

MEETING OF THE BOARD OF THE COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Meeting Schedule

Education Session (Closed)

Thursday, September 25, 2025|9:00 - 11:15 a.m.

Board Meeting (Public)

Thursday, September 25, 2025 | 11:15 – 4:00 p.m.

Board Meeting (Public)

Friday, September 26, 2025 | 9:00 - 3:45 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. Truth and Reconciliation Commission Report

(Ridge Road)

The Board will participate in an education session about the Truth and Reconciliation Commission, outlining the purpose of the Commission and the calls to action that the Commission made. The primary focus will be the calls to action that relate to health care, and how they may help to inform the work of the College and the profession.

	Thursday, September 25, 2025			
Item	Time	Topic	Page	Purpose
*	11:15 a.m.	Welcome and Call to Order (K. Schulz) Roll Call Territory Acknowledgement	N/A	N/A
1.	11:20 a.m.	Review and Approval of the Agenda (K. Schulz)	2-8	Decision
2.	11:23 a.m.	Declaration of Conflicts of Interest (K. Schulz) Following approval of the Agenda, Directors are being asked to declare any known conflicts of interest with the Agenda.	9	Discussion
3.	11:25 a.m.	 Approval of the Consent Agenda (K. Schulz) Approval of June 23-24, 2025, Board Meeting Minutes Approval of June 23-24, 2025, In Camera Board Meeting Minutes Executive Committee Report Risk, Audit and Finance Committee Report 	10-24	Decision



4.	11:27 a.m.	Chair's Report (K. Schulz) The Board is provided with an update regarding key activities and initiatives.	25-28	Information
5.	11: 35 a.m.	Registrar's Report (C. Roxborough) The Board is provided with an overview and update regarding key activities and initiatives.	29-55	Information
*	12:15 p.m.	Lunch (45 Minutes)	N/A	N/A
6.	1:00 p.m.	Updated Strategic Plan for 2026-2030 (J. Huang) The Board will be provided with a draft strategic plan for validation and feedback.	56-69	Discussion
7.	2:00 p.m.	Health Professions Discipline Tribunals – By-law and Governance Policy Amendments and Transition (M. Berger) The Board will be asked to consider By-law and Governance Policy amendments to join the Health Professions Discipline Tribunals Pilot.	70-103	Decision
*	2:30 p.m.	Break (15 Minutes)	N/A	N/A
8.	2:45 p.m.	Final Review of Revised Standards (5 th batch) for Approval (E. Ermakova) The Board is being asked to approve the fifth group of revised Standards following the consultation.	104-117	Decision



9.	3:15 p.m.	Exam Transition Planning (C. Roxborough & A. Ashton) The Board will be provided with an update regarding the transition to the new Canadian Physiotherapy Exam.	118-122	Information
10.	3:45 p.m.	Committee Slate Amendment (C. O'Kelly) The Board will be asked to approve an amendment to the Committee Slate.	132-129	Decision
*	4:00 p.m.	Adjournment of Day One		

	Friday, September 26, 2025			
Item	Time	Topic	Page	Purpose
11.	9:00 a.m.	General Regulation Update (M. Berger & E. Ermakova) The Board will be asked to provide directions on proposed options in response to consultation feedback.	130-156	Discussion
*	10:30 a.m.	Break (15 Minutes)	N/A	N/A
12.	10:45 a.m.	Code of Conduct (M. Berger) The Board is being asked to participate in a discussion about whether to complete a comprehensive review of the Code of Conduct.	157-167	Discussion
13.	11:15 a.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.	168	Decision



*	12:00 p.m.	Lunch (45 Minutes)	N/A	N/A
14.	12:45 p.m.	FY2025 Audited Financial Statements (Blair MacKenzie, Auditor Hilborn LLP) The Board is asked to review and approve the 2024-2025 Audited Financial Statements ending March 31, 2025.	169-207	Decision
15.	1:15 p.m.	FY2026 Q1 Financial Report (M. Catalfo) The Board will be provided with an update on the College's Q1 financial performance.	208-224	Information
16.	1:30 p.m.	Fees for FY2027 (C. Roxborough) The Board will be asked to approve a recommendation from the Risk, Audit and Finance Committee that the College does not increase registration and administrative fees for FY2027.	225-230	Decision
17.	1:45 p.m.	Development of an Indigenous Cultural Safety and Humility Standard (M. Berger) The Board will be engaged in a discussion about the potential development of an Indigenous Cultural Safety and Humility Standard.	231-244	Discussion
*	2:45 p.m.	Break (15 Minutes)	N/A	N/A



18.	3:00 p.m.	Research: Exploring Physiotherapists Recognition of Sexual/Professional Boundaries with Patients in Ontario (University of Toronto Master Students) Graduate students from the University of Toronto completed a research project about whether physiotherapists can recognize boundaries and how they managed them with support from the College. The students will be presenting their findings to the Board.	245	Education
19.	3:30 p.m.	Ratification of Academic Director: Queens University (C. O'Kelly) The Board is being asked to appoint an academic representative to the Board.	246-252	Decision
*	3:45 p.m.	Adjournment of Meeting	N/A	N/A

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 Board meetings and refrain from sidebar conversations.



Assume everyone has a positive intent.





Board Meeting September 25-26, 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 InterestKatie Schulz



Board Meeting September 25-26, 2025

Agenda #3.0: Consent Agenda	
It is moved by	
and seconded by	,
that:	

The following items be approved by the Board:

- June 23-24, 2025 Board Meeting Minutes
- June 23-24, 2025 In Camera Board Meeting Minutes



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

Monday, June 23 and Tuesday, June 24, 2025

The College Boardroom & Virtually via Zoom

Public Director Attendees: Staff Attendees:

Carole Baxter Craig Roxborough, Registrar & CEO
Mark Heller Anita Ashton, Deputy Registrar & CRO
Frank Massey Lisa Pretty, Senior Director, Organizational

Richard O'Brien Effectiveness

Christopher Warren Mara Berger, Director, Policy, Governance &

General Counsel

Recorder:

Professional Director Attendees: Mary Catalfo, Director, Finance

Katie Schulz (Chair)

Gary Rehan (vice-Chair)

Frank DePalma

Joyce Huang, Director, Strategy

Evguenia Ermakova, Policy Analyst

Fiona Campbell, Senior PT Advisor

Sinéad Dufour Kate Moffett

Dennis Ng Caitlin O'Kelly, Governance Specialist

Kirsten Pavelich
Maureen Vanwart
Regrets:

Heather Weber Jesse Finn, Public Director
Nitin Madhvani, Public Director

Guests:

Kevin McCarthy, The Regulator's Practice

Monday, June 23, 2025

Welcome and Call to Order

K. Schulz, Board Chair, called the meeting to order at 10:20 a.m. and welcomed Directors, staff, and provided the Territory Acknowledgement. K. Schulz confirmed the College's ongoing commitment to the Public Interest mandate.

1.0 Review and Approval of the Agenda

Motion 1.0

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

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

CARRIED.



2.0 Declaration of Conflicts of Interest

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

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

3.0 Approval of the Consent Agenda

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

Motion 3.0

It was moved by F. Massey and seconded by M. Heller 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

CARRIED.

4.0 Chair's Report

K. Schulz provided an overview of the Chair's report that covers activities since the March Board meeting, including a summary of the post-Board meeting survey results. The Chair acknowledged the feedback received regarding the structure of Board meetings and noted that adjustments have been made to the agenda to support more efficient use of time. The topic remains an area of ongoing discussion, and that continued feedback from Directors is valued and encouraged to support further improvements.

5.0 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 received an update on the status of the "As of Right" legislation. While no specific changes have been announced for the College, a submission was made that focused on associated risks. Questions were raised about title use, oversight, and jurisdictional limitations for individuals practicing without being licensed in Ontario. The Registrar clarified that individuals authorized through the legislation may use the protected



title and practice accordingly but would not fall under the College's jurisdiction until they were registered. The Board will continue to be updated as developments unfold.

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

Motion 6.0

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

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

CARRIED.

The Board entered an in-camera session at 11:28 a.m. and returned to the open session at 12:05 p.m. During the in-camera session a motion was passed to approve a service level agreement with the Canadian Alliance of Physiotherapy Regulators with the possibility for minor changes.

C. Warren left the meeting at 12:24 a.m.

7.0 Ontario Clinical Exam (OCE) Capacity Planning

A. Ashton, Deputy Registrar & Chief Regulatory Officer, provided an overview of the anticipated capacity challenges related to the Ontario Clinical Exam (OCE) in 2026. The presentation highlighted several factors driving increased demand, including the upcoming launch of a new national licensure exam, the eventual discontinuation of the OCE, and continued candidate intake by the Canadian Alliance of Physiotherapy Regulators (CAPR) ahead of transition.

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

Motion 7.1

It was moved by D. Ng and seconded by M. Heller that:

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

CARRIED.



The Board entered an in-camera session at 12:58 p.m. and returned to the open session at 2:00 p.m. During the in-camera session, a motion was passed to increase capacity for the OCE in 2026.

8.0 General Regulation Modernization

M. Berger, Director Policy, Governance & General Counsel, and E. Ermakova, Policy Analyst, presented on the outcomes of the recent consultation regarding proposed amendments to the General Regulation, Ontario Regulation 532/98 under the *Physiotherapy Act, 1991*. The Board was asked to provide directions on whether further revisions to the regulation should be explored prior to submitting a final draft for government consideration.

The Board had previously directed that the Provisional Practice class should be sunset under the new single exam model. During the consultation, significant concerns were raised with this approach. Based on the feedback, the Board agreed that further analysis is needed to fully understand the implications of sunsetting the class and directed staff to explore the development of a reimagined class. The Board also directed staff to investigate whether individuals who are unsuccessful on their exam attempt should be permitted to continue practicing under limited conditions while awaiting another attempt.

Additionally, the Board asked staff to explore whether a Retired Class of registration should be introduced. While not part of the original consultation, the proposal was brought forward in response to inquiries from registrants who are no longer practicing but wish to maintain affiliation with the profession.

9.0 Screening Committee

C. O'Kelly, Governance Specialist, presented the Board with the proposed By-law and policy amendments required to establish a Screening Committee to support the election process. These changes were brought forward following the Board's decision In March 2025 to approve, in principle, the establishment of the Committee. The Board discussed the Committee's potential future role in supporting equity, diversity and inclusion objectives but no changes were proposed at this time.

Motion 9.0

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

CARRIED.



