additional options for expanding capacity were explored but have been discounted due to the challenges or risks associated with them and are not being recommended.
 - *Three Day Administrations:* Adding a third day to each administration is not being proposed as it would increase the risk of the exam being compromised over the course of an administration, it would be an excessive burden on College staff, and there may be significant issues associated with retaining examiners for three consecutive days.
 - *Fifth Administration:* A fifth administration is not being proposed as the current work-back plan between exam administrations already has the exam team at capacity and there would be real challenges ensuring the exam content development process could reliably meet this increased demand.

Additional Considerations

- Should the expansion of the OCE capacity be pursued, there are various considerations that involve financial and/or personnel matters that require discussion in-camera.

Next Steps

- Pending feedback and direction from the Board, OCE capacity will remain as planned or a plan to increase capacity will be implemented.
- The College will continue to communicate to applicants or prospective applicant regarding the availability of the OCE and the plan to transition to the CPTE.

Questions for the Board

- How should the College approach managing the increased demand for the OCE?

Board Meeting
June 23-24, 2025

Agenda #7.1: Motion to go in-camera pursuant to section 7.2(b) of the Health Professions Procedural Code

It is moved by

and seconded by

that:

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

BOARD BRIEFING NOTE
For Discussion

Topic:	General Regulation Modernization
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:	<p>Appendix A: Comparison Table – Proposed Revisions</p> <p>Appendix B: Draft Regulation – redlined</p> <p>Appendix C: Consultation Response Letter – Ontario Physiotherapy Association</p> <p>Appendix D: Summary of Additional Consultation Feedback on Proposed General Regulation Amendments</p>

Issue

- Proposed updates to Part III of the College’s General Regulation were circulated for 60 days.

Decision Sought

- In light of the significant consultation feedback that has been received, the Board is being asked to consider the feedback and provide direction to the College regarding how the Board would like to proceed.

Background

Overview: General Regulation

- The [General Regulation](#), Ontario Regulation 532/98 under the *Physiotherapy Act, 1991*, governs some of the College’s regulatory activities, including the requirements and conditions for registering with the College.
 - Specifically, Part III of the General Regulation establishes the classes of registration, general and 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.

Provisional Adoption of a new National Exam

- At its [March 2025 meeting](#), the Board decided to provisionally adopt the new national physiotherapy exam being developed by the Canadian Association of Physiotherapy Regulators (CAPR), pending the development of appropriate service contracts and transition plans.
- 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.
- The new national exam, the Canadian Physiotherapy Exam (CPTe), combines the written and practical component into one exam and effectively establishes a one-exam model.

Prior Discussions

- In preparation for the potential adoption of a singular exam, the Board engaged in several discussions to determine the impact on the General Regulation and provide direction on potential revisions. Due to the limited opportunities to submit regulation changes for consideration by the government, the discussions also included consideration of other possible improvements and housekeeping updates beyond those related to the new exam.
 - 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.
 - An initial draft of the General Regulation was presented to the Board at the [December 9-10, 2024 meeting](#) to gather feedback.
 - The Board directed that the Provisional Practice class should be sunset under a singular exam model since 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. 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, which would no longer apply if there is a singular exam.

- 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 engaged with the Office of the Fairness Commissioner in advance of the March 2025 Board meeting.

Current Status and Analysis

- Following the decision to provisionally adopt the CPTE, the Board approved the draft revisions to the General Regulation for consultation.
 - The consultation was officially posted on the College's website on April 6, 2025, for a 60-day consultation period.
- The College received 92 responses from registrant PTs, employers and other partners and a submission from the Ontario Physiotherapy Association (OPA) (Appendix C).
- While the feedback received has been primarily supportive of adopting the CPTE and moving to a one-exam model, some concerns with the draft revisions have been raised for the Board to consider.
- All substantial feedback that has been received is outlined below. Any additional feedback that was received was only raised by a small number of respondents, and has been summarized in Appendix D.

Consultation: Sunsetting the Provisional Practice Class

1. Proposal:

- The majority of the concerns raised center around the proposed sunsetting of the Provisional Practice Class.
- Transitional provisions were added to the General Regulation to 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.

- 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.

2. Consultation Feedback:

- The feedback received regarding the proposed sunseting of the Provisional Practice Class broadly fell within two categories as outlined in the table below:

<p><i>Impact on Skills Development for Early Career Practitioners</i></p>	<ul style="list-style-type: none"> ○ Removing supervised practice reduces the opportunities that new practitioners have to develop core competencies needed for safe and effective practice, such as communication, clinical judgement, and professionalism. ○ There would be reduced opportunities for support and mentorship during the early career stages without supervised practice. ○ Several internationally educated respondents described supervised practice as a vital part of their integration into the health system. ○ The OPA also noted that without access to supervised practice, Canadian graduates and Internationally Educated physiotherapists may prepare narrowly for exam performance which could compromise the retention of essential clinical knowledge and skills.
<p><i>Impact on Entry-to-Practice and Staffing</i></p>	<ul style="list-style-type: none"> ○ Without the ability to practice under supervision under the Provisional Practice Class, candidates must wait to successfully complete the CPTE prior to entering the workforce. There are concerns that both Canadian graduates and Internationally Educated Physiotherapists may experience month-long delays before they can practice as a result, especially as the capacity for the CPTE has not yet been load tested. ○ Many expressed concerns about financial hardship and debt accumulation, factors that the OPA noted disproportionately impact equity-deserving groups. Additionally, immigration/work permit complications, and loss of momentum in skills development were also raised as concerns. ○ Some employers and the OPA flagged that this delay could result in workforce shortages, particularly in certain high-demand clinical settings or underserved regions. The OPA also noted that delays in access could impact the competency and confidence of individuals waiting to challenge the exam, resulting in them leaving the profession.

- Feedback was also received with respect to transition planning for current Provisional Practice Certificate holders. Specifically, respondents were concerned that they may be unable to write the Ontario Clinical Exam, or the new CPTe if they choose to go that route, prior to their Provisional Practice Class certificate expiring, and that this would have subsequent impacts on their career trajectory and ability to generate income.
- The feedback that was received appears to be based on a misunderstanding of one of the proposed transitional provisions and can be addressed via communication of the actual meaning of the provision.
 - The provision states that a Provisional Practice Class certificate will expire 12 weeks after the date the holder is “registered to take” either the examination or the practical component of the examination, which some respondents understood to mean that their Provisional Practice Class certificate will expire 12 weeks after they registered for the certificate.
 - The provision actually refers to 12 weeks after the exam date the candidate was scheduled for, meaning candidates are able to maintain their Provisional Practice Class while they wait to complete the exam at the earliest opportunity.

3. Considerations for the Board:

- Based on the significant concerns that have been raised about the proposed sunset of the Provisional Practice Class, there is a need to consider the feedback and determine how the College should proceed.
 - The decision on if and how to action the feedback rests with the Board. Following the discussion of the feedback, the Board may opt to confirm the need to sunset the Provisional Practice Class or decide to explore alternative options.
- If there is an interest in potentially maintaining a Provisional Practice Class, there are different options that could be explored as a foundation for the class. The objective would be to ensure safe practice in the absence of a psychometrically valid entry exam.
 - The options outlined below are being presented to facilitate discussion. If an interest exists in exploring one or more of the options, further research and analysis would be required to determine their feasibility and whether they could function as an effective threshold.
- One option that was previously discussed at the [December 2024 Board meeting](#) and that may be reconsidered is enhancing supervised practice, for example by requiring direct, on site supervision and regular check-in meetings and chart reviews between the supervisor and supervisee.
- Another option that could be explored, either in conjunction with enhanced supervised practice or on its own, is using educational background as the foundation for access to a reimagined Provisional Practice Class.

- This would result in some differentiation between Canadian Educated Physiotherapists and Internationally Educated Physiotherapists.
- Candidates graduating from a recognized Canadian university would be eligible to apply for Provisional Practice upon successful completion of their program.
- For Internationally Educated Professionals, one approach would be to base eligibility to the class on the new fast-track that CAPR is developing based on a comprehensive data analysis for Internationally Educated Professionals with comparable education and training from countries that also have a similar scope of practice, regulatory scheme and standards of practice. This would mean that candidates from eligible countries could apply for provisional practice based on the extensive evidence-based evaluation of comparability that CAPR has conducted.
- CAPR is also working on updates to the credentialing process for applicants that do not qualify for the new fast-track. While it is too early in that process to assess the reliability of the new credentialing program, once the new process is in place, there would be a potential opportunity to explore whether the process, could provide a psychometrically reliable method to assess Internationally Educated Physiotherapists ability to practice in a reenvisioned Provisional Practice Class.
- The OPA in its submission outlined a similar approach as a possibility.

Consultation: Transition Planning – Ability to Practice following a Failed Exam Attempt

1. Proposal:

- As currently drafted, the transitional provisions in the draft General Regulation state that once a holder of a Provisional Practice Class certificate is notified that they failed the practical/clinical component of the examination, a limitation is put on their certificate which prevents them from providing care but allows them to complete patient transfers until their certificate officially expires 15 days later.
- This aligns with the current approach under the existing regulatory framework, whereby candidates in the Provisional Practice Class who have been unsuccessful when attempting to complete the clinical portion of the exam also lose their certificate and must stop practicing after being notified of their results.

2. Consultation Feedback:

- Several respondents described the current and proposed limitations on individuals who were unsuccessful in their first clinical exam attempt as unnecessarily punitive and financially destabilizing, and that it should not be an immediate and total barrier to practice.

- Respondents noted that a 5-6 month wait between exam attempts without the ability to practice creates significant hardship, including financial strain, mental health stress, and professional stagnation due to being unable to maintain or build clinical skills.
- Some suggested reintroducing a form of limited, supervised practice for affected candidates until they can reattempt the exam, or that there should be other avenues to remain connected to the profession.
- Similarly, the OPA in its response also favoured a remediation approach that would allow candidates that were unsuccessful to continue practising under specific terms, conditions and limitations at a minimum following the first exam attempt. The OPA noted that the ability to continue practicing would promote competence and connection to professional development.

3. Considerations for the Board:

- The Board had an initial conversation about the potential of enabling candidates that failed the exam to practice under supervision at the [September 2025 Board meeting](#). Since no consensus was reached and the Board expressed concerns about the risks involved, the possibility was not pursued further.
- If the Board opts to revisit reenvisioning the Provisional Practice Class, there would be an opportunity to also reconsider whether the class could be used to support individuals who have been unsuccessful on their first exam attempt.
 - For example, consideration could be given to enable candidates that have been unsuccessful to practice within a limited scope and under direct supervision to support public safety while also allowing those candidates to continue to develop their clinical skills.

New Proposal for Consideration: Potential Introduction of a Retired Class

- While no direct feedback regarding a Retired Class was received as part of the consultation, the College has received inquiries from registrants who no longer practice physiotherapy and cannot meet the required practice hours for an Independent Practice Class (IPC) certificate of registration but would like to maintain their professional affiliation.
 - Currently, these situations are managed via an undertaking with the Registrar that places terms, conditions and limitations (TCL) on the registrant's IPC that they cannot provide patient care.
 - While this workaround enables the College to respond to these kinds of requests, for a member of the public it may be challenging by looking at the Public Register to differentiate between a physiotherapist in Independent Practice that is able to provide patient care and a physiotherapist who has a TCL restricting their ability to practice.

- Revising a Regulation is a resource intensive and time-consuming endeavour and ultimately depends on government approval. As such, any potential improvements that are flagged throughout the process are worth considering to determine whether they should be explored further.
- To support the discussion, here is an example of the potential parameters of a Retired Class to illustrate what a Retired Class could look like:
 - Applicants would need to hold a certificate of registration authorizing Independent Practice and be in good standing with the College;
 - If granted a Retired Class certificate, the registrant would be exempt from the practice hour and continuing professional development requirements but in return would be unable to engage in the practice of physiotherapy; and
 - A registrant who holds a Retired Class certificate but wishes to return to practice would need to meet certain requirements that would be set out in the Regulation.
- If there is an interest in considering a Retired Class, staff can engage in further research and bring forward a more concrete proposal at a future meeting.

Next Steps

- At this point, the College is seeking further direction from the Board to determine which, if any, additional revisions to the General Regulation may be explored further.
- Based on the direction that the Board provides, staff will continue with the transition planning and further refine the draft General Regulation as needed.
- The Board will be asked to either approve the draft General Regulation for another round of consultation or for submission to the government at a future meeting depending on the direction that has been provided.
- While ideally the General Regulation should reflect what is happening in practice, normal operations of the College will not be impacted if the revised Regulation does not come into effect until after the new national exam is in place, allowing the Board to do its due diligence and proceed with care as the transition continues to unfold.
- The Board has the authority to determine which examinations are accepted by the College. As such, the approval of the Board Accepted Entry to Practice Licensure Examinations Policy by the Board in May 2025 allows the College to consider the CPTe as an accepted exam regardless of whether a revised General Regulation is in place when the exam starts being offered. No additional burden will be created for the Registration Committee.

Questions for the Board

- Do you feel anything in the materials requires further clarification?
- Do you have any questions about the options the Board is being asked to consider?

Existing Clause (If Applicable)	Proposed New Clause	Rationale
11. “examination” means an examination set or approved by the Council.	11. “examination” means knowledge-based and/or skills-based assessments in any format approved by Council.	Expanding definition of ‘examinations’ for more flexibility.
12. The following are prescribed as classes of certificates of registration: 1. Independent practice. 2. Provisional practice. 3. Courtesy. 4. Emergency. 5. Revoked: O. Reg. 390/11, s. 1.	12. The following are prescribed as classes of certificates of registration: 1. Independent practice. 2. Provisional practice. 2. Courtesy. 3. Emergency.	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. 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.
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.	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.	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> .
18. Despite any other provision in this Regulation, an applicant who by commission or omission makes a false or misleading	16. Despite any other provision in this Regulation, an applicant who, by commission or omission, makes any false or misleading representation or declaration on	Moved the provision up for better flow and revised the wording slightly for greater clarity.

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.	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>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>
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.	17.(1)2. The applicant must demonstrate that they hold professional liability insurance in accordance with the College by-laws.	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>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> <p>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.</p> <p>2. The applicant must be able to speak and write either French or English with reasonable fluency.</p>	<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> <p>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.</p> <p>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>	<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>

	engage in the practise of the profession in Ontario.	
<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> <p>1. The member shall maintain professional liability insurance in accordance with the College by-laws.</p> <p>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.</p> <p>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.</p> <p>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> <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) 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 is deemed to have met the requirements of paragraph 1 and 2 of subsection 19(1).</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 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, 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 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.</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>

N/A	<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> <p>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.</p> <p>2. The holder shall hold themselves out only as a physiotherapy resident.</p> <p>3. If the holder receives notification that they have failed</p>	<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>
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	<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>	N/A	<p>These are transitional provisions related to when the College ceased to offer an academic and inactive class and are no longer needed.</p>

<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).</p> <p>(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,</p> <ul style="list-style-type: none">(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		
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<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>
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<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>		
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<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>		
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<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 to 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>
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<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>
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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 ~~the~~ 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~~ 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), i~~ t 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~~he 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.~~
- ~~56.~~ 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.



June 10, 2025

Katie Schulz, Board Chair

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 General Regulation

Dear Ms. Schulz and Dr. Roxborough,

Thank you for the opportunity to provide input on the proposed changes to the General Regulation on Registration, specifically regarding the removal of the Provisional Practice class.

We have heard from our members, students and practising physiotherapists on this consultation, and have developed our response with careful consideration of their concerns, the priorities of the OPA Board of Directors, and a robust understanding of the healthcare landscape. We are deeply concerned about the system-wide implications of eliminating the Provisional Practice class, and we respectfully urge the College to consider a new class of registration that enables educationally qualified physiotherapists to practise as residents prior to independent registration. Based on the health system experience in responding to COVID-19 and the challenges faced by the profession, it is essential to offer or have available a provisional or temporary registration pathway to ensure a readiness to manage any unexpected risks and circumstances.

It is our view that the College must consider the impact of not being able to practice after an unsuccessful exam attempt and provide support for a remediation pathway for candidates to continue practicing under specific terms, conditions, or limitations, such as the solution implemented by the College during the COVID-19 pandemic. In a single exam model, the same concerns persist in the pre and post exam timeframe. OPA has overwhelmingly heard concerns about both timing and capacity of the current two-exam model to accommodate all current applicants, as well as the significant risks of discontinuing the current licensure pathway without overlap and load testing of the new model. OPA strongly advises the College to extend offering the OCE to at least the end of Q1 2027 to mitigate such risks and to provide the opportunity for all PTs who are waiting to challenge the OCE an opportunity without forcing them into the new single exam.

Although this consultation does not include feedback on the new single national exam process, it is essential to ensure that the new single exam has the capacity to allow everyone to challenge it

in a timely way following Canadian PT programs completion, in August/September, while also recognizing that not all candidates follow the same timeframe for challenging the exam due to personal or extenuating circumstances. While CAPR's capacity is one consideration, a singular focus on this is insufficient as it does not recognize the impact of delay in access to exams for qualified candidates, employers and the public accessing care. The administrative processes may not be streamlined, and coordination between the schools, CAPR and the regulator may need to be addressed.

Summary of Recommendations

Establish a new Temporary Class of Registration for physiotherapists based on existing competencies, including Canadian graduates and some internationally educated candidates, with supervised practice and options for those who do not pass the national exam. Ensure fair, equitable, timely exam access, as well as clear and transparent communication with all partners about regulatory timelines and expectations.

Preparedness & Responsiveness

The lessons learned from the challenges to registration during the pandemic are instructive at this time. One key takeaway is the importance of ensuring regulation and policy can be responsive in emergencies and have adequate flexibility while still maintaining safety and competence. Without a provisional or temporary class of registration, it is not clear how registration with the College will be responsive to any unexpected or unforeseen delays in the process.

- A temporary class of registration would enable greater flexibility with the benefit of advance planning rather than a reactive response.
- Provide a clear articulation of how registration pathways can be responsive to unexpected circumstances and risks.

Competence Retention

If there is a waiting period between eligibility to challenge the exam and the exam date, there are concerns with maintaining or improving competence, as well as public access to physiotherapists. Of additional concern, is the current inability to practice if a candidate fails a licensing exam. To promote improved competence and connection to professional development in the physiotherapy community, an opportunity to continue to practice, albeit with supervision, must be in place. A registration pathway that fosters sustained improvements in competency – lifelong learning, as set out in the Competency Profile for Physiotherapists in Canada – must be established.

- Without access to a temporary class of practice, Canadian PT graduates and IEPTs are more likely to prepare narrowly for exam performance rather than long-term, sustainable professional development. This may compromise the retention of essential clinical knowledge and skills, ultimately put the public at risk both due to quality of care issues and reduced availability of physiotherapists to enter the workforce permanently.



Health Human Resources (HHR) Concerns

Ultimately if people qualified to challenge the exam have to wait and are not connected to the physiotherapy profession, their competence and confidence may be impacted, and they may choose to leave the profession. Although the College's role does not include recruitment to the physiotherapy profession, a consideration of the impact of health human resources on the public's access to quality care is an issue of safety.

- Ontario's HHR strategy includes streamlining the registration path for healthcare workers, so they can enter the workforce more quickly. It is appropriate to recognize and consider the rigorous competency assessments that take place before a single national exam.
- In addition to 1025 hours of clinical placements, all programs are accredited and based on national entry-to-practice standards as published by the Physiotherapy Education Accreditation Canada (PEAC), and students must successfully challenge academic and clinical exams. The Assessment of Clinical Performance requires a student to maintain a full independent caseload, including patients with complex needs, in the final placement for successful completion. These assessment methods demonstrate capacity for a temporary class of registration for graduates of Canadian physiotherapy programs.
- Without a pathway to begin working in their chosen profession immediately upon graduation, students are faced with longer periods of unemployment and debt accumulation—factors that disproportionately affect equity-deserving groups, and students without financial support.
- In terms of labour mobility, it is a priority of the current Ontario government to remove barriers and support interjurisdictional movement of qualified health professionals. Removing provisional registration will not only disadvantage graduates but also place additional strain on healthcare employers, particularly hospitals and underserved regions. Organizations rely on new graduates to fill vacancies and meet growing demand. If Ontario eliminates Provisional Practice, we risk losing future physiotherapists to jurisdictions with more accessible licensing pathways, such as Quebec, Saskatchewan, or international locations.

Comparison across Physiotherapy in Other Jurisdictions:

- **Quebec:** The rigor of accredited physiotherapy education programs enables the exams and assessments that are part of program completion to be sufficient assessment of competence and practice readiness. The regulatory College works closely with the PT programs to ensure that competencies are achieved, and all required assessments and examinations are met during the program, allowing graduates to obtain an independent practice license immediately upon graduation without an additional exam requirement.



- **Saskatchewan:** Currently, the Saskatchewan College of Physical Therapists offers a restricted license category for those who have successfully completed the written PCE and are awaiting their secondary examination. After the transition to the single national exam, the College will be using a provisional practice license which can be obtained with proof of graduation, proof of employment with a supervising physiotherapist, and registration for the Canadian National Physiotherapy Examination (CPTE).
- **Nova Scotia:** While the Nova Scotia College of Physiotherapists will not be offering a provisional practice license when the CPTE is implemented, under the current two-exam system, the College allows residents to continue practicing after one failed attempt of their provincial competency exam. Only after two failed attempts does the College rescind a provisional practice license.
- **California:** Graduates from physical therapy programs in California are entitled to pursue a “license applicant status” by way of a jurisprudence exam after they register for their single licensing exam, allowing them to practice until they challenge their exam.
- **Ireland:** Graduates can register with the Irish Society of Chartered Physiotherapists immediately upon successful completion of their physiotherapy program. It is important to note that Ireland is on Canada’s list of countries with equivalent education.
- **Australia:** Also on Canada’s list of countries with equivalent education, Australia allows graduates from accredited physiotherapy programs in Australia to register with the Physiotherapy Board of Australia immediately upon graduation. There is no licensing examination in Australia, as their programs are deemed sufficient to measure competency and practice readiness.
- **New Zealand:** A third country on Canada’s list of countries with equivalent education, New Zealand does not have a licensing exam, and it allows graduates to register with the Physiotherapy Board of New Zealand immediately upon graduation.

Internationally Educated Physiotherapists

- IEPTs pursuing licensure in Canada already follow a different pathway than Canadian graduates. Recognizing and addressing these differences is essential when considering changes to the Provisional Practice class.
- While we understand the CPO’s concerns around practice readiness, we encourage exploration of a phased or pilot approach to ‘fast-tracked’ IEPTs from countries determined to have equivalent educational standards for the credentialing process – USA, Ireland, South Africa, Hong Kong, Australia, New Zealand, and the United Kingdom. Exploring temporary practice options for these candidates will play a key role in alleviating physiotherapist workforce shortages in Ontario, and build effectively on CAPR’s work in this area. To be eligible for the credentialing process, all IEPTs are required by CAPR to complete one of two courses on the Canadian practice context, either from the University

of Toronto or the University of Alberta. With the education credentialling and Canadian context elements, OPA urges CPO to consider IEPTs from this group to be eligible for a temporary class of registration, similar to Canadian graduates.

- There are three countries on CAPR's pre-approved credentialling pathway list that reciprocally classify Canadian physiotherapy graduates as equivalently educated. In these countries, there are no licensing examinations, and Canadian physiotherapists who wish to practice in these countries are not required to write an examination. Their credentialling processes are simple and streamlined and consist of 1) proof of an unrestricted Canadian physiotherapist license; 2) proof of Canadian education at an accredited physiotherapy program; 3) English proficiency; and 4) a short, online cultural competency module.

Comparison to Other Regulated Health Professions

Other health professions in Ontario have a single examination process that is completed after graduation from an accredited program while allowing for provisional, transitional, or temporary classes of registration. A robust understanding of how safety and competence is considered in these models is necessary to inform changes to physiotherapy Provisional Practice.

- **Occupational Therapy:** A single national exam is required, but Ontario allows a Provisional Registration class for eligible candidates.
- **Speech-Language Pathology & Audiology:** Graduates may obtain an Initial Certificate after school and before their exam, valid for up to 18 months.
- **Respiratory Therapy:** Provisional practice certificates are available upon graduation while awaiting their licensing exam. They can perform controlled acts under supervision and this certificate is valid for 18 months from the date of issue.
- **Nursing:** Temporary registration is granted for graduates before they sit the licensing exam or after a first failed attempt, allowing them to work if they have a job offer.
- **Pharmacy:** Ontario pharmacy graduates can work under provisional practice before passing their licensing exam. They can register as pharmacy interns and practice to their full scope of practice under supervision of a Pharmacist while waiting to complete their qualifying examination.
- **Psychology:** Ontario psychology graduates can practice as Psychological Associates under supervision before challenging their licensing exams. Candidates who are unsuccessful in their licensing exam can continue to practice provisionally while they prepare to re-write.
- **Dietetics:** Graduates can register as "Registered Dietitians" while actively working towards full registration. Their provisional practice certificate is valid for 18 months, and they cannot supervise other dietitians. Candidates who are unsuccessful in their licensing exam can continue to practice provisionally while they prepare to re-write.

- **Midwifery:** A transitional certificate of registration is available to graduates before they challenge their licensing exam. Candidates who are unsuccessful in their licensing exam can continue to practice provisionally while they prepare to re-write.
- **Optometry:** Graduates can practice under a licensed Optometrist's delegation with a provisional practice certificate before passing their licensing exam.

These models demonstrate that provisional or temporary licensure under supervision is a widely accepted and effective means of transitioning graduates to full practice while safeguarding the public, after graduation or after a failed exam attempt. Physiotherapy graduates who are unable to work in their field may become disconnected from the profession, increasing the risk of repeated exam failure and attrition from the workforce altogether.

Professions in Ontario that currently have only one class of registration are Kinesiology and Chiropractic Care.

Examination Consideration

The risk of failure and unforeseen challenges in the move to adopt a single national exam and subsequent registration as a physiotherapist are too great to proceed without additional mitigation strategies. The College must ensure that moving away from the current two-exam process does not disadvantage or negatively impact timing for independent practice, and that a plan for addressing any potential problems or gaps for candidates is clearly communicated, which may arise from exam availability or unexpected issues with the new exam.

Regardless of the changes in registration classes, the transition to practice must be efficient and predictable:

- The entry-to-practice exam should be scheduled after the completion of physiotherapy programs.
- Students should be able to register for the exam before program completion.
- CAPR must ensure sufficient capacity to accommodate all Canadian graduates immediately after program completion, particularly around September, as well as account for IEPTs progressing through the credentialing processes. The College must also consider that not all candidates from Canadian programs will challenge the exam immediately after program completion.
- Clear timelines must be published for exam dates, result release (e.g., 4 weeks), and the subsequent registration process, with clear accountability measures in place if targets are not achieved.
- Multiple exam sittings throughout the year (currently 10) must continue and be accessible to avoid unnecessary delays in employment.
- Robust technical and logistical contingency plans must be in place for the exam platform.



- Candidates who are unsuccessful in the national exam should be able to continue to practice provisionally to maintain their clinical skills and promote **long-term quality of care for the public**.

Summary of Recommendations

1. **Create a new Temporary Class of Registration of Physiotherapists** with eligibility based on already established competencies, including graduation from a Canadian physiotherapy program. Practice in the temporary class would include supervision.
2. **Include in a Temporary Class of Registration candidates who are not successful in challenging the new national single exam**, potentially with additional supervision requirements. This inclusion may extend to 2-3 attempts.
3. **Explore similar pathways to Temporary Registration for IEPTs**, starting with candidates from the pre-approved credentialing pathway.
4. **Ensure timely, fair, equitable, and accessible exam scheduling** to support prompt workforce integration.
5. **Communicate clearly and transparently** with all partners—students, applicants, educators, and employers—about regulatory timelines and expectations, including a readiness plan for managing adverse and unexpected events.

The current Provisional Practice class serves the dual purpose of protecting the public and supporting a robust, well-integrated physiotherapy workforce. Removing it will create more problems than it seeks to solve and hinder progress toward HHR goals in Ontario.

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,

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Ontario Physiotherapy Association

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Appendix D: Summary of Additional Consultation Feedback on Proposed General Regulation Amendments

While the majority of consultation responses focused on the Provisional Practice Certificate and exam-related issues, some respondents provided feedback on proposed changes to other aspects of the General Regulation.

The below comments reflect themes that were less commonly raised during the consultation:

- **Reinstatement Processes:** Suggestions for additional clarity regarding how former registrants can return to practice, such as those who have worked abroad or taken extended leave for caregiving responsibilities.
- **Five-Year Suspension Limit:** Support for the proposed five-year cap on suspended registrations for non-payment of fees as a reasonable and clear administrative update.
- **"Physically Able" Requirement:** Concern about the inclusion of “physically able” as a condition for registration in the Independent Practice class, with a suggestion that it may conflict with Ontario’s accessibility legislation (AODA) and require further justification.
- **Support for Candidates who Exhaust Exam Attempts:** Concern about the lack of a clear pathway for candidates who fail the practical exam three times, calling for the College to explore supportive alternatives under the new model.
- **"Good Character" Requirement:** The proposed inclusion of updated guidance on assessing good character was noted as a helpful clarification that could enhance transparency and fairness.

Board Meeting
June 23-24, 2025

Agenda #9.0: Screening Committee

It is moved by

and seconded by

that:

The Board approves the establishment of a Screening Committee by:

- Approving new Policy #2.10: Screening Committee Terms of Reference
- Approving amendments to College By-laws Parts 3 and 7
- Approving amendments to Policy #7.6: Election Campaign

BOARD BRIEFING NOTE
For Decision

Topic:	Screening Committee
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: Policy #2.10: Screening Committee Terms of Reference Appendix B: College By-law Amendments Appendix C: Policy #7.6: Election Campaign – With Tracked Changes

Issue

- Establishing a Screening Committee to support the Board election process.

Decision Sought

- The Board is being asked to approve amendments to the policies and By-laws related to establishing a Screening Committee.

Background

- The idea for a Screening Committee has been discussed on several other occasions. It was raised as a potential option to strengthen the process during the election review at the June 2024 Board meeting, and at the September 2024 Board meeting, a generative discussion was held to ascertain whether to explore the option further.
 - It 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.
- At the March 2025 Board meeting, the Board approved, in principle, the establishment of a Screening Committee and provided feedback on its composition and terms of reference. For additional background see pages 192-205 of the [March 2025 Board Meeting Materials](#).

Current Status and Analysis

- Following the Board’s direction in March 2025, the proposed policy and By-law amendments required to establish a Screening Committee are now being brought forward for approval. These changes are intended to operationalize its role within the College’s governance framework.

Role and Responsibilities

- The Screening Committee's role is to support the administration of the College's election process. Its mandate, responsibilities, and structure are set out in the proposed Policy #2.10: Screening Committee Terms of Reference (Appendix A), and include:
 - Determining whether candidates meet the eligibility requirements to stand for election.
 - Reviewing the validity of the voting and counting process whenever a request is submitted.
- The Board provided feedback on the importance of structuring the Screening Committee to avoid any real or perceived conflicts of interest. In response, the Terms of Reference have been updated to include exclusion criteria, as well as a list of factors to consider when assessing whether a Committee member should recuse themselves participating in the review of an election candidate. This ensures that individuals with personal or professional relationships to candidates, or other potential conflicts of interest, are excluded from participation.
 - Individuals are excluded from sitting on the Screening Committee if they are running for election or have nominated a candidate in the same year. Committee members are also expected to recuse themselves from assessing any candidates from their district.
 - For Board members sitting on the Committee, while they may have pre-existing relationships with candidates, they are required to assess whether such relationships could affect their impartiality and must recuse themselves if any conflict or perceived bias exists.
- In addition to the Terms of Reference, By-law amendments are needed to fully operationalize the Screening Committee. The proposed By-law updates are outlined in Appendix B, with the following key updates:
 - Establishes the Screening Committee as one of the College's non-statutory committees.
 - If a candidate makes a request to review the validity of the voting and counting process, the Screening Committee will be responsible for conducting a review and providing a report and recommendation to the Board.
 - The Screening Committee will be responsible for determining whether the candidates meet the eligibility requirements to stand for election, including the authority to disqualify candidates where appropriate. This responsibility was previously a function of the Executive Committee and is now being transferred to the Screening Committee. Importantly the right to appeal remains unchanged, candidates may still appeal the Screening Committee's decision to the Board whose determination will be final.
 - Other minor changes have been made to improve consistency and clarity.
- The proposed amendments to Policy #7.6 Election Campaign incorporate the role of the Screening Committee are outlined in Appendix C. In addition to these changes, the policy includes housekeeping updates to clarify various aspects of the election process, such as:

- Clarifying that candidate statements will appear on the election ballot.
- Expanding the clause requiring candidates to frame their remarks in relation to self-regulation, rather than in the interest of the profession and reducing the length of candidate statements to 300 words to support focused statements.
- Transferring responsibility for reviewing candidate statements from the Registrar to the Screening Committee.