10.0 2025-2026 Committee Slate

C. O'Kelly presented the Board with the proposed 2025-2026 committee slate as recommended by the Executive Committee. During the discussion, a change was made to the Registration Committee, with Carole Baxter replacing Frank Massey.

Motion 10.0

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

The Board approves the 2025-2026 Committee Slate, as amended.

CARRIED.

Executive Committee Katie Schulz, Chair

Gary Rehan, Vice-Chair

Mark Heller Frank Massey Kirsten Pavelich

Inquiries, Complaints and Reports

Committee

Gary Rehan, Chair

Greg Heikoop, Vice-Chair

Carole Baxter Frank DePalma Diana Hatzoglou Mark Heller

Christine Morris-Bolton

Tammy Morrisey Amanda Pereria Christopher Warren

Discipline and Fitness to Practise

Committees

James Wernham, Chair

Angelo Karalekas, Vice-Chair

Carole Baxter
Frank DePalma
Sinéad Dufour
Jesse Finn
Nicole Graham
Sue Grebe
Mark Heller
Theresa Kay
Trisha Lawson



Frank Massey Kate Moffett Dennis Ng

Richard O'Brien Kirsten Pavelich Gary Rehan Richa Rehan Maureen Vanwart Christopher Warren

Heather Weber

Quality Assurance Committee Antoinette Megens, Chair

Richard O'Brien, Vice-Chair

Mark Heller Dennis Ng Halak Patel

Maureen Vanwart

Registration Committee Juliana De Castro, Chair

Sinéad Dufour, Vice-Chair

Carole Baxter Jesse Finn

Yee Mei Mavis Fung

Einat Mei-Dan

Patient Relations Committee Anna Grunin, Chair

Kim Westfall-Conner, Vice-

Chair

Shelley MacRae Einat Mei-Dan

Risk, Audit, and Finance Committee Frank Massey, Chair

Gary Rehan, Vice-Chair

Jesse Finn Kate Moffett Katie Schulz

Examinations Committee Hari Gopalakrishnan Nair,

Chair

Alireza Mazaheri, Vice Chair

Enoch Ho Greg Pope

Marcos Rodrigues



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

Motion 11.0

It was moved by H. Weber and seconded by F. Massey that:

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

CARRIED.

The Board entered an in-camera session at 3:29 p.m. and then recessed for the day at 3:48 p.m., to reconvene in the open session at 9:00 a.m. on Tuesday, June 24, 2025. It was noted that there were no decision items to be recorded publicly.

Tuesday, June 24, 2025

K. Schulz reconvened the meeting at 9:00 a.m. on June 24, 2025.

12.0 Strategic Planning Session

The Board participated in a facilitated strategic planning session led by Kevin McCarthy from The Regulator's Practice, as part of the College's work to update its strategic plan for the 2026-2030 period. The session included small and large group discussions focused on confirming strategic priorities and desired outcomes. No decisions were sought or made at this meeting. A draft strategic plan will be presented to the Board in September for review and feedback, with final approval expected in December 2025.

D. Ng left the meeting at 12:48 p.m.

13.0 Registrar Performance Assessment Policy

M. Berger presented proposed amendments to the Registrar Performance Assessment Policy to better support the Board's oversight responsibilities. Key updates included the addition of a dedicated section on goal setting, realignment of the timing and clarification of the responsibilities for each step of the assessment cycle, and provisions for engaging external support, budget permitting.



Motion 13.0

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

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

CARRIED.

D. Ng joined the meeting at 1:03 p.m.

14.0 Registrar Succession Planning Policy

M. Berger presented a new policy outlining the College's Registrar Succession Planning, along with associated amendments to governance policies and College By-laws. The proposed policy aims to address the current gap in formal procedures regarding how to respond to short or long-term absences or a permanent departure of the Registrar.

During the discussion, the Board considered two potential amendments and reached consensus on both:

- That the policy be revised to clarify that in the event the Registrar is incapacitated and unable to appoint an Interim Registrar to cover an unplanned short-term absence, the emergency succession provisions will be triggered.
- That the policy be revised to reflect that a senior staff member may serve the Search Committee in an advisory capacity at the discretion of the Committee Chair.

Motion 14.0

It was moved by C. Baxter and seconded by F. Massey that:

The Board approves the Registrar Succession Planning Policy by:

- Approving new Policy #7.13: Registrar Succession Planning, as amended
- 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

CARRIED.

15.0 Returning Standards for Approval and Consultation

E. Ermakova presented the Board with two standards for final approval (*Documentation* and *Funding, Fees and Billing*) and one draft standard for approval for consultation (*Supervision*). These standards were returned to the Board following the March 2025



meeting, where the Board directed staff to conduct additional research related to student names on invoices.

There were concerns that requiring student names on invoices may result in administrative and operational challenges that could impact the availability of supervisors and affect health human resources. Following the discussion and based on the additional information that had been received, the Board supported retaining the requirement for student names to appear on invoices to foster transparency and patient awareness of who is involved in their care.

Motion 15.0

It was moved by G. Rehan and seconded by K. Pavelich 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
 - o Fees, Billing, and Accounts
- Approves the following draft Standards for 60-day consultation:
 - Supervision

CARRIED

- K. Moffett and H. Weber opposed.
- D. Ng and C. Baxter left the meeting at 2:00 p.m.

16.0 Artificial Intelligence (AI) Guidance

F. Campbell, Senior Physiotherapist Advisor, introduced the College's new resources, a guide on *Artificial Intelligence and Physiotherapy* and the supporting *Backgrounder*. These materials are intended to support physiotherapists in meeting their professional obligations when integrating AI into their practice. The Board was invited to provide feedback on the proposed guidance and backgrounder.

The Board discussed whether a future standard may be required as AI becomes more prevalent, though it was acknowledged that the current approach, providing guidance grounded in existing standards, aligns with how other regulators are addressing the issue.



The Board also highlighted the need to track emerging uses of AI and ensure physiotherapists are made aware of their responsibilities, particularly where AI is embedded in platforms without the user's active knowledge.

The AI guidance materials will be finalized and published on the College website.

17.0 FY2025 Q4 Financial Report

M. Catalfo, Director Finance, provided an unaudited summary of the College's financial performance and health for the period of April 1, 2024 to March 31, 2025, of Fiscal Year 2025. The Board will review the audited financial statements in September.

18.0 Annual Committee Reports

A. Ashton, Deputy Registrar and Chief Operating Officer presented highlights from the 2024-2025 Annual Committee Reports.

19.0 Adjournment of Meeting

K. Moffett moved that the meeting be adjourned. The meeting was adjourned at 2:53 p.m.

Katie Schulz, Chair



EXECUTIVE COMMITTEE REPORT

Meetings

Date:	May 29, 2025	
Meeting Purpose	Regularly scheduled meeting to preview items that will go forward to the	
	Board at the June Board meeting.	
Chaired By:	Katie Schulz	

Summary of Discussions and Decisions:

Feedback on materials to the Board:

- Canadian Alliance of Physiotherapy Regulators (CAPR) Service Level Agreement (SLA): The Committee provided feedback to staff on the materials regarding the CAPR SLA, before the SLA is presented to the Board for consideration.
- Registrar Performance Assessment Policy: The Committee provided feedback to staff on the materials to amend the Registrar Performance Assessment policy.
- Registrar Succession Planning Policy: The Committee provided feedback to staff on the materials for a new policy outlining the College's Registrar Succession Planning.
- Screening Committee: The Committee provided feedback to staff on the materials to amend the By-laws to establish a Screening Committee to support the election process.
- Returning Standards for Approval and Consultation: The Committee provided feedback on the additional information that had been requested, before the standards are presented to the Board for approval and consultation.
- Al Guidance: The Committee was provided with an introduction to the College's Al guidance prior to presentation to the Board.
- Ontario Clinical Exam (OCE) Capacity Management and Transition Planning: The Committee expressed support for pursuing capacity expansion. The Committee directed staff to engage the Risk, Audit, and Finance Committee and to prepare materials for the Board.

Recommendations to the Board:

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



Decisions made within Executive Committee's authority:

None.

Other:

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

Date:	June 11, 2025
Meeting Purpose	Ad hoc meeting to discuss the Registrar's Performance Goal Setting
Chaired By:	Katie Schulz

Summary of Discussions and Decisions:

Other:

• Confidential Discussion: Registrar's Performance Goal Setting

Date:	August 28, 2025	
Meeting Purpose	Regularly scheduled meeting to preview items that will go forward to the	
	Board at the September Board meeting.	
Chaired By:	Katie Schulz	

Summary of Discussions and Decisions:

Feedback on materials to the Board:

- Health Professions Discipline Tribunals Transition: The Committee provided feedback to staff on the materials and proposed By-law and Governance Policy amendments to join the Health Professions Discipline Tribunals Pilot.
- Standards Fifth Group: The Committee provided feedback to staff on materials regarding
 the fifth group of revised standards following the consultation and the feedback received
 before they are presented to the Board for final approval.
- Exam Update: The Committee was provided with an update regarding the transition to the new Canadian Physiotherapy Exam and expansion of the Ontario Clinical Exam capacity.
- General Regulation: The Committee provided feedback to staff on materials prepared in response to the Board's request for additional options regarding a re-envisioned Provisional Practice class and Retired class. The Committee advised staff to refine the presentation for the Board by highlighting decision points up front, framing the discussion



around public interest and clearly setting out the benefits, risks, and options. The materials will be revised and presented to the Board for further consideration and discussion

- Indigenous Cultural Safety and Humility Standard: The Committee provided feedback to staff on materials about the potential development of an Indigenous Cultural Safety and Humility Standard.
- Code of Conduct: The Committee provided feedback to staff on materials about a review of the Code of Conduct to support a clear decision by the Board on whether such a review should proceed.

Recommendations to the Board:

• Committee slate amendment: The Committee recommended that the Board appoint Mira Toth to the Examinations Committee.

Decisions made within Executive Committee's authority:

 Conference Attendance: The Committee reviewed and approved expressions of interest for attendance at the 2025 CNAR conference.

Other:

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

Executive Committee Acting on behalf of the Board:

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





RISK, AUDIT AND FINANCE COMMITTEE REPORT

Meetings:

Date:	August 21, 2025
Meeting Purpose	Regularly scheduled meeting.
Chaired By:	Frank Massey

Summary of Discussions and Decisions:

Feedback on materials to the Board:

- Risk Register Update The Committee reviewed updates to the Risk Register. The Board will receive the Risk Register as part of the Registrar's Report.
- Office Space Planning The Committee received an update on the work underway to identify opportunities for office arrangements following the expiry of the current lease in 2027. The Committee provided feedback on the materials going forward to the Board.

Recommendations to the Board:

- FY2025 Audit The Committee received a presentation from Hilborn LLP on the College's audited financial statements for the year ended March 31, 2025. The Committee recommends that the Board approve the audited financial statements.
- Fees for FY2027 The Committee reviewed an analysis of registration, administrative and examinations fees. The Committee recommends that the Board not increase registration, administrative and examination fees for FY2027.

Other:

• RAFC Update Report – Report received for information. The report outlined activities and initiatives underway within the finance department.





BOARD BRIEFING NOTE

For Information

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

Governance

- Congratulations to Public Directors Frank Massey and Mark Heller who have been re-appointed to the Board for three-year terms ending in August 2028 and September 2028, respectively.
- Queen's University has reached out to the College to put forward a new academic representative to step in for Trisha Lawson for the remainder of the term, which ends in June 2027. A recommendation to appoint a new Academic Director is in today's agenda.
- Following the September Board meeting, all Directors will be asked to complete the Self-Assessment survey, and for the first time, a new Skills Matrix. The self-assessment invites reflection in individual strengths and areas for improvement. The Skills Matrix will map against the competency profile to help identify any gaps. Results will be shared with the Chair to help inform the check-in calls with Directors, planned for November.
- Committee Chairs and Vice Chairs attended a training session in mid-July, hosted by Facilitation First and built on the foundation we established last year.
 - The workshop was well received. Attendees reported that they feel better prepared to manage group dynamics and provide constructive one on one feedback to committee members.
 - This session built on the skills developed in the first session and expanded to include managing difficult situations, providing feedback, and clarifying roles of Chairs and Vice Chairs before, during, and after committee meetings. It was an engaging and interactive session.
- The first quarterly check in calls for the 2025-2026 term were held with Committee Chairs in July.
 - Feedback reflected that committees are functioning well, with excellent support from staff.



 Chairs who attended the Facilitation First training reported that they found the session relevant to their role and were planning to meet with Vice Chairs to discuss mentorship and succession planning.

Feedback from the June 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 a 78% (11/14) completion rate.
- Overall, feedback was positive. All respondents felt they had sufficient time to review the Board
 package, and that the agenda achieved an appropriate balance between education,
 information and decision-making items. Briefing Notes were well received, with all
 respondents agreeing they provided the necessary information for active participation in
 discussions. Both the Chair's and Registrar's report were seen as useful and informative.
- Several commented that the meeting was productive and engaging with respectful and thoughtful discussion. The use of straw polls was cited as helpful.
- Education session received positive feedback. Several noted the governance session was impactful. Directors also found the strategic planning session well facilitated.
- Suggestions for future education sessions included topics such as applying Equity, Diversity, Inclusion and Belonging principles to Board practices, IT and AI developments relevant to physiotherapy.

Feedback from the 2024-2025 Annual Board Evaluation

- Directors were asked to complete the 2024-2025 Annual Board Operations Evaluation. There was a 68% (11/16) completion rate.
- Overall, the evaluation reflects a positive perception of the Board's operation, with strong ratings in communication, meeting facilitation and alignment with the College's mission.

Board Activity

- There was strong agreement in most categories regarding the Board's familiarity with policies and procedures, the inclusion of valuable learning opportunities in meetings, support for the strategic planning process, the timely provision of agendas and materials, and the effective leadership of meetings by the Board Chair.
- There was some disagreement on the effective reporting of the Executive Committee.
 - The Executive Committee has been reporting to the Board on a quarterly basis, resulting in a delay in information sharing. Starting with the September 2025 Board meeting, the



Executive Committee report will cover the timespan between Board meetings instead, which may help address these concerns.

- Open ended comments reinforced the inclusive and respectful culture of Board discussions. A few comments encouraged greater alignment with governance best practices and suggested future opportunities for governance review and development.
 - Planning is underway to review the findings of the 2023 Governance Practices Review, conducted by the Regulator's Practice, at the December 2025 Board meeting and engage the Board in a generative discussion regarding potential updates to the College's governance processes.

Mission and Mandate

• Strong consensus that Board meetings consistently prioritize the public interest. Most members felt that discussions and materials adequately reflect this focus.

Governance / Partnership Alignment

 Strong agreement that the Board upholds its governance role and aligns with the organizations mission and core values. Feedback encouraged more critical reflection on Board governance and development.

Organization

 There is general agreement that staff are seen as knowledgeable, supportive and mission driven. The information and presentations were described as helpful in enabling good decisionmaking.

Meetings

 Meeting frequency and duration were viewed positively, with most agreeing that they provide sufficient time for Board work. A few noted that although time can sometimes feel tight, they felt that discussions remained productive. Overall, most respondents felt that the current structure supports effective Board work.

Board Membership

Directors expressed appreciation for expertise and diverse perspectives at the Board table.
 Many felt that member's skills are used effectively, while some expressed interest in better understanding each other's strengths and backgrounds.

Administration and Staff Support

There was strong agreement on the communication between Board and staff.





Feedback from the 2024-2025 Annual Committee Effectiveness Survey

- Committee members were asked to complete the 2024-2025 Committee Effectiveness Evaluation Survey in June. 20/37 responses were received, for a completion rate of 54%.
 - The Discipline and Fitness to Practice Committees were not included in the survey due to their unique structure.
- While participation was moderate, the overall responses were positives across all committees.
- Feedback indicated that committees are well supported by staff, and members feel the committees are functioning effectively and fulfilling their mandates.
- Some suggestions for improvement included:
 - o Adjustments to meeting format and timing.
 - Continued improvements to the clarity of materials for complex cases.
- Chairs were recognized for inclusive leadership, and staff were consistently commended for their responsiveness and expertise.



BOARD BRIEFING NOTE

For Information

Topic:	Registrar's Report
Public Interest Rationale:	Regular reports to the Board on College activities and performance support the Committee's oversight role to ensure the College is fulfilling its public interest mandate.
Strategic Alignment: Submitted By:	Performance & Accountability: Implementing strong governance structures and information sharing to enable informed decision-making. Craig Roxborough, Registrar & CEO
Attachments:	Appendix A: Q1 2025-2026 Dashboard Appendix B: Risk Register Appendix C: Q1 Practice Advice Trends Report
	Appendix D: 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 <u>Strategic Plan</u>.

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

Preparing for implementation of new "as of right" framework for physiotherapists

- We continue to collaborate with the government as they prepare for the implementation of the newly expanded "as of right" rules, which will apply to physiotherapists. We are also planning for operational changes required to effectively implement this new framework.
 - o The implementation of the expanded "as of right" framework that includes physiotherapists is not anticipated to occur until at least the fall of 2025.



- The College is getting ready for implementation by developing communication materials, an "attestation" form that supports implementation, and the infrastructure needed to identify and track "as of right" applicants within our systems.
- In June 2025, the Ministry also expanded the rules for the existing four "as of right" professions (physicians, nurses, respiratory therapists and medical laboratory technologists) by lifting all site restrictions. This means that "as of right" practitioners, including physiotherapists in the future, can practice in any health care setting.
- For doctors and nurses, the Ministry also enabled board-certified physicians and nurses licensed in the US to qualify under the "as of right" rules.

Release of New Standards and Guidance

- To support awareness of new standards and integration into practice, we promoted the new Documentation and Funding, Fees and Billing Standards before they took effect on August 1, by:
 - Highlighting the standards and the implementation date in the <u>July Perspectives newsletter</u> and a <u>standalone email</u> sent to all registrants.
 - As of this writing, the Documentation Standard has been viewed by over 4,000 users and the Funding, Fees and Billing Standard has been viewed by over 2,100 users.
 - o To further support understanding and application of the Documentation Standard, an updated version of the Documentation Checklist was also published on August 1.
- To support understanding and application of the Group 3 standards (Collaborative Care, Conflict of Interest, Dual Practice, and Infection Control), the College hosted a webinar on June 12 where members of the policy and practice advice teams provided an overview of the standards' content and how they apply in practice.
 - Around 60 attendees watched the webinar live, and the recording has over 200 views on YouTube.
- To create awareness of the new Artificial Intelligence Principles for Physiotherapists, the guidance was promoted in the July Perspective newsletter, and the release was accompanied by a <u>blog post</u> which applied the principles to assess the use of AI scribe tools.
 - The guidance and blog were also promoted in our quarterly employer newsletter at the end of July, and has been promoted numerous times on our social media channels.
 - As of this writing, the guidance has been viewed by over 2,000 users.



Continuing to embed compassion into our work

COLLEGE OF

of ONTARIO

- We are continuing to identify opportunities to embed compassionate approaches into our work. Recent examples include:
 - When the Practice Advice team responds to inquiries, they begin with a recognition of the difficulty of situation before jumping into advice.
 - There is ongoing effort to focus on the use of plain language, for example, when writing FAQs, Myth vs Fact articles, and content related to the new standards.
 - The Quality Assurance team recently developed a standard operating procedure for managing escalations to help redefine how and who contacts physiotherapists to reduce repetitive messaging from the team that could overwhelm the PT and making better use of the teams' time.
 - In response to a need identified by Quality Assurance assessors, the team recently shared resources with them about cultural competency and mental health and burnout so that they can incorporate this knowledge into their work.

Understanding the current makeup of the profession

- Having a clear understanding of the demographic and practice characteristics of the
 profession supports effective decision making. The Board will hear a presentation at the
 December meeting that provides an overview of the current makeup of the profession and
 whether that has changed in the last few years.
 - The College compiles information about our registrants each year to submit to the Ministry and the Canadian Institution for Health Information (CIHI).
 - Recently we identified an opportunity to analyze these datasets to get a clear understanding of the makeup of the profession and how that may have changed in recent years.
 - A presentation is planned for the December 2025 meeting of the Board, to highlight key findings.

Awareness about practice trends and supports

 To support the Board's awareness about issues and trends in current practice and the ways the College is supporting registrants, a report about Practice Advice trends and supports in Q1 is attached in Appendix C.

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

Engagement with current and future PTs and PTAs

• To raise awareness and build relationships with the physiotherapy community, the College continues to conduct outreach to PTA and PT programs, and PTs in practice, including:



- A workshop with McMaster University students in June about transitioning to being a regulated professional.
- Workshops with Western University students in June on professional boundaries and ethical dilemmas.
- o A lab with University of Toronto students about responding to inappropriate behaviours.
- In September, the College attended sessions at the University of Toronto to welcome new students entering the physiotherapy program and the bridging program and to introduce them to the College.