Composition

- The proposed composition of the Screening Committee was developed in response to the feedback provided by the Board, which included the following considerations:
 - Inclusion of both Board and non-Board members.
 - Interest in involving former Board members.
 - Support for including individuals with equity, diversity and inclusion or human resources expertise.
 - Large enough to allow for recusals, if needed.
- The proposed composition with rationale is outlined below and can be found in Appendix A.

Composition	Rationale
The Committee will be composed of at least 5 individuals, and will include:	This is the minimum number of individuals but can be expanded if needed. With a minimum of 5 members, the quorum would be three, allowing for flexibility to accommodate recusals in case of conflicts of interest. The composition sets out minimum requirements for four of the five positions, the fifth may be filled by either a Board or Non-Board member.
• At least two Board Directors, including at least one Public Director.	Sets the minimum at two Board Directors, with one being a Public Director.
• At least two Non-Board Committee members:	Sets the minimum number of Non-Board Committee members but allows for flexibility in membership, allowing the Committee to adapt based on need and availability.
- Preference will be given to a former Board Director for one of these positions.	Provides institutional knowledge and familiarity with the Colleges operations and governance, while providing flexibility in membership based on the availability of a former Board Director.

- Preference will be given to individuals with expertise in areas such as equity, diversity and inclusion and human resources.	Strengthens the Committee's ability to assess candidates by including expertise in these areas. Provides flexibility that if experts in these areas are unavailable, the Committee can proceed with individuals who possess skills in other areas.
- Non-Board Committee members may include Public Non-Board Committee Members or Registrants who are not Board Directors.	Clarifies that there is flexibility in filling the non-Board Committee roles with qualified Registrants or Public Non-Board Committee members, such as an HR specialist.

Next Steps

- If the policies and By-laws are approved, 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.
- The initial recruitment for the Screening Committee would be conducted by staff with input and support from the Executive Committee. The Executive Committee would review the proposed committee composition and recommend the preferred candidates to the Board for final consideration and approval as part of an updated Committee Slate.

Questions for the Board

- Do you feel anything in the materials requires further clarification?

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: 7.6

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 administering 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:

- At least two Board Directors, including at least one Public Director.
- At least two Non-Board Committee members:
 - Preference will be given to a former Board Director for one of these positions.
 - Preference will be given to individuals with expertise in areas such as equity, diversity and inclusion and human resources.

Non-Board Committee members may include Public Non-Board Committee Members or Registrants who are not Board Directors.

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 or nominating a candidate for election the same year on which they sit on the Committee.

Conflicts of Interests

Committee members must recuse themselves if they have personal or professional relationships with any candidates that could create a conflict of interest or perceived bias. For Board members sitting on the Committee, while they may have pre-existing relationships with candidates, they are required to assess whether such relationships could affect their impartiality and must recuse themselves if any conflict or perceived bias exists.

Factors that Committee Members are expected to consider when assessing whether they should recuse themselves include, but not are not limited to:

- Working at the same organization as a candidate.
- Being in a business partnership or share financial interests with a candidate.

- Having a close familial relationship with a candidate (e.g., spouse, parent, sibling, child).
- Having supervised, mentored, or been in a direct reporting relationship with a candidate.
- Being involved in any legal proceedings with a candidate.
- Eligible to vote in the same electoral district as one of the candidates

Term of Office

Appointment to the Screening Committee is one year to a maximum of nine consecutive times.

Part 3 — Election or Appointment of Directors

ELECTIONS

Electoral Districts

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

Entitlement to Vote

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

Number of Registrants Elected

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

Term of Office

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

Election Date

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

Eligibility for Election

- (9) A Registrant is eligible for election to the Board for an electoral district if:
- (a) the Registrant is entitled to vote in an election in accordance with subsection (4);
 - (b) at all times between the ninetieth day before the election and the date of the election:

- (i) the Registrant continues to be registered with the College;
 - (ii) the Registrant continues to practise or reside in Ontario;
 - (iii) the Registrant's home address registered with the College continues to be in the electoral district for which the election is being held or, if the Registrant resides outside Ontario, the Registrant's primary business address is in the electoral district for which an election is being held;
 - (iv) the Registrant is not in default of any obligation to the College under the Regulations or the By-laws; and
 - (v) the Registrant is not the subject of Discipline or Fitness to Practise proceedings by a body that governs a profession, inside or outside of Ontario.
- (c) the Registrant has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated, inside or outside of Ontario, in the six years before the election;
 - (d) the Registrant has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act* and is not a person who has been declared incapable by any court in Canada or elsewhere;
 - (e) the Registrant's certificate of registration has not been subject to a term, condition or limitation other than a term, condition or limitation prescribed by the Regulations in the six years before the election;
 - (f) the Registrant has not been found guilty of or charged with an offence under the *Criminal Code*, the *Health Insurance Act*, the *Controlled Drugs and Substances Act* or under any comparable legislation or criminal laws of another jurisdiction that is relevant to the Registrant's suitability to serve as a Director, unless, in respect of a finding, a pardon or record suspension has been granted;
 - (g) the Registrant has not been disqualified or removed from the Board or a committee of the College in the three years before the election;
 - (h) the Registrant is not and has not been in the twelve months before the election, a director, officer, Committee member, employee, or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - (i) the Registrant does not hold and has not held in the twelve months before the election, an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College;
 - (j) the Registrant is not a current participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest against the College, the Board or a committee of the College;
 - (k) the Registrant does not have a current notation on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints and Reports Committee;
 - (l) the Registrant is not and has not been in the twelve months before the election an employee of the College;

- (m) the Registrant discloses all potential conflicts of interest in writing to the Registrar within five business days of being nominated and either does not have a conflict of interest to serve as a Director or has agreed to remove any such conflict of interest before taking office;
 - (n) the Registrant has substantially complied with the Election Campaign policy set out by the College and approved by the Board;
 - (o) the Registrant has completed an orientation about the College's mandate, and the role and responsibilities of Directors; and
 - (p) the Registrant has been determined by the Screening Committee to have met~~meets~~ the competency requirements as set out in the applicable College policy approved by the Board.
- (10) Any disputes about a person's eligibility for election shall be determined by the ~~Executive-Screening~~ Committee. If the ~~Executive-Screening~~ Committee determines that a Registrant is ineligible for election, the Registrant may appeal that decision to the Board and the Board's determination shall be final, without appeal.

Notice of Election and Nominations

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

Nomination Procedure

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

Acclamation

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

Administration

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

Voting

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

Counting Votes

- (19) (a) The electronic voting organization appointed by the Registrar shall accept electronic ballots until two o'clock in the afternoon Eastern Time on the election day and, promptly after that time, shall:
- (i) count and record the total number of votes cast and the number of votes cast for each candidate in each election;

- (ii) subject to paragraph (b), determine the candidates who received the highest number of votes in each election; and
- (iii) provide a report of the voting results to the Registrar.
- (b) If two or more candidates receive the same number of votes in an election, the Registrar shall have the votes recounted.
- (c) The counting of the electronic votes shall be secret and conducted so that no person knows for whom any Registrant voted.

By-election Where a Tie Occurs

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

Documentation and Notification of Results

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

Validity of Election and Inquiries

- (22) (a) The Registrar shall provide to all candidates a report of the results of the election as reported by the electronic voting organization.
- (b) Within thirty days of being notified of the results of the election, a candidate may make a written request to the Registrar to review the validity of the voting and counting process as set out in subsection (19) – (21).
- (c) Where a written request has been made, the Registrar shall refer the matter to the Screening Committee. The Screening Committee will review the validity of the voting and counting process of the election to determine whether there is reasonable ground for doubt or dispute as to the validity of the election and following the review shall make a report and recommendation to the Board.
- ~~(c)~~ (d) ~~The Registrar~~ Screening Committee shall provide the report and recommendation to the Board at its first meeting following any request for a review under paragraph (b), and the Board shall,
- (i) ~~if satisfied with the results, take no further action~~ declare the election result in question to be valid; or
- (ii) ~~decide to hold an inquiry under subsection (23)~~ declare the election result in question to be invalid and direct another election to be held.
- (23) ~~(a) If the Board is of the opinion that there is a reasonable ground for doubt or dispute as to the validity of the election of any Director, the Board shall hold an inquiry and decide whether the election of the Director is valid and, if an election is found to be invalid, the Board shall direct another election to be held.~~
- (b) No election is invalid merely because a person has not strictly complied with a requirement of this by-law or any related policies.

Vacancies

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

Filling Vacancies

- (25) (a) If the office of an Elected Director is declared to be vacant and the remainder of that Director's term is less than one year, the Board shall:
- (i) leave the office vacant; or
- (ii) appoint a successor from among the Registrants who would be eligible for election if an election were held.
- (b) If the office of an Elected Director is declared to be vacant as a result of lack of nominations during an election as described in subsection (24) (b), the Board shall appoint a successor from among the Registrants who would be eligible for election if an election were held.

- (c) If the office of an Elected Director is declared to be vacant when an elected Director dies, resigns, is disqualified or is otherwise removed from the Board as described in subsection (24) (a) and the remainder of the term of the Director whose office became vacant is more than one year, the Registrar shall hold a by-election for the electoral district.
- (d) A by-election to fill a vacancy on the Board shall be held on a date set by the Registrar and the Chair.
- (e) A by-election shall be held in accordance with the procedures for a general election, with necessary modifications as determined by the Registrar.

Disqualifications

- (26) (a) The following are grounds for disqualification for an Elected Director sitting on the Board:
 - (i) ceases to be a Registrant;
 - (ii) no longer practises physiotherapy in Ontario and is no longer a resident of Ontario;
 - (iii) is in default of any obligation to the College under the Regulations or the By-laws for over sixty days;
 - (iv) is found guilty of professional misconduct, to be incompetent, or to be incapacitated, by a body that governs a profession inside or outside of Ontario;
 - (v) is found guilty of or charged with an offence under the *Criminal Code*, the *Health Insurance Act*, the *Controlled Drugs and Substances Act*, or under any comparable legislation or criminal laws of another jurisdiction that is relevant to the Elected Director's suitability to serve as a Director unless, in respect of a finding, a pardon or record suspension has been granted;
 - (vi) becomes a director, officer, Committee member, employee, or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - (vii) is found to be mentally incompetent under the *Substitute Decisions Act, 1992* or *Mental Health Act* and is not a person who has been declared incapable by any court in Canada or elsewhere;
 - (viii) assumes an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College;
 - (ix) becomes a participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest against the College, the Board or a committee of the College;
 - (x) has a notation posted on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints and Reports Committee;
 - (xi) fails to attend two consecutive regular meetings of the Board without good reason in the opinion of the Board; or

- (xii) fails, in the opinion of the Board, to discharge their duties to the College, including having acted in a conflict of interest or otherwise in breach of a By-law, the Act, or the College's governance policies; or
- (xiii) did not satisfy one or more of the criteria for eligibility prescribed in section 3.1(9) at the date of election or appointment, and the Director did not disclose same to the College or the Director was untruthful or misled the College about the same.
- (b) An Elected Director does not become disqualified from sitting on the Board merely because their home address registered with the College ceases to be in the electoral district for which they were elected.
- (c) Subsections (26) (a) (i), (iv), (v), (vi), (vi), (vii) (viii), and (ix) shall result in automatic disqualification.
- (d) Subsections (26) (a) (ii), (iii), (x), (xi), (xii) and (xiii) shall result in a vote by the Board regarding disqualification of the Director.

Suspension

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

Part 7—Statutory and Non-statutory Committees

NON-STATUTORY COMMITTEES

The Risk, Audit, and Finance Committee

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

The Examinations Committee

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

The Screening Committee

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

<u>Section:</u>	General	Policy #7.6
Title:	Election Campaign	
Applicable to:	Directors and election nominees <u>candidates</u>	
Date approved:	February 2004	
Date revised:	March 2009, March 2011, February 2013, June 2021, <u>June 2025</u>	

Policy

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

Procedure

1. Individual physiotherapists, who are ~~nominated and are~~candidates eligible for election as per section 3.1 of the By-laws, will provide the College with their biographical information and a ~~statement~~declaration, using language provided by the College, confirming their understanding of their obligation to act in the public interest if elected to the Board.
2. Candidates may also provide a candidate statement that will be added to the election ballot. ~~to be included with the other election materials.~~
3. A candidate's statement cannot exceed ~~500~~300 words.
4. Candidates must frame their remarks in relation to self-regulation and the public interest, rather than the interests of the profession. A candidate who is a current Director, Committee member or agent of the College (e.g. assessor) must not comment on College business that is not in the public domain. A candidate must not make disparaging remarks about the College. A candidate's statement must not include a photograph or any external links.
5. The Screening Committee ~~Registrar~~ will review candidates' statements to ensure adherence to this policy. If a candidate's statement does not adhere to this policy, the

~~Registrar~~ Screening Committee will request that the candidate revise their statement. If the candidate is unwilling to adhere to the Screening Committee's request to revise their statement, ~~to adhere to this policy, then the matter will be brought to the~~ Executive Screening Committee will, ~~who may~~ make a recommendation to the Board. Only the Board can decide whether to disqualify a candidate from running in the election based on the content of their candidate statement.

~~6. The College will circulate the materials provided by candidates to all eligible voters in the respective candidates' districts.~~

~~7.6.~~ 6. A candidate may choose to campaign within their district. To facilitate this process, all candidates will be provided with a means to contact the eligible voters in their district that is in keeping with the College's statutory confidentiality obligations.

~~8. Campaign materials are not reviewed or endorsed by the College.~~

~~9.7.~~ 7. Campaign materials are not reviewed or endorsed by the College. Candidates will make every effort to ensure that the views portrayed are verifiable, true and consistent with their stated understanding of their obligation to act in the public interest if elected to the Board of the College.

~~10.8.~~ 8. Information contained in this policy will be disclosed to all candidates when they confirm their intent to stand for election. ~~at the time of nomination confirmation.~~

Board Meeting
June 23-24, 2025

**Agenda #10.0: Motion to go in-camera pursuant to section 7.2(d) of the Health Professions
Procedural Code**

It is moved by

and seconded by

that:

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

Board Meeting
June 23-24, 2025

Agenda #11.0: 2025-2026 Committee Slate

It is moved by

and seconded by

that:

The Board approves the 2025-2026 Committee Slate.

BOARD BRIEFING NOTE
For Decision

Topic:	2025-2026 Committee Slate
Public Interest Rationale:	Committees need to be properly constituted 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: Draft 2025-2026 Committee Slate Appendix B: By-laws - Committee Composition

Issue

- Consider the proposed 2025-2026 Committee Slate.

Decision Sought

- The Board is asked to approve the 2025-2026 Committee Slate, including the selection of Chairs and Vice-Chairs.

Background

- Each year, the development of the Committee Slate occurs prior to the June Board meeting. Following feedback provided in 2024, the Executive Committee was engaged early and throughout the development of the 2025-2026 Committee Slate.
 - At key points between November 2024 – May 2025, the Committee provided input on planning, reviewed information gathered from current committee members, and gave direction on recruitment needs.
- At its May 2025 meeting, the Executive Committee reviewed the proposed 2025-2026 Committee Slate and is recommending the slate to the Board for approval.

Status Update for 2025-2026 Committee Appointment Process

Date	Action
January – February 2025	✓ Gathered feedback from Committee Chairs and staff. Checked the interest and availability of eligible Board and Committee members.
February 25, 2025 Executive Committee Meeting	✓ Provided an update on the development process, including an estimate of which committees required recruitment.
March – April 2025	✓ Conducted required recruitment and interviews.

May 29, 2025 Executive Committee Meeting	✓ Executive Committee reviewed and recommended the proposed 2025-2026 Committee Slate to the Board.
June 23-24, 2025 Board Meeting	➤ The Board will consider the proposed 2025-2026 Committee Slate for approval.

- The information collected, together with feedback from the Executive Committee, Committee Chairs and staff, as well as considerations regarding succession planning and each committee's specific competency and diversity needs helped inform the development of the proposed Committee Slate.
- Each of the Committee Terms of Reference specify that all committee members may only serve a maximum of nine consecutive years on each individual committee. Additionally, the College By-laws state that Non-Board Committee members may serve no more than nine consecutive years across all committees of the College, regardless of any committee changes.
- The Board may appoint Professional Non-Board Committee members as well as Public Non-Board Committee members.

Current Status and Analysis

2025 Recruitment

- A recruitment for non-Board Committee members was conducted for the following committees:
 - Inquiries, Complaints and Reports Committee
 - Patient Relations Committee
 - Note: Recruitment for the Examinations Committee was not conducted due to timing constraints and capacity, however, it is anticipated to take place over the summer. The By-laws permit the Committee to continue its work despite the vacancy. Additional recruitment for a position on the Inquiries, Complaints and Reports Committee may also occur over the summer.
- Staff conducted a preliminary review of the applicants which included a review of their CV and an eligibility check. Those interested in a committee appointment also had to complete the Values, Behaviours and Competency Assessment Form, which was reviewed by staff and which provided additional insight into the experience and competencies of the applicants.
- Following the preliminary review, a selection of candidates were invited to participate in an interview with the Chair of the Committee, the staff lead for the Committee and the Governance Specialist.

- Following the interview process, the following individuals are being proposed for committee appointments:
 - Shelley MacRae is being recommended for appointment to the Patient Relations Committee as a non-Board Committee member.
 - Amanda Periera is being recommended for appointment to the ICRC as non-Board Committee member.

2025 Proposed Committee Chairs and Vice-Chairs

Committee	Proposed:
Inquiries, Complaints and Reports Committee	Gary Rehan, Chair Greg Heikoop, Vice-Chair
Discipline and Fitness to Practise Committees	James Wernham, Chair Angelo Karalekas, Vice Chair
Quality Assurance Committee	Antoinette Megens, Chair Richard O'Brien, Vice-Chair
Registration Committee	Juliana De Castro, Chair Sinéad Dufour, Vice-Chair
Patient Relations Committee	Anna Grunin, Chair Kim Westfall-Conner, Vice-Chair
Risk, Audit and Finance Committee	Frank Massey, Chair Gary Rehan, Vice-Chair
Examinations Committee	Hari Gopalakrishnan Nair, Chair Alireza Mazaheri, Vice-Chair

Other Considerations:

- James Wernham has reached the nine-year term limit for the Discipline Committee. S. 7.6.(9) of the By-laws allows the Board, in exceptional circumstances, to exempt a non-Board Committee member from compliance with the nine-year term limit. In light of the planned transition to join the Health Professions Discipline Tribunal on a trial basis, consideration should be given to utilizing that authority to allow Mr. Wernham to serve on additional term as the Chair.
- Gary Rhean has served on the ICRC for nine consecutive years as both a Board member and non-Board Committee member. As the current Chair, Mr. Rehan fulfills an important role on the Committee, and it is recommended that he should continue as Chair for the upcoming year. While there is no specific provision in the By-laws that addresses exceptions for Directors who have served on a single committee for nine consecutive years in total, this would be in keeping with the spirit of the provision that allows for exceptions for non-Board Committee members.

Proposed Committee Slate for 2025-2026:

Committee Member	Consecutive # of years on the Committee
Executive Committee (statutory)	
As a reminder, the Executive Committee was appointed at the Board meeting in March 2025, and it includes:	
Katie Schulz, Chair	2
Gary Rehan, Vice-Chair	1
Mark Heller	.5
Frank Massey	New
Kirsten Pavelich	New
Inquiries, Complaints and Reports Committee (statutory)	
Gary Rehan, (Elected Director of the Board)	9
Greg Heikoop, Vice-Chair, (Professional Non-Board Committee Member)	2
Tammy Morrissey, (Professional Non-Board Committee Member)	3
Christine Morris-Bolton, (Professional Non-Board Committee Member)	1
Diana Hatzoglou, (Professional Non-Board Committee Member)	1
Carole Baxter, (Public Director of the Board)	4
Christopher Warren, (Public Director of the Board)	1
Mark Heller, (Public Director)	New
Frank DePalma, (Elected Director of the Board)	New
Amanda Periera, (Professional Non-Board Committee Member)	New
Discipline and Fitness to Practise Committees (statutory) Includes all Board members excluding the Board Chair, in addition to the following Non-Board Committee appointees:	
James Wernham, Chair (Professional Non-Board Committee Member)	9
Angelo Karalekas, Vice Chair (Professional Non-Board Committee Member)	6
Sue Grebe, (Professional Non-Board Committee Member)	7
Nicole Graham, (Professional Non-Board Committee Member)	6
Richa Rehan, (Professional Non-Board Committee Member)	6
Theresa Kay, (Professional Non-Board Committee Member)	4
Quality Assurance Committee (statutory)	
Antoinette Megens, Chair, (Professional Non-Board Committee Member)	6
Richard O'Brien, Vice-Chair, (Public Director of the Board)	3
Dennis Ng, (Elected Director of the Board)	4
Maureen Vanwart, (Elected Director of the Board)	2
Halak Patel, (Professional Non-Board Committee Member)	1

Registration Committee (statutory)	
Juliana De Castro, Chair, (Professional Non-Board Committee Member)	3
Sinéad Dufour, Vice-Chair, (Academic Director of the Board)	2
Einat Mei-Dan, Vice-Chair, (Professional Non-Board Committee Member)	3
Yee Mei Mavis Fung, (Professional Non-Board Committee Member)	1
Jesse Finn, (Public Director of the Board)	5
Frank Massey, (Public Director of the Board)	2
Patient Relations Committee (statutory)	
Anna Grunin, Chair, (Professional Non-Board Committee Member)	4
Kim Westfall-Conner, Vice-Chair, (Public Non-Board Committee Member)	1
Einat Mei-Dan, (Professional Non-Board Committee Member)	2
Shelley MacRae, (Professional Non-Board Committee Member)	New
Risk, Audit and Finance Committee (non-statutory)	
Frank Massey, Chair, (Public Director of the Board)	2
Gary Rehan, Vice-Chair, (Elected Director of the Board)	2
Katie Schulz, Board Vice-Chair, (Elected Director of the Board)	1
Kate Moffet, (Elected Director of the Board)	1
Jesse Finn (Public Director of the Board)	New
Examinations Committee (new non-statutory Committee established November 2022)	
Hari Gopalakrishnan Nair, Chair (Professional Non-Board Committee Member)	2.5
Alireza Mazaheri, Vice-Chair (Professional Non-Board Committee Member)	2.5
Enoch Ho (Professional Non-Board Committee Member)	2.5
Lea Damata (Professional Non-Board Committee Member)	2.5
Greg Pope (Public Non-Board Committee Member)	2.5
Marcos Rodrigues	.25

Workload Assessment

- An assessment of the workload distribution of Directors is provided below. While most committees are composed of both Directors and non-Board committee members, Directors continue to constitute a significant portion of committee membership to ensure consistency.




	Current appointment and proposed to continue to serve on this committee
	New appointment for 2025-2026
	Elected by the Board

Table 1: Committee Workload Assessment for Board Members									
Name	Term Ends ¹	# of Com	Exec	ICRC	Dis/Fit	Reg.	PRC	QAC	RAFC
Elected Directors									
Maureen Vanwart	2026	2							
Gary Rehan	2026	4							
Dennis Ng	2027	2							
Katie Schulz	2028	2							
Kirsten Pavelich	2026	2							
Frank DePalma	2027	2							
Kate Moffett	2027	2							
Heather Weber	2028	1							
Academic Directors									
Trisha Lawson	2027	1							
Sinead Dufour	2026	2							
Public Directors									
Carole Baxter	2028	2							
Richard O'Brien	2027	2							
Jesse Finn	2027	3							
Mark Heller	2025	4							
Christopher Warren	2028	2							
Frank Massey	2025	4							

Next Steps

- If the Board approves the 2025-2026 Committee Slate, staff will begin contacting committee members with meeting information.

Questions for the Board

- Any questions about the proposed 2025-2026 Committee Slate?

¹ Public members are appointed for term lengths that are determined by the Minister of Health. Request for reappointments for the terms ending in 2025 have been submitted to the Public Appointments Secretariat

Draft 2025-2026 Committee Slate

Committee	2025-2026 Slate
Executive Committee (Maximum 5 people, must include Board Chair and Board Vice-Chair)	<p><u>Public Directors (at least 2, unless only 1 stands for election):</u></p> <ol style="list-style-type: none"> 1. Frank Massey (Public Director of the Board) 2. Mark Heller (Public Director of the Board) <p><u>Professional Directors (at least 3):</u></p> <ol style="list-style-type: none"> 3. Katie Schulz, Chair (Elected Director of the Board) 4. Kirsten Pavelich (Elected Director of the Board) 5. Gary Rehan, Vice-Chair (Elected Director of the Board)
Registration Committee (Minimum 5 people)	<p><u>Registrants (at least 2):</u></p> <ol style="list-style-type: none"> 1. Juliana De Castro, Chair (Professional Non-Board Committee Member) 2. Sinéad Dufour, Vice-Chair (Academic Director of the Board) 3. Einat Mei-Dan (Professional Non-Board Committee Member) 4. Yee Mei Mavis Fung (Professional Non-Board Committee Member) <p><u>Public Directors (at least 2):</u></p> <ol style="list-style-type: none"> 1. Jesse Finn (Public Director of the Board) 2. Frank Massey (Public Director of the Board)
Inquiries, Complaints and Reports Committee (Minimum 5 people)	<p><u>Registrants (at least 2):</u></p> <ol style="list-style-type: none"> 1. Gary Rehan, Chair (Elected Director of the Board) 2. Greg Heikoop, Vice-Chair (Professional Non-Board Committee Member) 3. Tammy Morrissey (Professional Non-Board Committee Member) 4. Christine Morris-Bolton (Professional Non-Board Committee Member) 5. Diana Hatzoglou (Professional Non-Board Committee Member) 6. Frank DePalma (Elected Director of the Board) 7. Amanda Pereira (Professional Non-Board Committee Member)

	<p><u>Public Directors (at least 2):</u></p> <ol style="list-style-type: none"> 1. Carole Baxter (Public Director of the Board) 2. Christopher Warren (Public Director of the Board) 3. Mark Heller (Public Director of the Board)
<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 (Elected Director of the Board) 2. Sinéad Dufour (Academic Director of the Board) 3. Gary Rehan (Elected Director of the Board) 4. Dennis Ng (Elected Director of the Board) 5. Kirsten Pavelich (Elected Director of the Board) 6. Frank DePalma (Elected Director of the Board) 7. Kate Moffett (Elected Director of the Board) 8. Trisha Lawson (Academic Director of the Board) 9. Heather Weber (Elected Director of the Board) <p><u>Public Directors (at least 3):</u></p> <ol style="list-style-type: none"> 1. Jesse Finn (Public Director of the Board) 2. Carole Baxter (Public Director of the Board) 3. Richard O'Brien (Public Director of the Board) 4. Frank Massey (Public Director of the Board) 5. Mark Heller (Public Director of the Board) 6. Christopher Warren (Public Director of the Board) <p><u>Non-Board Registrants (at least 1):</u></p> <ol style="list-style-type: none"> 1. James Wernham, Chair (Professional Non-Board Committee Member) 2. Angelo Karalekas, Vice-Chair (Professional Non-Board Committee Member) 3. Sue Grebe (Professional Non-Board Committee Member) 4. Nicole Graham (Professional Non-Board Committee Member) 5. Richa Rehan (Professional Non-Board Committee Member) 6. Theresa Kay (Professional Non-Board Committee Member)

<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 (Professional Non-Board Committee Member) 2. Dennis Ng (Elected Director of the Board) 3. Maureen Vanwart (Elected Director of the Board) 4. Halak Patel (Professional Non-Board Committee Member) <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 (Public Director of the Board) 2. Mark Heller (Public Director of the Board)
<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 (Professional Non-Board Committee Member) 2. Einat Mei-Dan (Professional Non-Board Committee Member) 3. Shelley MacRae (Professional Non-Board Committee Member) <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 (Public Non-Board Committee Member)
<p>Risk, Audit, and Finance Committee (Minimum 5 people, non-statutory)</p>	<p><u>Board Chair:</u> Katie Schulz (Elected Director of the Board)</p> <p><u>Board Vice Chair:</u> Gary Rehan, Committee Vice-Chair (Elected Director of the Board)</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 (Public Director of the Board) 2. Kate Moffett (Elected Director of the Board) 3. Jesse Finn (Public Director of the Board)

Examinations Committee

(Minimum of 5 people, non-statutory)

Canadian-Educated Recent Registrant (at least 1):

1. Alireza Mazaheri, Vice Chair (Professional Non-Board Committee Member)

Internationally Educated Recent Registrant (at least 1):

1. Hari Gopalakrishnan Nair, Chair (Professional Non-Board Committee Member)
2. Marcos Rodrigues (Professional Non-Board Committee Member)

Physiotherapy Supervisors (at least 2):

1. Enoch Ho (Professional Non-Board Committee Member)
2. Vacant

Member of the public (Testing/assessment) (at least 1):

1. Greg Pope (Public Non-Board Committee Member)

Part 7—Statutory and Non-statutory Committees

STATUTORY COMMITTEES

The Executive Committee

- 7.1.** (1) (a) The Executive Committee shall be composed of five persons of whom:
- (i) at least three are Directors who are Registrants; and
 - (ii) two are Public Directors, unless only one Public Director stands for election, in which case one Public Director shall be sufficient.
- (b) In a manner consistent with subsection (1) (a), the Chair and Vice-Chair of the College shall be included in the membership of the Executive Committee.
- (c) The Chair of the Board shall be the Chair of the Executive Committee.

The Registration Committee

- (2) The Registration Committee shall be composed of at least five persons of whom:
- (i) at least two are Registrants; and
 - (ii) at least two are Public Directors.

The Inquiries, Complaints and Reports Committee

- (3) The Inquiries, Complaints and Reports Committee shall be composed of at least five persons of whom:
- (i) at least two are Registrants; and
 - (ii) at least two are Public Directors.

The Discipline Committee

- (4) The Discipline Committee shall be composed of at least ten persons of whom:
- (i) at least two are Directors who are Registrants;
 - (ii) at least three are Public Directors; and
 - (iii) at least one is a Non-Board Committee Member.

The Fitness to Practise Committee

- (5) The Fitness to Practise Committee shall be composed of at least ten persons of whom:
- (i) at least two are Directors who are Registrants;
 - (ii) at least three are Public Directors; and

- (iii) at least one is a Non-Board Committee Member.

The Quality Assurance Committee

- (6) The Quality Assurance Committee shall be composed of at least five persons of whom:
 - (a) at least two are Registrants; and
 - (b) at least one is a Public Director or a Public Non-Board Committee member.

The Patient Relations Committee

- (7) The Patient Relations Committee shall be composed of at least three persons of whom:
 - (a) at least one is a Registrant; and
 - (b) at least one is a Public Director or a Public Non-Board Committee member.

EXECUTIVE DELEGATION

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

NON-STATUTORY COMMITTEES

The Risk, Audit, and Finance Committee

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

The Examinations Committee

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

APPOINTMENT OF NON-BOARD COMMITTEE MEMBERS

- 7.6. (1) The Board may appoint persons who are not Directors to serve on both statutory and non-statutory committees.
- (2) A Registrant is eligible for appointment to a committee under this section if, on the date of the appointment:
- (a) the Registrant is registered with the College;
 - (b) the Registrant is practises or resides in Ontario;
 - (c) the Registrant is not in default of any obligation to the College under the Regulations or the By-laws;
 - (d) the Registrant has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated, inside or outside of Ontario, in the six years before the appointment;
 - (e) the Registrant has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act* and is not a person who has been declared incapable by any court in Canada or elsewhere;
 - (f) the Registrant's certificate of registration has not been subject to a term, condition or limitation other than a term, condition or limitation prescribed by the regulations in the six years before the appointment;
 - (g) the Registrant has not been found guilty of or charged with an offence under the *Criminal Code*, the *Health Insurance Act*, the *Controlled Drugs and Substances Act* or under any comparable legislation or criminal laws of another jurisdiction that is relevant to the Registrant's suitability to serve as a Committee member, unless, in respect of a finding, a pardon or record suspension has been granted;
 - (h) the Registrant has not been disqualified or removed from the Board or a committee in the three years before the appointment;
 - (i) the Registrant is not and has not been in the twelve months before the appointment, a director, officer, Committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - (j) the Registrant does not hold and has not held in the twelve months before the appointment, an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College;
 - (k) the Registrant is not a current participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest against the College, the Board, or a committee of the College;

- (l) the Registrant does not have a current notation on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints and Reports Committee;
 - (m) the Registrant is not and has not been in the twelve months before the appointment an employee of the College;
 - (n) the Registrant discloses all potential conflicts of interest in writing to the Registrar within five business days of being appointed and either does not have a conflict of interest to serve as a Committee member or has agreed to remove any such conflict of interest before taking office;
 - (o) the Registrant has completed an orientation about the College's mandate, and their role and responsibilities prior to attending their first committee meeting; and
 - (p) the Registrant meets the competency requirements as set out in the applicable College policy approved by the Board.
- (3) A person who is not a Registrant is eligible for appointment to a committee under this section if, on the date of the appointment:
- (a) the person resides in Ontario;
 - (b) the person is not the subject of a discipline or fitness to practise proceeding before any regulator;
 - (c) the person has not been found guilty of professional misconduct, to be incompetent or to be incapacitated by any regulator in the preceding six years;
 - (d) the person has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act* and is not a person who has been declared incapable by any court in Canada or elsewhere;
 - (e) the person has not been found guilty of or charged with an offence under the *Criminal Code*, *Health Insurance Act*, the *Controlled Drugs and Substances Act* or under any comparable legislation or criminal laws of another jurisdiction that is relevant to the person's suitability to serve as a Committee member, unless, in respect of a finding, a pardon or record suspension has been granted;
 - (f) the person has not been disqualified or removed from the Board or a committee of the College in the preceding three years;
 - (g) the person is not and has not been in the twelve months before the appointment, a director, officer, Committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - (h) the person does not hold and has not held in the twelve months before the appointment an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College;
 - (i) the person is not and has not been in the twelve months prior to the appointment an employee of the College;
 - (j) the person is not a current participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest against the College, the Board or a committee of the College;

- (k) the person meets any other criteria set out in the governance policies as approved by the Board;
 - (l) the person has completed an orientation about the College's mandate, and their role and responsibilities prior to attending their first committee meeting; and
 - (m) the person meets the competency requirements as set out in the applicable College policy approved by the Board.
- (4) A Non-Board Committee Member who is a Registrant is disqualified from serving on a committee based on the grounds for disqualification as set out in subsection 3.1 (26).
- (5) A Non-Board Committee Member who is not a Registrant is disqualified from serving on a committee if the person:
- (a) ceases to meet the requirements in paragraphs (3) (c), (d), (e), (g), (h), or (j), above, which shall result in automatic disqualification,
 - (b) ceases to meet the requirements in paragraphs (3) (a), (i), or (k) above, which shall result in a vote by the Board regarding disqualification of the Non-Board Committee Member;
 - (c) fails to attend two consecutive meetings of the Committee without good reason in the opinion of the Board; or
 - (d) fails, in the opinion of the Board, to discharge properly or honestly any office to which they have been appointed.
- (6) If a Non-Board Committee Member who is not a Registrant becomes the subject of a discipline or fitness to practise proceeding before any regulator, they shall be suspended from serving on a committee until the matter is resolved.
- (7) The determination of the Board as to whether a person is eligible for appointment or becomes disqualified under this section is final and without appeal.
- (8) A Non-Board Committee Member shall not serve more than nine consecutive years on one or more committees of the College. And, following the completion of nine consecutive years of service on one or more committees, they shall not be appointed again to a committee until they have completed a one-year waiting period.
- (9) In exceptional circumstances, the Board may exempt a person from compliance with the requirements set out in subsection (8), above.

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

- 7.7.** (1) As soon as possible after the annual election of the Chair, the Vice-Chair and the Executive Committee, the Board shall appoint the Committee Chair, Committee Vice-Chair and members of each committee in accordance with the College's governance policies as approved by the Board.
- (2) If any vacancies occur in the Committee Chair, Committee Vice-Chair or membership of any committee, the Board may appoint a replacement Committee Chair, Committee Vice-Chair or Committee member in accordance with the College's governance policies as approved by the Board.

- (3) Where the Chair of a committee is unable to act for a matter or a period of time, the Committee Vice-Chair shall act on their behalf, unless the Committee Vice-Chair role is vacant, in which case the Committee Chair shall appoint from the Committee a person to act on their behalf. Where the Chair of a committee is unable to act for more than two consecutive meetings and the Committee does not currently have a Committee Vice-Chair, the Board shall appoint a new Chair.

STATUTORY AND NON-STATUTORY COMMITTEE PROCEDURES

- 7.8.**
- (1) Each committee shall meet from time to time at the direction of the Board or at the call of the Committee Chair at a place in Ontario and at a date and time set by the Committee Chair.
 - (2) Subject to subsection (3), unless otherwise provided in the RHPA, the Act or the Regulations, a majority of members of a committee, or of a panel of a committee, constitutes a quorum.
 - (3) Where permitted by the RHPA, the Act, or the Regulations, the Chair of a Committee, along with the Committee members present, may in exceptional circumstances determine that a committee meeting can proceed without at least one Public Director or Public Non-Board Committee Member depending on panel composition requirements established by the RHPA, the Act or the Regulations. Exceptional circumstances include situations where a Public Director or Public Non-Board Committee Member cannot attend due to unforeseen reasons, and the benefit of proceeding with the meeting outweighs the need for their presence.
 - (4) The Committee Chair, Committee Vice-Chair or a designate shall preside over meetings of the Committee.
 - (5) Every question which comes before the Committee may be decided by a majority of the votes cast at the meeting (including the Committee Chair's) and, if there is an equality of votes on a question, the question shall be deemed to have been decided in the negative.
 - (6) Where one or more vacancies occur in the membership of a committee, the Committee members remaining in office constitute the Committee as long as any composition or quorum requirements in the RHPA, the Act or the Regulations are satisfied.
 - (7) In addition to other provisions in these By-laws that permit the removal of a Committee member in specific circumstances, any Committee member may be removed from the Committee, with or without cause, by a two-thirds majority vote of the Directors present at a Board meeting duly called for that purpose.

BOARD BRIEFING NOTE
For Discussion

Topic:	Strategic Planning Session
Public Interest Rationale:	The strategic plan is an important way the Board provides direction to the organization to effectively carry out our duties in the public interest while finding opportunities for continuous improvement.
Strategic Alignment:	<i>Performance & Accountability</i> – Having a strategic plan provides direction to drive the College’s work and serves as a framework against which we can measure and report on our performance.
Submitted By:	Joyce Huang, Director of Strategy
Attachments:	Appendix A: Strategic Planning Pre-work

Issue

- The Board will engage in a facilitated discussion at the June meeting to update the College’s strategic direction to 2030.

Decision Sought

- None, this item is for direction.

Background

- The College’s current [strategic plan](#) is set to end in March 2026. The College is now engaged in a process to update the plan for use from 2026 to 2030.
- The Board will engage in a facilitated discussion at the June meeting to update the College’s strategic direction to 2030.
- The session will be facilitated by Kevin McCarthy from The Regulator’s Practice.
- It will include time for small group conversation, individual reflection, and large group consensus building.
- The session is designed to be engaging, forward-looking, and builds on the strategic work that has brought us where we are today.
- The Board will confirm future strategic priorities and outcomes that will guide staff in updating the strategic plan.
- The discussion is supported by a pre-work package that includes:
 - Information about our current environment,

- A summary of input from our partners, and
- Reflection questions to help Board members individually reflect on the information and what it means for the College's future strategy.
- The pre-work materials were circulated to Board members in advance of the meeting and also included here as Appendix A.

About the facilitator

- Kevin McCarthy, BA, BScN, MPPAL, is the VP – Advisory Services with The Regulator's Practice.
- Kevin has over 20 years of experience in professional regulation and leadership. He is deeply committed to serving a public interest mandate and supporting those who share this commitment.
- As the Director of Strategy with the College of Nurses of Ontario, his portfolio included strategic planning, governance, regulatory operations innovation, regulatory policy and research, stakeholder relations and public affairs.
- Kevin has served as an advisor to professional regulators across Canada, embracing collaboration across organizations.
- For more information about Kevin, visit <https://regulatorspractice.com/theteam/>.

Next Steps

- Staff will engage in a planning discussion over the summer to identify ways to deliver on the high-level direction set by the Board and to measure success.
- A draft updated strategic plan will be brought back to the Board at their September meeting for review and feedback.
- The updated strategic plan will be brought back to the Board at their December meeting for approval.

June 2025 Strategic Planning Discussion – Pre-work for Board Members

Introduction

- The Board will engage in a strategic planning discussion at the upcoming June meeting.
- To help inform their thinking, information about our current environment and input from our partners are shared in this document.
- The document also includes reflection questions to help Board members individually reflect on the information and what it means for the College's future strategy.
- Board members should review the information and add notes of their individual reflection in this document before the June Board meeting.
- The content below has three parts:
 1. Environmental Scan Updates with reflection questions
 2. Summary of Partner Input with reflection questions
 3. Strategic reflection questions

Part 1: Environmental Scan Updates

Background

- The Board began having preliminary discussions about strategic planning in the fall of 2024.
- During those discussions, it was noted that the Board needs to be aware of what is happening in our environment to help inform their thinking about the future strategy.
- In response, staff prepared an overview of recent updates from our environment which was shared with the Board in December 2024.
 - Staff regularly monitor updates from a broad range of sources, including publications and news from government, regulatory sector, healthcare sector, legal cases, and general news sources.
 - The overview was not an exhaustive list of all of the changes we have seen, rather it reflects the changes and trends that are most likely to impact the College's future strategic direction.
- The Board also engaged in reflective discussion at their December 2024 meeting.
 - As part of the discussion, Board members shared additional observations about our current environment that are relevant to the future strategy.
- A cumulative environmental scan update is provided below, including:
 - Updates previously shared in December 2025,
 - Additional items identified during Board discussions in December 2025, and
 - Updates to the environmental scan as of June 2025.
- At the end of each section are reflection questions to help Board members reflect on the information and how it informs their thinking about the future strategic direction.

Updates Previously Shared in December 2024

The updates are grouped under eight themes.

Theme 1: Emergence of New Technologies

Governments and healthcare organizations have been experimenting with the adoption of new technologies into healthcare delivery and administration

- Governments are pushing for digitization of health information into centralized systems for better coordination of care across providers
- Ontario is piloting the use of AI scribing tool for charting to lessen administrative burden for doctors
- Hospitals are deploying AI and machine learning tools to assist with diagnostics, designing individualized treatment plans, optimizing the flow of patients, and assist with administrative tasks like charting
- Nova Scotia partnered with Google to roll out new AI-enabled tools for patients, doctors, and radiologists
- BC is funding a trial to use AI tools to speed up diagnosis, which will particularly benefit rural and remote areas

A lot of innovation is happening in the private sector

- Canadian pharmacist developed AI tool to automate many manual tasks, trained on trusted sources and incorporates province-specific rules
- Two AI companies partnering to develop AI-based “healthcare agent” that could perform some tasks currently performed by nurses
- Emergence of mental health apps that use AI chatbots
- A couple of startups in the physiotherapy space:
 - One is a “tech-driven physiotherapy provider”, uses wearable sensors, data analyzed and shown on a dashboard;

- The other is an AI-based rehab platform that delivers treatment and monitors patient progress

New technologies are being studied or adopted in the physiotherapy space

- Experimental study using Socially Assistive Robots to support rehab patients, coaching them through exercises and providing encouragement, addresses long wait times to see a PT
- Two examples from NHS in the UK:
 - Opened the first AI-led physiotherapy clinic. Platform can arrange for same-day video consultations, but tool does not fully replicate skills of a human PT
 - Piloting the use of an app that triages patients and direct them to appropriate streams of care (urgent care, appointment with PT, exercise program, etc.)
- UK hospital trialing the use of virtual reality headsets during physiotherapy for major-trauma patients

Emergence of AI raises new questions

- How to mitigate risks of AI including bias and data privacy?
- How should AI tools be regulated?
- What does being a “good” practitioner look like when AI is involved?
- Will practitioners’ learning be able to keep up with the pace of change of the technology?
- What does the use of AI tools mean for reimbursement models, particularly if they are task based?
- What does the use of AI mean for liability, which is currently based on human operators?

Regulators are starting to think about it

- There is a recognition that AI tools come with benefits and risks
- There are gaps in our current regulatory framework
- Regulators in various sectors are starting to issue guidance on responsible use of AI
- Lots of new questions for regulators to consider:
 - What does responsibility for managing clinical data look like?
 - Would the use of AI make professional errors go up or down?
 - Where AI tools have demonstrated benefits, when does the failure to use them become a deviation from the standard of care?
 - How do regulators of professions regulate AI?
- Regulators will need to increase their own technological know-how to effectively regulate

Reflection questions:

- Does this information prompt you to think of ideas or initiatives that can be applied to the College?
 - If so, in what ways does it improve/address public safety?
- Are we already doing aspects of this in our current work/strategic plan?

Theme 2: Newer Approaches to Licensure

License portability across jurisdictions

- Many state regulators in the US, in professions such as social workers, psychologists, dental hygienists, physician's assistants, and nurses, have adopted inter-state licensing
 - The compacts create license portability among the participating jurisdictions
 - A common reason is to enable greater labour mobility across jurisdictions to address the shortage of healthcare providers
- The Medical Council of Canada (MCC) has completed the initial development of a National Registry of Physicians (NRP).
 - The federal government has provided funding to expand the registry
 - The registry is intended to give policy makers a fuller view of health human resources and enable mobility between jurisdictions

A re-think of the licensure exam

- Regulators in the US and UK, for professions such as law, social work, and teaching, are proposing or have implemented alternative pathways to licensure that does not use a licensure exam
- Common reasons are the disparities and biases in exams that disadvantage certain groups, and a desire to lower the barrier to entry to increase access to those professions
- Alternatives include apprenticeship, coursework, and supervised practice
- The effectiveness of these alternative pathways is still being assessed

Ongoing efforts to ease pathway to licensure for foreign-trained professionals

- Increasing use of expedited pathways for certain source countries:

- The College of Physicians and Surgeons of British Columbia (CPSBC) has announced proposed changes that would make it easier for foreign-trained associate physicians and U.S.-trained psychiatrists to obtain licensure by exempting the normal requirements and instead go through a period of retraining
- The College of Physicians and Surgeons of Nova Scotia is the first Canadian medical regulator to directly license physicians already licensed to practice in the U.K., Australia or New Zealand without further review or assessment
- Moves toward simplifying requirements:
 - The Ontario government has proposed exemptions to its Immigrant Nominee Program for early childhood educators and nurses that would exempt them from the usual educational requirements if they have obtained registration with the respective college
 - Yukon has enacted changes to allow for flexible enrolment for registered nurses and nurse practitioners applying to work in the Yukon, including facilitating internationally educated nurses to apply directly to work in the Yukon
- Offering alternative ways to meet requirements:
 - The College of Nurses proposed regulation changes that would change how internationally educated nurses would qualify to practice in Ontario, such as recognizing degrees from other jurisdictions and requirement to complete a bridging program post-licensure
 - A new Practice-ready Assessment program in New Brunswick aims to increase the number of foreign-trained doctors licensed to practice in the province using a comprehensive 12-week clinical evaluation process

Reflection questions:

- Does this information prompt you to think of ideas or initiatives that can be applied to the College?
 - If so, in what ways does it improve/address public safety?
- Are we already doing aspects of this in our current work/strategic plan?

Theme 3: New Approaches in Regulation

AI's impact on the work of regulation

- There are many examples of early adopters of AI in the public sector at various levels of government in the US
 - The common theme is to harness AI in safe and productive ways and to allow innovation while still protecting privacy and security
 - They commonly use AI as a kind of digital assistant to help human staff do their work more efficiently, but not to replace human judgment
- The advent of AI can impact the work of regulation in many ways.
 - AI tools could potential be deployed in areas of adjudication, decision-making and complaint handling, rulemaking, and professional licensing
 - There are opportunities for automation and efficiencies
- AI tools come with risks, they are not well-trusted by the public, they need to be implemented carefully with human oversight
- The emergence of AI tools elevates the role of data, which means organizations need to think differently about their data strategy

Being a compassionate and trauma-informed regulator

- Incorporating principles of compassionate regulation means addressing wellness concerns and providing support to registrants, the failure to do so has led to harm
- Adopting a trauma-informed approach in regulation means prioritizing personal agency and creating experiences that are welcoming and inclusive, and also challenging existing processes, being adaptable and transparent
- There is now more attention paid to the tone of regulators' communication and how it can either build trust or put up barriers for registrants. The language, voice and tone we use as regulators can help cultivate a sense of support, openness, trust, and transparency

Regulators as enablers of innovation

- US federal regulators have introduced a bill that aims to create “regulatory sandboxes” that allow companies to test new financial products and services while still protecting consumers
 - Critics of this approach worry that it will allow untested and risky products to come to the market
- The Ontario government is currently consulting on regulation changes that would allow FSRA to exempt entities from requirements in the Insurance Act
 - The aim is to create a “Test and Learn Environment” where the industry can pilot new insurance products and services to improve customer experience and affordability

Reflection questions:

- Does this information prompt you to think of ideas or initiatives that can be applied to the College?
 - If so, in what ways does it improve/address public safety?
- Are we already doing aspects of this in our current work/strategic plan?

Theme 4: Addressing Health Human Resource Shortages

Expansions to scopes of practice

- The Ontario government has used scope expansions for health professionals to expand access to care for patients
 - In the past year, there have been numerous expansions to the scopes of practice for nurses and pharmacists, and one for midwives
 - The stated goals for these scope expansions include:
 - Making it easier and more convenient for people to connect to care
 - Allow trained healthcare professionals to work to the full extent of their training to better serve patients
 - Provide patients more convenience, and to give family doctors more time to help patients with more complex needs
- BC similarly implemented a scope expansion for pharmacists to order lab tests
- In the physiotherapy space, scope expansion is currently a strong focus of advocacy for the associations

Expanding the role of assistive professions

- The Ontario government introduced a new package of legislation to update how veterinary professionals are regulated
 - One of the changes being introduced is the formal regulation of veterinary technicians, such as enabling the creation of a formal (expanded) scope of practice for vet techs and creating a regulatory framework commensurate with other regulated health professions
 - The stated goal is to enhance access to professional animal care
- As with pharmacists, the scope of practice for pharmacy technicians is also being expanded so that they can perform more tasks
- Physician assistants recently became regulated in Ontario to improve their integration within the health care system and facilitate quality care and patient safety

- PAs help reduce wait times and improve patient access to care, especially in emergency departments and primary care in rural communities

Recruitment of foreign-trained professionals

- To help address immediate and future healthcare staffing needs, the Ontario government has made permanent funding for the Supervised Practice Experience Partnership Program
 - The program supports internationally-educated nurses become accredited in Ontario
- The B.C. government is pursuing a HHR strategy to attract more foreign-trained healthcare workers like nurses and physicians
 - The strategy resulted in the number of foreign-educated nurses newly registered in British Columbia in 2023 to more than double from 2022, and hundreds of international medical graduates have been become registered
- Last year the federal government introduced a new immigration stream specific to health workers, where the government can issue invitations to apply for permanent residency in Canada to candidates from particular fields or with specific skills, training or language ability
 - Physiotherapists are among the health professionals the government is targeting
- Our own data shows that IEPTs are a growing proportion of new registrants
 - In the last 5 years, there has been an increase each year in the number of IEPTs applying for registration and as a proportion of the total number of applicants
 - In 2020, 202 IEPTs applied for registration, which was 43% of total new applicants that year. In 2024 year to date, 553 IEPTs have applied for registration, which is 62% of total new applicants

Reflection questions:

- Does this information prompt you to think of ideas or initiatives that can be applied to the College?
 - If so, in what ways does it improve/address public safety?
- Are we already doing aspects of this in our current work/strategic plan?

Theme 5: Increasing Scrutiny of Regulators

A shift towards greater government oversight

- Last year the UK Government announced an in-depth review into all regulators across the country to ensure regulators are working efficiently and delivering on reforms needed to help grow the economy and protect consumers
- The UK government recently announced a plan to create a new “regulator of regulators” for the financial sector, and also a new Regulatory Innovation Office (RIO) to improve accountability and promote innovation in regulation across all sectors
- The *Fair Access to Regulated Professions and Compulsory Trades Act* in Ontario was recently amended to create the authority to define through regulations minimum requirements on regulators for transparent, objective, impartial and fair registration practices and exercising oversight of third-party service providers
- The reform of health regulators in BC which started a few years ago has continued:
 - Regulators have now completed their amalgamation work to reduce the number of health profession regulatory colleges to six
 - The new oversight body, the Office of the Superintendent of the Health Professions and Occupations Oversight, has been established and the government is in the process of setting up its operations

Greater scrutiny of the inner workings of regulators

- The teachers’ regulator in the UK is being investigated after complaints from teachers and former staff that the regulator conducted investigations in a way that left teachers in distress
 - It was noted that the regulator had an internal culture of “presumed guilty” when it came to complaints against teachers
- An independent review of the Care Quality Commission in the UK points to serious failures of the care quality regulator. The findings include that:
 - Inspection levels are well below pre-covid levels

- A lack of clinical expertise among inspectors
 - A lack of consistency in assessments, and
 - Issues with its IT system.
-
- In an independent report, the UK nursing and midwifery regulator was found to be endangering the public due to its toxic culture and failing to address widespread racism within the organization
 - The BC College of Nurses and Midwives is now subject of a civil suit because the courts found that College staff demonstrated “improper motive or purpose” during the investigation, and the College used an arbitrary process to resolve the matter which was procedurally unfair

Reflection questions:

- Does this information prompt you to think of ideas or initiatives that can be applied to the College?
 - If so, in what ways does it improve/address public safety?
- Are we already doing aspects of this in our current work/strategic plan?

Theme 6: A Focus on Equity, Diversity and Inclusion

EDI in health education and training

- Two recent studies in Canada and Australia has found that physiotherapy students hold varying perspectives and attitudes regarding LGBTQ+ health, and that current education programs do not provide students with sufficient knowledge to address the unique needs of this population
- A study sought to understand why Black surgeons are underrepresented in Canada, and found that it's due to lack of mentorship, problematic admission criteria and racist microaggressions during training, among other factors
- The Ontario government recently expanded an existing program that provides cultural safety training to healthcare providers so they can connect Indigenous patients to culturally appropriate care

EDI in regulation

- BC health regulators have made wide-ranging efforts to support reconciliation with Indigenous communities through formal apologies, adoption of reconciliation action plans, and creation of new standards
- Ontario regulators are undertaking EDI initiatives of various kinds, such as registrant census, training for registrants, reviewing policies and standards from an EDI lens, and more
 - The common thread is the HPRO EDI toolkit that was developed in the last two years
 - We also using the HPRO EDI toolkit to guide our work towards our EDI commitments
- The health regulator in Australia has made efforts to regulate against racism in healthcare through establishment of formal rules and expectations, providing education, inclusion of equity-deserve groups in the work of regulation and in their governance
- The Alberta College of Social Workers recently shared their journey of learning, understanding and implementing EDI initiatives in their regulatory work, including:

- Inclusion of Indigenous ways of knowing in their governance
- Incorporating EDI principles into standards, and
- Encouraging professionals to undertake learning and reflection
- The College of Early Childhood Educators shared their experience with incorporating DEI principles into their work, such as:
 - The need for an ongoing commitment
 - Bringing in external expertise
 - Incorporating EDI into their strategic plan
 - The need to examine all of their work through an EDI lens, and
 - building meaningful relationships with marginalized communities

EDI in the broader environment

- Earlier this year, the Canadian Medical Association issued a formal apology to Indigenous Peoples
 - The apology acknowledges that harm that was done to Indigenous peoples by the medical profession and the healthcare system
 - It commits to future actions, in partnership with Indigenous communities, to improve the health and wellness of Indigenous peoples
- A non-binding motion and a public bill were introduced in the Senate of Canada that aim to require registered charities to collect and publish diversity data about their board of directors
 - The ultimate goal is for decision-making bodies in the nonprofit sector to include voices from marginalized communities
- The Ontario government recently proposed changes to regulations that govern the composition, appointments and terms of OPP detachment boards, including the creation of detachment boards for First Nations communities that are served by the OPP to be comprised of members of that community

Reflection questions:

- Does this information prompt you to think of ideas or initiatives that can be applied to the College?
 - If so, in what ways does it improve/address public safety?
- Are we already doing aspects of this in our current work/strategic plan?

Theme 7: Shifts in Governance Practices

Some recent governance changes in Ontario

- The Ontario government just introduced regulatory changes to update term limits for the Chair of the Board at several universities and colleges
 - One of the changes is to introduce a lifetime term limit for Chairs
- The government continues to introduce regulations to implement the new Ontario Health atHome model to replace LHINs
 - Among other things, one of the proposed regulations define term lengths of up to three years for appointments to the board of directors, with no limit on the number of terms or total time a person could serve on the board
- The government has been implementing a number of reforms in the education sector in recent months
 - Some of the recent changes announced relate to school board trustee conduct issues, including the proposal to establish an impartial integrity commissioner and the ability to reduce a trustee's honoraria as a sanction for breaching the code of conduct
- In our sector, the governance reforms that were proposed several years ago continue to be actively discussed
 - The proposed changes include having smaller boards, even representation between professional and professional members, separation of board and committee membership, competency-based appointments, and eliminating the Executive Committee
 - The Ontario College of Teachers underwent significant regulatory and governance changes starting in 2021 that implemented many of these new practices

Changes in BC

- The BC government recently introduced reforms to the regulatory framework for lawyers and legal professionals, which included changes to the regulator's governance structure:

- The majority of the Board will be elected from the profession, however the Board will be able to appoint a minority of licensees to its Board through a competency-based process
- There must be a minimum of two Indigenous members of the Board
- In addition, there will be an Indigenous Council as part of the regulator's governance structure
- The mandate of the Board will be strategic oversight
- Regulated individuals will be referred to as licensees, not members. There will be no requirement to hold annual meetings of licensees, licensees will not be able to forward resolutions purporting to direct the actions of the Board, and licensees will not have the authority to approve or reject rules developed by the Board

Reflection questions:

- Does this information prompt you to think of ideas or initiatives that can be applied to the College?
 - If so, in what ways does it improve/address public safety?
- Are we already doing aspects of this in our current work/strategic plan?

Theme 8: Corporate Ownership and Influence

Trend towards private ownership in healthcare

- Private equity ownership of dental practices, veterinary clinics and pharmacies signal the potential for the practice to become more widespread
 - In Canada, there are currently no explicit rules about private equity ownership of healthcare facilities
 - Private equity ownership of health-care services is associated with higher costs to payers and patients along with mixed or worse patient outcomes
 - One prominent example was the higher mortality rate in privately-owned long-term care homes during the COVID pandemic
 - Private equity investors focus on quick re-sales and short-term returns that may come at the expense of the long-term health of the businesses they buy
- The College of Pharmacists of Ontario heard from a large number of their registrants that they face corporate pressure from employers that result in them providing suboptimal patient care
 - The College is currently exploring legal options which may include investigating any 'corporate-centric' interference in registrants' professional independence which are deemed to fall within their regulatory purview

Our past efforts to address ownership of physiotherapy practices by non-regulated health professional owners

- In 2015-2016, this College engaged in a collaborative initiative to explore the benefits and feasibility of health regulatory colleges also regulating places where registrants practice
- This initiative was in response to what we saw at the time in rising concerns and pressures in physiotherapy practice stemming from non-regulated health professionals owning healthcare practices
- We worked with 12 other colleges who saw the same concerns in their respective professions

- We shared our proposal with the Minister of Health and Ministry staff for consideration

Reflection questions:

- Does this information prompt you to think of ideas or initiatives that can be applied to the College?
 - If so, in what ways does it improve/address public safety?
- Are we already doing aspects of this in our current work/strategic plan?

Additional items identified during Board discussions in December 2025

At the December 2025 Board meeting, the Board engaged in a reflective discussion about the environment scan updates that were shared. They identified additional items from the environment that may be relevant to the College's future strategic direction:

- Aging population
 - The implications for healthcare – higher levels of acuity, impacts on system capacity, increasing role of rehab professionals
 - Increasing complexity in medical conditions and the social determinants of health
- Artificial intelligence (AI):
 - What guardrails are we putting around AI in our profession and for the organization?
 - What is hype vs evidence around what AI tools can do?

Reflection questions:

- Does this information prompt you to think of ideas or initiatives that can be applied to the College?
 - If so, in what ways does it improve/address public safety?
- Are we already doing aspects of this in our current work/strategic plan?

Additional Environmental Scan Updates as of June 2025

- Developments in the regulatory and broader environment since December 2024 largely correspond to the themes highlighted in the Environmental Scan Update shared in December 2024.
- In addition, we now have more information about the policy priorities of the newly-elected Ontario government as it relates to health regulation.
 - In April, the government proposed regulations that would expand the "as of right" rules to allow more healthcare professionals from other jurisdiction to practice in Ontario faster. If enacted, the changes would mean that:
 - Physiotherapists licensed in other provinces can come to Ontario and practice for up to 6 months without registration while they wait for their application to be approved,
 - Restrictions on where these out-of-province professionals can practice will be removed,
 - Expand the "as of right" rules to include American-licensed doctors and nurses, and
 - Automatically recognize another provincial/territorial certificate of registration as a valid Ontario license when the professional is practicing in Ontario, starting with doctors and nurses.
 - It is not yet clear whether the new "as of right" rules would in fact increase the number of physiotherapists moving between provinces.
 - The experience of the "Atlantic Register" – a framework for issuing a single license to physicians valid in all Atlantic provinces – was that reducing the barrier to licensure did not meaningfully increase the number of physicians engaging in multi-jurisdictional practice. In fact there were other administrative barriers that prevented them from doing so, such as obtaining a billing number, health authority credentialing and getting hospital privileges.
 - The election platform of the Ontario Conservative Party also included a commitment to expand the scope of practice of physiotherapists, although no specific proposals have been present yet.

- The increasing political tensions in the broader environment do sometimes spill over into regulatory work. There have been examples in recent months where the actions and decisions of public institutions and regulators are being challenged or criticized as being too “political” when those actions or decisions touch on politically contentious issues like racism, gender, climate change, etc. For example:
 - The higher education regulator in the UK issued a fine to a university for failing to uphold free speech, citing that their policy statement regarding transgender and non-binary equality could lead to self-censorship. The university is appealing the ruling, accusing the regulator of pursuing a "politically motivated" inquiry.
 - Canada's provincial securities commissions have suspended their work aimed at making climate-related disclosure mandatory for public companies, and pausing amendments to required diversity rules the group had planned. This change is due to push back against these efforts from the US administration, and the fact that worries about economic uncertainty and competitiveness have taken precedence.