Plan for future outreach

- Staff have developed an outreach plan for various audiences with a strategic and proactive approach to support meaningful engagement and collaboration with partners.
 - The key objectives of the plan include to increase engagement and deepen connections with key partners; share regulatory updates and increase visibility of our priorities and initiatives; support professional development and transition to practice; and create a channel for feedback and dialogue.
 - Key audiences include physiotherapists, physiotherapy students, physiotherapist assistants, and system partners.
 - Examples of engagement activities include workshops with PT and PTA students, attendance and representation at professional events and conferences, and in-person events across the province co-hosted by the College and the Ontario Physiotherapy Association.

Supporting collaboration with regulatory colleagues

- To further support effective collaboration with our regulatory colleagues in Ontario, the College's Registrar was recently elected as the Vice Chair of the Health Profession Regulators of Ontario (HPRO).
 - This will allow us to shape and influence the work of HPRO and future collaborations with fellow regulators.

Navigation Tool for Physiotherapists Educated Outside Canada

- As the Board will recall, the College worked collaboratively with the Canadian Physiotherapy Association and CAPR to develop a <u>navigation tool</u> for physiotherapists educated outside of Canada to better understand the licensure process.
- With pending changes to the examination landscape, these system partners have reconnected to update the tool and reflect upcoming changes.



- An initial update will be made to alert potential applicants to the pending changes and direct individuals to CAPR and regulator websites for more information.
- Later in 2025, the tool will be updated to reflect the new pathway that is in effect as of January 2026.

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

Human Resources

• Our staff turnover rate continues to be stable after a return to our historical norm in the last two quarters, leading to a gradual decline in the annualized turnover rate. See the Q1 dashboard for more information.

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 Q1 dashboard is attached in Appendix A. Below is commentary on dashboard metrics that had a notable change in Q1:
 - Registration timeline: The application review timeline target was missed due to high volume
 of applications coinciding with renewal period. The team is exploring strategies to manage
 workload during high volume periods in the future. The application approval/referral
 timeline target was also missed. The majority of the delays relate to waiting to receive
 required documents or waiting for applicants to meet outstanding requirements.
 - Screening interview timeline: The timeline target for completion of screening interviews was
 missed due to planned and unplanned staff absences that led to delays in review and
 release of reports. The team recently onboarded a contract report reviewer to help manage
 the workload and the impact of this support should be observed in future periods.
 - Complaints disposition: The complaint disposition timeline target was missed in Q1. Half of the cases closed in Q1 involved undertakings, which take extra time to negotiate between the parties. The annualized performance is close to meeting target.
 - Country of Education of Newly Registered PTs: The dashboard reflects just one quarter of data for FY2026 and so reflects the reality that the vast majority of Canadian educated physiotherapists apply for registration later in the year after they complete their education program. As a result, the data for April-June skews heavily to those educated outside of Canada until later in the year when Canadian graduates apply for registration.





Risk Registry

- An update to the College's risk register was presented to the Risk, Audit, and Finance Committee (RAFC) in August (see Appendix B). Key highlights and changes to the risk register include:
 - The likelihood rating for risk statement #10 pertaining to the size of the College's operational reserve has been decreased to 2 (from 2.4) as the current size of the reserve is very healthy (at least 6 months of expenses). This did not impact the final rating of 'low'.
 - The likelihood assessment for risk statement #7 was increased to 3 during the last iteration in June due to, primarily, "As of Right" changes being implemented by government. While engagement with government on the pending roll-out of these changes has improved since they were announced in the spring, no change is being proposed at this time.
 - Previously risk statements #9 and #11 saw increases in likelihood (from 3 to 4) given higher than typical turnover rates. After a period of stability, dashboard data now indicates that turnover rates have declined (from 20% to 12.4%). As a result, the likelihood rating has been decreased back to 3.

Technology and Cybersecurity

- To further enhance preparedness and resilience against cybersecurity threats, we recently conducted a tabletop exercise, which was one of the recommendations from the external cybersecurity audit.
 - The purpose of the exercise was to simulate and prepare for potential cyber-attacks.
 - The exercise involved scenario-based discussions used to evaluate plans, clarify roles, and identify gaps in response strategies.
 - Staff are currently reviewing the report to identify potential next steps. The RAFC will receive a comprehensive update at a future meeting.
- The pilot use of AI tools in the College is continuing to evaluate how these tools could help enhance the efficiency and effectiveness of our work.
 - A select group of staff are trialing the use of the Microsoft AI tool, Copilot, which works securely within our Microsoft environment.
 - Staff are experimenting with the use of the tool in their day-to-day work, such as for writing, building presentations, and event and logistics planning.
 - A broader rollout of the tool is planned for later this year, which will be supported by policy and training.





Continuous process improvement

- We continue to foster a continuous improvement mindset across the organization and empower staff at every level to participate in process improvement activities through training and application of LEAN methodology.
 - In July, the management team participated in a workshop focused on the application of LEAN methodology using real case studies from our work. The workshop will support the team's continued learning and build capacity to pursue process improvement initiatives.
 - In September, our front-line staff will participate in a LEAN orientation course. The goal is to empower staff to be able to identify inefficiencies in the processes that they work with and effectively participate in process improvement activities.

External process review of the Professional Conduct area

- The external process review of the professional conduct area has completed. The goal of the review is to find opportunities to increase efficiency and to incorporate EDI and compassionate regulation principles in the process.
 - Staff are currently reviewing the final report and will assess next steps. A summary of the key findings will be shared with the Board in September.
 - At a high level, the findings indicate that the process is largely effective and includes the right steps and activities. The process does include inefficiencies due to lack of automation and technology support. The process has informally incorporated EDI and compassionate regulation principles but there are no explicit procedures.
 - The recommendations identify different types of improvements that could be pursued in phases. These include refining the current process to eliminate inefficiencies; modernizing workflows by increasing coordination, standardization and visibility; and process transformation that uses technology to automate routine tasks and integrate case data.

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.

Collaborating with partners in EDI

- To support collaboration and sharing of learning and knowledge with our fellow regulators, this College recently became a member of the HPRO EDI Network.
 - Network members meet regularly to share updates and learning from their respective EDI initiatives to help advance our EDI work.
 - Staff also attended the inaugural EDI Network Conference. The conference topics included recognizing and combating ageism in healthcare, engaging with the HPRO EDI Action Guide, and discussion about the future of EDI in healthcare regulation.



Exploring the role of data

- Staff recently attended workshops hosted by CNAR and the Ontario Fairness Commissioner about purposeful demographic data collection and use by regulators.
 - The learnings from the CNAR workshop will be shared with the internal EDIB Committee to inform their ongoing consideration about the collection of demographic data from staff.
 - The learnings will also inform the development of an EDI data strategy that will clearly outline how the College will collect and use demographic and other data to advance our EDI work.

Incorporating cultural competency

• Learning from recent experience, the Quality Assurance team now provides proactive training for assessors who have been matched to conduct screening interviews with physiotherapists who work with remote and Indigenous communities.

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

Screening Committee

- In June 2025, the Board approved the establishment of a Screening Committee to assist with the screening and vetting of physiotherapists standing for election.
- The Terms of Reference establish that the committee will be composed of 5 individuals, including at least two Board Directors and two non-Board Committee members.
 - o Recruitment is now underway for the non-Board Committee members.
 - Board Members interested in this opportunity will be invited to express interest following distribution of the Board package.
- The aim is to complete the recruitment process in advance of the district elections occurring in 2026.

Governance Practice Review Progress

- The Governance Practice Review that concluded in December 2023 included 23
 recommendations for changes that could be made to enhance or strengthen the governance
 structures of the College. Progress against the 23 recommendations is being tracked and is
 attached as Appendix D.
- After the Board's approval in June of the updated Registrar Performance Assessment Policy and the new Emergency Succession Planning Policy, work related to those two items are now complete.



- To support effective succession planning, a new guidance has been developed and released to support Committee Chairs with mentoring Vice-Chairs.
- Following the education session with Shona McGlashan about strategic oversight and operations, at the Board Chair's request, we are now working with Shona to develop a short resource to assist the Board with asking the right kind of questions aligned with their strategic oversight role.

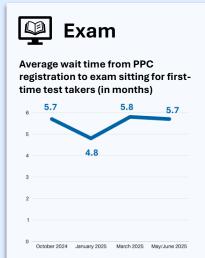
Action Items Tracker (ongoing):

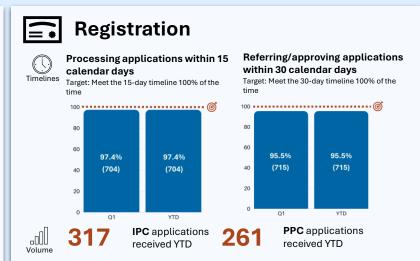
• A running list of action items from previous Board meetings; once items are marked complete, they will come off the list.

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	Completed (update included in the September 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	Completed
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	In progress (item included in the September meeting)
June 23-24, 2025	Exploration of continuing the provisional practice class and introducing a "retired" class and bring back for further consideration.	September 2025	In progress (item included in the September meeting)
June 23-24, 2025	Circulate the Supervision Standard for a 60-day consultation period.	September 2025	Completed

FY2026 Q1 Dashboard (April-June 2025)

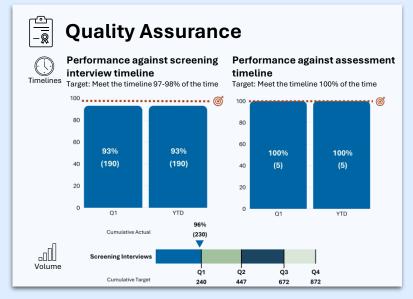
Statutory Programs



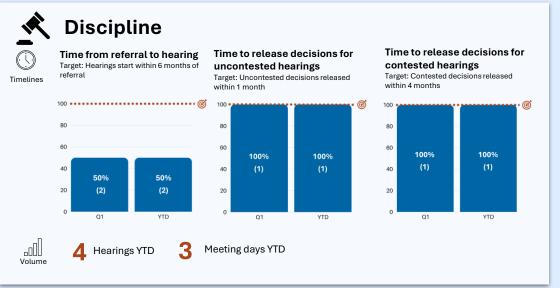




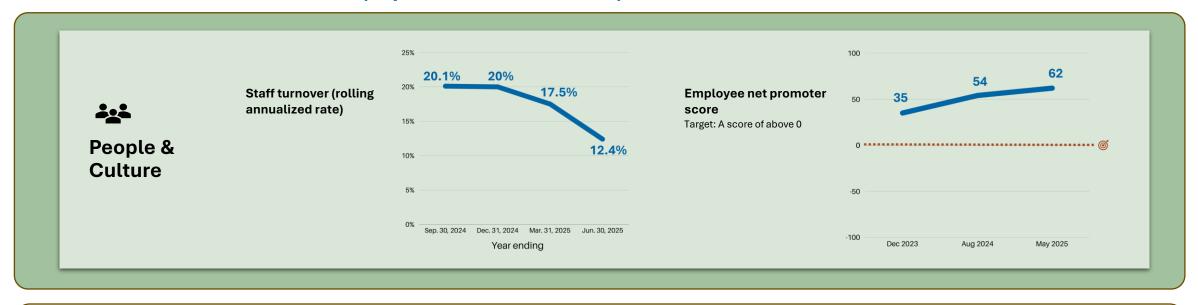








FY2026 Q1 Dashboard (April-June 2025)