Reflection questions:

- Does this information prompt you to think of ideas or initiatives that can be applied to the College?
 - If so, in what ways does it improve/address public safety?
- Are we already doing aspects of this in our current work/strategic plan?

Part 2: Summary of Partner Input

Background

- In April – May 2025, the College engaged in broad consultation to gather input from partners to inform the College’s future strategic direction.
- Input was gathered through surveys and in-person engagements from:
 - Physiotherapists,
 - Patients and caregivers,
 - Staff,
 - System partners like other regulators, associations, academic programs, government, insurers, employers, and
 - Groups working in the equity, diversity and inclusion space.
- Profiles of those who provided input are included at the end of this section.
- A summary of the themes found in the partner input is provided below.
 - The summary starts with a set of themes and issues that were identified across multiple partner groups, followed by a summary of additional topics identified by each partner group.
- It should be noted that some of the issues raised by partners may not be within the College’s mandate to address, but they are still included for the Board’s awareness.
- Each section also includes an overview of what the College is currently doing in that space. The overviews are at a high level and not an exhaustive list of the College’s activities and programs.
- Board members will be asked to reflect on what opportunities might exist for the College in addition to those identified in the partner input.

Themes and Issues Identified by Multiple Partner Groups

Ensuring quality and safety of care

Input from Partners:

- Ensuring the quality and safety of physiotherapy assessment, diagnosis and treatment was seen as important across different partner groups.
- Comments shared by partners highlight the different ways to support quality and safety throughout physiotherapists' careers, by ensuring that:
 - New registrants, regardless of where they were trained, possess the knowledge and skills that make them ready to practice,
 - The entry to practice exam effectively and fairly assesses competency,
 - Registrants are doing the training or learning necessary to maintain their knowledge and skills over their career,
 - Registrants have adequate training to perform controlled acts and are performing them safely,
 - Registrants use modalities and practices that are supported by evidence, and
 - The quality of care is not compromised by lack of time and/or resources and competing demands from employers and funders.
- The concept of providing safe care also extends to emotional and psychological safety, such as:
 - The need for more knowledge and education on how to implement cultural safety, and
 - That physiotherapists should provide culturally sensitive and inclusive care.

- There continues to be recognition that physiotherapist who were educated outside of Canada require specific resources and supports to help them navigate the licensure process and to gain the knowledge and skills they need to successfully transition to practice.
- Opportunities for the College in this area include:
 - Ensure physiotherapists receive training in both clinical and non-clinical skills,
 - Effectively and fairly assess those skills at licensure,
 - Support greater access to bridging programs for physiotherapists who were educated outside of Canada,
 - Better support new registrants and ensure they go into environments that support their success,
 - Provide resources that help physiotherapists understand rules, expectations and pertinent topics in practice, like consent and documentation,
 - Offer education and resources about cultural safety,
 - Support physiotherapists to provide inclusive care for historically excluded communities by developing and enforcing standards on this topic, supporting continuing education on this topic, and including inclusive care as a core competency,
 - Help build capacity in the profession to provide services in the patients' preferred language,
 - Ensure ongoing competency and quality by mandating professional development and conducting periodic screening/testing,
 - Approve courses for continuous professional development,

- Continue to uphold high standards in the profession and emphasize competence and excellence,
- Provide ongoing support through Practice Advice, and
- Support innovation in practice within a safe framework.

What the College is currently doing in this space

- In Canada, the curriculum for physiotherapy programs is developed based on the Essential Competency Profile.
 - Physiotherapy programs are accredited by the Physiotherapy Education Accreditation Canada (PEAC).
 - The College has some influence as a system partner through PEAC.
- The Canadian Alliance of Physiotherapy Regulators (CAPR) assesses the education of physiotherapists who were educated outside of Canada.
- Skills assessment of physiotherapy applicants are jointly done by the Canadian Alliance of Physiotherapy Regulators (CAPR), who administers the written exam, and the College, who administers the Ontario Clinical Exam.
 - We are now in the process of transitioning to a single exam that will be administered by the Canadian Alliance of Physiotherapy Regulators (CAPR).
 - The College has influence as a client and system partner on the development of the new exam.
- We have provided letters of support for the University of Toronto bridging program when they have applied for government funding.
- The College approves supervisors for physiotherapy residents, we check the proposed supervisor's regulatory history, and we set out accountabilities for supervisors through an agreement.

- We provide numerous resources to support registrants' understanding of the rules and expectations.
 - We provide resources that help registrants understand and apply standards,
 - We highlight one standard in every issue of our monthly newsletter,
 - We highlight and explain new standards when they go into effect,
 - We use regulatory data to identify topics where physiotherapists would benefit from additional support and we develop resources like e-learning modules and webinars about those topics.
- Physiotherapists are required to participate in continuing professional development. The College does not mandate the content or a minimum number of hours, and we do not approve courses.
- Physiotherapists self-report the training they received when they roster to perform a controlled act. The College does not validate the training. We have a standard that sets out expectations related to performing controlled acts.
- We have a standard that ensures that physiotherapists engage in evidence-informed practice in physiotherapy service delivery.
- Our Quality Assurance process offers physiotherapists opportunities to demonstrate continued competence throughout their careers and to remediate if gaps are found.
- We continually review and update our standards to ensure they reflect current practice expectations.
- We provide ongoing guidance and advice to physiotherapists through our Practice Advice service.

Reflection question

- What other opportunities might exist for the College in addition to those identified in the partner input?

The use of artificial intelligence (AI)

- Multiple partner groups identified concerns related to the use of AI in healthcare to guide diagnosis, treatment, and for tasks like charting.
- There was some recognition that the use of AI tools can be positive for patient care, but also come with risks, such as ensuring confidentiality and the lack of critical thinking.
- It was noted that when AI tools are used in physiotherapy care, the human needs to validate the AI's outputs.
- It was also noted that there is a need to align the use of AI in physiotherapy care with professional expectations and with a diverse lens.
- There is an opportunity for the College to assess the risk of AI use and establish standards and provide guidance for registrants on the appropriate use of AI in practice and policies to guide our own use of AI.
- There was also recognition that AI can be a helpful tool for the College's work, for example, by helping users of our website find relevant information and to answer common questions.

What the College is currently doing in this space

- We have developed draft guidance for physiotherapists regarding the use of artificial intelligence, which will be presented to the Board in June for consideration.
- We are currently developing an internal policy to guide the use of artificial intelligence tools to support the College's work.
- We are engaged in discussions with regulatory peers to collaborate and share information about this issue.

Reflection question

- What other opportunities might exist for the College in addition to those identified in the partner input?

The process to address complaints and concerns about physiotherapists

- Multiple partner groups identified challenges and opportunities as it relates to how the College address complaints and concerns about physiotherapists.
- The timeliness of the process to address complaints and concerns was seen as important.
 - A potential opportunity in this area is to consider alternative options to resolve concerns other than a formal investigation.
- Patients should be empowered to raise concerns, should have clear information about how to report concerns, and be able to do so through different channels.
- It was also suggested that the College should establish safer, more accessible complaint and discipline processes by incorporating trauma-informed, culturally safe approaches and providing identity-based support options.

What the College is currently doing in this space

- When the College receives a concern about a physiotherapist, we offer an opportunity for early resolution, where if both parties consent, they would try to arrive at a mutually acceptable resolution to the concern instead of pursuing a formal complaint.
- We actively monitor our timelines using internal dashboards and report our performance to the Board each quarter.
 - Our current target is to resolve 70% of formal complaints within 240 calendar days.
- We provide information to patients on our website, including information about how to report concerns to the College.
- We are in the early stages of incorporating trauma-informed practices into our investigations process.

- We are about to complete a business process review of the investigations process that will, identify ways to make the process more efficient and compassionate.
- We are in the process of exploring the use of the Health Professions Discipline Tribunal with the goal of standardizing the process across multiple colleges.

Reflection question

- What other opportunities might exist for the College in addition to those identified in the partner input?

Include more voices to inform decision-making

- Multiple partner groups identified opportunities for more voices to be invited to the table to inform decision-making at the College.
- There were some suggestions for bringing different voices to the Board, such as:
 - Increasing diversity in Board representation,
 - Ensuring public members on the Board have a voice and their opinions are considered, and
 - Having patient and caregiver representatives on the Board.
- Other ways that the College can invite different voices and perspectives into our decision-making include:
 - Continue to ask for patients' lived experience input into the organization and processes,
 - Make the process of providing patient feedback visible and accessible,
 - Establish an equity advisory group with meaningful representation from historically excluded communities,
 - Creating clear mechanisms for feedback and accountability from marginalized communities (for physiotherapists and patients), and
 - Establish long-term relationships with groups that advocate on behalf of historically excluded communities and proactively engage them in our processes.

What the College is currently doing in this space

- We work closely with the Ministry to ensure we have a full complement of public members appointed to the Board.

- We ensure that public members are represented in the work of our committees through committee composition and procedures.
- We regularly engage with the Citizen Advisory Group to invite the patient and caregiver perspective.

Reflection question

- What other opportunities might exist for the College in addition to those identified in the partner input?

Provide clear and relevant information

- Multiple partner groups identified opportunities for the College to provide clear and relevant information to different audiences.
- It was suggested that the College should advertise and provide education to the public to empower them to be informed patients. For example, helping patients and the public understand:
 - When they should seek physiotherapy care,
 - The scope of physiotherapy practice,
 - Different types of funding for care,
 - What to look for when choosing a physiotherapist,
 - Question to ask care providers or sellers of products,
 - What to expect when getting physiotherapy care,
 - The role of the College and what we do to protect the public, and
 - How to report concerns.
- One opportunity for providing better information to patients is to simplify and increase the relevance of the information in the Public Register. This could address the challenge reported by patients and caregivers in navigating the system to find the right physiotherapists who meet their needs.
- Similarly, there is an opportunity for the College to ensure that physiotherapists receive clear and relevant information from the College about the College's processes, the standards, and receiving timely updates.
 - The information we provide to registrants should be tailored and balanced, and
 - We should optimize how we use the PT Portal to provide timely and relevant updates.
- There are also other ways the College can make our communication more effective in general, such as:
 - Using inclusive and affirming language for all audiences,

- Supporting the different ways individuals receive and process information, and
- Supporting individuals with different levels of technological ability and access.

What the College is currently doing in this space

- We have a dedicated section on our website that provides information relevant to patients, including:
 - Find a physiotherapist
 - What is physiotherapy
 - Government-funded physiotherapy
 - Make a complaint
 - Unregulated practitioners, and
 - Discipline hearings and decisions
- We use Google ads to ensure that the College shows up as a top search result for terms related to our work.
- We provide information about College process to applicants and registrants on our website.
 - Our website was recently re-designed to streamline the content to make it easier to find relevant information.
- We share key updates that are relevant to registrants in our monthly newsletter.
- We also send quarterly newsletters to employers and academic programs with updates from the College that are most relevant to them.

Reflection question

- What other opportunities might exist for the College in addition to those identified in the partner input?

Issues related to clinic ownership

- The issue related to clinic ownership and its impact on practice was identified by multiple partner groups.
- Concerns were raised about:
 - Clinic owners who are not healthcare professionals, including corporate ownership, leading the focus to shift towards profit and away from care, and
 - Competitive pressures leading to inappropriate treatment or billing practices.
- Opportunities for the College to respond in this area include:
 - Impose rules around clinic ownership or imposing the same obligations on clinic owners as those on physiotherapists,
 - Look at the impact of preferred provider networks and assess whether they comply with rules, and
 - Maintain a register of clinics listings with reviews or conduct audits of clinics.

What the College is currently doing in this space

- The College does not currently have the authority to regulate clinics where physiotherapists practice or clinic owners who are not physiotherapists.
- In 2015-2016, this College collaborated with a number of other Colleges to explore the feasibility of regulating clinics and shared a proposal with government for consideration.
 - A change to legislation would be required to implement clinic regulation, at that time the government did not choose to proceed with such a change.

Reflection question

- What other opportunities might exist for the College in addition to those identified in the partner input?

Concerns about unregulated providers

- Multiple partner groups identified concerns about the involvement of unregulated providers in physiotherapy care.
- It was noted that sometimes care is provided by unregulated individuals like trainers, and that is a source of risk.
- There were also some concerns raised about physiotherapist assistants related to their training, what they are allowed to do, and how the care is being billed. It was suggested that there is an opportunity for the College to consider regulating physiotherapist assistants.
- It was also noted that because the term “physiotherapy” is not protected, it allows those who are not physiotherapists to misuse the term.

What the College is currently doing in this space

- The College publishes information about individuals who are not physiotherapists who are claiming to be physiotherapists.
- The College does not currently have the authority to regulate physiotherapist assistants.
- The College defines clear expectations about how physiotherapists should assign and supervise care provided by others such as physiotherapist assistances and students.

Reflection question

- What other opportunities might exist for the College in addition to those identified in the partner input?

Support for and compassion towards registrants

- It was noted by multiple partner groups that while the College's role is to serve the public interest, that there is an opportunity for the College to also offer support for and compassion towards physiotherapists.
- Many physiotherapists reported experiencing burnout, which they note affects both their wellbeing as well as the care they provide.
- Some of the ways the College could do so include:
 - Consider that physiotherapists face various factors and constraints in care when establishing standards and providing advice and aim to strike the right balance between public protection and burden on physiotherapists,
 - Provide mental health support and resources for physiotherapists who are facing challenges, and
 - Support registrants when they face challenges like racism and discrimination and offering them more support and guidance.

What the College is currently doing in this space

- The College provides a list of mental health and wellness resources on our website.
- The College is in the early stages of exploring how to incorporate compassionate approaches into our regulatory processes.

Reflection question

- What other opportunities might exist for the College in addition to those identified in the partner input?

Issues related to cost, funding and access to care

- Multiple partner groups identified concerns and issues related to cost, funding, and access to physiotherapy care.
- It was noted that lack of funding leads to long wait times to access care and not being able to provide patients with the full extent of care that they need.
- There was indication that funding and access issues were even more extensive in rural areas.
- While the College cannot address issues around funding and access directly, it was recognized that we should incorporate awareness about access issues as we do our work.

What the College is currently doing in this space

- The College does not have the ability to influence how physiotherapy care is funded.
- We publish information on our website to help patients find government-funded physiotherapy care, and our Practice Advice service regularly responds to calls from patients who are looking for government-funded care.
- The College is in regular contact with the advocacy group that represents third-party payors (insurers) to share relevant information with each other.

Reflection question

- What other opportunities might exist for the College in addition to those identified in the partner input?

Incorporating equity, diversity, and inclusion into the College's work

- Some partner groups commented on how the College can incorporate equity, diversity and inclusion into the College's work and to support registrants in doing the same.
- It was suggested that the College should embed principles of equity, cultural humility, and trauma-informed care into all aspects of its work. Some of the practical steps that the College can take in this area include:
 - Build relationships, listen to the perspectives of these communities, and reflect,
 - Partner and collaborate with those working on equity, diversity and inclusion issues to create training resources,
 - Engage members of historically excluded communities to do work for the College,
 - Regular training for staff and Board members on EDI issues with a focus on intersectionality and lived experience,
 - Internal education and efforts to facilitate inclusivity in all College functions and operations,
 - Funding or support research into equity issues in physiotherapy practice and regulation, and
 - Audit and acknowledge current gaps in EDI practice, use that to direct ongoing action, and transparently reporting on it.
- To support physiotherapists to provide inclusive, safe, and welcome care, it was suggested that the College should provide clear, practical guidance and systemic support, and to advocate for EDI to be included in physiotherapists' education.
- On the other hand, some respondents believed that the College should focus less on equity, diversity and inclusion issues.

What the College is currently doing in this space

- The College has developed and is implementing a strategy to embed equity, diversity and inclusion principles into our work. This is an ongoing process, the goal is to achieve sustained progress through incremental improvements year over year.
- Later this year, the College will undertake foundational work for the potential development of two EDI-focused standards to help physiotherapists incorporate EDI principles to advance safe, welcoming and equitable care.

Reflection question

- What other opportunities might exist for the College in addition to those identified in the partner input?

Scope of practice

- Scope of practice continues to be a key issue within the physiotherapy community.
- It was noted that expanding the scope of practice for physiotherapists to include activities such as ordering diagnostics and prescribing medications would improve access for patients and reduce burden on general practitioners.
- There was also recognition that a scope expansion is a source of risk and must be supported by appropriate training.

What the College is currently doing in this space

- Last year, the College collaborated with the Ontario Physiotherapy Association on an updated joint submission about the implementation of the authority for physiotherapists to order certain diagnostic tests.

Reflection question

- What other opportunities might exist for the College in addition to those identified in the partner input?

Other Input Received from Each Partner Group

In addition to the issues and themes summarized above, each partner group also shared the comments and input below.

Physiotherapists

- Many physiotherapists identified the spread of health misinformation online and on social media as a source of risk in physiotherapy practice.
- Physiotherapists expressed both support for and concern about working in primary urgent/emergency care, and identified many challenges related to working in the hospital sector.
- Some physiotherapists expressed concern about more care being delivered virtually and believed that strong regulation of virtual care is needed.
- Many physiotherapists believed that the College should advocate on issues that impact physiotherapy practice, such as the growth of the profession, healthcare funding and staffing, and scope expansion.
- Some physiotherapists identified areas where they would like more guidance from the College, such as private practice, social media use, and opportunities to transition to non-clinical roles.

What the College is currently doing in this space

- The College currently provides guidance to registrants who provide virtual care, emphasizing that all of the same practice expectations apply to virtual care as in-person care, and highlight specific considerations related to providing virtual care.
- The College currently provides principles to guide registrants' use of social media.

Reflection question

- What other opportunities might exist for the College in addition to those identified in the partner input?

Patients and caregivers

- For physiotherapy patients and caregivers, in addition the quality of care issue mentioned above, collaboration with other providers and maintaining boundaries were also ranked high among the issues that were of concern to them.
- Many of them also noted the importance of professional and open communication in supporting good care, such as providing clear information about their care plan, who is involved in care, and mutual respect and inclusion of all parties involved in the care.
- Other concerns noted by patients and care givers include consent, privacy, billing practices, and conflict of interest.

What the College is currently doing in this space

- The College currently has a Communication Standard to ensure that physiotherapists communicate professionally, clearly, effectively, and in a timely manner to support and promote quality physiotherapy services.
- The College also has standards that address the issues of concern identified by patients and care givers, including:
 - Collaborative Care,
 - Boundaries and Sexual Abuse,
 - Fees, Billing and Accounts, and
 - Conflict of Interest.
- The College has resources that explain to physiotherapists their obligations related to privacy and consent, which are defined in legislation.

Reflection question

- What other opportunities might exist for the College in addition to those identified in the partner input?

System partners

- Several system partners noted concerns related to licensing and pathway to practice, and that the College should ensure there are expeditious pathways to registration, to remove barriers, and be mindful of cost.
- Labour mobility was also noted as an area of concern and opportunity where the College has a role to facilitate interprovincial mobility to meet the needs of the population.
- It was noted that the College has an opportunity to offer information and resources not just to physiotherapists but also others involved in physiotherapy care, like physiotherapist assistants and employers, so that they can also gain a better understanding of regulation, College processes, and the rules and guidance for the profession.
- It was noted that the College should continue to be a partner to other regulators in the country and to establish more opportunities to collaborate with other system partners.
- It was noted that the College should continue to focus on public interest and not advocacy, and to look to the priorities of the government and incorporate them into our planning.
- An opportunity was identified to better support French-speaking physiotherapist by offering the bridging program and the Canadian Healthcare Context course in French.
- There were some suggestions around considering additional categories of registration, such as one for non-practitioners, or recognition of specialists and expanded scope of practice. It was noted that any changes to the categories should undergo broad consultation so that it is reflective of the whole profession.

What the College is currently doing in this space

- The College continues to collaborate with the Canadian Alliance of Physiotherapy Regulators (CAPR) as they re-envision their assessment services to ensure there continues to be an effective pathway to licensure for all applicants.
- The College receives and processes applications for registration under the existing labour mobility framework (The Canada Free Trade Agreement).
- We conduct outreach with physiotherapist assistant programs in Ontario to foster engagement with the College and share relevant information about College expectations.
- We promote information and resources that are relevant to other groups like employers and physiotherapists assistants through different communication channels, like newsletters and social media.
- We regularly share information and collaborate with other regulators in Ontario and across Canada through groups like Health Profession Regulators of Ontario (HPRO) and Canadian Physiotherapy Regulators (CPTR).
- The format of our Board materials and discussions support a focus on the public interest.

Reflection question

- What other opportunities might exist for the College in addition to those identified in the partner input?

Staff

Staff identified these additional opportunities for the College's future work.

- Use data to inform decision-making, to identify risks, and to identify and respond to emerging trends in practice,
- Providing clear information to applicants about the pathways to licensure,
- Working with system partners to leverage opportunities to achieve common goals,
- Creating more structure, policies and procedures to support the management of our human resources,
- Working effectively within budget and capacity constraints while continuing to invest in our people,
- Improving our access to and use of technology, and
- Support Board and Committee effectiveness through education and succession planning.

What the College is currently doing in this space

- We are in the process of building our data infrastructure to allow for greater use of our data for reporting, planning and decision-making.
- We are planning to do a review of our partner relationships to ensure there is clarity and intentionality around purpose and outcomes.
- We engage in annual operational planning to ensure that we have the resources to support the work that we want to do and to invest in our staff.
- We are continually implementing enhancements to existing technology tools and implementing new technology tools when appropriate and beneficial.

- We support Board and Committee effectiveness through annual education planning and succession planning procedures.

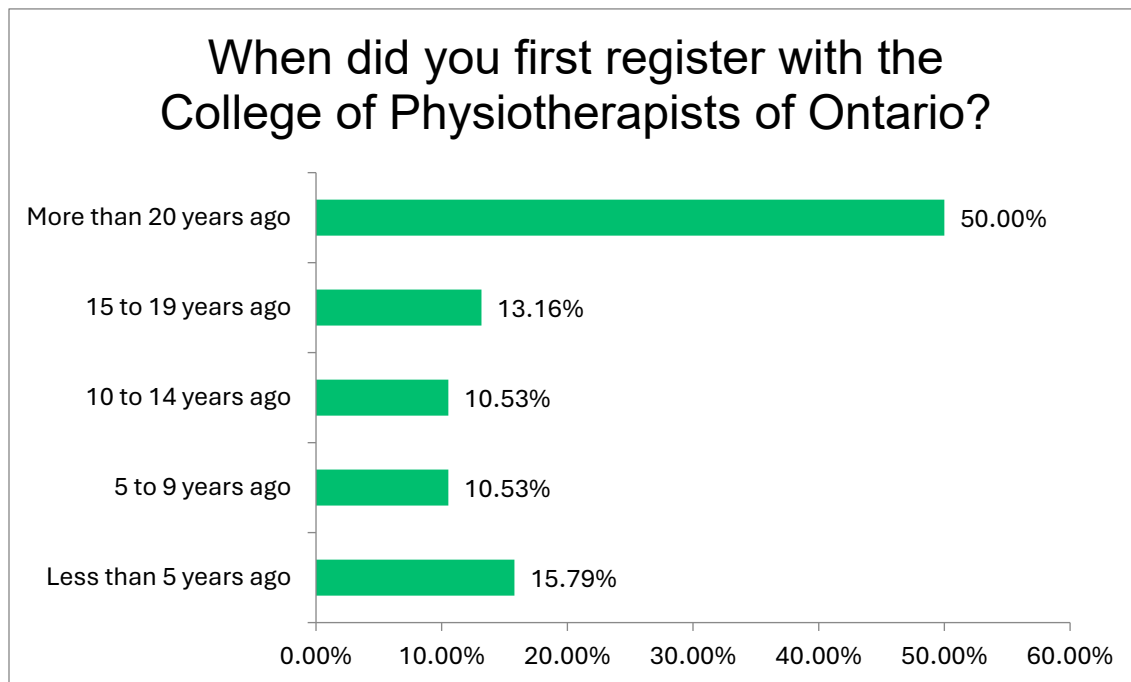
Reflection question

- What other opportunities might exist for the College in addition to those identified in the partner input?

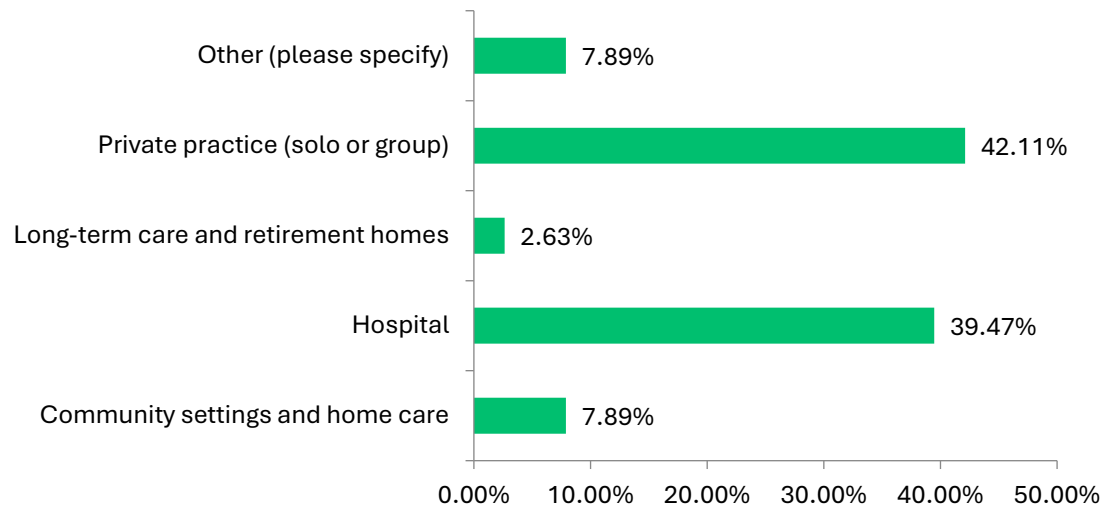
Profiles of Partners who Provided Input

Physiotherapists

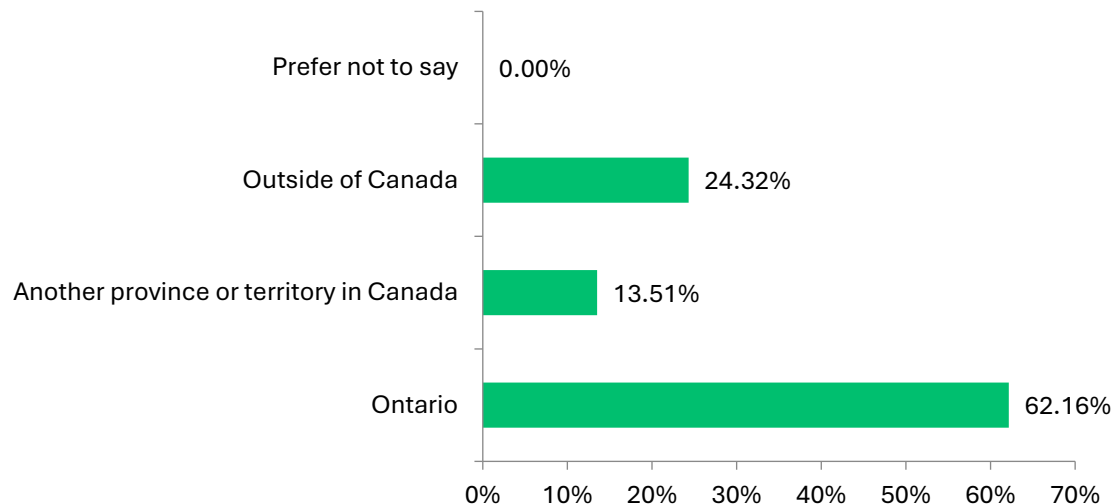
We received input from 78 physiotherapists and physiotherapy students. The data below only reflects physiotherapists who provided their input through our survey (n=38), not those who provided their input in-person at the OPA conference (n=40).

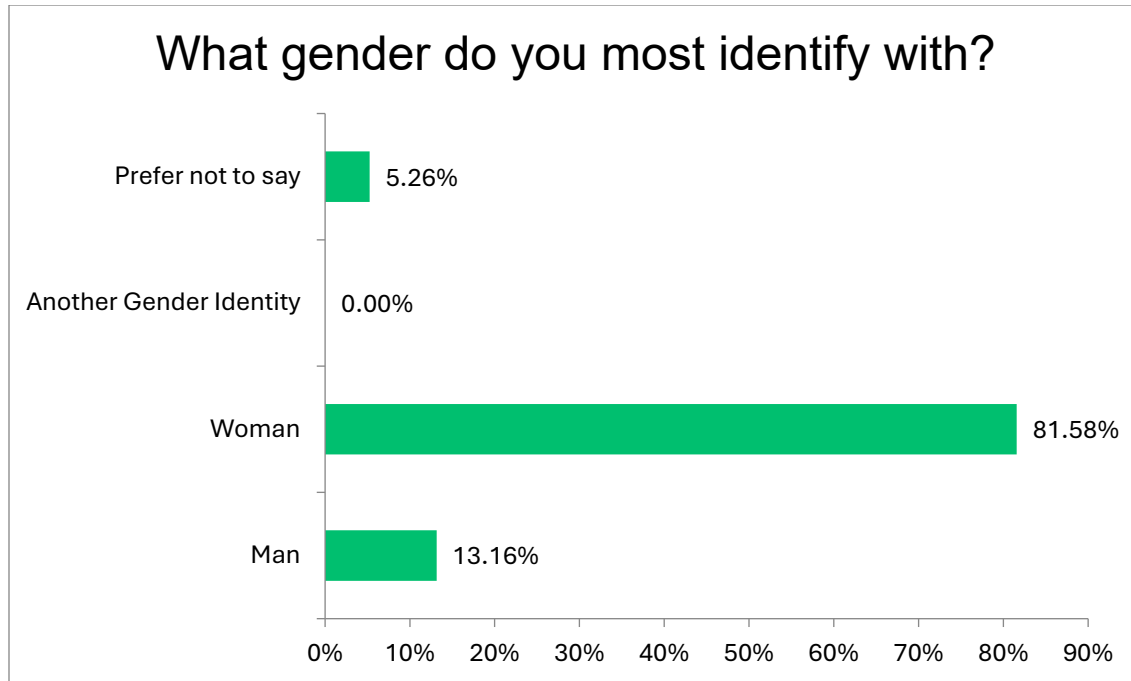


Which of the following best describes your practice setting?



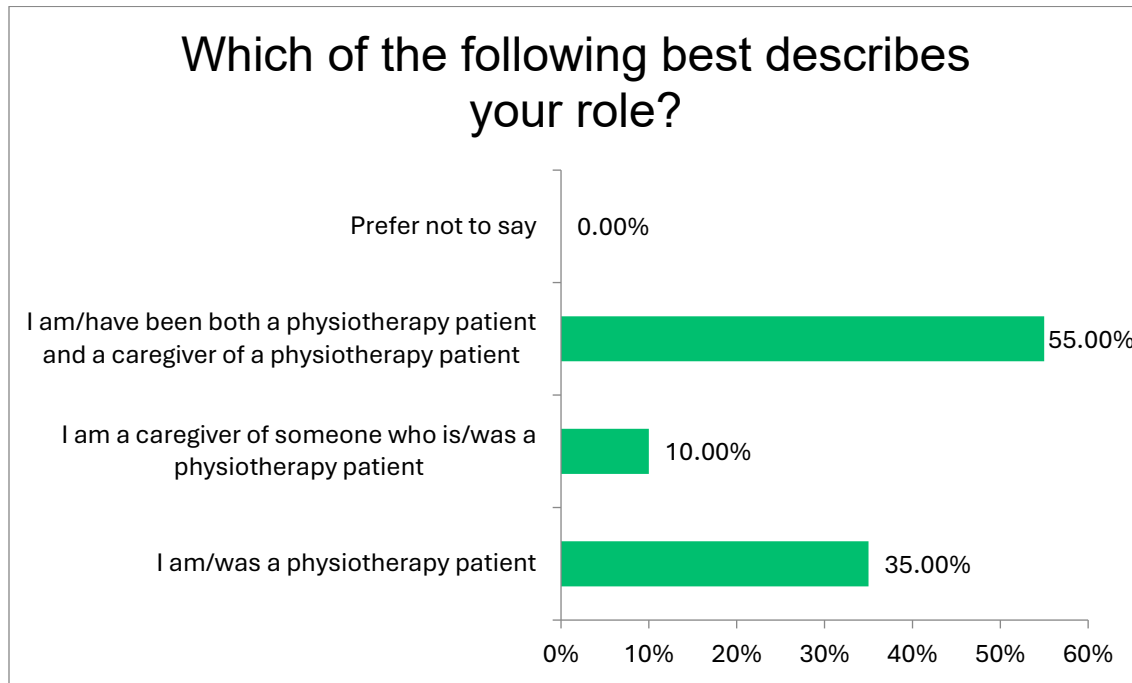
Where did you receive your training as a physiotherapist?





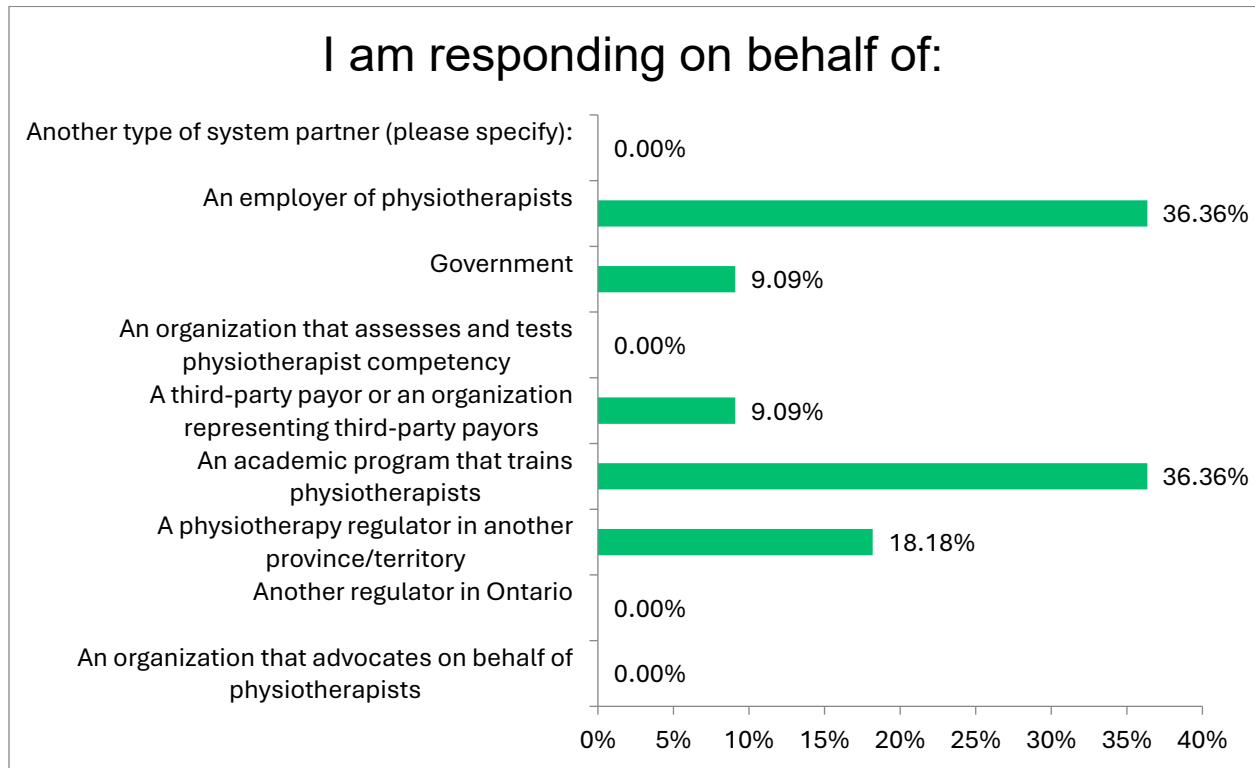
Patients and Caregivers

We received 20 responses from members of the Citizen Advisory Group.



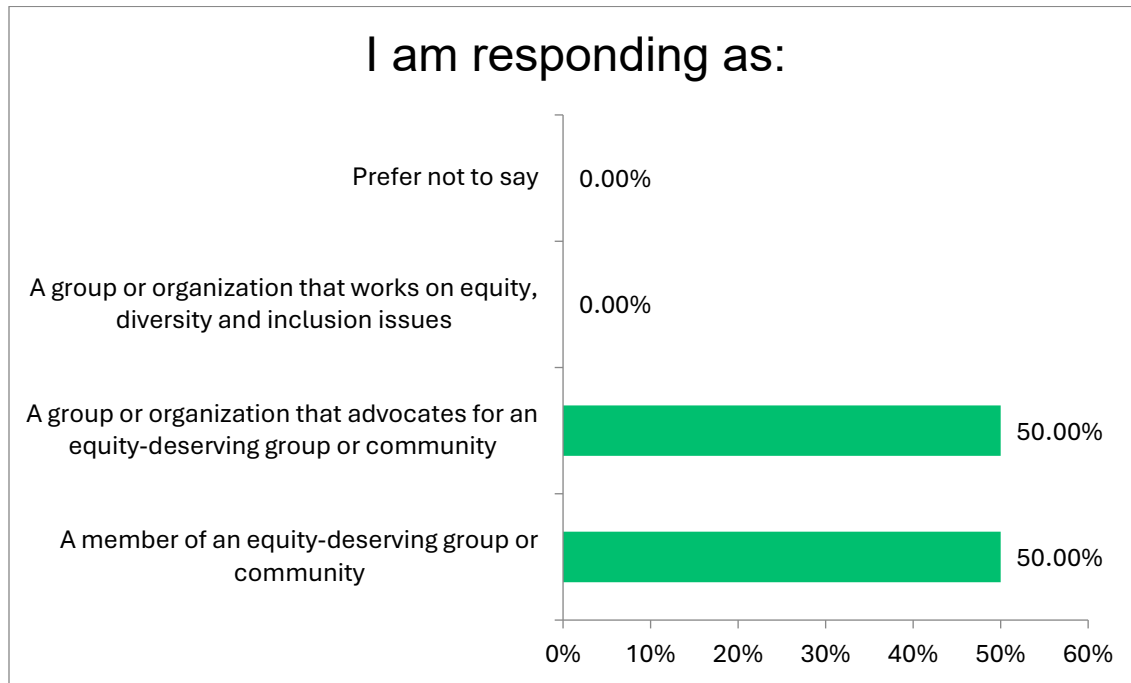
System Partners

We received input from 11 system partners.



EDI Partners

We received input from four EDI partners.



Part 3: Strategic Reflection Questions

What's working well in our current plan that we want to carry forward?

-

What trends or changes in the health system, regulatory environment, or profession should we consider?

-

What public interest focused opportunities exist—and how can we be proactive in addressing them?

-

What innovative or important outcomes should we aim to achieve by 2030?

-

Board Meeting
June 23-24, 2025

Agenda #13.0: Registrar Performance Assessment Policy

It is moved by

and seconded by

that:

The Board approves amendments to Policy #7.4: Registrar Performance Assessment.

BOARD BRIEFING NOTE
For Decision

Topic:	Registrar Performance Assessment Policy
Public Interest Rationale:	Ensuring there is a robust process in place to evaluate the Registrar's performance.
Strategic Alignment:	<i>Performance & Accountability:</i> Continuous improvement of processes to support effective and efficient governance.
Submitted By:	Mara Berger, Director, Policy, Governance & General Counsel
Attachments:	Appendix A: Registrar Performance Assessment Policy

Issue

- Addressing gaps in the current performance assessment process for the Registrar to better support the Board's oversight responsibilities.

Decision Sought

- The Board is being asked to approved the revisions to the Registrar Performance Assessment Policy.

Background

- In accordance with section 9(2) of Schedule 2 of the [Regulated Health Professions Act](#), the Registrar is an employee of the Board.
- As part of its oversight role, it is the Board's responsibility to set performance goals for the Registrar and to assess the Registrar's performance on an annual basis.
- The performance assessment process is primarily set out in Governance Policy 7.4 – Performance Review Process for Registrar, which was last reviewed in June 2021.
 - The Chair of the Board coordinates the Registrar's annual performance review, with the annual cycle currently being required to start no later than October.
 - The assessment is based on multi-source feedback from all Directors, senior staff and other relevant contacts that may be identified by the Chair or the Registrar.
 - The Chair uses the feedback and their own experience to create a draft report, that the Registrar has an opportunity to comment on.
 - The Executive Committee reviews the draft report and the Registrar's comments and then makes a recommendation to the Board.
 - The Board has the final decision-making responsibility with respect to the Registrar's performance assessment.

- While the current policy sets out a basic framework for the Registrar's performance assessment, several gaps have been identified.
 - Additionally, when the Regulator's Practice reviewed the College's governance practices in 2023, it was noted that the Board may want to discuss the ongoing executive HR resourcing required to support the Board and the Chair to facilitate the Registrar performance process in a consistent and meaningful way.

Current Status and Analysis

- The proposed revisions are intended to strengthen the process, provide greater clarity regarding all the steps involved and allow for a realignment of the process with the College's fiscal and Board year.

Setting Performance Goals

- A specific section is being proposed to confirm the process for setting annual performance goals for the Registrar. The purpose of section is to outline the timing of when performance goals will be set by the Board, the steps involved in determining the goals for each year, and the Chair's responsibility for regularly connecting with the Registrar to support the accomplishment of the goals.
 - Proposed goals would be developed by the Chair with input from the Registrar and support from the Executive Committee. The proposed goals would then be considered by the Board, which would retain final approval.
 - In exceptional circumstances, goals could be adjusted during the year if the College's priorities shift due to unforeseen circumstances, such as new government directives or significant operational demands that could not have been anticipated.
- The current policy is mostly silent with respect to goal setting, only stating that the goals will be set annually by the Board and that the Chair will meet with the Registrar to help facilitate the requirements for the Registrar to accomplish the goals.

Timing of the Process

- Under the revised policy, the performance assessment process would be readjusted to align with the College's fiscal year, which runs from April 1st to March 31st, and the Board year.
 - The current performance assessment process occurs midway through the College's fiscal year. The process must be initiated no later than October, with the Executive Committee reviewing the draft report in November and the Board finalizing the performance assessment in December. As a result, the process is disconnected from the College's fiscal year and operational planning.

- The process is also disconnected from the Board year. Board turnover occurs at the June Board meeting, with the last Board meeting of the year happening in March, though committees continue to meet until the official turnover.
- Under the new timeline, goal setting would occur in June at the beginning of the new fiscal year when the Board turnover happens, and the performance assessment would occur at the last Board meeting of the fiscal year in March.
- Realigning the timeline would streamline the process, allowing the Board to set new performance goals for the Registrar once the operational priorities and the budget for the new fiscal year have been set, and then consider the Registrar's performance vis-à-vis those goals at the end of each fiscal year.

Other Proposed Revisions

- Some additional housekeeping updates are also being proposed, including:
 - Updating the policy statement to highlight the Board's oversight responsibilities rather than focusing on procedural aspects.
 - Confirming that, budget permitting, a consulting firm will be engaged to assist with the performance assessment process.
 - Establishing the purpose of the performance assessment process at the outset so it covers the entire process rather than being limited to the assessment report.
 - Clarifying that the Registrar's comments on the draft report will be shared with the Board as part of the Executive Committee's recommendation to ensure that the Board has access to all relevant information.

Next Steps

- If approved, the revised policy would become effective immediately.
- Further revisions to the policy may be made in the future as the performance assessment process continues to be refined.

Questions for the Board

- Do you feel anything in the materials requires further clarification?
- Is there anything else related to the Registrar's performance assessment that should be addressed in the policy?

Section: General

Policy #7.4

Title: ~~Performance Review Process for Registrar~~Registrar
Performance Assessment

Date approved: December 2003

Date revised: June 2006, March 2007, June 2009, March 2012,
February 2013, March 2015, June 2021

Policy

As part of its oversight responsibilities, the Board will annually evaluate the Registrar's performance based on performance goals informed by the College's strategy and annual operating plan. ~~The evaluation of the Registrar's performance will be coordinated by the Chair and involve the Executive Committee. The final review of the Registrar's performance will be made by the Board, in camera.~~

Procedure

1. The Registrar Performance Assessment will be coordinated by the Chair, who may engage a consulting firm to assist with the process if the budget permits.
2. The purpose of the Performance Assessment is to provide feedback to the Registrar and support the Registrar in achieving organizational goals and optimal performance.

Goal Setting

3. At the beginning of each Fiscal Year, the Chair, with input from the Registrar and support from the Executive Committee, will develop performance goals for consideration by the Board.
4. At the first Board meeting of the Fiscal Year, the Board shall review the proposed performance goals for approval. Once approved, the Chair will ensure that the Registrar has a copy of the approved goals.
- ~~1. The Chair will coordinate the Registrar's annual performance review, based on:

a. goals set annually by the Board, including direction on priorities, and
b. operational performance indicators, including timelines.~~
5. Throughout the Fiscal Year, T~~he~~he Chair will meet ~~semi-annually~~regularly with the Registrar to assess progress and provide guidance on barriers to facilitate the achievement ~~determine and help facilitate the requirements to help the Registrar accomplish such~~of the performance goals.

6. If, at any time during the year, the College's priorities shift due to unforeseen circumstances, the Chair, with input from the Registrar, may suggest amendments to the goals. Any amendments would follow the same process as the initial goal setting.

Performance Assessment

- ~~2-7.~~ The annual ~~review cycle~~ performance assessment will ~~is to be~~ initiated ~~no later than October~~ in advance of the last Board meeting of the Fiscal Year.

- ~~3-8.~~ The Chair will gather feedback from all Board Directors to assess the Registrar's performance based on the approved goals. Additionally, the Chair or the consultant, if a consultant has been hired, will also gather feedback from senior staff, and may reach out to relevant external contacts, identified by both the Registrar and the Chair as required.
~~The performance review will gather and assemble multi-source feedback about the Registrar's performance from:~~

- ~~a. all Directors;~~
- ~~b. senior staff; and~~
- ~~c. relevant external contacts, identified by both the Registrar and the Chair.~~

- ~~4-9.~~ If needed, ~~T~~the Registrar will provide the Chair with contact information for staff and external contacts to facilitate the ~~review~~ gathering of feedback. The Chair may identify additional external contacts from whom to obtain input.

- ~~5-10.~~ ~~T~~he Chair will ~~write a draft~~ a performance assessment report, ~~tabulating all comments from the above sources,~~ outlining the Registrar's performance in relation to the approved goals and incorporating any other feedback that may have been gathered, as well as the Chair's own experiences with the Registrar. ~~The report is to provide feedback, to assist the Registrar toward optimal performance.~~

- ~~6-11.~~ Once the draft report is complete, the Chair will share it with ~~t~~he Registrar ~~to provide the Registrar with an opportunity~~ will then be given the draft to review ~~the report~~ and provide comments~~ary~~.

- ~~7-12.~~ The Chair will then present the draft report ~~with,~~ including the Registrar's comments, to the Executive Committee for consideration.

- ~~8-13.~~ The Executive Committee will make a recommendation regarding the draft report to the Board.

- ~~9-14.~~ The Chair will present the final draft report, including the Registrar's comments, to the Board in camera, at the last Board meeting of the Fiscal Year. The Board will make any changes it sees fit and approve the final performance review.

- ~~10-15.~~ The Chair will report the Board's performance review to the Registrar, who will keep a record of the performance assessment in a confidential file.

Board Meeting
June 23-24, 2025

Agenda #14.0: Registrar Succession Planning Policy

It is moved by

and seconded by

that:

The Board approves the Registrar Succession Planning Policy by:

- Approving new Policy #7.13: Registrar Succession Planning
- Approving amendments to Policy #1.5: Role of the Chair
- Approving amendments to Policy #1.7: Role of the Registrar
- Approving amendments to College By-laws section 2.9

BOARD BRIEFING NOTE
For Decision

Topic:	Registrar Succession Planning Policy
Public Interest Rationale:	Ensuring that the College can meet its statutory responsibilities by addressing any potential interruption in the role of the Registrar.
Strategic Alignment:	<i>People & Culture:</i> Ensures the College has the right governance processes in place to support operations and business continuity.
Submitted By:	Mara Berger, Director, Policy, Governance & General Counsel
Attachments:	Appendix A: Registrar Succession Planning Policy Appendix B: Governance Policy #1.5 – Role of the Chair Appendix C: Governance Policy #1.7 – Role of the Registrar Appendix D: By-law section 2.9.

Issue

- Establishing a policy to support continued leadership and coverage of executive duties during absences or the departure of the Registrar & CEO.

Decision Sought

- The Board is being asked to approve the Registrar Succession Planning Policy and the associated By-law and governance policy changes.

Background

- In accordance with section 9(2) of Schedule 2 of the [Regulated Health Professions Act](#), the Board is required to appoint a Registrar of the College.
- Specific statutory powers and responsibilities have been assigned to the Registrar in Schedule 2, as well as the [General Regulation](#) made under the [Physiotherapy Act, 1991](#). Further responsibilities are outlined in Governance Policy #1.7 – Role of the Registrar.
- The Registrar's responsibilities include but are not limited to the following:
 - Functioning as the College's Chief Executive Officer.
 - Ensuring the College meets its statutory obligations.
 - Overseeing the operational management of the organization.
 - Managing the College's resources within budget guidelines.
 - Maintaining and developing the College's organizational culture, values and reputation.

- While section 2.9. of the College's By-laws includes provisions relating to the appointment of an Interim Registrar, the College does not currently have a comprehensive policy or process outlining how to address unplanned short-term absences, planned or unplanned long-term absences or a permanent departure of the Registrar.
 - This gap was identified as part of the 2023 review of the College's governance practices by the Regulator's Practice. It was recommended that the Board should work with the Registrar to develop an Emergency Succession Plan, outlining what happens if the Registrar is unable to fulfill their duties to ensure that there is continuity of leadership.
- Since the Registrar has been granted specific responsibilities that only the Registrar can fulfill, any absence or departure has the potential to be disruptive to the functioning of the College. This includes potentially impacting the College's ability to meet its statutory requirements or to maintain its day-to-day operations.
- Because of the significant role that the Registrar plays, it is important to ensure that the College has the right procedures in place to support continuous leadership and organizational stability in the event that the Registrar becomes unavailable due to an unforeseen short-term absence or a planned or unplanned long-term absence or due to a permanent departure.

Current Status and Analysis

- The purpose of the proposed Registrar & CEO Succession Planning Policy is to establish a framework to address situations where there is a need to replace the Registrar either on temporary or permanent basis to ensure coverage of statutory and executive duties.
- Specifically, the policy outlines the procedures to be followed in three distinct situations:
 - When the Registrar has to take an unexpected short-term leave of absence,
 - When the Registrar has to take a planned or unplanned leave of absence and the Board is required to appoint an Interim Registrar, and
 - When a new Registrar must be appointed due to the Registrar's resignation, planned retirement, or termination.

Unplanned Short-Term Absences

- While Governance Policy #1.7 – Role of the Registrar contains a provision that the Registrar must notify the Chair if they appoint a senior employee of the College to act as the Interim Registrar during absences, there is currently no guidance as to how and when this may occur.
- To close that gap, in the Registrar Succession Planning Policy it is proposed that the Registrar can exercise the ability to select an Interim Registrar for unplanned short-term absences where the anticipated return date of the Registrar is three months or less.

- In most instances, the Deputy Registrar would fulfill the role of Interim Registrar, but if needed another senior employee of the College may be selected.
- The Registrar must notify the Chair of the Board and the Ministry of Health in writing of the selection.
- The Board Chair will support the Interim Registrar as needed during this period.
- For any planned or unplanned absences longer than three months, the Emergency Succession Planning provisions would apply instead. This provides needed flexibility to address short-term absences without undue administrative burden but also recognizes that for any longer-term absences it is essential for the Board to exercise its authority.
- The focus is specifically on unplanned short-term absences. For planned short-term absences such as vacations it is anticipated that the appointment of an Interim Registrar would not be required since preparations can be made in advance to ensure operational continuity.

Emergency Succession Plan

- The proposed Emergency Succession Plan section of the policy sets out the process to be followed in response to an extended absence or permanent loss of the Registrar, specifically with respect to the appointment of an Interim Registrar.
- Section 2.9. of the College's By-laws currently states that if the office of the Registrar becomes vacant, the Board or the Executive Committee shall appoint an employee of the College to act as Interim Registrar. If the Board or the Executive Committee are unable to meet promptly, the Board Chair has the ability to appoint an Interim Registrar, with the appointment subject to ratification by the Board.
 - As currently drafted, the By-law provisions do not specify in which cases the appointment of the Interim Registrar should be made by the Board versus the Executive Committee. It also only speaks to the office of the Registrar becoming vacant, which doesn't directly address absences where the Registrar is expected to return to the role at a later date.
- To clarify the process, the policy proposes that the Chair shall call a special meeting of the Board to appoint an Interim Registrar, but if the Board is unable to meet within 2 business days, the Board Chair may appoint an Interim Registrar.
 - This aligns with the Board's responsibility with respect to the role of the Registrar, while also providing flexibility to ensure an Interim Registrar can be appointed quickly in circumstances where the Board is unable to meet on short notice. Due to the statutory responsibilities assigned directly to the Registrar, it is important that the role not remain vacant for any significant amount of time.

- While the Executive Committee would no longer be directly referenced in the By-laws with respect to the appointment of an Interim Registrar, the committee would still have the ability to step in and make the appointment if needed since it has the authority to utilize the powers of the Board if deemed necessary under Schedule 2 of the *Regulated Health Professions Act*.

Planned Succession

- The purpose of the Planned Succession section of the policy is to outline the process for appointing a new Registrar following the Registrar's resignation or termination, or following advance notification of the Board that the Registrar plans to retire at a specified future date.
 - This process would unfold in conjunction with the Emergency Succession Plan to appoint an Interim Registrar if the position cannot be filled prior to the last employment date of the outgoing Registrar.
- The process would be overseen by the Chair of the Board, with external support from an executive search firm selected by the Board for that purpose from a minimum of three options and internal support from the People & Culture Manager.
 - Engaging an executive search firm would allow the process to benefit from outside expertise, while the People & Culture Manager can provide internal expertise and administrative support and operational insight.
- Additionally, the Board would be required to strike a Search Committee. It is proposed that the Search Committee would consist of 5 members, including the Board Chair and at least one Public Director and one Professional Director, with one of the Committee members being selected as the Committee Chair.
 - The last two Committee spots are flexible, but where possible, the policy establishes a preference for appointing a Registrar or former Registrar from another College to the committee due to the role-specific expertise they would be able to contribute.
 - The Search Committee would be supported by the executive search firm and the People & Culture Manager.
- It is also being proposed as an option that a senior staff member be appointed to the Search Committee. The senior staff member would not be involved in the decision-making, but primarily function as a resource to provide any organizational insight that may be needed.
 - Having a senior staff member sit on the Search Committee in an advisory capacity would allow the Committee to benefit from direct knowledge of the day-to-day operations of the College, its workplace culture and its internal processes. This practice is also fairly common within the executive recruitment context.

- Careful selection of the senior staff member would be important to ensure the individual does not intend to apply for the Registrar role. Additionally, strict confidentiality would need to be maintained since the senior staff member would be aware of any internal candidates under consideration.
- The Search Committee would function, among other responsibilities, as the primary selection and interview panel. The Search Committee would also develop recommendations for the Board regarding the proposed employment terms for the new Registrar and conduct contract negotiations based on direction from the Board as required.
- The final hiring decision remains solely within the purview of the Board based on recommendations presented by the Committee Chair.
 - A formal job offer would only be extended once the Board has approved a candidate, and the Board would be required to confirm the employment contract once finalized.
 - To close out the process, the College, with support from the Board Chair, would announce the hiring and notify the Ministry of Health.

Impact of the Policy

- If approved, the policy would close an important gap in the College's current governance processes and ensure that there are established approaches for how to address both absences of the Registrar as well as permanent departures.
- The policy would also provide certainty to the Board regarding the formal steps that would need to be followed to appoint an Interim Registrar and to support the hiring process for a new Registrar.

Next Steps

- If approved, the new policy and revised By-laws would become effective immediately and would be posted on the College's website.
- The College will also develop a repository of any information, such as passwords, an Interim Registrar or new permanent Registrar would require to fulfill the Registrar's duties.

Questions for the Board

- Do you feel anything in the materials requires further clarification?
- Is there anything else related to succession planning that should be addressed in the policy?

Section: General
Title: Registrar & CEO Succession Planning
Date approved:
Date revised:
Date confirmed:

Policy #7.13

Legislative References

- a. Health Professions Procedural Code: s.9(2)
- b. By-laws: s.2.9
- c. Governance Policies: Policy #1.7 – Role of the Registrar

Policy

The purpose of this succession plan is to ensure that the College of Physiotherapists has continuous leadership and coverage of executive duties to support ongoing operations and organizational stability in the event of an unplanned short-term absence (excluding planned vacations) or planned or unplanned long-term absence, or a permanent departure of the Registrar & CEO.

The succession plan defines the process in the following three (3) scenarios:

1. Unplanned Short-Term absences of three (3) months or less – selection of an Interim Registrar
2. Emergency Succession Plan – appointment of an Interim Registrar
3. Planned Succession – appointment of a Registrar

Procedures

1. Unplanned Short-Term Absences (Three Months or Less)

Where the Registrar & CEO has to take an unplanned short-term leave of absence with an anticipated return date of three months or less, the Registrar & CEO may select the Deputy Registrar or another senior employee of the College to act as the Interim Registrar during the absence to ensure business continuity. The Registrar & CEO must notify the Ministry of Health and the Board Chair in writing of the selection. The Board Chair will meet as necessary with the Interim Registrar to ensure stability of operations. If the absence lengthens in duration, the Emergency Succession Plan should be implemented.

2. Emergency Succession Plan

An Emergency Succession Plan is designed to respond to an extended absence or permanent loss of the Registrar & CEO by ensuring the ongoing coverage of duties previously undertaken by the Registrar & CEO, overseeing the appointment of an Interim Registrar and communicating with the Board of Directors, registrants and other College partners about the staffing change and the steps that are being taken to ensure delivery of services.

If the Registrar & CEO will be absent for more than three months or a vacancy occurs in the office of the Registrar, the Board Chair shall call a special meeting of the Board to be held at the earliest time that quorum can be achieved to appoint an employee of the College to act as the Interim Registrar until the Registrar & CEO returns or until a new Registrar & CEO is appointed. If the Board is not able to meet promptly (within 2 business days) to make the appointment, the Board Chair may appoint an Interim Registrar, which must then be ratified by the Board. In the meantime, anything urgent that arises that would require the authority of the Registrar may be addressed by the Deputy Registrar with support from the Board Chair.

The Deputy Registrar is the first choice to be appointed as Interim Registrar. In circumstances where there is no Deputy Registrar, or if the Deputy Registrar is unable at any point to act in the capacity of Interim Registrar, the role should be filled with another senior manager at the College. Only in instances where no senior manager at the College is able and willing to be appointed as the Interim Registrar shall outside recruitment be considered.

Board Directors, including the Chair, are not eligible to be appointed as the Interim Registrar.

The Interim Registrar shall have all of the authority and responsibilities and shall perform all of the duties of the Registrar & CEO and shall be compensated accordingly.

3. Planned Succession

The Planned Succession process will provide an orderly sequence from the departure of the Registrar & CEO to the employment of a new one. The Registrar & CEO shall be appointed by the Board and the Executive Committee shall not exercise the power of the Board for this purpose despite subsection 12(1) of the Code.

The Planned Succession process will begin immediately after any of the following events:

1. Written notification of the Board of the Registrar & CEO's plan to retire on a specified date in the future;
2. Receipt of the Registrar & CEO's written resignation by the Board; or
3. Termination of the Registrar & CEO's employment by the Board.

An Interim Registrar shall be appointed in accordance with the Emergency Succession Plan to fill the role while the Planned Succession unfolds if the Registrar & CEO resigned or was

terminated, or if the position cannot be filled in time of the Registrar & CEO's planned retirement date.

An executive search firm will be engaged to support the recruitment of a new Registrar & CEO. The Chair of the Board in the role at that time shall oversee the recruitment process with support from a Search Committee, as well as staff support from the People & Culture Manager. If the Chair is removed from the position prior to the end of their term or becomes otherwise unable to continue in the role, oversight of the process and all related responsibilities shall transfer to the new Chair of the Board.

The Board will also appoint a Search Committee to support the recruitment process. One of the Board Directors appointed to the Search Committee shall be selected as the Committee Chair by the Board based on expression of interest. The Committee Chair, with support from the People & Culture Manager, shall function as the primary liaison between the Search Committee and the executive search firm.

The Search Committee must consist of five (5) individuals and must include the Board Chair, one Public Director and one Professional Director and, when possible, a Registrar or former Registrar from another regulatory College not under consideration for the role. A senior staff member will also be appointed to the Search Committee in an advisory capacity. The senior staff member will attend all committee meetings and sit in on the interviews to lend their expertise but will not participate in the decision-making process. The Search Committee will also receive operational and administrative support from the People & Culture Manager.

The Search Committee shall conduct the recruitment in accordance with the Registrar Recruitment Process outlined in Appendix A.

The final hiring decision rests with the Board, which must approve the selected candidate as the new Registrar & CEO of the College. The Board is also responsible for confirming the employment contract.

Once the employment contract has been confirmed, the College, with support from the Board Chair, will announce the hiring. The Board Chair will also advise the Ministry of Health.

APPENDIX A – Registrar Recruitment Process



1. Selection of an executive search firm

The People & Culture Manager will investigate a minimum of three (3) search firms and their costs. The options, including a proposed budget and timeline will be presented to the Board at the earliest opportunity for approval. Following Board approval, the selected search firm will be contracted by the College.

2. Responsibilities of the Search Committee

The following are the responsibilities of the Search Committee:

- With support from the executive search firm and the People & Culture Manager, create an updated job description for the role.
- Review a list of potential candidates that have been identified and screened by the executive search firm.

- With the assistance of the executive search firm, conduct at least one interview with short-listed candidates. Additional interviews with some or all of the short-listed candidates may be scheduled as needed. The Search Committee may also decide, with support from the executive search firm, to engage candidates in other screening processes, such as leadership assessments.
- Select one (1) preferred candidate for presentation to the Board for consideration and final approval.
- Develop recommendations for the Board regarding the proposed employment terms, compensation, benefits and start date of the preferred candidate, if approved. The recommendations may be developed with support from the executive search firm and must take into consideration any internal rules or policies that may apply.
- If required, conduct contract negotiations based on directions provided by the Board.

3. Responsibility of the Search Committee Chair

The following are the responsibilities of the Chair of the Search Committee:

- Following the interviews, update the executive search firm and ask them to contact the top candidate and the other short-listed candidates and inform them of their status.
- Direct the search firm to check the top candidate's references.
- Prepare a summary report for the Board outlining the preferred candidate's name, CV, reference checks, and the Search Committee's recommendations regarding employment terms, compensation, benefits and start date.
- Present the top candidate to the Board for consideration at the earliest opportunity.
- Notify the candidate of the Board's decision and, if applicable, extend a formal job offer to the candidate as agreed upon by the Board.
- With support from the People & Culture Manager, connect with outside legal counsel to have the contract vetted if needed.
- Submit the employment contract of the Registrar & CEO directly to the Board for confirmation.