Date Created: 26-Jan-24 9-Sep-25 Date Updated:

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

Very High Medium Very Low

High

Low

Rating Legend

Agenda Item: 5.0 **Appendix B**

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 = $2(\downarrow)$ = 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: Sept 2025
1	Regulation and Compliance, Reputational	The College's cyber systems are accessed by external threat actors caused by phishing attempts, malware, and other methods of breaking through the College's cyber security measures. This results in access to confidential information potentially leading to: a. Registrant and Employee identity theft. b. Access to vendor information and confidential contracts. c. Employees locked out of the College's IT systems. d. College paying a ransom to regain access to IT systems.	Senior Director, Organizational Effectiveness	3.4	4	3.4 x 4	3(↔)	High	- The College completed an external cyber security audit in FY25 and is implementing actions throughout FY26 to continuously improve the security of our information systems. - KnowB4 training for all staff to learn how to prevent phishing attacks. - College is developing the internal knowledge and skills to internally manage attacks to its computer systems and network. - The College is reviewing the addition of assessors and coaches contracted to perform work on behalf of the College to use CPO email addresses	- Cybersecurity simulation activity was completed to identify strengths, weaknesses, and opportunities for improvement. The RAFC will be provided with a more comprehensive update following the submission of a report from the consultant supporting this work. - Quarterly KnowBe4 Staff Training completed - Continue to roll-out Windows related updates and applications to maintain most up to date software - Tracking URL blocking internally to monitor all sites pushing content to the College.

Date Created:26-Jan-24Date Updated:9-Sep-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



regulatory activities.

Agenda Item: 5.0 Appendix B

Capacity Reference

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Capacity = Low = $4(\uparrow)$ = Increase by 1 level risk rating Capacity = Medium = $3(\leftrightarrow)$ = maintain level risk rating

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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: Sept 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	- Registrar/CEO connects with governments - Scoping exercise undertaken to analyze regulatory changes needs Engage Board of Directors in key decision points.	- In March 2025 the Board agreed in principle to support the transition to the CAPR exam and approved, in substance, the acceptance of a Service Level Agreement (SLA) at the June 2025 meeting. - The Regulators are individually reviewing and amending the SLA and it is anticipated that a final consolidated approach will be developed with CAPR in late August 2025 with distribution in September. - Ongoing communication with candidates is occurring both nationally through CAPR and locally within each jurisdiction, including Ontario. - General Regulation feedback was presented to the Board in June 2025. The Board ultimately sought more information regarding possibilities relating to retaining the Provisional Practice Certificate class of registration.
3	Reputational, Financial, Regulation	The College's appeals of discipline decisions at HPARB or the Ontario Division Court are unsuccessful which is caused by inadequate investigations or procedural fairness and results in the loss of confidence by the Registrants and the public to regulate the profession.	Deputy Registrar	2.8	2.8	2.8 x 2.8	2(↓)	Very Low	- Track and monitor appeals and outcomes; - Undertake analysis of returns to identify process and decision improvements needed; - Develop educational/decisionmaking/knowledge translation tools to support committee decision-making; - Develop SOPs to ensure consistency in	- No new updates.

Date Created: 26-Jan-24 9-Sep-25 Date Updated:

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

Very High High Medium Low Very Low



Agenda Item: 5.0 **Appendix B**

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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: Sept 2025
4	Finance, Operational	Structural and long-term annual deficits impairs the ability of the College operates its Core Statutory work is caused by registration fees not increasing to meet the financial requirements resulting in the College being unable to meet its regulatory requirements.	Director, Finance	2	3.6	2 x 3.6	1 (4)	Low	- Financial results are monitored quarterly and reported to the RAFC and Board of Directors Financial planning includes the presentation of financial forecasts to the end of the fiscal year in the quarterly financial reports A financial analysis is completed segregating the Ontario Clinical Exam and the College's Core Business (e.g., regulatory and strategic work) in order to monitor the surplus or deficits related to the College's Core Business.	- Draft audited financial statements prepared by Hillborn are presented to the RAFC at this meeting. FY25 will close with a nearly \$600,000 surplus. - The Board approved amending the FY26 budget to increase OCE capacity. Forecasts are being developed to assess the impact of an incentive program while maintaining a strong financial position for the OCE. - Long-term financial forecasting is being implemented to support decision-making and planning. Within this plan is a focus on ensuring the operational reserve remains within target.
5	Governance	The Board of Directors makes decisions that are perceived to be in the profession's interest instead of the public interest is caused by any real or perceived conflicts of interest that are not managed and result in loss of confidence and credibility with the public, the government, and other partners.	Board of Directors Chair	2.6	3.6	2.6 x 3.6	3 (↔)	Medium	- Conflicts of interest are solicited at the beginning of each meeting of Board of Directors and proactively assessed by staff in advance of meetings; - Conflicts of interest are declared and individuals are excluded from those discussions; - Briefing notes include a description of how the item serves the public interest; - Every meeting includes a reminder of the public interest as our driver	- 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.

Date Created:26-Jan-24Date Updated:9-Sep-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



Agenda Item: 5.0 Appendix B

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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: Sept 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 was completed in July 2025 with positive feedback from participants Additional resources were prepared to support mentorship of Vice-Chairs Board Chair check-ins with Committee Chairs will continue.
	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.	- "As of Right" legislation is moving forward and consultation with Colleges has occurred HPRO continues to engage GR support to provide a collective voice in the sector Registrar is now Vice-Chair of HPRO and participates in both setting the GR strategy of HPRO and in quarterly meetings with the Ministry.

Date Created:26-Jan-24Date Updated:9-Sep-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



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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: Sept 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	3×3	3 (↔)	Medium	- Implemented initial Competency Framework - Revised committee composition requirements to allow for more recruitment of Non-Board Committee members with specific background/skills/expertise	- The Board has approved the creation of a Screening Committee. Work is now underway to support the roll-out of this Committee through the balance of 2025.
9	Operations	Staff members unexpectedly and quickly change which may result the loss of specialized skills, disruptions to operational oversight and management, additional work shifted to other employees leading to increased stress and potential burnout, and the loss of institutional knowledge when changes of leadership happen quickly.	Senior Director, Organizational Effectiveness	3	3.2	3 x 3.2	3 (↔)	Medium	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	- Q1 dashboard results suggest that turnover has begun to trend downwards Staff across the organization are developing SOPs (most notably Professional Conduct and Finance) to support business continuity Staff Engagement survey results continue to remain high.

Date Created: 26-Jan-24 9-Sep-25 Date Updated:

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

Very High High Medium Low Very Low



Agenda Item: 5.0 **Appendix B**

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Capacity = High = $2(\downarrow)$ = Decrease by 1 level risk rating

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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: Sept 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	3.8	2 x 3.8	1(+)	Low	- The operating reserve (i.e., Unrestricted Net Assets) is monitored each quarter and reported to the RAFC and Board of Directors. - Financial plans and budgets are developed with the intent of staying within the 3 months to 6 months of annual operating budgets as defined the College's policies.	- 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	3	2.8	4×2.8	3(↔)	Medium	- The College has recruited a number of roles recently and is participating HPRO led compensation evaluation The College recently gave staff a Board approved 4% increase, which includes a cost-of-living increase.	- Staff engagement survey results indicate additional information can be provided to staff regarding the total benefits associated with employment at the College. Process changes have been made to support this information sharing.
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	- Registrar/CEO is in constant contact with the Public Appointments office.	- N. Madhvani's appointment continues to be in effect. - F. Massey and M. Heller were reappointed for 3 year terms. - Communication with the Ministry more strongly emphasizes the impact of disruptions and delay in Public Member appointments.

College of Physiotherapists

Risk Registry (Draft)

Date Created:26-Jan-24Date Updated:9-Sep-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



Agenda Item: 5.0 Appendix B

Capacity Reference

Capacity = Very Low = $5 (\uparrow)$ = Increase by 1 level risk rating Capacity = Low = $4 (\uparrow)$ = Increase by 1 level risk rating

Capacity = Medium = $3 \leftrightarrow 1$ = maintain level risk rating

Capacity = High = $2(\downarrow)$ = 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: Sept 2025
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	into future financial planning and budgeting.	- Staff have identified a small group of regulators looking to share a new office space. - Needs assessments have been completed and design and layout needs are being explored with respect to one space.



Practice Advice Trends Report

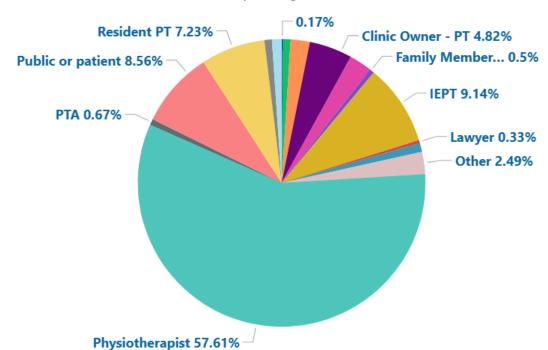
Period: April – June 2025 (Q1 FY2026)

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

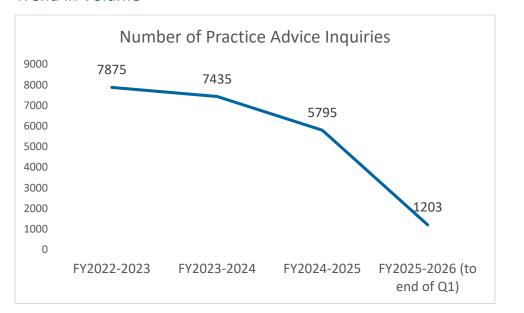




Top Themes in this Reporting Period



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:

- Released a <u>blog post</u> about different cupping techniques and which are within the scope of practice of physiotherapy.
- Published a <u>Case of the Month</u> that highlights the various considerations when working with physiotherapist assistants.
- During the next renewal period, we will:
 - Make changes to the phone system to better direct renewal-related inquiries to the Registration team, and
 - o Provide clearer guidance to physiotherapists about resigning.