Section: Roles & Responsibilities

Policy #1.5

Title: Role of the Chair

Date approved: June 2002

Date revised: June 2006, June 2007, December 2009, December 2011,
February 2013, March 2014, June 2021, September 2023,
March 2024

By-law References

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

Primary Function

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

Term

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

Specific Responsibilities

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

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

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

<u>Section:</u>	Roles & Responsibilities	Policy #1.7
Title:	Role of Registrar	
Date approved:	June 2002	
Date revised:	June 2006, March 2007, February 2013, June 2021, September 2023, March 2024	

Definition

The Registrar is the principal staff member retained by the Board to act as the College's Chief Executive Officer.

Primary Function

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

Specific Responsibilities

The Registrar is accountable for the following subsets of responsibilities:

Executive Leadership/Organizational Management

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

Financial, Risk and Facilities Management

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

Governance and Strategy

12. Facilitates the coordination and implementation of regular review of strategic objectives of the organization including its vision, mission, values and goals.
13. Assists the Chair in their role to enable the Board to fulfill its governance function.
14. Supports operations and administration of the Board including advising and informing Directors, interfacing between the Board and staff (through the Chair).
15. In partnership with the Chair, prepares Board and Executive Committee agendas, background information and materials. In the event of disagreement between the Chair and the Registrar regarding agenda items, the decision of the Chair shall be final.
16. Collaborates with the Chair in identifying issues and trends relevant for Board consideration and potential action, including policy recommendations.
17. Collaborates with the Chair to identify the skills that the Vice-Chair requires to improve their capacity to serve as Chair and assists the Vice-Chair to gain these skills in advance of their potential election as Chair.
18. Implements a tactical plan to facilitate accomplishing defined strategic objectives and reports to the Board on progress.

19. Ensures operational systems support reporting (i.e. the Dashboard or other measures) and monitoring.

Human Resource Management

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

Public Relations

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

Other

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

THE REGISTRAR

- 2.9. (1) The Registrar is the Chief Executive Officer of the College.
- (2) The Registrar is subject to the direction of the Board and between meetings, the direction of the Executive Committee.
- (3) In the event of an unplanned short-term absence or a planned or unplanned long-term absence, or if the office of the Registrar becomes vacant, ~~the Board or the Executive Committee shall immediately appoint~~ an employee of the College shall be immediately appointed to act as Interim Registrar in accordance with the Registrar & CEO Succession Planning Policy.
- (4) In circumstances where the Board ~~or the Executive Committee~~ is not able to meet promptly to make the appointment referred to in subsection (3) the Chair may appoint an employee of the College to act as Interim Registrar. This appointment is subject to the ratification of the Board ~~or the Executive Committee~~.
- (5) The Registrar has the authority and responsibility to perform the duties set out in the RHPA, the Act, the Regulations and the By-laws and the policies approved by the Board.
- (6) An Interim Registrar has all of the authority and responsibilities and shall perform all of the duties of the Registrar.

Board Meeting
June 23-24, 2025

Agenda #15.0: Returning Standards for Approval and Consultation

It is moved by

and seconded by

That the Board:

- Approves the adoption of the following Standards, to be effective August 1, 2025:
 - Documentation
 - Funding, Fees and Billing
- Rescinds the following Standards, effective August 1, 2025:
 - Record Keeping
 - Fees, Billing, and Accounts
- Approves the following draft Standards for 60-day consultation:
 - Supervision

BOARD BRIEFING NOTE
For Decision

Topic:	Returning Standards for Approval and 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: Draft Standard – Documentation</p> <p>Appendix B: Draft Standard – Funding, Fees and Billing</p> <p>Appendix C: Draft Standard – Supervision</p>

Issue

- Following additional research, the Board is considering whether to maintain the expectation in the College's current Supervision Standard that physiotherapy students are identified on invoices.
- The outcome of this decision will guide the Board's final approval of the draft Documentation and Funding, Fees, and Billing Standards, and the approval of the draft Supervision Standard for consultation.

Decision Sought

- The Board is being asked to approve the Documentation and Funding, Fees, and Billing Standards in final form, and approve the draft Supervision Standard for a 60-day consultation period.

Background

- In March 2025, the Board considered the fourth group of draft Standards for final approval. The fifth group of draft Standards was also considered for approval for consultation.
- During these discussions, the Board raised concerns about provisions in the draft Documentation, Funding, Fees, and Billing, and Supervision Standards related to the inclusion of PT student names on invoices. The provisions of note are the following (highlighted in Appendices A-C):
 - **Documentation Standard:** "Financial records must include: Identification of the individuals involved in the delivery of the patient's care..."

- **Funding, Fees, and Billing Standard:** “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.”
- **Supervision Standard:** “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.”
- The Board identified the following concerns with requiring student names on invoices:
 - Potential barriers to student placements given the high turnover of students, particularly in private practice settings where administrative processes may be more burdensome.
 - Uncertainty about how healthcare provided by students is approached by insurers.
 - There is uncertainty about how common this practice is across other provinces and regulated health professions and whether the College’s approach is in alignment.
- As a result, the Board directed staff to conduct research to inform their decision on whether student names must be included on invoices when they have provided all or part of the treatment.
 - Once a decision on this specific issue is rendered, the affected draft Standards can move forward with their usual process as follows:
 - The Documentation and Funding, Fees, and Billing Standards are awaiting final Board approval.
 - The Supervision Standard is awaiting Board approval to proceed to the consultation phase.

Current Status and Analysis

Summary of Research

- To support the Board’s request for additional information, staff conducted additional research to better understand the practical implications of requiring student names on invoices when they provide care under supervision. The research conducted included:
 - Reviewing the original rationale for including this expectation in the Supervision Standard.
 - Reviewing the standards and/or regulatory requirements of 8 national PT regulators (not including ON) and 17 comparable Ontario health regulators, including through direct outreach.
 - Gathering input from four clinical education coordinators at Ontario PT university programs regarding the impacts of this expectation and if it presents any practical challenges.

- Examining relevant documentation from insurers and insurance associations.

Summary of Findings

(1) Historical Context and Original Rationale

- The expectation to include student names on invoices was approved by the Board in June 2017 with the approval of the current Supervision Standard. It was identified as a “key change” intended to enhance transparency around who provided patient care.
- This addition stemmed from the March 2017 Supervision Standard Workshop, where Board members agreed that the equivalent expectation in the Working with PTAs Standard should also apply to all unregistered persons under supervision, including students.
- During earlier consultations regarding the 2017 Supervision Standard:
 - The Citizens Advisory Group (during a June 2016 meeting) suggested that patients valued having a clear and accessible record of who provided their care. Patients do not consider information recorded in their clinical chart to be readily accessible.
 - Academic representatives (during a May 2017 teleconference) opposed the requirement, suggesting that the expectation may be redundant in light of the need to obtain patient consent and raised concerns about potential claims denials from insurers.
- Though the Executive Committee and Board had considered much of the same concerns as those raised today, the Board ultimately accepted the provision, concluding that the benefit of patient transparency outweigh administrative challenges and that this expectation should apply consistently to all unregulated providers supervised by PTs.

(2) Jurisdictional Scan

- There is no universal requirement to include student names on invoices across national PT regulators or comparable Ontario health regulators.
- Nationally, four other provincial PT regulators have retained the expectation in the Model National Standards that all care provider names should appear on invoices and financial records; some offer further guidance clarifying that this includes support personnel. The remaining provinces only require the supervising PT’s name.
- Among the 17 Ontario health Colleges examined, 8 require all provider names to appear on invoices, including support personnel, while 9 require only the registrant’s name.
 - Notably, while the scan focused on professions with similar practice models to physiotherapy, supervision structures may vary across Colleges and affect the comparability of requirements.

(3) Academic Feedback

- Clinical education coordinators reported that they have not observed any practical challenges related to including students' names on invoices.
 - Private practice sites appear to have adapted to this requirement since its introduction, with EMRs generally making it easy to include student names on invoices.
 - One coordinator noted that this expectation is discussed during orientation with new private practice partners and communicated to students in their second year.
- Some potential benefits were noted:
 - May enhance transparency for patients and payors.
 - Helps students understand financial documentation and their responsibilities as a PT, such as ensuring their name is listed only for services they provided.
- One coordinator shared some potential risks:
 - May be unnecessary, as supervising PTs are already responsible for obtaining consent and ensuring competence.
 - High student turnover can create administrative burden in updating invoices.
 - Invoices listing multiple students under the same supervising PT may be unclear to payors.

(4) Insurer Resources

- While no formal position has been submitted to the College, during anecdotal conversations with insurance companies, they have indicated their preference for as much transparency in invoicing practices as possible. Furthermore, they also indicated that they are unlikely to deny claims solely on the basis of a support person being listed on an invoice.
- This position is reflected in the Canadian Life & Health Insurance Association (CLHIA) publication [Service and Supply Provider Receipt Best Practices for Group Benefit Reimbursement](#), which recommends that "if the services are provided under the supervision of another practitioner, both practitioner names and registrations (if applicable) must be shown."

Key Consideration: Invoice vs. Financial Record

- A key consideration in this discussion is the distinction between an invoice and a financial record.
 - A **financial record** is a comprehensive set of documents that captures the financial aspects of a patient's care. It forms part of the patient's overall health record and is maintained to ensure transparency, accuracy, and accountability in billing practices.

- An **invoice** is one type of financial record used to communicate charges to a patient or payor.
- Not all financial records are invoices, and there are other financial records that are not routinely provided to a patient or payor. This might include items such as transaction histories, payment receipts, or explanations of benefits.
- The Fees and Supervision Standards currently expect, either explicitly or implicitly, that students' names appear on invoices, while the Documentation Standard requires the identification of individuals involved in the patient's care to appear in the financial record only.
- In considering whether to keep the expectation that students are identified on invoices, the Board should also determine whether this decision extends to financial records more generally.
 - If the Board determines that students' names should not be included on invoices, their involvement in care may still be appropriately documented elsewhere in the financial record.
 - The Board may also decide that documentation of student involvement should be limited to the clinical record only and remove this expectation from all financial records.

Options for Board Consideration

In light of the above points, two options are being presented to the Board for consideration, along with an overview of their respective potential benefits and drawbacks:

1. Remove the expectation to maintain students' names on invoices.

<i>Potential Benefits</i>	<i>Potential Drawbacks</i>
<ul style="list-style-type: none"> • May improve willingness of clinics to accept student placements by reducing administrative workload. • Reinforces the principle that accountability rests solely with the supervising PT. • Student involvement can still be recorded in other parts of the record for traceability. 	<ul style="list-style-type: none"> • Patients may lose an easy reference point to identify all individuals involved in their care. • May limit clarity if questions arise as to who provided the care if other records are incomplete or unclear. • May be seen as reducing alignment with system expectations for billing transparency.

2. Keep the expectation to maintain students' names on invoices.

<i>Potential Benefits</i>	<i>Potential Drawbacks</i>
<ul style="list-style-type: none"> • Supports transparency by providing patients and payors with a consistent record of student involvement in delivering care. • Maintains alignment with original College rationale and current expectations. • Ensures consistent expectations across unregulated support personnel in PT care. 	<ul style="list-style-type: none"> • May add administrative complexity in managing high-turnover student placements. • May complicate billing workflows in clinics that use multiple insurer platforms or employ multiple support personnel.

<ul style="list-style-type: none"> Provides a learning opportunity for students. 	<ul style="list-style-type: none"> May create confusion by suggesting students are providers in their own right rather than under supervision.
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Next Steps

- Based on the Board's direction, the affected draft Standards will be amended as needed and considered for final approval (Documentation and Funding, Fees, and Billing) and approval for consultation (Supervision). The relevant provisions are highlighted in Appendices A-C.
 - Any necessary amendments will be made during the Board's discussion on this item, at which time the Standards will also be presented in full for final approval or consultation.
 - The amendments would involve either removing or making minor edits to the applicable provisions.
- If approved, the Documentation and Fees Standards will have an effective date of August 1, 2025, and the corresponding College Standards (Record Keeping and Fees, Billing, and Accounts) would be rescinded on that date.
- If approved, the Supervision Standard will be posted for consultation for a 60-day period.

Questions for the Board

- Does the Board's direction regarding student names on invoices also apply to financial records?
- Do you have any questions based on the information presented?
- Do you have anything else to highlight or consider with respect to the approval for consultation or the final approval of the returning group of Standards?

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.

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 musculature³.
 - 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.

³ 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 BRIEFING NOTE

For Information

Topic:	Artificial Intelligence (AI) Guidance
Public Interest Rationale:	The integration of artificial intelligence (AI) into physiotherapy practice introduces both benefits and risks. Identifying core responsibilities for physiotherapists will support them in adopting this technology in an ethical and legal manner that supports patients' best interests.
Strategic Alignment:	<i>Regulation and Risk:</i> Ensuring risks associated with the integration of AI into physiotherapy are managed effectively while creating opportunity for the flexible integration of this emerging and rapidly evolving technology.
Submitted By:	Fiona Campbell, Senior Physiotherapist Advisor Craig Roxborough, Registrar & CEO
Attachments:	Appendix A: Draft Guidance Artificial Intelligence and Physiotherapy Appendix B: Draft Backgrounder Artificial Intelligence

Issue

- Creating guidance to support physiotherapists in meeting their professional obligations when integrating AI into their practice.

Decision Sought

- No decision is being sought.
- The Board is being asked for provide feedback on the proposed guidance and backgrounder prior to publication.

Background

- The healthcare system is currently transforming at a fast pace due to the evolution and widespread adoption of AI and AI-based tools. AI refers to computer technology that is designed to perform tasks that usually require human intelligence, including learning, reasoning, decision-making and problem-solving.
- There are a variety of ways in which AI is already being used in healthcare and physiotherapy practice, including but not limited to:
 - *Administrative tasks:* Booking appointments via AI-based scheduling platforms
 - *Patient record development:* Capturing client interactions and automating the creation of notes and the management of patient records via scribing tools

- *Treatment Planning*: Generating personalized treatment plan suggestions based on available data
- *Diagnostic support*: Improving diagnostic accuracy and flagging abnormal x-rays
- *Research analysis*: Reviewing and analyzing large sets of data and research to support evidence-based clinical decision-making
- The advancement of AI offers many benefits, such as increased efficiency and accuracy, if AI is being used appropriately. At the same time, there are important risks that need to be considered, particularly concerning patient rights, privacy, and the accuracy of clinical information:
 - All applicable privacy obligations still need to be met, and practitioners must be mindful about how personal health information may be stored or used within any AI system.
 - Not all patients will be familiar with AI or be comfortable with its use. Obtaining informed consent is important, including making sure that patients understand how AI will be used and allowing them to opt out without it impacting their ability to receive care.
 - AI is only as good as the data it has been trained on, meaning that any biases in the data will carry over. Furthermore, AI is also known to ‘hallucinate’, making up false or inaccurate information, which can impact the accuracy of AI outputs.
- As the integration of AI into the healthcare system continues to rise, there is an increasing need to provide physiotherapists with guidance on how to balance the benefits and the risks so they can meet their ethical and legal obligations when employing AI as part of their practice.
- The College has previously outlined some key considerations for physiotherapists looking to integrate AI tools in the Registrar’s Blog [“The AI Will See You Now: Thinking about the AI Implications on Practice”](#), which was posted in April 2024.
- Additionally, an education session on the Emergence of AI was held before the March 2025 Board meeting to create a shared understanding of AI and highlight some of the important considerations relating to the use of AI.

Current Status and Analysis

- To help physiotherapists considering AI in care delivery, guiding principles have been developed. These are based on current standards and legislation, ensuring responsible and ethical AI use without introducing new rules.
 - Similar to the introduction of any other technology or tools, the adoption of AI does not change the fundamental obligations physiotherapists must meet as part of their practice.

- The guiding principles focus on the main risks that physiotherapists need to keep in mind when integrating AI into their practice, including privacy and cybersecurity, the need to maintain patient trust, the issue of bias, and the need for a human in the loop to validate AI outputs and employ professional judgment.
 - The core principles were generated from a comprehensive literature and jurisdictional scan, along with patient engagement through the Citizen Advisory Group. This included, consulting with regulatory bodies both in Ontario and across Canada who have previously developed or were in the process of developing guidance as well as reviewing resources from key system partners such as the Information and Privacy Commissioner.
 - The result was confirmation both that no new expectations or obligations were needed and that there was a core set of existing obligations that were routinely articulated as applying in this context.
- To support adoption, the guiding principles are structured around the acronym TRUST, which functions as a memory aid. Each of the letters is linked to the core expectations as follows:
 - *Transparency & Consent*: Openly discussing and obtaining informed consent for the use of AI in patient care.
 - *Responsibility*: Ensuring accuracy of data inputs and verifying the accuracy of any AI outputs before using them when providing care.
 - *Understanding Bias & Limitations*: Being aware of the limitations of AI and adjusting its use based on the potential for bias when providing care to different populations.
 - *Security*: Meeting privacy obligations by complying with legal requirements.
 - *Training*: Committing to continuous education to maintain competency as AI continues to evolve.
- In addition to the guiding principles, the College has also developed an AI Backgrounder, to provide further context and further support physiotherapists in incorporating AI into their practice responsibly and ethically.
 - The Backgrounder covers additional information, including the potential uses of AI in practice, more detail about the associated risks, and some additional considerations with respect to implantation and patient engagement. The Backgrounder also outlines additional resources physiotherapists looking to learn more may wish to consult.

Next Steps

- Pending feedback from the Board, the AI Guidance and Backgrounder will be finalized and published on the College website.

Questions for the Board

- Does the Guidance provide helpful and flexible direction regarding an emerging practice issue?

Guidance

Artificial Intelligence in Physiotherapy – Preserving TRUST

Introduction

Artificial Intelligence (AI) is rapidly integrating into and transforming the delivery of health care, including physiotherapy. For example, AI may be used to streamline administrative processes, support the identification of patterns in patient data and enhance clinical decision-making.

The College recognizes that AI has the potential to improve both provider and patient experiences. At the same time, there are important ethical and legal challenges that must be managed to ensure patient trust is upheld and professional responsibilities are met.

This guidance document **does not** set out new professional requirements. Rather, it identifies key obligations through a core set of principles to guide the integration of AI into practice in a manner that serves patients' best interests.

Definition

Artificial Intelligence generally refers to computer systems that can perform tasks commonly associated with human intelligence including learning, reasoning, decision-making, pattern recognition and problem-solving.

Existing Professional Requirements

Like any new technology, the introduction and adoption of AI in physiotherapy does not change physiotherapists' fundamental obligations set out in:

- The College's [Code of Ethical Conduct](#);
- Existing [Standards of Practice](#), including but not limited to [Assessment, Diagnosis, Treatment, Communication, Evidence-Informed Practice](#), and [Record Keeping](#);
- Relevant legislation including but not limited to the [Physiotherapy Act, 1991](#) (in particular the [Professional Misconduct](#) regulation) and the [Personal Health Information Protection Act, 2004](#).

Physiotherapists must continue to fulfill these obligations as they use new technologies such as AI.

Guiding Principles

Artificial Intelligence is a valuable tool that can support administrative efficiencies and clinical decision-making, but it does not replace the professional judgment, expertise and compassion of physiotherapists.

To support physiotherapists in fulfilling their obligations, the College has developed the following memory aid to help physiotherapists recall their core obligations as they adopt AI in practice. These principles do not replace but rather support identifying obligations that are set out elsewhere.

Patient trust is central to the provision of high-quality physiotherapy care. To serve patients' best interests with the adoption of AI in physiotherapy practice, physiotherapists can remember:

TRUST

T – Transparency & Consent

R – Responsibility

U – Understanding Bias & Limitations

S – Security

T – Training

Principle	Commitment	Actions
Transparency & Consent	Openly discuss and obtain informed consent from patients for the use of AI in their care.	<ul style="list-style-type: none"> • Be transparent about how you are using AI • Clearly explain the risks and benefits to the use of AI and how their personal health information will be kept secure • Obtain consent prior to using AI to aid in the delivery of clinical care, including for record keeping • Be ready to use alternate options if a patient is uncomfortable with the use of AI as part of their treatment
Responsibility	Physiotherapists are responsible and accountable for the accuracy of any inputs and checking and verifying outputs of AI when used in care.	<ul style="list-style-type: none"> • Closely monitor the use of AI in practice • Critically assess AI generated output (e.g., notes in a chart, recommendations, etc.) • Exercise sound clinical and professional judgment when assessing or responding to the outputs of AI (e.g., comparing to best

		<p>practices, questioning suspicious results, etc.)</p> <ul style="list-style-type: none"> • Approach the integration of AI in a similar manner to supervising delegates (e.g., students or PTAs) where you are ultimately accountable for their involvement in care.
Understanding Bias & Limitations	Assess and adjust your use of AI when applying to different populations.	<ul style="list-style-type: none"> • Recognize the bias inherent in AI training data sets • Adjust the outputs of AI to reflect your patient's unique characteristics or circumstances • Be aware of the potential for improper influence of AI on your professional judgment and patient autonomy
Security	Comply with legal requirements to protect your patients' personal health information.	<ul style="list-style-type: none"> • Ensure your use of AI complies with the <i>Personal Health Information Protection Act, 2004</i> • Work closely with AI vendors, and/or employers to understand security protocols and compliance measures of tools used in practice • Ensure patient personal health information is not used for other purposes without informed consent
Training	Engage in ongoing professional development to maintain or enhance your competence with AI.	<ul style="list-style-type: none"> • Understand basic AI principles and limitations • Stay updated on AI advancements • Develop proficiency in creating prompts or directions to AI • Apply AI responsibly to enhance patient care rather than replace the role you play

For more information on the benefits and risks of AI along with examples of how AI can be integrated into practice, please review the *AI Background*.

Backgrounder

Artificial Intelligence in Physiotherapy

Introduction

Artificial intelligence (AI) is rapidly transforming healthcare, including physiotherapy services. AI encompasses a wide range of applications and tools, making it challenging to define precisely. For the College's purposes, AI is broadly defined to refer to all forms of artificial intelligence, both traditional and generative, where computer systems are able to simulate or otherwise undertake tasks that are typically associated with humans.

For example, AI systems are able to exhibit behaviours that look like learning, reasoning, decision-making, pattern recognition, and problem-solving.

Practice Potential

AI has the potential to significantly support and transform the way healthcare is delivered, including physiotherapy. Importantly, it has the potential to benefit both providers and patients to support increased efficiency, accuracy, decision-making, and even access.

Some common examples of the way AI is being integrated into practice include:

- **Patient Record Development:** Automating and enhancing the creation and management of patient records.
- **Diagnostic Support:** Improving diagnostic accuracy through analysis of clinical data.
- **Treatment Planning:** Assisting in developing personalized treatment strategies tailored to each patient.
- **Patient Monitoring:** Tracking progress and alerting physiotherapists to important changes.
- **Administrative Tasks:** Streamlining scheduling, follow-ups, and operational workflows.
- **Research Analysis:** Reviewing clinical research datasets to support evidence-based decisions.

AI can be integrated into physiotherapy practice in both visible and invisible ways. Visible uses include AI-supported record keeping and treatment recommendations based on patient information. Invisible uses involve AI working behind the scenes to, for example, optimize patient appointments, staff scheduling, and streamline billing processes, rather than directly supporting the delivery of patient care.

Risks Associated with AI

While AI in healthcare offers many benefits, it also comes with risks that need careful management. Key risks for physiotherapists include:

1. Privacy and Cybersecurity

AI systems process patient health information (PHI). There are risks of data being accessed by unauthorized individuals or handled improperly or used for purposes other than the provision of healthcare, which can compromise patient confidentiality. The PHI stored in these systems may be vulnerable to cybersecurity threats or other breaches.

2. Patient Trust

Patients see healthcare providers with an understanding that they are accessing the expertise and judgment of a qualified and trained professional. With the emergence of AI patients may not understand and/or trust the use of this emerging technology and its potential role in supporting their care. Additionally, patients may feel deceived if they come to learn that AI was used without their consent and perceive its use as substituting for the healthcare provider they are seeing.

3. Bias

All AI systems have some built-in biases because of the data they learn from. A key risk is that physiotherapists may not be aware of these biases and how they can influence the advice given by AI. If the data used to train the AI contains biases related to race, gender, or social status, the AI might make unfair or inaccurate recommendations.

4. Decision-making and Clinical Judgment

While AI may be able to analyze vast amounts of data or complex datasets, the outputs generated and the process by which those outputs are generated may not be immediately apparent or understandable to humans which creates challenges for validating the accuracy of the information.

Additionally, some research shows that AI may not always be correct in its decision-making and may provide false or inaccurate information (often referred to as hallucination in AI research). This creates further uncertainty as it relates to the output created by the AI.

5. Overreliance and Training

Overdependence on AI without applying sound clinical judgment can pose safety risks to patients as AI may *replace* the judgment of healthcare professionals rather than *enhance* their approach to patient care.

Additionally, the responses generated by AI are dependent on the nature and quality of the prompts provided by the human user. A poor prompt may lead to poor results, necessitating some skill on the part of the user.

Regulatory Considerations and Implementation

As outlined in the Guidance document, the use of AI does not alter the fundamental obligations physiotherapists have. The TRUST principles articulated in that document are intended to remind physiotherapists of the key risks that need to be mitigated and the core actions that need to be taken in order to safely integrate AI into practice.

To put these principles into practice, clinic owners or physiotherapists may wish to develop policies or procedures within their practice.

For example, by providing training or education for clinic staff, developing internal policies regarding patient consent, and engaging in quality assurance processes both individually and collectively to share learnings and reflect on the accuracy of the outputs being generated by the AI tools being used.

Patient Engagement

As the availability of online healthcare resources increased, healthcare practitioners needed to adjust to the reality that patients may arrive at appointments with ideas about their condition based on what they've sourced themselves online. The advent of AI and the availability of these tools to patients at home creates new challenges and opportunities for healthcare practitioners. While AI can empower patients and help them navigate healthcare issues they are experiencing, providers will have to be prepared to respectfully navigate and work with patients who have engaged with AI prior to appointments. This may involve providing some education regarding the importance of a hands-on assessment by a trained professional while listening carefully to the patient's sense of their condition.

At the same time, patient feedback indicates a clear desire and expectation that patients themselves get to decide when and how AI is used in their healthcare. As noted in the Guidance document, transparency about the way AI is being integrated into care and empowering patients to make decisions about AI's involvement is a cornerstone element of maintaining trust in the provider-patient relationship. Different patients may have

different expectations and may assess the specific use differently (e.g., might be less interested in treatment recommendations, but satisfied with AI chat bots for booking appointments).

Conclusion

AI has the potential to transform physiotherapy by reducing administrative burden, supporting physiotherapists in exercising their clinical judgment, and even improving access to care. However, its use comes with significant responsibilities and physiotherapists must ensure they are meeting the ethical, professional, and legal responsibilities that are set out for them. In doing so, physiotherapists will continue to provide high-quality patient care while adopting this transformative new tool.

References

1. **CPO. (2024, April).** The A.I. will see you now: Thinking about the A.I. implications on practice [Blog post].
2. **Office of the Privacy Commissioner of Canada. (2023, December 7).** Principles for responsible, trustworthy, and privacy-protective generative AI technologies.
3. **College of Physicians and Surgeons of British Columbia. (2024, October).** Ethical principles for artificial intelligence in medicine.
4. **Canadian Medical Protective Association. (2023, May).** The emergence of AI in health care.
5. **College of Physicians and Surgeons of Alberta. (2023, September).** A.I. in generated patient record content.
6. **COTO. (2024, October).** What should occupational therapists consider if using artificial intelligence (AI) in practice?
7. **College of Physicians and Surgeons of Ontario. (2024, June).** Advice to the profession: AI scribes in clinical practice.

AI Checklist

Transparency	Have you discussed the AI tool with your patients?	<input type="checkbox"/>
	Have you obtained informed consent from patients regarding AI use?	<input type="checkbox"/>
Responsibility	Have you clearly defined how you plan to integrate AI into your physiotherapy practice?	<input type="checkbox"/>
	Have you consulted with your hospital or facility administration regarding AI implementation?	<input type="checkbox"/>
	Is the purpose and objective of the AI technology in physiotherapy well understood?	<input type="checkbox"/>
	Do you believe the AI tool is appropriate for your physiotherapy services?	<input type="checkbox"/>
	Have you considered how the AI may impact patient care and outcomes?	<input type="checkbox"/>
Understanding Bias	Have you reviewed the vendor's information on the AI's intended use, performance, and limitations?	<input type="checkbox"/>
	Is the training data used to develop the AI representative of your patient population?	<input type="checkbox"/>
	Have you verified that the training data reflects your patient demographic and condition?	<input type="checkbox"/>
Security and Privacy	Have you reviewed the vendor's privacy policy and contractual terms?	<input type="checkbox"/>
	Are there adequate privacy safeguards, and is the AI tool compliant with relevant legislation?	<input type="checkbox"/>
	Have you verified data handling practices, including data retention and storage location?	<input type="checkbox"/>
Training and Education	Have you and your team received proper training on how to effectively use the AI tool?	<input type="checkbox"/>
	Is there an ongoing education plan to stay updated on AI advancements and best practices?	<input type="checkbox"/>

BOARD BRIEFING NOTE
For Information

Topic:	FY2025 Q4 Financial Report
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 an unaudited summary of the College's financial performance and health for the FY2025, cover the period of April 1, 2024 to March 31, 2025.

Decision Sought

- The FY2025 year-end draft financial statements are being provided for information only.

Background

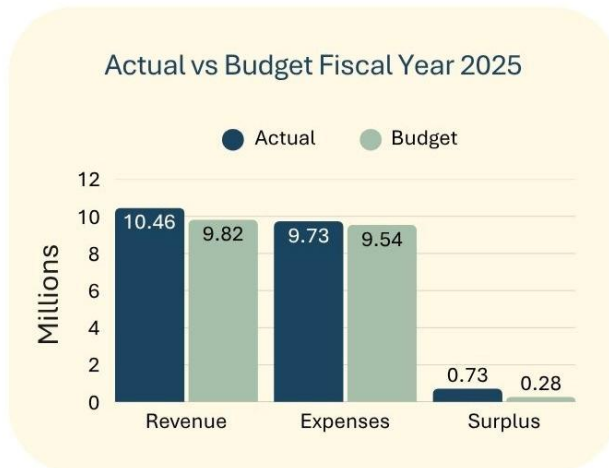
- The College's fiscal year end is March 31st of each year. The Board is provided with quarterly statements. This is an opportunity for Management to provide analysis on variances, trends, comparative and forecasts.

Financial Performance

- The Risk, Audit, and Finance Committee (RAFC) was provided with a detailed breakdown of the draft FY2025 year-end draft financial statement at their June 2025 meeting.
- The draft financial statements presented are pre-audit. Draft Audited Statements will be ready for review by the RAFC at the meeting in August with presentation to the Board in September 2025.

Summary of Overall Financial Performance for Fiscal Year 2025

Financial Dashboard FY2025 Year End



Fiscal Year 2025

	Core	Exam	Total
Revenue	8,464,750	1,996,847	10,461,597
Expenses	8,280,110	1,456,690	9,736,800
Surplus	184,640	540,157	724,797

- The overall financial picture for FY25 for the College is positive. Revenue was 6% higher than anticipated and expenses were 2% higher than anticipated. The bottom line is a pre-audit surplus of \$724,798 compared to budget projected surplus of \$280,777
 - Core Business revenue was 5% higher than anticipated and expenses were 2% higher than budgeted, resulting in a surplus of \$184,640 compared to a budgeted deficit of \$92,091.
 - Ontario Clinical Exam (OCE) revenue was 10% higher than anticipated, resulting in a surplus of \$540,157 compared to a budgeted surplus of \$372,867.
- The result of the higher than anticipated revenue and surplus, in both core business and OCE, are directly related to higher participation in OCE resulting in an increase in new registrants.

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

- A high-level analysis of the key variances observed is provided below.
 - Revenue:
 - Higher than anticipated OCE enrollment resulted in increased revenue in both OCE fees (4033) and pro-rated registration fees (4012). Additionally, income interest (4002) exceeded budget expectations.
 - Expenses:
 - 5000 Committee Per Diems and & 5050 Committee Reimbursed Expenses - Most committees had less than anticipated meeting time and less in person meetings than budgeted for. Certain anticipated hearing dates in Discipline did not materialize.
 - 5100 Information Management:
 - 5102 Software – Significant savings in software subscriptions materialized from negotiating contracts directly rather than through a historical third-party IT service provider.
 - 5103 IT Maintenance – the unplanned change of credit card processing provider required additional support.
 - 5104 Database – The transition from using a third-party IT Service Provider resulted in some unexpected, one-time, costs that were necessary to adjust to the new environment.
 - 5200 Insurance – The budget information was incorrect, resulting in a consistent positive variance over FY2025.
 - 5301 Conferences and Travel – To take advantage of relatively low travel costs, more staff than originally budgeted for attended the annual Canadian Network of Agencies of Regulation (CNAR) conference.
 - 5402 Bank & Service charges – The switch in credit card processing solution resulted in savings.
 - 5409 Rent – as noted in previous reports the budget accounted for deferred lease incentives that may have ended by this fiscal year. We will be reviewing this with the auditors.

- 5700 – Professional Fees:
 - Utilization of Decision Writers (5707), Peer/Expert Opinions (5708), and Legal (5760, 5761, 5762) were all lower than budgeted. In contrast, Legal Advice for the Board (5754) was higher than budgeted due to a conduct matter before the Board.
 - 5756 – C&D Accrual Expense – This off-sets the professional conduct legal expenses. Actual is the accrual at the end of this fiscal year. The actual of 10,547 indicates that the accrual is 10,547 less than last year's. The budget made the assumption that it would be \$91,000 less than the previous year.
- 5900 Staffing
 - As previously communicated, the primary driver of cost over-runs in 5904 – Consultant Fees relates to two expenditures. Due to an unexpected leave of the Accounting Specialist, a temporary bookkeeper needed to be hired, significantly driving up expenses in this category.
 - 5906 Recruitment – these are ads to fill vacancies. There were a greater number than anticipated.
- 5913 – Employer Health Tax – The budgeted amount was incorrect resulting in a variance over FY2025. The FY2025 actual is correct.

Next Steps

- Draft audited financial statements will be available by end of June 2025 for review by Management and by the Risk, Audit and Finance Committee at its August meeting, and will be provided to the Board in September 2025.

Questions for the Board

- 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 2024 - March 2025

	Total			
	Core	OCE	Budget over Budget	% of Budget
Income				
4001 Registration Fees			0	
4007 Registration fee credits	34,560		37,373	2,813 92%
4011 Independent Practice - \$648	6,985,818		6,976,368	9,450 100%
4012 Independent Practice - ProRated	471,417		240,570	230,847 196%
4013 Prof Corp Fees \$277	122,389		132,960	10,571 92%
4014 Provisional Practice Fees \$83	82,620		51,000	31,620 162%
4021 Misc Fee \$113 and \$300	339		444	105 76%
Total 4001 Registration Fees	7,628,023		7,363,969	264,054 104%
4002 Interest Income	347,251		281,946	65,305 123%
4008 Admin Fees			0	
4015 Application Fees \$114	238,899		204,972	33,927 117%
4016 Letter of Prof Stand / NSF \$56	17,956		14,500	3,456 124%
4017 Wall Certificates \$28	4,711		2,900	1,811 162%
4018 Late Fees \$254	4,064		2,540	1,524 160%
4019 Prof Corp Application \$774	58,195		27,700	30,495 210%
Total 4008 Admin Fees	323,825		252,612	71,213 128%
4010 Miscellaneous Income	32,250		32,250	
4023 Sublease Income	133,400		139,200	5,800 96%
Total 4010 Miscellaneous Income	165,650		139,200	26,450 119%
4030 ETP Assessment Fees			0	
4033 Reg Com - OCE Fee (\$1,985)		1,996,847	1,790,470	206,377 112%
Total 4030 ETP Assessment Fees	0	1,996,847	1,790,470	206,377 112%
Total Income	8,464,750	1,996,847	9,828,197	633,399 106%
Gross Income	8,464,750	1,996,847	9,828,197	633,399 106%
Expenses				
0051 do not use GST Expenses	0		0	
5000 Committee Per Diem			0	
5001 Chairs Education - per diem	3,836		15,126	11,290 25%
5002 ICRC - per diem	51,173		65,870	14,697 78%
5003 Council - per diem	51,817		56,944	5,127 91%
5005 Discipline Committee - per diem	9,602		23,728	14,126 40%
5006 Executive - per diem	7,990		7,780	210 103%
5010 Patient Relations - per diem	649		1,444	795 45%
5011 QA Committee - per diem	8,231		7,668	563 107%
5012 Registration Com. - per diem	6,435		8,129	1,694 79%
5017 Finance Committee - per diem	6,880		9,000	2,120 76%

Agenda Item: 17.0
Appendix A

5018 Exam Committee - per diem	5,811		5,811	
Total 5000 Committee Per Diem	152,424	195,689	43,265	78%
5050 Committee Reimbursed Expenses			0	
5051 Chairs Education- expenses	8,880	14,850	5,970	60%
5052 ICRC - expenses	11,082	44,385	33,303	25%
5053 Council - expenses	53,514	54,840	1,326	98%
5056 Executive Committee - expenses	6,346	10,564	4,218	60%
5057 Fitness to Practice - expenses	0	10,856	10,856	
5075 Finance Committee - expenses	240		240	
Total 5050 Committee Reimbursed Expenses	80,062	135,495	55,433	59%
5100 Information Management			0	
5101 IT Hardware	21,028	2,742	18,286	767%
5102 Software	184,855	231,741	46,886	80%
5103 IT Maintenance	12,894	6,960	5,934	185%
5104 IT Database	254,899	137,000	117,899	186%
5109 IT Implementation Costs	9,365		9,365	
Total 5100 Information Management	483,040	378,443	104,597	128%
5200 Insurance	20,169	13,775	6,394	146%
5300 Networking	2,450	6,000	3,550	41%
5301 Conferences and Travel	30,829	19,950	10,879	155%
5400 Office and General			0	
5402 Bank & service charges	234,764	260,005	25,241	90%
5403 Maintenance & repairs	1,700	800	900	212%
5405 Memberships & publications	38,929	26,317	12,612	148%
5406 CAPR Fees	254,181	265,832	11,651	96%
5407 Office & kitchen supplies	8,904	4,000	4,904	223%
5408 Postage & courier	4,722	4,000	722	118%
5409 Rent	542,337	488,738	53,599	111%
5411 Printing, Filing & Stationery	4,046	6,600	2,554	61%
5412 Telephone & Internet	38,207	27,661	10,545	138%
5413 Bad Debt	504	10,000	10,504	-5%
Total 5400 Office and General	1,127,286	1,093,954	33,331	103%
5500 Regulatory Effectiveness			0	
5502 Strategic Operations	52,536	54,495	1,959	96%
5503 Council Education	10,745	23,464	12,719	46%
5504 Elections	3,279	3,700	422	89%
5505 Policy Development	30,599	45,200	14,601	68%
5513 Governance	240	1,250	1,010	19%
Total 5500 Regulatory Effectiveness	97,398	128,109	30,711	76%
5600 Communications			0	
5605 Translation Services	27,059	22,750	4,309	119%
5620 Print Communication		900	900	0%

5621 Online Communication	114,076	143,090	29,014	80%
5622 In-Person Communication	3,337	6,000	2,663	56%
Total 5600 Communications	144,472	172,740	28,268	84%
5700 Professional fees	283		283	
4004 Cost recovery from cost orders	23,445	42,000	18,555	56%
5701 Audit	26,613	21,000	5,613	127%
5702 Hearing Expenses	2,797	5,735	2,937	49%
5704 Investigation Services	11,434		11,434	
5711 External Investigators	95,594	83,040	12,554	115%
5712 PC - Chart Review	15,498	13,680	1,818	113%
5713 Summons - Conduct fees		300	300	0%
5714 Fees to Secure Records	1,644	600	1,044	274%
5715 Corporate Searches		200	200	0%
5716 Transcripts	7,496	10,080	2,584	74%
Total 5704 Investigation Services	131,666	107,900	23,766	122%
5705 Professional services - Other	29,238	10,000	19,238	292%
5706 Investigator travel	290		290	
5707 Decision writing	33,027	59,850	26,823	55%
5708 Peer / Expert opinions	15,195	40,000	24,805	38%
5750 Legal			0	
5751 Legal - QA	9,591	3,707	5,884	259%
5752 Legal - Registration	20,358	27,400	7,042	74%
5753 Legal - Professional Conduct			0	
5760 General Counsel	72,652	117,000	44,348	62%
5761 Independent Legal Advice	21,688	63,854	42,166	34%
5762 Hearing Counsel	61,822	98,875	37,053	63%
5763 Court Proceedings & Appeals	19,764		19,764	
Total 5753 Legal - Professional Conduct	175,926	279,729	103,803	63%
5754 Legal - Council Advice	26,778	10,000	16,778	268%
5755 General Legal	38,216	30,000	8,216	127%
5756 C & D Accrual Expense	10,547	91,000	80,453	12%
5758 Legal - Practice Advice		1,800	1,800	0%
Total 5750 Legal	260,321	261,636	1,315	99%
Total 5700 Professional fees	475,985	464,121	11,864	103%
5709 Registration - Other	3		3	
5800 Programs			0	
5802 Jurisprudence	2,816	15,255	12,439	18%
5810 Quality Program			0	
5811 QA Program Development & Eval.		1,469	1,469	0%
5821 Assessor Travel		3,532	3,532	0%
5823 Assessor Training	6,102	11,067	4,965	55%
5824 Assessor Onsite Assessment Fee	13,050	14,850	1,800	88%

Agenda Item: 17.0
Appendix A

5825 Assessor Remote Assessment	167,793	166,800	993	101%	
Total 5810 Quality Program	186,945	197,718	10,773	95%	
5830 Entry to Practice - Projects	0		0		
5831 OCE Examiner Exam Fee	805,885	727,176	78,709	111%	
5832 OCE Examiner Training Fees	16,790	6,125	10,665	274%	
5833 OCE Staff Compensation	1,646	28,850	27,204	6%	
5834 Exam Committee - per diem	525	9,093	8,568	6%	
5835 Exam - Technology costs	221,785	235,740	13,955	94%	
5836 Exam Delivery Costs	0		0		
5837 Exam - Admin / Misc. costs	35,509	38,908	3,399	91%	
5838 Exam - Consultant Fees	435	32,493	32,058	1%	
5839 Exam - Legal costs	331	10,000	9,669	3%	
5840 Exam - Development / Misc.costs	47,002	46,088	915	102%	
Total 5830 Entry to Practice - Projects	1,129,907	1,134,473	1,134,473	100%	
5880 Remediation			0		
5871 QA Practice Enhancement fees	3,380		3,380		
4029 QA Remediation Chargeback	829		829		
Total 5871 QA Practice Enhancement fees	2,551	0	2,551		
5881 Remediation - QA		9,336	9,336	0%	
5882 Remediation - ICRC	52,868	44,000	8,868	120%	
4028 ICRC Remediation Chargeback	58,592	43,000	15,592	136%	
Total 5882 Remediation - ICRC	5,724	1,000	6,724	-572%	
5883 Remediation - Registration	8,853	10,400	1,547	85%	
4027 Registration Chargeback	10,732	8,900	1,832	121%	
Total 5883 Remediation - Registration	1,879	1,500	3,379	-125%	
5884 Remediation - Discipline	8,754	13,320	4,566	66%	
4026 Discipline Chargeback	12,916	13,320	405	97%	
Total 5884 Remediation - Discipline	4,161	0	4,161		
5887 Coach Training	8,009	10,725	2,716	75%	
Total 5880 Remediation	1,204	22,561	23,765	-5%	
5890 Therapy and Counselling Fund	67,523	40,152	27,371	168%	
Total 5800 Programs	256,081	1,129,907	1,410,159	24,170	98%
5900 Staffing			0		
5901 Salaries	4,323,722	278,550	4,514,374	87,898	102%
5904 Consultant fees	105,297	40,000	65,297	263%	
5905 Staff Development	57,692	54,500	3,192	106%	
5906 Recruitment	24,638	3,000	21,638	821%	
5907 Staff Recognition	38,369	23,180	15,189	166%	
5914 Vacation Pay Adjustment	20,832		20,832		
5915 MERCS			0		
5902 Employer Benefits	209,575	11,337	221,256	11,681	100%
5903 Employer RRSP Contribution	217,094	12,052	277,261	60,167	83%
5911 CPP - Canadian Pension Plan	166,785	14,718	172,025	5,241	106%

5912 EI - Employment Insurance	58,979	5,405	51,930	7,049	124%
5913 EHT - Employer Health Tax	71,862	4,721	44,459	27,403	172%
Total 5915 MERCs	724,294	48,233	766,931	42,637	101%
Total 5900 Staffing	5,294,844	326,783	5,401,985	219,642	104%
6001 Amortization	114,158		127,000	12,842	90%
Minister of Finance Expense	0			0	
WayPay Inc (CAD)	15			15	
Total Expenses	8,279,217	1,456,690	9,547,421	188,486	102%
Net Operating Income	185,533	540,157	280,777	444,913	258%
Other Expenses					
6005 Gain/Loss Fixed Assets	893			893	
Total Other Expenses	893		0	893	
Net Other Income	893		0	893	
Net Income	184,640	540,157	280,777	444,020	258%

College of Physiotherapists of Ontario
Statement of Operations with Prior Year Comparison
April 2024 - March 2025

	Total		
	Apr. 2024 - Mar. 2025	Apr. 2023 - Mar. 2024 (PY)	% Change
INCOME			
4001 Registration Fees			
4007 Registration fee credits	-34,559.89	-36,025.00	4.07%
4011 Independent Practice - \$648	6,985,817.87	6,530,549.62	6.97%
4012 Independent Practice - ProRated	471,417.31	400,416.81	17.73%
4013 Prof Corp Fees \$277	122,389.00	125,441.00	-2.43%
4014 Provisional Practice Fees \$83	82,620.00	53,203.00	55.29%
4021 Misc Fee \$113 and \$300	339.00	639.00	-46.95%
Total 4001 Registration Fees	\$ 7,628,023.29	\$ 7,074,224.43	7.83%
4002 Interest Income	347,251.38	332,537.36	4.42%
4008 Admin Fees			
4015 Application Fees \$114	238,899.18	178,466.00	33.86%
4016 Letter of Prof Stand / NSF \$56	17,956.00	14,630.00	22.73%
4017 Wall Certificates \$28	4,711.00	4,917.00	-4.19%
4018 Late Fees \$254	4,064.00	2,490.00	63.21%
4019 Prof Corp Application \$774	58,195.00	44,744.00	30.06%
Total 4008 Admin Fees	\$ 323,825.18	\$ 245,247.00	32.04%
4010 Miscellaneous Income	32,250.00	15,527.46	107.70%
4023 Sublease Income	133,400.00	46,400.00	187.50%
Total 4010 Miscellaneous Income	\$ 165,650.00	\$ 61,927.46	167.49%
4030 ETP Assessment Fees			
4031 Reg Com Exemption Fees (\$800)		111,200.00	-100.00%
4032 Reg Com Screening Interview Fee		2,250.00	-100.00%
4033 Reg Com - OCE Fee (\$1,985)	1,996,846.50	1,927,350.00	3.61%
Total 4030 ETP Assessment Fees	\$ 1,996,846.50	\$ 2,040,800.00	-2.15%
Services		0.00	
Total Income	\$ 10,461,596.35	\$ 9,754,736.25	7.25%
	\$ 10,461,596.35	\$ 9,754,736.25	7.25%
EXPENSES			
0051 do not use GST Expenses	0.00	-3,898.76	100.00%
5000 Committee Per Diem			
5001 Chairs Education - per diem	3,836.25	3,625.50	5.81%
5002 ICRC - per diem	51,173.25	49,588.75	3.20%
5003 Council - per diem	51,817.00	44,904.95	15.39%
5005 Discipline Committee - per diem	9,601.75	18,046.50	-46.79%
5006 Executive - per diem	7,990.25	9,772.50	-18.24%
5010 Patient Relations - per diem	649.00	439.50	47.67%
5011 QA Committee - per diem	8,230.75	2,921.75	181.71%

Agenda Item: 17.0

Appendix B

5012 Registration Com. - per diem	6,434.75	3,549.00	81.31%
5017 Finance Committee - per diem	6,880.00	6,468.50	6.36%
5018 Exam Committee - per diem	5,811.00	3,202.50	81.45%
Total 5000 Committee Per Diem	\$ 152,424.00	\$ 142,519.45	6.95%
5050 Committee Reimbursed Expenses			
5051 Chairs Education- expenses	8,880.39	6,582.28	34.91%
5052 ICRC - expenses	11,082.16	17,983.98	-38.38%
5053 Council - expenses	53,513.86	52,339.02	2.24%
5055 Discipline Committee - expenses		0.00	
5056 Executive Committee - expenses	6,345.62	6,027.30	5.28%
5075 Finance Committee - expenses	240.00	2,386.84	-89.94%
5076 Exam Committee - expenses		295.03	-100.00%
Total 5050 Committee Reimbursed Expenses	\$ 80,062.03	\$ 85,614.45	-6.49%
5100 Information Management			
5101 IT Hardware	21,027.91	22,285.75	-5.64%
5102 Software	184,854.58	137,250.51	34.68%
5103 IT Maintenance	12,893.60	185,520.32	-93.05%
5104 IT Database	254,898.87	173,910.64	46.57%
5109 IT Implementation Costs	9,364.86	49,793.03	-81.19%
Total 5100 Information Management	\$ 483,039.82	\$ 568,760.25	-15.07%
5200 Insurance	20,168.91	18,374.67	9.76%
5300 Networking	2,449.71	2,247.55	8.99%
5301 Conferences and Travel	30,828.71	6,459.17	377.29%
5400 Office and General			
5402 Bank & service charges	234,764.43	237,149.23	-1.01%
5403 Maintenance & repairs	1,699.74	2,541.18	-33.11%
5405 Memberships & publications	38,929.32	22,849.88	70.37%
5406 CAPR Fees	254,181.42	250,218.73	1.58%
5407 Office & kitchen supplies	8,903.74	4,949.43	79.89%
5408 Postage & courier	4,721.53	6,709.81	-29.63%
5409 Rent	542,336.92	522,213.49	3.85%
5411 Printing, Filing & Stationery	4,045.59	6,100.85	-33.69%
5412 Telephone & Internet	38,206.68	35,892.87	6.45%
5413 Bad Debt	-503.75	-30,624.49	98.36%
Total 5400 Office and General	\$ 1,127,285.62	\$ 1,058,000.98	6.55%
5500 Regulatory Effectiveness			
5502 Strategic Operations	52,536.30	62,120.04	-15.43%
5503 Council Education	10,744.63	11,243.94	-4.44%
5504 Elections	3,278.50	3,837.68	-14.57%
5505 Policy Development	30,598.90	51,806.85	-40.94%
5513 Governance	240.00		
Total 5500 Regulatory Effectiveness	\$ 97,398.33	\$ 129,008.51	-24.50%
5600 Communications			
5605 Translation Services	27,058.85	-3,792.00	813.58%

Agenda Item: 17.0
Appendix B

5620 Print Communication		380.65	-100.00%
5621 Online Communication	114,075.79	88,859.80	28.38%
5622 In-Person Communication	3,336.69	2,722.50	22.56%
Total 5600 Communications	\$ 144,471.33	\$ 88,170.95	63.85%
5700 Professional fees	282.50		
4004 Cost recovery from cost orders	-23,445.08	-42,056.44	44.25%
5701 Audit	26,613.00	22,317.50	19.25%
5702 Hearing Expenses	2,797.44	4,952.50	-43.51%
5704 Investigation Services	11,434.19		
5710 Undercover Assessment Fees		2,425.67	-100.00%
5711 External Investigators	95,593.85	92,491.03	3.35%
5712 PC - Chart Review	15,497.50	10,830.00	43.10%
5713 Summons - Conduct fees		226.00	-100.00%
5714 Fees to Secure Records	1,644.39	610.50	169.35%
5715 Corporate Searches		408.21	-100.00%
5716 Transcripts	7,496.28	7,532.48	-0.48%
Total 5704 Investigation Services	\$ 131,666.21	\$ 114,523.89	14.97%
5705 Professional services - Other	29,238.13	16,859.69	73.42%
5706 Investigator travel	290.03		
5707 Decision writing	33,027.02	45,092.84	-26.76%
5708 Peer / Expert opinions	15,195.00	23,472.60	-35.26%
5750 Legal			
5751 Legal - QA	9,590.89	311.32	2980.72%
5752 Legal - Registration	20,357.52	20,069.40	1.44%
5753 Legal - Professional Conduct			
5760 General Counsel	72,652.25	29,842.69	143.45%
5761 Independent Legal Advice	21,688.12	71,010.91	-69.46%
5762 Hearing Counsel	61,821.75	71,221.69	-13.20%
5763 Court Proceedings & Appeals	19,763.71	32,490.16	-39.17%
Total 5753 Legal - Professional Conduct	\$ 175,925.83	\$ 204,565.45	-14.00%
5754 Legal - Council Advice	26,778.19	7,897.01	239.09%
5755 General Legal	38,215.78	-65,888.09	158.00%
5756 C & D Accrual Expense	-10,547.34	-191,083.27	94.48%
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	\$ 260,320.87	-\$ 16,863.41	1643.70%
Total 5700 Professional fees	\$ 475,985.12	\$ 168,299.17	182.82%
5709 Registration - Other	2.52		
5800 Programs			
4022 Recovery of Therapy Costs		-1,111.12	100.00%
5802 Jurisprudence	2,816.01	19,171.09	-85.31%
5810 Quality Program			
5821 Assessor Travel		22.20	-100.00%

Agenda Item: 17.0
Appendix B

5823 Assessor Training	6,102.09	7,388.41	-17.41%
5824 Assessor Onsite Assessment Fee	13,050.00	5,001.00	160.95%
5825 Assessor Remote Assessment	167,793.13	131,833.50	27.28%
Total 5810 Quality Program	\$ 186,945.22	\$ 144,245.11	29.60%
5830 Entry to Practice - Projects	0.00	1,427.75	-100.00%
5831 OCE Examiner Exam Fee	805,884.71	751,603.63	7.22%
5832 OCE Examiner Training Fees	16,789.55	22,968.75	-26.90%
5833 OCE Staff Compensation	1,645.95	777.65	111.66%
5834 Exam Committee - per diem	525.00	7,604.00	-93.10%
5835 Exam - Technology costs	221,785.20	249,667.87	-11.17%
5836 Exam Delivery Costs	0.22	664.44	-99.97%
5837 Exam - Admin / Misc. costs	35,509.47	37,331.56	-4.88%
5838 Exam - Consultant Fees	435.05	58,748.50	-99.26%
5839 Exam - Legal costs	330.93		
5840 Exam - Development / Misc.costs	47,002.12	34,606.34	35.82%
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	\$ 1,129,908.20	\$ 1,210,386.30	-6.65%
5880 Remediation			
5871 QA Practice Enhancement fees	3,380.00	7,909.20	-57.26%
4029 QA Remediation Chargeback	-828.75	-325.00	-155.00%
Total 5871 QA Practice Enhancement fees	\$ 2,551.25	\$ 7,584.20	-66.36%
5882 Remediation - ICRC	52,868.36	45,881.52	15.23%
4028 ICRC Remediation Chargeback	-58,592.19	-42,346.52	-38.36%
Total 5882 Remediation - ICRC	-\$ 5,723.83	\$ 3,535.00	-261.92%
5883 Remediation - Registration	8,853.00	4,290.56	106.34%
4027 Registration Chargeback	-10,731.71	-3,742.50	-186.75%
Total 5883 Remediation - Registration	-\$ 1,878.71	\$ 548.06	-442.79%
5884 Remediation - Discipline	8,754.20	7,935.46	10.32%
4026 Discipline Chargeback	-12,915.50	-8,812.96	-46.55%
Total 5884 Remediation - Discipline	-\$ 4,161.30	-\$ 877.50	-374.22%
5887 Coach Training	8,008.75	11,718.60	-31.66%
Total 5880 Remediation	-\$ 1,203.84	\$ 22,508.36	-105.35%
5890 Therapy and Counselling Fund	67,523.46	23,765.37	184.13%
Total 5800 Programs	\$ 1,385,989.05	\$ 1,418,965.11	-2.32%
5900 Staffing			
5901 Salaries	4,602,272.35	4,245,341.14	8.41%
5904 Consultant fees	105,296.77	22,632.59	365.24%
5905 Staff Development	57,691.68	57,266.37	0.74%
5906 Recruitment	24,637.60	3,037.28	711.17%
5907 Staff Recognition	38,369.38	29,431.53	30.37%
5909 Employee Overtime		164,813.86	-100.00%
5914 Vacation Pay Adjustment	20,831.79	-1,660.16	1354.81%
5915 MERCS			

Agenda Item: 17.0
Appendix B

5902 Employer Benefits	220,911.95	192,416.15	14.81%
5903 Employer RRSP Contribution	229,145.71	218,665.59	4.79%
5911 CPP - Canadian Pension Plan	181,502.74	164,534.90	10.31%
5912 EI - Employment Insurance	64,383.89	60,264.22	6.84%
5913 EHT - Employer Health Tax	76,582.91	73,137.38	4.71%
Total 5915 MERCS	\$ 772,527.20	\$ 709,018.24	8.96%
Total 5900 Staffing	\$ 5,621,626.77	\$ 5,229,880.85	7.49%
6001 Amortization	114,158.25	113,073.72	0.96%
Minister of Finance Expense	0.00	0.00	
WayPay Inc (CAD)	15.00		
Total Expenses	\$ 9,735,905.17	\$ 9,025,476.07	7.87%
OTHER EXPENSES			
6005 Gain/Loss Fixed Assets	892.93		
Total Other Expenses	\$ 892.93	\$ 0.00	
NET INCOME	\$ 724,798.25	\$ 729,260.18	-0.61%

Wednesday, May 28, 2025 11:08:24 a.m. GMT-7 - Accrual Basis

Statement of Financial Position
College of Physiotherapists of Ontario
As of March 31, 2025

DISTRIBUTION ACCOUNT	TOTAL
Assets	
Current Assets	
Cash and Cash Equivalent	
1000 Cash on Hand	0
1001 Petty Cash	
1003 CC Clearing - RBC - 100-999-2	3,654
1005 Operating - RBC - 102-953-7	1,093,599
1101 RBC Prime Linked GIC	
1103 Savings - RBC - 100-663-4	9,077,986
Total for 1000 Cash on Hand	\$10,175,239
1100 Investments	0
1102 Investments - Short Term	954,046
1104 Investments - Long Term	4,486,925
1105 RBC Investments - cash balance	9,397
1106 Accrued Interest - Short Term	14,131
1107 Accrued interest - Long Term	169,728
Total for 1100 Investments	\$5,634,227
1205 Undeposited Funds	
Virtual Wallet (CAD)	66,643
WayPay Clearing Account (CAD)	
Total for Cash and Cash Equivalent	\$15,876,109
Accounts Receivable (A/R)	
1200 Accounts Receivable	\$27,785
1207 Employer Health Tax Receivable	
Total for 1200 Accounts Receivable	\$27,785
Total for Accounts Receivable (A/R)	\$27,785
1201 Allowance for Doubtful Accounts	
1206 Accrued Receivable	18,027
1400 Prepaid Expenses	0
1401 Prepaid Software	32,832
1403 Prepaid IT services	3,122
1405 Prepaid Insurance	5,515
1406 Prepaid Membership	191,937
1408 Prepaid staff development	
1409 Prepaid Salary - COLA	
1410 Prepaid meetings	
1411 Prepaid Rent	30,804
1412 Prepaid OCE	41,259
Total for 1400 Prepaid Expenses	\$305,469
Total for Current Assets	\$16,227,389

Statement of Financial Position

College of Physiotherapists of Ontario

As of March 31, 2025

DISTRIBUTION ACCOUNT	TOTAL
Non-current Assets	
Property, plant and equipment	
1301 Computer equipment	164,869
1302 Computer Software	110,740
1305 Computer equipment - Acc dep	-140,945
1306 Computer Software - Acc Dep	-110,740
1310 Furniture and Equipment	377,049
1312 Furniture & Equipment -Acc Dep	-376,517
1320 Leasehold Improvements	793,263
1322 Leasehold Improvements -Acc dep	-627,012
1325 Construction Work In Progress	
Total for Property, plant and equipment	\$190,707
1399 Suspense	
Total for Non-current Assets	\$190,707
Total for Assets	\$16,418,096
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable (A/P)	
2000 Accounts Payable	409,974
Total for Accounts Payable (A/P)	\$409,974
Credit Card	
2000-01 VISA Corporate Credit Card (All)	16,735
2001 RBC VISA 9421/4129	1,894
2003 RBC VISA 2808/2195	32,159
2004 RBC VISA 9044/3707	2,430
Total for Credit Card	\$53,219
2010 Accrued Liabilities	216,683
2011 Vacation Accrual	243,378
2012 C&D accrual	191,591
2015 Sexual Abuse Fund	
2100 Deferred Revenue	0
2101 Deferred Registration Fees	0
2102 Deferred Full Fee Revenue	7,393,827
2103 Deferred Pro-Rated Fee Revenue	
2107 Deferred Reg Com Exemption Fee	
2108 Deferred Revenue - OCE Fee	1,118,548
Total for 2101 Deferred Registration Fees	\$8,512,374
2105 Deferred credit card charges	
2110 Banked refunds	40,706

Statement of Financial Position
College of Physiotherapists of Ontario
As of March 31, 2025

DISTRIBUTION ACCOUNT	TOTAL
Total for 2100 Deferred Revenue	\$8,553,081
2150 Other Payables	0
2151 Due to Canada Life	
2152 Due to Manulife (RRSP)	
2153 Due to Allstate (CI)	
2154 Citizen's Advisory Group	
Total for 2150 Other Payables	0
24000 Payroll Liabilities	
25530 GST/QST Payable	
Total for Current Liabilities	\$9,667,926
Non-current Liabilities	
2125 Deferred Rent - Tenant Incentiv	56,474
2190 Lease Inducements	
Total for Non-current Liabilities	\$56,474
Total for Liabilities	\$9,724,399
Equity	
3900 Retained Earnings	0
Net Income for the year	724,798
3000 Unrestricted Net Assets	4,660,809
3001 Invested in Capital Assets	208,089
3010 Restricted Reserves	0
3011 Contingency Reserve / C&D	1,000,000
3012 Fee Stab / Sex Abuse Therapy	100,000
3013 Strategic Initiatives	
3014 IT Improvements	
Total for 3010 Restricted Reserves	\$1,100,000
Total for Equity	\$6,693,696
Total for Liabilities and Equity	\$16,418,096