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, generative discussion with the Board scheduled for September 2025
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: • 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; held an education session on effective Board and staff relations at the 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, with additional updates in June 2025 - 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.		Complete	Updated Registrar Performance Assessment Policy was approved by the Board 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.		Complete	New Registrar Succession Planning Policy was approved by the Board 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: • 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, updated Board and Committee Operations Evaluation surveys were conducted in June, new Board Director self-assessment will be rolled out in fall 2025
20	Clearly articulate a committee that is responsible for this evaluation framework.		Not started	
	Diversity, Equity & Inclusion			
21	Review the current election process to consider emerging regulatory election practices including: • Elimination of geographic electoral district in favour of a single district. • Creation of a nomination process to vet or recommend candidates that meet articulated competency and diversity needs. • Creation of an independent nominations committee to lead competency and diversity needs assessment of candidates.	Yes*	Ongoing	By-law changes and Terms of Reference for a new Screening Committee to support the election process were approved in June 2025, recruitment will occur in the fall, with the new committee being in place for the 2026 Board election

	Committee Effectiveness			
22	Engage in a Committee Governance Review looking at current committee governance practices, emerging governance practices, and addressing (but not limited to) the following specific issues: • Roles, responsibilities and authority of both regulatory and governance-level committees, including the Executive Committee. • Identifying the committees that are still needed and the committees that may no longer be necessary. • Committee composition including the role of Council members on committees; role of non-Council public members; competencies and diversity requirements. • Role and competencies of Committee Chairs. • The role of an independent Nominations Committee to make committee composition recommendations based on articulated competency and diversity needs. • Committee member term limits and cooling off periods. • Reporting requirements and process.	Yes*	Ongoing	Committee composition requirements updated March 2024, Committee Chair and Vice-Chair training occurred in October 2024 and June 2025, new guidance for mentoring Vice-Chairs was rolled out in August 2025 to support succession planning
23	This Committee Review may result in certain recommendations to government for changes to legislation and policy that may be outdated.	Yes*	Not started	

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





BOARD BRIEFING NOTE

For Discussion

Topic:	Updated Strategic Plan for 2026-2030
Public Interest	The strategic plan is an important way the Board provides direction to the
Rationale:	organization to effectively carry out our duties in the public interest while
	finding opportunities for continuous improvement.
Strategic	Performance & Accountability – Having a strategic plan provides direction to
Alignment:	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: Summary of Board Strategic Planning Discussion in June 2025
	Appendix B: Strategic Plan 2026-2030 (Draft)

Issue

• The Board is asked to validate and provide feedback on a draft updated strategic plan for 2026-2030 to ensure alignment with the Board's vision and direction.

Decision Sought

None, this item is for discussion and feedback.

Background

- The College's <u>current strategic plan</u> ends in March 2026.
- Work began in fall 2024 to update the strategic plan for 2026-2030.
- In <u>December 2024</u>, the Board received updates about the current environment and had a generative discussion about the approach to updating the strategic plan.
 - The Board determined that the framework of the current strategic plan can continue to be used with the details to be updated in response to the current environment and evolving expectations.
- In Spring 2025, the College conducted broad consultations with all partners to collect input to inform the Board's strategic planning discussion.
 - We collected input from physiotherapists, patients and the public, staff, and system partners.
- In <u>June 2025</u>, the Board participated in a facilitated discussion to determine and articulate their vision and direction for the College for the next strategic plan.



- The discussion was informed by an updated environmental scan and the summary of input received from partners.
- A few key themes emerged from the Board's discussion and articulation of the future strategy, including:
 - o Being nimble and responsive,
 - o Committing to equity, diversity, inclusion and belonging in an action-oriented way,
 - Support the profession to thrive,
 - Real engagement and partnership,
 - Acknowledging and understanding realities of practice and pressures that the profession is under, and
 - o Opportunity to look at how we use data to assess risk and prioritize work.
- A full summary of the June 2025 discussion is attached in Appendix A.

Current Status and Analysis

- Over the summer, staff conducted additional work to develop a new strategic plan document based on the Board's articulated direction.
- Updated language for the mission and strategic pillars was drafted to reflect the Board's new vision and direction.
- The College's management team engaged in a facilitated planning session where they developed potential initiatives and actions based on the updated strategic direction.
 - Potential initiatives developed by the management team for each strategic pillar are included in Appendix B to illustrate how staff could action on each pillar as we currently understand them.
 - Pending feedback from the Board on the strategic plan and further development of the initiatives, some or all of these potential initiatives could be included in operational and budget planning in the coming years.
- At the September 2025 meeting, the Board is asked to validate and provide feedback on the updated strategic plan language to ensure alignment with their vision and direction.



- o The articulation of the mission and vision, and the description of the strategic pillars are important for informing the College's work and will guide the reporting framework for the duration of the strategic plan.
- The chart below shows how the mission, vision and strategic pillars have been updated.



		2022-2026 Version	2026-2030 Version	Why it was changed
**	Mission	To protect the public interest by ensuring physiotherapists provide competent, safe, and ethical care.	To serve the public interest by enabling physiotherapists to provide competent, safe, and ethical care.	The new version reframes our regulatory approach as less adversarial with a greater focus on helping the profession to achieve our public interest goal.
· ૽	Vision	Inspiring public confidence in the physiotherapy profession.	Inspiring public confidence in the physiotherapy profession.	No change.
Ū	Regulation & Risk	Effectively regulate the physiotherapy profession in Ontario and advance its statutory work through a risk-based approach.	Effectively regulate the physiotherapy profession in Ontario through a risk-based, proactive, and compassionate approach that ensures competent practice.	The new version adds emphasis on being proactive and compassionate in our regulatory approach while still ensuring competent practice.
4551	Engagement & Partnership	Collaborate, partner and engage with the public, profession, and other stakeholders in a clear, transparent and timely manner to enhance trust and credibility.	Meaningfully collaborate and engage with the public, the profession, and other partners to advance shared goals.	The new version incorporates the direction that collaboration and engagement should be meaningful and focused on shared goals.
	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.	Enable our people to do their best work by having a collaborative environment, a culture based on equity, diversity and inclusion principles, and enough resources.	Re-wrote to highlight the desired outcome of "enable our people to do their best work" at the beginning of the statement.



	2022-2026 Version	2026-2030 Version	Why it was changed
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.	Sustain effective, efficient, nimble, and data-driven operations with clear performance and accountability mechanisms in service of our organizational goals.	The new version adds emphasis on being effective, efficient, and nimble, and on performance and accountability. Also shifted from "implement" to "sustain" to signal that we are building on progress already made.
Equity, Diversity & Inclusion	Embrace a culture where an Equity, Diversity and Inclusion lens is intentionally incorporated into all levels of decision making at the College.	Take meaningful action to identify and address barriers and promote inclusive practices.	The new version incorporates the direction that we should shift from intention and awareness to meaningful action. Also added a description of the intended outcomes.
Effective Governance	Create a governance framework which meets or exceeds industry standards as assessed against our regulator peers.	Continually enhance our governance practices to support effective decision-making which fosters public trust and accountability.	The new version emphasizes that effective governance is in support of effective decision-making, public trust and accountability.



Next Steps

- Staff will use the Board's feedback at this meeting to revise the strategic plan document and inform the continued development of potential initiatives.
- An updated version of the strategic plan will be brought forward to the Board for final approval in December 2025.

Questions for the Board

- Is there anything from the Board's discussion in June 2025 that is not captured in the draft strategic plan language?
- What would need to be changed or revised in the draft strategic plan language to align with the Board's vision and direction?



Summary Report: Council Strategic Planning Session - The College of Physiotherapists of Ontario – June 24, 2025

Introduction

On June 24, 2025, the College of Physiotherapists of Ontario (CPO) Board of Directors and senior staff came together for a strategic planning session focused building on the strengths of the current plan and shaping the College's direction to 2030. The session provided an opportunity to reflect on CPO's current context, assess emerging trends and regulatory shifts, and identify priorities that will guide the organization in fulfilling its public protection mandate.

The overall purpose of the session included:

- Building a shared understanding of the role and importance of strategic planning for CPO.
- Clarifying the distinct responsibilities of the Board (governance) and staff (operational leadership) in developing and executing the strategic plan.
- Examining CPO's strengths and the ongoing relevance of its current strategic plan, ensuring that future priorities build on this solid foundation.
- Identifying strategic priorities and outcomes that align with CPO's values and regulatory philosophy, and position staff to draft a plan for Board consideration.

Strategic planning is essential for ensuring that CPO remains responsive to the evolving health, political, and regulatory environments. It provides direction for planning and decision-making that align with CPO's Mission, Vision and Values.

This report summarizes the key context themes, priorities, and outcomes arising from the session. It is intended to support the next steps in CPO's strategic planning process, including the development of a draft plan for Board approval.

Kevin McCarthy
VP – Advisory Services
The Regulator's Practice

CPO's Current Context: Explore Strategic Plan, Environmental Scan and Survey Results

The Board of the explored the current context in which the College operates. This exploration was informed by reflections on CPO's current strategic plan, an environmental scan, and survey feedback. The discussion highlighted both the strengths the organization can build upon and the external and internal factors shaping its regulatory environment.

Health System Factors

- Declining funding across the health sector, leading to reduced outpatient physiotherapy services and higher patient costs.
- Increasing corporate ownership of clinics, often by non-physiotherapists, raising questions about quality, ethical practice, oversight, and collaboration.
- Growing needs of an aging population and marginalized groups (e.g., Indigenous communities, low-income, rural, and remote populations).
- Expanding presence of internationally educated physiotherapists (IEPTs) entering the workforce.

Political and Regulatory Landscape

- Barriers to registration and mobility between provinces remain a concern, with registrants leaving Ontario jurisdictions such as Alberta.
- Government interest in scope of practice changes (e.g., Bill 171) and "As of Right" initiatives responding to health human resource shortages.
- Increasing political scrutiny of regulators, with discussions on the regulation of regulators and demands for greater transparency and accountability.