Statement of Cash Flows

April 2024 - March 2025

	TOTAL
OPERATING ACTIVITIES	
Net Income	724,798.25
Adjustments to reconcile Net Income to Net Cash provided by operations:	
1200 Accounts Receivable	3,975.22
1201 Allowance for Doubtful Accounts	0.00
1206 Accrued Receivable	-18,027.10
1401 Prepaid Expenses:Prepaid Software	-17,677.42
1403 Prepaid Expenses:Prepaid IT services	10,451.37
1405 Prepaid Expenses:Prepaid Insurance	7,389.27
1406 Prepaid Expenses:Prepaid Membership	21,781.00
1411 Prepaid Expenses:Prepaid Rent	15,729.60
1412 Prepaid Expenses:Prepaid OCE	2,129.49
2000 Accounts Payable	251,425.23
2000-01 VISA Corporate Credit Card (All)	16,735.28
2001 RBC VISA 9421/4129	1,893.77
2003 RBC VISA 2808/2195	32,159.22
2004 RBC VISA 9044/3707	2,430.35
2010 Accrued Liabilities	-294,743.86
2011 Vacation Accrual	20,831.79
2012 C&D accrual	191,591.00
2102 Deferred Revenue:Deferred Registration Fees:Deferred Full Fee Revenue	432,662.93
2103 Deferred Revenue:Deferred Registration Fees:Deferred Pro-Rated Fee Revenue	-636.73
2108 Deferred Revenue:Deferred Registration Fees:Deferred Revenue - OCE Fee	515,107.50
2110 Deferred Revenue:Banked refunds	7,322.19
2151 Other Payables:Due to Canada Life/Sunlife	0.00
2152 Other Payables:Due to Manulife (RRSP)	0.00
2153 Other Payables:Due to Allstate (CI)	0.00
25530 GST/QST Payable	4,109.67
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	1,206,639.77
Net cash provided by operating activities	\$1,931,438.02
INVESTING ACTIVITIES	
1301 Computer equipment	9,269.85
1305 Computer equipment - Acc dep	4,134.49
1310 Furniture and Equipment	1,139.91
1312 Furniture & Equipment -Acc Dep	6,135.74
1322 Leasehold Improvements -Acc dep	80,283.57
Net cash provided by investing activities	\$100,963.56
FINANCING ACTIVITIES	
2125 Deferred Rent - Tenant Incentiv	-27,107.32
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	\$ -31,004.68
NET CASH INCREASE FOR PERIOD	\$2,001,396.90
Cash at beginning of period	13,874,711.84
CASH AT END OF PERIOD	\$15,876,108.74

18.0 Annual Committee Reports

Presented by Anita Ashton, Deputy Registrar & Chief Regulatory Officer

DISCIPLINE AND FITNESS TO PRACTISE COMMITTEES**Reporting period: April 1, 2024 to March 31, 2025****Committee Mandate:**

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

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

Committee Membership:

Jim Wernham, Professional Member (Chair)
Angelo Karalekas, Professional Member (Vice-Chair)
Janet Law, Professional Member – until June 23, 2024
Paul Parikh, Academic Member – until June 23, 2024
Anna Grunin, Professional Member – until June 23, 2024
Katie Schulz, Professional Member – until December 9, 2024
Maureen Vanwart, Professional Member
Sinead Dufour, Academic Member
Gary Rehan, Professional Member
Dennis Ng, Professional Member
Theresa Stevens, Professional Member
Jesse Finn, Public Member
Carole Baxter, Public Member
Rick O'Brien, Public Member
Daniel Negro, Professional Member
Sue Grebe, Professional Member
Nicole Graham, Professional Member
Richa Rehan, Professional Member
Felix Umana, Professional Member - until July 15, 2024
Theresa Kay, Professional Member
Frank Massey, Public Member
Mark Heller, Public Member
Christopher Warren – from June 24, 2024
Trisha Lawson – from June 24, 2024
Frank DePalma – from June 24, 2024
Kate Moffett – from June 24, 2024
Kirsten Pavelich – from June 24, 2024

Committee Work in This Period:

Discipline Hearings Pending ¹ as of March 31, 2024	6
Discipline Hearings in Progress ² as of March 31, 2024	0
Discipline Hearings Completed	
Uncontested Hearings completed	4
Contested Hearings completed	0
Adjournments Sine Die	0
Withdrawal of allegations	0
Pre-Hearing Conferences held	1
Pre-Hearing Conference Pending as of March 31, 2024	0
Hearing Days Completed as of March 31, 2024	
Uncontested Hearing Days Completed	5
Contested Hearing Days Completed	0
Hearing Days Pending as of March 31, 2024	1
Fitness to Practise Hearings Pending as of March 31, 2024	0
Fitness to Practise Hearings in Progress as of March 31, 2024	0
Decisions Released	7
Appeals	0

Hearings pending and in progress as of March 31, 2025:

- Patricia Vogel – Hearing scheduled for April 11, 2025
- Joseph Clement – Hearing date(s) to be determined
- Sujay Hemachandra – Hearing scheduled for November 3, 4, 5, 6, 7, 2025
- Sramit Basnet – Hearing scheduled for June 30, 2025
- Spruha Vaishnav – Hearing scheduled for June 30, 2025
- Kelly-Lynne Neale – Hearing scheduled for June 5, 2025

Hearings completed in this period:

- Sudeep Uday Deshpande, August 14, 2024
- Bibu Tomas, October 2 & 25, 2024
- Mike Postic, October 28, 2024
- Joseph Trambulo, November 13, 2024

¹ Pending hearings are matters that have been referred to the Committee but hearings have not yet begun.

² Hearings in progress are matters for which hearings have begun but have not concluded as of the date of the report.

Hearings Completed by Adjourning Indefinitely (*sine die*):

- N/A

Committee Training Completed in this period:

- October 2024: HPRO Training for New Discipline Committee Members. A full-day training offered through HPRO that includes introduction to the legal framework, principles of administrative law and fitness to practice process, pre-hearing procedures and the hearings process, roles of participants, and responsibilities of panel members.
- October 2024: Overview of Contested Hearings. Based on needs identified by the Committee, a training session was held to provide committee members with an overview of the procedures for conducting a contested hearing. The session was led by a lawyer.

Resources currently available to the Committee:

- Online training modules for:
 - Committee orientation
 - Decision writing
 - Panel chair
 - Gender neutral language
- Recordings of lawyer-led training sessions on:
 - Pre-hearings
 - Assessing evidence, note taking, and deliberations
 - Decision writing
 - Committee Training: Back to Basics & Unconscious Bias
- Tools and resources to support the Committee during a pre-hearing conference:
 - Pre-hearing Conference Resource Handbook
 - Pre-hearing Report template
- A set of templates and tools to support the Committee during a hearing:
 - Manual for Panel Chairs
 - Rules of Procedure manual
 - Script for swearing of the witness
 - Previous Oral Reprimands
 - Previous Decisions
 - Motion Flow Chart
 - Exhibit Tracker

- Deliberations Template for Contested Hearings
- Deliberations Template for Uncontested Hearings
- Decision Writing Summary Sheet

Issues that Require Board Discussion / Decision:

- None at this time.

Committee Highlights:

- To foster an inclusive and welcoming environment, the committee introduced the practice where Hearings Office staff invite participants to share their pronouns in advance of hearings. Participants are introduced at the beginning of the hearing with their pronoun and an explanation of why these are included is provided. Committee member pronouns are included in decision and reasons.

EXAMINATIONS COMMITTEE**Reporting period: April 1, 2024 to March 31, 2025****Committee Mandate:**

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

Committee Membership:

Harikrishnan Gopalakrishnan Nair (Chair), Professional Member
Alireza Mazaheri (Vice-Chair), Professional Member
Sameera Merchant, Professional Member – until August 23, 2024
Enoch Ho, Professional Member
Lea Damata, Professional Member
Greg Pope, Public Member
Marcos Rodrigues – from March 24, 2025

Committee Work in This Period:

Candidates who sat the OCE	1008
Committee Meetings	5
Standard Setting Recommendations	4
Exam Appeals	0
Exam Policies Reviewed / Approved	8

During this reporting period, the Examinations Committee also engaged in the following activities:

- Review of the OCE technical report (first annual report)
- Review of the OCE research project results
- Discussed future approach to equating at two meetings and decided that we will do equating after every exam
- Reviewed two Exam Security cases from the October 2024 administration

Committee Training Completed in This Period:

- None during this period.

Resources currently available to the Committee:

- None at this time.

Issues that Require Board Discussion / Decision:

- None during this period.

Committee Highlights:

- This past year, the committee updated eight (8) exam policies, established a list of recommendations based on the OCE Research project, and, for the first time, went through the process of reviewing exam security cases.

EXECUTIVE COMMITTEE

Reporting period: April 1, 2024 to March 31, 2025

Committee Mandate:

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

Committee Membership:

Nitin Madhvani, Public Member (Board Chair until December 9, 2024)

Katie Schulz, Professional Member (Member at Large until June 23, 2024, Vice Chair from June 24, 2024 – December 9, 2024, Board Chair from December 10, 2024)

Theresa Stevens, Professional Member (Vice-Chair until June 23, 2024, Member at Large from June 24, 2024)

Carole Baxter, Public Member

Janet Law, Professional Member (Until June 23, 2024)

Gary Rehan, Professional Member (Member at Large from June 24, 2024 until January 19, 2025, Vice Chair from January 20, 2025)

Mark Heller, Public Member (from January 20, 2025)

Committee Work in This Period:

Meeting Date	Work Undertaken
May 31, 2024	<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 before they are presented to the Board for approval for consultation. Revised Standards – First Group: The Committee provided feedback to staff on materials regarding the first group of revised standards following the consultation and the feedback received before they are presented to the Board for final approval.

Meeting Date	Work Undertaken
	<ul style="list-style-type: none"> • By-law and Governance Updates: The Committee provided feedback to staff on materials on proposed updates to clarify the College's By-law provision regarding public member attendance at committee meetings, as well as addressing some gaps in the Signing Officers policy and aligning the Specialty Designation Policy with the proposed new Titles, Credentials, and Specialty Designations Standard before they are presented to the Board for consideration. • In Camera Meetings: The Committee provided feedback to staff on materials to amend the In Camera Meetings policy before it is presented to the Board for consideration. • Code of Ethical Conduct: The Committee provided feedback to staff on materials regarding the Code of Ethical Conduct following the consultation and the feedback received before they are presented to the Board for final approval. • Board and Committee Term Limits: The Committee reviewed a proposal on updates to the College's Board and Committee Member term limits. The Committee deemed it premature to review the term limits at this time but will continue to keep it under consideration. The Committee recognized that this item may be better addressed through the establishment of competency-based elections. <p><i>Recommendations to the Board:</i></p> <ul style="list-style-type: none"> • Committee slate amendment: The Executive Committee reviewed the proposed slate for each committee and made a recommendation for the Board to consider the slate. <p><i>Decisions made within Executive Committee's authority:</i></p> <ul style="list-style-type: none"> • Conference Attendance: Following a call for interest, the Executive Committee approved the attendance of Ms. Katie Schulz at the October 2024 Canadian Network of Associations of Regulators (CNAR) Conference. <p><i>Other:</i></p> <ul style="list-style-type: none"> • Chairs's Report – received for information • Registrar's Report – received for information

Meeting Date	Work Undertaken
September 6, 2024	<p data-bbox="509 254 980 285"><i>Feedback on materials to the Board:</i></p> <ul data-bbox="553 331 1409 1780" style="list-style-type: none"> <li data-bbox="553 331 1409 485">• Revised Standards – Fourth Group: The Committee provided feedback to staff on materials regarding the fourth group of revised standards before they are presented to the Board for approval for consultation. <li data-bbox="553 531 1409 720">• Revised Standards – Second Group: The Committee provided feedback to staff on materials regarding the second group of revised standards following the consultation and the feedback received before they are presented to the Board for final approval. <li data-bbox="553 766 1409 877">• Election Eligibility: The Committee provided feedback to staff on materials related to proposed updates that clarify the College’s By-law election eligibility criteria. <li data-bbox="553 924 1409 1035">• Funding for Therapy: The Committee provided feedback to staff on materials regarding a proposal to establish funding for therapy/counselling for Committee members. <li data-bbox="553 1081 1409 1270">• General Regulation Modernization: The Committee provided feedback to staff on materials concerning potential amendments to <i>O.Reg 532/98 General</i>. These materials are being presented to the Board to facilitate discussion and gather feedback and direction. <li data-bbox="553 1316 1409 1465">• Strategic Planning: 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. <li data-bbox="553 1512 1409 1780">• Screening Committee: The Committee reviewed a proposal on the establishment of a Screening Committee to support the College’s election process. The Committee deemed it premature to bring this item forward for Board approval. It was determined that additional discussions are necessary to ensure that the Board has provided direction before moving forward with a proposal for Board approval. <p data-bbox="509 1822 922 1854"><i>Recommendations to the Board:</i></p> <ul data-bbox="553 1864 678 1896" style="list-style-type: none"> <li data-bbox="553 1864 678 1896">• None.

Meeting Date	Work Undertaken
	<p><i>Decisions made within Executive Committee's authority:</i></p> <ul style="list-style-type: none"> • None. <p><i>Other:</i></p> <ul style="list-style-type: none"> • Chairs's Report – received for information • Registrar's Report – received for information • Human Rights Tribunal of Ontario - The Committee was engaged in a discussion to inform strategies relating to an HRTTO matter.
October 23, 2024	<p><i>Other:</i></p> <ul style="list-style-type: none"> • Confidential Discussion: Board member conduct.
November 8, 2024	<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>. <p><i>Recommendations to the Board:</i></p>

Meeting Date	Work Undertaken
	<ul style="list-style-type: none"> Committee Slate Amendment: The Committee recommended that the Board appoint Mark Heller to the Quality Assurance Committee. <p><i>Decisions made within Executive Committee's authority:</i></p> <ul style="list-style-type: none"> 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. <p><i>Other:</i></p> <ul style="list-style-type: none"> 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.
November 22, 2024	<p><i>Other:</i></p> <ul style="list-style-type: none"> Confidential Discussion: Registrar's Performance Review
February 25, 2025	<p><i>Feedback on materials to the Board:</i></p> <ul style="list-style-type: none"> Health Professions Discipline Tribunal: The Committee provided feedback to staff on materials to engage in a

Meeting Date	Work Undertaken
	<p>discussion to determine the Board's interest in potentially joining the Multi College Discipline Tribunal Pilot.</p> <ul style="list-style-type: none"> • Entry to Practice Licensure Examinations: Adoption of CAPR National Exam: The Committee was provided with an update about the new exam model the Canadian Alliance of Physiotherapy Regulators is developing. • General Regulation Modernization: The Committee provided feedback to staff on materials regarding the proposed draft amendments to the O. Reg 532/98 General prior to be presented to the Board for approval for consultation. • Screening Committee: The Committee provided feedback to staff on materials regarding the potential establishment of a Screening Committee to support the election process. • Revised Standards – Fourth Group: The Committee provided feedback to staff on materials regarding the fourth group of revised standards following the consultation, before the standards are presented to the Board for final approval. • Revised Standards – Fifth Group: The Committee provided feedback to staff on materials regarding the fifth group of revised standards, before the standards are presented to the Board for approval for consultation. <p><i>Recommendations to the Board:</i></p> <ul style="list-style-type: none"> • Committee Slate Amendment: The Committee recommended that the Board appoint Marcos Rodrigues to the Examinations Committee. <p><i>Decisions made within Executive Committee's authority:</i></p> <ul style="list-style-type: none"> • None. <p><i>Other:</i></p> <ul style="list-style-type: none"> • Chairs's Report – received for information • Registrar's Report – received for information

Meeting Date	Work Undertaken
	<ul style="list-style-type: none"> Fiscal Year 2026 Budget Update – received for information 2025-2026 Committee Slate Development Update: The Committee engaged in a discussion regarding the 2025-2026 Committee Slate development.

Committee Training Completed in This Period:

- None.

Resources currently available to the Committee:

- None at this time.

Issues that Require Board Discussion / Decision:

- None at this time.

Committee Highlights:

- In this past year, The Executive Committee has focused on supporting continuous improvement in how materials are presented to the Board.

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

Reporting period: April 1, 2024 to March 31, 2025

Committee Mandate:

The role of the Inquiries, Complaints and Reports Committee (ICRC) is to investigate complaints and consider reports as per section 79 of the Code related to the conduct or action, competencies or capacity of registrants as it relates to their practicing the profession.

Committee Membership:

Gary Rehan, Professional Member (Chair)
Greg Heikoop, Professional Member (Vice-Chair)
Katie Schulz, Professional Member (until December 9, 2024)
Theresa Stevens, Professional Member
Carole Baxter, Public Member
Tammy Morrisey, Professional Member
Mark Heller, Public Member- Until June 23, 2024
Christopher Warren – from June 24, 2024
Diana Hatzoglou – from June 24, 2024
Christine Morris-Bolton - from June 24, 2024
Kristin Mosser – from June 24, 2024 until December 9, 2024

Committee Work in This Period:

Committee Meetings	19
Complaints Cases Considered	49
Registrar's Inquiries Considered	44
Appointments of Investigator Made (75a)	38
Appointments of Investigator Made (75b)	1
Appointments of Investigator Made (75c)	8
Decisions Made Regarding Complaints	
No action	10
Frivolous & Vexatious	2
Advice & Recommendations	10
Caution	0
SCERP	4
SCERP & Caution	1
Undertaking	17
Undertaking & Advice and Recommendations	1
Undertaking – Resign	0
Referral to Discipline	2

Referral to Fitness to Practise	0
Interim Order	0
Withdrawal	0
Decisions Made Regarding Registrar's Inquiries	
No action	2
Advice & Recommendation	3
Caution	4
Caution & Advice and Recommendation	0
SCERP	0
SCERP & Caution	2
Undertaking	10
Undertaking – Resign	0
Referral to Discipline	4
Referral to Fitness to Practise	0
Interim Order	0
Cases at HPARB as of March 31, 2024	5
Decisions Appealed	2
Decisions Upheld	6
Decisions Returned	0

Committee Training Completed in This Period:

- April 2024: Overview on Health Claims for Auto Insurance (HCAI) and Motor Vehicle Accident (MVA) benefits. Presentation was delivered by representatives from the Insurance Bureau of Canada (IBC) and the Financial Services Regulatory Authority of Ontario (FSRA).
- July 2024: Orientation for new Committee members. Topics covered include: an overview of the role of the Committee and the various individuals that support the work of the Committee; how files come before the Committee, the deliberation process and the decisions that the Committee can make; the legal foundation of the work; what regulating in the public interest means; the terms of reference for the Committee; and the resources available to the committee.
- October 2024: Education day for the full Committee. Content was built based on questions that the Committee had through the year, common themes, and commonly-discussed issues. Topics covered include: the impacts of trauma on registrants, witnesses, staff and Committee members; frivolous & vexatious matters; interim orders; to refer or not to refer – sexual abuse; zero tolerance / levels of accountability; assessing the quality of clinical care; the intersection of criminal cases and College proceedings; behaviour unbecoming and/or disgraceful and dishonourable conduct;

right touch regulation; introduction to new standards; compliance monitoring; and preparing for ICRC meetings.

Resources currently available to the Committee:

- New Committee Member Orientation Module: A general orientation for all new Committee members, that contains information about eligibility requirements; the role of the College; the core functions of the College; general understanding of College Committees; structure of Committees; and becoming a Committee member.
- Learning module: ICRC Member: Getting Familiar with Your Role (e-learning module): Provides information to help better understanding the role as an ICRC member. Topics covered include key things to know about being an ICRC member; how the College receives complaints and concerns; the role of an ICRC member; information available to help the Committee make decisions; decision options; decision reasons; conflict of interest; confidentiality; and preparing for a meeting.
- Copies of the presentations used for the July 2024 orientation for new members and October 2024 Education Day (see above).
- ICRC Decision Making Tools and Resources: A document containing all of the decision-making tools and supporting resources that are available to the Committee.
- Deliberation worksheet template, instructions, and sample: To assist the case lead to highlight pertinent issues for discussion and consider disposition options.
- ICRC Policies: Policies for appointing an investigator, cautions, complaint confirmation, frivolous & vexatious matters, and interim orders.
- [ICRC Decision-Making Tool](#) and Risk Assessment Framework: They provide a consistent framework for the Committee to consider cases before them and to determine an appropriate outcome based on level of risk.
- How to Build a Remediation Program: Outlines options for remediation activities for different types of practice concerns.
- List of acronyms used in physiotherapy practice and regulation: To assist with reading and understanding case materials.
- ICRC Panel Lead Script: A structured script to assist the case lead to provide an overview of the case to the panel.

- ICRC Process Flow Chart: Outlines the entire complaints process, from the point that a concern is brought to the College, to the final appeal and review through the courts, and all of the possible pathways and outcomes in between.

Issues that Require Board Discussion / Decision:

- None at this time.

Committee Highlights:

- In December 2024, the committee moved to a two-panel structure to even the workload between committee members.
- In July 2024, the committee began using a new deliberation worksheet to streamline discussions at meetings, to help the decision writer with decision writing, and to help legal counsel to understand the Committee's perspective when a prosecutorial viability assessment (PVA) is requested.

PATIENT RELATIONS COMMITTEE**Reporting period: April 1, 2024 to March 31, 2025****Committee Mandate:**

The role of the Patient Relations Committee is to advise the Board with respect to the patient relations program and to administer the program to provide funding for therapy and counseling.

Committee Membership:

Anna Grunin, Professional Member (Chair)
Kim Westfall-Conner (Vice-Chair) from June 24, 2024
Richard O'Brien, Public Member
Einat Mei-Dan
Greg Heikoop, Professional Member - until June 23, 2024
Antoinette Megens - Until June 23, 2024

Committee Work in This Period:

The Committee made two decisions regarding funding requests for counselling and therapy, one on January 3, 2025 by written resolution, and the second during a meeting on February 27, 2025.

Committee Training Completed in This Period:

- February 2025: A brief orientation to the Committee for a new Committee member.

Resources currently available to the Committee:

- New Committee Member Orientation Module: A general orientation for all new Committee members, that contains information about eligibility requirements; the role of the College; the core functions of the College; general understanding of College Committees; structure of Committees; and becoming a Committee member.
- Patient Relations Committee online orientation module: which covers topics such as an overview of regulation; overview of the Patient Relations Program; the role of the Patient Relations Committee and funding for therapy and counselling; conflict of interest and confidentiality; and sample cases.
- Sexual Abuse Awareness online training module: which covers topics such as sexual abuse and the RHPA; rates of sexual abuse and barriers to reporting; what constitutes "sexual abuse" of a patient; treatment of spouses; and what happens when the College receives a sexual abuse complaint or report. The module also links to a sexual assault learning module created by the Women's College Hospital.

Issues that Require Board Discussion / Decision:

- None at this time.

Committee Highlights:

- None at this time.

QUALITY ASSURANCE COMMITTEE

Reporting period: April 1, 2024 to March 31, 2025

Committee Mandate:

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

Committee Membership:

Antoinette Megens (Chair), Professional Member
Rick O'Brien, Public Member (vice-Chair
Frank Massey, Public Member – Until June 23, 2024
Dennis Ng, Professional Member
Maureen Vanwart, Professional Member (from June 26, 2023)
Mark Heller – from December 10, 2024
Halak Patel – from June 24, 2024

Committee Work in This Period:

Committee Meetings	8
Cases considered by the Committee	36
Cases closed by the Committee with no action	11
Cases closed with advice and recommendations	11
Proposed SCERPs	8
Confirmed SCERPs	5
Confirmed Second SCERP	0
Cases closed by the Committee following a SCERP	0
Request for a deferral – approved by the Committee	0
Request for deferral – denied by the Committee	1
Terms, Conditions or Limitations Imposed	0
Referrals to the ICRC	1

Committee Training Completed in This Period:

- July 2024: Orientation for one new Committee member, focused on how to go through case files, using a case file from an upcoming Committee meeting and the QAC Decision Tool.
- September 2024: Orientation for the whole Committee. The orientation focused on Specified Continuation Education or Remediation Programs (SCERPs), and was jointly presented by the Quality Assurance Manager and a lawyer.

- January 2025: Orientation for one new Committee member, including review of sample case files, the QAC Decision Tool, and the QA Committee Portal.

Resources currently available to the Committee:

- New Committee Member Orientation Module: A general orientation for all new Committee members, that contains information about eligibility requirements; the role of the College; the core functions of the College; general understanding of College Committees; structure of Committees; and becoming a Committee member.
- Sexual Abuse Awareness online training module: which covers topics such as sexual abuse and the RHPA; rates of sexual abuse and barriers to reporting; what constitutes “sexual abuse” of a patient; treatment of spouses; and what happens when the College receives a sexual abuse complaint or report. The module also links to a sexual assault learning module created by the Women’s College Hospital.
- Quality Assurance Committee Member: Getting Familiar with Your Role (e-learning module): Help committee members better understand their role. Topics covered include: components of the Quality Assurance Program; overview of regulation; types of decisions made by the Committee, conflict of interest. The module also includes knowledge-testing quizzes.
- Committee orientation presentation – provides overview of roles in Committee work, the practice assessment process, conflict of interest, how to review the meeting materials and case files, what to expect before and during a meeting, decision options, and the QAC Decision Tool.
- QAC Decision Tool – provides a framework for assessing level of risk and suggests appropriate outcomes for each risk level.
- List of abbreviations – a list of abbreviations that are commonly used in the screening interviews and assessment reports to assist with reading case files.
- Building a Remediation Program That Works presentation – describes features of a strong remediation program and key considerations when building one.
- Master Specified Continuing Education or Remediation Program (SCERP) template – containing all potential elements and relevant resources that can be used in a SCERP.
- Public Interest info-graphic – describes the six domains that may be considered when thinking about the public interest.

- Information about WSIB Specialty Programs – outlining key considerations including ownership of reports, contractual restrictions, health care provider obligations, and how patients can obtain WSIB reports.
- Sample case summaries and sample decisions.

Issues that Require Board Discussion / Decision:

- None at this time.

Committee Highlights:

- Issues contained in each case file are coded using the College Issues Coding Taxonomy. When reviewing the cases files that were opened, continued or closed during the last year, there were 57 unique issues coded. The top five issues identified were:
 - Patient care – Record Keeping in 25% of the cases (14/57)
 - Patient care – Consent in 16% of the cases (9/57)
 - Workplace concerns – Working with PTAs in 12% of the cases (7/57)
 - Patient care – Privacy in 9% of the cases (5/57)
 - Patient care – Clinical Reasoning in 7% of the cases (4/57)

REGISTRATION COMMITTEE

Reporting period: April 1, 2024 to March 31, 2025

Committee Mandate:

The role of the Registration Committee is to make decisions on registration applications that do not meet the criteria for issuance of a certificate of registration by the Registrar and to ensure that processes related to entry are fair, transparent and objective.

Committee Membership:

Juliana De Castro Faria, Professional Member (Chair)
Sinead Dufour, Academic Member (Vice-Chair)
Katie Schulz, Professional Member – until June 23, 2024
Paul Parikh, Academic Member – until June 23, 2024
Jesse Finn, Public Member
Frank Massey, Public Member
Yee Mei Mavis Fung – from June 24, 2024
Einat Mei-Dan, Professional Member

Committee Work in This Period:

Committee Meetings	12
Applications Considered	27
Applications Approved	2
Applications Approved with Terms, Conditions, and Limitations	16
Directed the Registrar to remove the Terms, Conditions and Limitations from a Certificate	0
Directed the Registrar to refuse to vary the Terms, Conditions and Limitations from a Certificate	0
Directed the Registrar to vary the Terms, Conditions and Limitations from a Certificate	0
Applications Denied	8
Exam Exemption Approved	0
Applications Deferred Pending Additional Information	1
Cases Appealed to HPARB	4
Decisions of the Committee Upheld by HPARB	2
Decisions of the Committee Returned / Not Upheld by HPARB	0

Committee Training Completed in This Period:

- August 2024: Orientation for a new Committee member that included completion of an online module asynchronously; an orientation presentation with the Registration Manager; and Q&A with the Registration Manager and the Chair.
- October 2024: Orientation for the full Committee led by a lawyer. Topics covered in the orientation include: Registration within the Scheme of Professional Regulation; Overview of the Registration Process; Registration Committee as Gatekeepers; Obligations to Applicants and to the Public; and Tools for Flexible Decision Making.

Resources currently available to the Committee:

- New Committee Member Orientation Module: covers topics such as the role and core functions of the College; overview of College Committees; structure of Committees; and becoming a Committee member.
- Sexual Abuse Awareness online training module: which covers topics such as sexual abuse and the RHPA; rates of sexual abuse and barriers to reporting; what constitutes “sexual abuse” of a patient; treatment of spouses; and what happens when the College receives a sexual abuse complaint or report. The module also links to a sexual assault learning module created by the Women’s College Hospital.
- Registration Committee Orientation Module: covers topics such as basics of being a Registration Committee member; overview of regulation; path to becoming a physiotherapist; information available to the Committee to make decisions; decision options; assessing good character; considerations when denying a certificate; the importance of committee decisions & reasons; conflict of interest and confidentiality; and preparing for a meeting.
- Decision-Making Reference: a tool to help the Committee consider cases where a PT is returning to the profession after an extended absence.

Issues that Require Board Discussion / Decision:

- None at this time.

Committee Highlights:

- The Committee provided feedback on the proposed updates to the General Regulation.
- The Committee approved the following new policies this year:
 - Second Provisional Practice Certificates of Registration (May 2024), and
 - Exempting Returning Applicants from the required Clinical Examination (September 2024).

RISK, AUDIT & FINANCE COMMITTEE

Reporting period: April 1, 2024 to March 31, 2025

Committee Mandate:

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

Committee Membership:

Frank Massey (Chair from June 24, 2024)
Janet Law, Professional Member (Chair) – until June 23, 2024
Gary Rehan, Professional Member (Vice Chair)
Katie Schulz – from June 24, 2024
Nitin Madhavi, Public Member – until December 9, 2024
Theresa Stevens, Professional Member – until June 23, 2024
Anna Grunin, Professional Member – until June 23, 2024
Jesse Finn, Public Member – until June 23, 2024
Kate Moffett – from June 24, 2024

Committee Work in This Period:

Meeting Date	Work Undertaken
June 7, 2024	<ul style="list-style-type: none"> Reviewed the financial results for the fiscal year 2023-2024, covering April 1, 2023 – March 31, 2024. Reviewed the risk registry developed in accordance with the College's Enterprise Risk Management policy. Reviewed and recommended that the Board approve amendments to the Signing Officers Policy.
August 16, 2024	<ul style="list-style-type: none"> Reviewed audited financial statements for fiscal year 2023-2024, and recommended in principle that the Board approve them, with possible changes if required. Received fiscal year 2024-2025 Q1 financial report for information and discussion. The Committee recommended that the Board approve a consultation with the Registrants to increase the application and registration fees for the Professional Health Corporations by 2% beginning April 1, 2025. This recommendation brings the PHC fees in line with the increases to the registration and administrative fees that were implemented in FY2025. The Committee recommended that the College does not increase registration and administrative fees for FY2026.

	<ul style="list-style-type: none"> Reviewed the Risk Register.
November 11, 2024	<ul style="list-style-type: none"> Received fiscal year 2024-2025 Q2 financial report for information and discussion. Recommendation to the Board that they appoint Hilborn LLP as the College's auditor for FY2025. Reviewed the Risk Register.
February 12, 2025	<ul style="list-style-type: none"> Received fiscal year 2024-2025 Q3 financial report for information and discussion. Considered the draft budget for FY2026 and recommended that the Board approves the proposed budget. Reviewed the Risk Register.
March 4, 2025	<ul style="list-style-type: none"> Reviewed the Risk Register. The Committee discussed the current financial reserve policy to inform future revisions. Received a workplan for the Committee, with a focus on the FY2025 audit plan

Committee Training Completed in This Period:

- October 21, 2024: An orientation session was led by Mary Catalfo, Director, Finance

Resources currently available to the Committee:

- New Committee Member Orientation Module: covers topics such as the role and core functions of the College; overview of College Committees; structure of Committees; and becoming a Committee member.
- Finance Committee Orientation Module, which covers topics such as financial governance; how the College manages its financial resources; important financial concepts; understanding financial statements; the financial audit; and conflict of interest and confidentiality.
- College By-laws document, which contains various provisions regarding the financial management of the College.

Issues that Require Board Discussion / Decision:

- None at this time.

Committee Highlights:

- None at this time.