Economic and Environmental Trends

- Decreased employee benefits packages, reducing access to therapeutic care for many Ontarians.
- Accelerated adoption of technology and artificial intelligence (AI), creating both opportunities and challenges for safe, ethical, and competent practice.
- Corporations' growing influence over physiotherapy practices, and the potential for misalignment with public interest priorities.

Strengths to Build Upon

- Strong partnerships and ongoing consultation with external groups, including patient and physiotherapy advisory bodies.
- Commitment to Equity, Diversity, Inclusion, and Belonging (EDIB), with recognition of the need to move beyond symbolic actions to meaningful progress (e.g., addressing unconscious bias, reflecting diversity within advisory and decision-making groups).
- Robust creation of new resources and tools; however, a noted need to better update these tools and evaluate their impact.
- Commitment to Right-touch regulation measuring risk and supporting compliance.

 Productive relationships between the Board and staff, fostering effective governance and operations.

Reflections on the Current Strategic Plan

- CPO's existing plan remains broadly relevant, particularly its strategic pillars related to
 consumer protection and financial sustainability. However, there is need for greater focus
 on responsiveness to support the profession and the measurement of impact.
- The risk-based regulatory approach remains appropriate for CPO. We need to be proactive, less reactive.
- There is greater need for clear definitions of risk, stronger accountability for compliance, and mechanisms to prevent strategic drift.
- There was a strong consensus for refreshing the plan to reflect rapid environmental shifts, including technological advances, support for physiotherapists to meet standards and changes in scope of practice, all guided by CPO's public protection mandate.

Setting Strategic Priorities / Outcomes to 2030

During the session, participants worked individually and in small groups to identify strategic priorities and outcomes that will guide CPO to 2030. The discussion was rich and far-reaching, resulting in a shared understanding of where the College aims to be by the end of the updated plan. Many of these ideas cross into various themes, reflecting their broad importance to CPO.

Technology, AI, and Innovation

- Develop robust standards, tools, and educational resources to support the safe integration of Al into physiotherapy practice.
- Ensure the College and registrants understand Al's potential, risks, and role in enabling safe, competent care.
- Maintain human oversight in regulatory processes where Al is adopted to support procedural fairness and public protection – the practitioner remains accountable.

Equity, Diversity, Inclusion, and Belonging (EDIB)

- Sustain focus on EDIB in a climate where such values may face external challenges.
- Ensure that regulatory standards, tools, and resources reflect the diversity of Ontario's population and the realities of marginalized and underserved communities.
- Engage meaningfully with diverse stakeholders to ensure decisions are informed by lived experiences.

Scope of Practice and Workforce Development

- Support safe, ethical, and competent practice as the profession's scope evolves in response to health system needs.
- Provide tools and guidance that reflect changes in scope, including expanded roles and integration of assistive professionals – support the profession across the lifespan of a career, including education.
- Collaborate to support IEPTs in achieving regulatory standards, ensuring no distinguishable difference in outcomes between IEPTs and Canadian-trained physiotherapists.

Compassionate Regulation and Engagement

- Position CPO as a partner in supporting registrants to succeed, rather than an organization to be feared – viewed as less punitive.
- Increase engagement with the profession through compassionate, responsive regulation and proactive communication.
- Strengthen partnerships across the health system to share knowledge, align priorities, and influence positive change.

Governance and Organizational Capacity

- Clarity that CPO's value proposition is consumer protection which sustains public trust.
- Identify alignments with other organizations and regulators that support achieving CPO's goals.

- Sustain an engaged, effective Board that works well with staff and remains focused on foresight and future planning.
- Intentionally recruit and retain staff to increase diversity, strengthen organizational capacity, and ensure alignment with evolving priorities.
- Ensure the strategic plan is data-driven and evidence-informed, with clear performance measures and accountability mechanisms.

Some Final Reflections

Participants expressed strong alignment on priorities and recognized the importance of measurable outcomes, including SMART goals. There was consensus that the mission, vision, and values remain relevant, but that the strategic pillars and initiatives would benefit from being refreshed to address:

- The rapid pace of change in the regulatory and practice environments.
- The need for greater data-driven decision-making and partner/stakeholder engagement.
- The importance of maintaining public trust while supporting the profession through compassionate and competent regulation.

Strategic Plan 2026-2030 (Draft)

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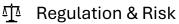
Mission

To serve the public interest by enabling physiotherapists to provide competent, safe, and ethical care.



Vision

Inspiring public confidence in the physiotherapy profession.



Effectively regulate the physiotherapy profession in Ontario through a risk-based, proactive, and compassionate approach that ensures competent practice.

Potential initiatives include:

- Modernize the Quality Assurance and Continuous Professional Development programs to ensure they support competent practice throughout physiotherapists' careers.
- Enable physiotherapists educated outside Canada to successfully transition to practice in Ontario.
- Explore alternative approaches to managing the roster for controlled acts to support accuracy and currency.
- Implement a process to identify and respond to emerging issues in the environment.
- Continued integration of compassionate, trauma-informed and plain language practices in our work.



Engagement & Partnership

Meaningfully collaborate and engage with the public, the profession, and other partners to advance shared goals.

Potential initiatives include:

• Collaborate with system partners to offer a support system for physiotherapists educated outside Canada.

- Engage with registrants on topics most relevant to them, through a variety of activities and mediums, to effectively deliver messaging and increase engagement.
- Create feedback mechanisms for physiotherapists who are participating in College processes.
- Collaborate with system partners such as employers, associations, other regulators, and others on initiatives where we have shared goals and objectives.

People & Culture

Enable our people to do their best work by having a collaborative environment, a culture based on equity, diversity and inclusion principles, and enough resources.

Potential initiatives include:

- Develop a human resource strategy that ensures we can meet current and future staffing needs to deliver on our commitments.
- Offer competitive compensation to retain talent.
- Develop and implement an equity, diversity and inclusion plan for our people with specific outcomes and goals.
- Explore opportunities to efficiently use shared resources with our spacesharing partners.

Performance & Accountability

Sustain effective, efficient, nimble, and data-driven operations with clear performance and accountability mechanisms in service of our organizational goals.

Potential initiatives include:

- Modernize the financial management framework with effective and efficient practices and processes.
- Develop and implement an organizational data strategy so that data is effectively collected, analyzed, and used to advance our work.
- Move towards measuring and reporting on impact and effectiveness.
- Use continuous process improvement approach to achieve sustained efficiency of our processes.

	Equi
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ity, Diversity & Inclusion

Take meaningful action to identify and address barriers and promote inclusive practices.

Potential initiatives include:

- Support the profession to develop cultural sensitivity and awareness generally and Indigenous cultural competency specifically.
- Create mechanisms to include diverse voices and perspectives to inform our work and decision-making.
- Create a framework and tools to help us consistently consider equity, diversity and inclusion in all aspects of our work.



Effective Governance

Continually enhance our governance practices to support effective decision-making which fosters public trust and accountability.

Potential initiatives include:

- Implement a multi-year succession planning approach that considers current and future needs.
- Re-develop by-laws and governance policies to ensure they effectively meet our needs.
- Continue to explore and implement the governance review recommendations.



Board Meeting September 25-26, 2025

Agenda #7.0: Health Professions Discipline Tribunals – By-law and Governance Policy Amendments and Transition

It is moved by			
and seconded by			
that:			

That the Board approve By-law and Governance Policy amendments needed to support transition to the Health Professions Discipline Tribunals (HPDT) for a one-year pilot, to come into effect on January 1, 2026.



BOARD BRIEFING NOTE

For Decision

Topic:	Health Professions Discipline Tribunals – By-law and Governance Policy Amendments and Transition
Public Interest Rationale:	Interprofessional collaboration between health regulatory colleges as it relates to discipline proceedings.
Strategic Alignment:	Engagement & Partnerships: Collaborate with system partners in a clear and transparent manner to enhance trust and credibility. Performance & Accountability: Implement strong governance structures and systems.
Submitted By:	Mara Berger, Director, Policy, Governance & General Counsel
Attachments:	Appendix A: By-laws redlined Appendix B: Governance Policies redlined

Issue

• By-law and Governance Policy amendments are needed to support transition to the Health Professions Discipline Tribunals (HPDT) for a one-year pilot.

Decision Sought

 The Board is being asked to approve the proposed amendments to the By-laws and Governance Policies effective January 1, 2026.

Background

- At its March 2025 meeting, the Board decided to join the HPDT for a one-year trial period.
 - The decision followed a presentation by HPDT Chair David Wright in September 2024 and an exploration of the opportunity at the <u>December 2024 Board meeting</u>, including the potential advantages and disadvantages of joining the tribunal (pg. 50-99).
- The tribunal was established in 2021 by the College of Physicians and Surgeons of Ontario
 (CPSO) to create an independent tribunal to support discipline processes. Creating the tribunal
 allowed the CPSO to foster increased independence between the regulator and the
 consideration of discipline matters and also provided an opportunity for the CPSO to appoint a
 dedicated team of adjudicators to chair panels and draft decisions.
- In 2023, the College of Registered Psychotherapists of Ontario, the College of Audiologists and Speech Language Pathologists of Ontario, and the College of Massage Therapists of Ontario joined the tribunal in a pilot project aimed at consolidating and sharing discipline resources within the sector.



- The College of Chiropodists of Ontario and the College of Occupational Therapists of Ontario have since also joined the HPDT.
- As part of the Board's approval to join the HPDT on a trial basis, it was noted that both governance and operational changes are needed to support the College's transition to the tribunal. A memorandum of understanding between the College and the HPDT is also being developed to outline the terms of the relationship.
- The next step is to implement the necessary governance updates to support transition planning and implement any necessary operational changes.

Current Status and Analysis

By-law and Governance Policy Amendments

- In order for the College to transition its discipline processes to the HPDT, several By-law and Governance Policy updates are required. The HDPT Chair and the Experienced Adjudicators have a unique role and enjoy a different relationship with the College than the Board and other Committee members, which is reflected in the proposed By-law and Governance Policy changes.
- The proposed updates to the By-laws and Governance Policies include the following:
 - Renaming the Discipline Committee as the Ontario Physiotherapists Discipline Tribunal in English and Tribunal disciplinaire des physiothérapeutes de l'Ontario in French.
 - Establishing definitions for Experienced Adjudicators and the Health Professions Discipline Tribunal (HPDT) Chair to differentiate the HPDT Chair and the Experienced Adjudicators from the College's Board and non-Board Committee members.
 - Ensuring the By-laws and Governance Policies consistently refer to non-Board Committee members where the Experienced Adjudicators and the HPDT Chair should not be captured by a provision. This includes any provisions establishing the eligibility and disqualification criteria for Board and non-Board Committee members, as well as any provisions relating to renumeration, the Code of Conduct, conflicts of interest and confidentiality.
 - The remuneration of the HPDT Chair and the Experienced Adjudicators is addressed in the Memorandum of Understanding. With respect to performance expectations, the Experienced Adjudicators sign the Declaration of Adherence of the College of Physicians and Surgeons of Ontario (CPSO) and are bound by CPSO's Code of Conduct, which the HPDT Chair also adheres to.
 - Adding a reference to the Experienced Adjudicators and/or the HPDT Chair or referring to Committee members rather than non-Board Committee members where their inclusion in a provision is needed. This includes any provisions relating to the Board's authority to appoint



Committee members and provisions relating to the College's term limits for Committee members, which are intended to apply to the HDPT Chair and the Experiences Adjudicators at this time.

- Similarly, adding a reference to the Experienced Adjudicators and/or the HPDT Chair where they should be specifically excluded from a provision. This includes the potential removal of Committee members by a two-thirds majority vote of the Board with or without cause and the provisions relating to circumstances where a Committee Chair is unable to act since that contingency would be addressed by the tribunal itself.
- The proposed updates to the By-laws and Governance Policies would come into effect on January 1, 2026. This helps support the College's planning by ensuring the governance changes are in place while also providing a timeframe for the transition.

Transition

- With January 1, 2026 earmarked as the official transition date, the following internal benchmark dates are being anticipated:
 - November 1, 2025: Any new referrals to the Discipline Committee by the Inquiries,
 Complaints and Reports Committee will be assigned to the HPDT for a hearing in 2026.
 - December 31, 2025: Any current matters scheduled for hearing dates prior to the end of 2025 will be heard by panels selected from the current Discipline Committee based on College processes. The same applies to any upcoming referrals that can be scheduled for a hearing before the deadline.
 - January 1, 2026: Any outstanding referrals or matters, as well as any new referrals, will be transitioned to the HPDT for the one-year pilot project.
- Additionally, several process changes will occur as part of the transition:
 - To align with the other member Colleges of the HPDT, the College will adopt the HPDT rules
 of procedure, which will replace the Discipline Committee's current rules.
 - A case management conference will be incorporated into the process of any matters considered by the HPDT.
 - o The Chair of the HPDT will assume responsibility for selecting panels.
 - The current Chair of the Discipline Committee will become the new Vice-Chair following the transition. The role of the Vice-Chair will include functioning as the liaison between the HPDT Chair and the tribunal members and to assist the HDPT in understanding the culture of the profession-specific tribunal. The Vice-Chair may also be asked to provide information



about Committee members strengths and experience and to provide expertise from their professional perspective at case management conferences.

Additional Considerations

- The HPDT has a succession plan in place should the current HPDT Chair become suddenly unavailable, including having a backup in place who can act as the Interim HPDT Chair if needed.
- The approach to equity, diversity and inclusion that has been adopted by the HPDT does not quite match the processes that have been implemented by the College, resulting in some variation following the move to the HPDT. There will be a focus to collaborate with the HPDT and the member Colleges to continue to enhance equity, diversity and inclusion processes collectively.
- While the current commitment is for a one-year pilot project, if at any point there is a concern about the conduct of the HPDT Chair or of an Experienced Adjudicator, the Board could revoke the appointment for just cause, provided a fair process is being followed. A fair process would include providing an opportunity to the Experienced Adjudicator or the HPDT Chair to know the allegations and make submissions prior to a decision being made.
- Additionally, the Board may decide at any time to withdraw from the participation in the tribunal, though notice would need to be provided and there would need to be a winddown period to allow for transition of all discipline matters back to the College.

Next Steps

- If the governance changes are approved, the implementation of the operational planning would begin to enable the transition to the tribunal for a one-year pilot period as of January 1, 2026.
- All current Discipline Committee members would be invited to participate in a training session hosted by the HPDT in November 2026.
- Updates to the College's communication tools (e.g., website) will be enacted to ensure transparency regarding the change.
- An update to the Committee Slate would be brought forward at the December 2025 Board meeting to appoint the experienced adjudicators to the Discipline Committee and to make the HPDT Chair the Chair of the Committees.
- In September 2026, the Board will be engaged in a discussion to determine whether to remain with the HPDT or whether to conclude the pilot at the end of December 2026.



Questions for the Board

- Do you have any questions about the proposed By-law and Governance Policy changes?
- Do you have any questions about the operational planning and the transition to the HPDT?



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Official By-Laws of the College of Physiotherapists of Ontario



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Part 1 — Definitions

Definitions

- 1.1 (1) In these by-laws, unless otherwise defined or required by the context:
 - (a) "Academic Director" means a Director who is selected from a faculty of physiotherapy or physical therapy of a university in Ontario in accordance with section 3.2 of these By-laws and section 6(1)(c) of the Act;
 - (b) "Act" means the Physiotherapy Act, 1991;
 - (c) "Auditor" means the person or firm appointed under subsection 2.7 (1) of the By-laws;
 - (d) "Board" or "Board of Directors" means the board of directors of the College, referred to in the RHPA and established by section 6 of the Act as the Council of the College;
 - (e) "By-laws" means the By-laws of the College;
 - (f) "Chair" means the Chair of the Board and Chair of the Executive Committee, referred to in the Code and the Act as the President;
 - (g) "Code" means the Health Professions Procedural Code, being Schedule 2 to the RHPA;
 - (h) "College" means the College of Physiotherapists of Ontario (l'Ordre des Physiothérapeutes de l'Ontario);
 - (i) "Committee" means a committee mentioned in Part 7 of these By-laws and includes those committees set out in section 10 of the Code;
 - (j) "Committee Chair" means the person designated to preside over meetings of committees or panels of committees of the College;
 - (k) "Committee Vice-Chair" means the person designated as the Committee Vice-Chair for a statutory or non-statutory committee;
 - (I) "Deputy Registrar" means a senior employee of the College with signing authority as set out in the By-laws and policies of the College;
 - (m) "Director" means a member of the Board and includes an Elected Director, an Academic Director and a Public Director;
 - (n) "Elected Director" means a Director who is a Registrant and who is elected or appointed in accordance with section 3.1 of these By-laws;
 - (n)(o) "Experienced Adjudicator" means an individual with specialized expertise in conducting legal hearings appointed to the Discipline Committee;

- (p) "Fiscal Year" means April 1 to March 31;
- (o)(q) ""Health Professions Discipline Tribunals Chair" refers to the Chair of the Health Professions Discipline Tribunals, who shall also be the Chair of the Ontario Physiotherapists Tribunal;
- "Mail" means regular postal mail, courier mail, facsimile, or email;
- (g)(s) "Minister" means the Minister of Health;
- (r)(t) "Non-Board Committee Member" means a person who is not a Director and who is appointed to serve on a committee in accordance with section 7.7 of these By-laws;
- (s)(u) "Place of Practice" means any location where the Registrant practises physiotherapy;
- (t)(v) "Public Director" means a Director who is appointed to the Board by the Lieutenant Governor in accordance with section 6(1)(b) of the Act;
- (u)(w) "Registrant" means a member of the College as set out in section 13 of the Code;
- (v)(x) "Registrar" means the Registrar of the College as required by the Code and as further described in section 2.9 of these By-laws;
- (w)(y) "Regulations" mean the regulations under the RHPA and the Act;
- (x)(z) "RHPA" means *the Regulated Health Professions Act, 1991*, and includes the Code;
- (y)(aa) "Signing Officer" means the Registrar, Deputy Registrar(s), Director Finance, Chair and Vice-Chair; and
- (z)(bb) "Vice-Chair" means the Vice-Chair of the Board and Vice-Chair of the Executive Committee, referred to in the Code and the Act as the Vice-President.

Part 3 — Election or Appointment of Directors

Elections

Declaration of Office

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

Remuneration of Directors and Non-Board Committee Members

- 3.4. (1) Directors and <u>non-Board</u> Committee members, other than Public Directors, may be paid for hours spent on preparation time, meeting time and travel time in accordance with the College's governance policies as approved by the Board.
 - (2) Directors and <u>non-Board</u> Committee members, other than Public Directors, may be reimbursed for reasonable expenses in accordance the College's governance policies as approved by the Board.

Indemnification

- 3.5. (1) Every Director, non-Board Committee member, officer, and employee and each of their heirs, executors and administrators and estate, respectively, shall at all times be indemnified and saved harmless out of the funds of the College from and against:
 - (a) all costs, charges, expenses, awards and damages whatsoever that they sustain or incur in any action, suit or proceeding that is brought, commenced or prosecuted against them, for or in respect of any act, deed, omission, matter or thing whatsoever, made done or permitted by them, in the execution of the duties of their office; and
 - (b) all other reasonable costs, charges, expenses, awards and damages that they sustain or incur in or in relation to the affairs of the College, except such costs, charges, expenses, awards or damages as are occasioned by their own willful neglect or default.

(2) The College will purchase and maintain insurance to protect itself and its Directors, <u>non-Board</u> Committee members, officers, and employees and to provide coverage for the indemnity referred to in subsection (1).

Part 5 — Conduct of Directors and Non-Board Committee Members

Conflict of Interest — Board and Non-Board Committee Members

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

- (6) An individual who has a conflict of interest in a matter before the Board or a committee shall:
 - (a) declare the conflict to the Chair of the Board, Registrar, Committee Chair or Chair of the panel at the time the individual identifies the conflict;
 - (b) not participate in the discussion, consideration or voting on the matter;
 - (c) withdraw from the meeting or portion of the meeting when the matter is being considered; and
 - (d) not attempt in any way to influence the voting or do anything that may be perceived as attempting to influence the decision of other Directors or non-Board Committee members on the matter.
- (7) Every declaration of a conflict of interest shall be recorded in the minutes of the meeting.

Code of Conduct for Directors and Non-Board Committee Members

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

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:
 - (a) at least two are Registrants; and
 - (b) 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:
 - (a) at least two are Registrants; and
 - (b) at least two are Public Directors.

The Discipline Committee

- (4) The Discipline Committee shall be known as the Ontario Physiotherapists
 Discipline Tribunal in English and Tribunal disciplinaire des physiothérapeutes
 de l'Ontario in French, and each reference to the Ontario Physiotherapists
 Discipline Tribunal or Tribunal disciplinaire des physiothérapeutes de l'Ontario,
 whether orally or in writing, shall be deemed to be a reference to the Discipline
 Committee of the College as specified in the Code and the *Physiotherapy Act*and any other legislation or policy where the context requires.
- (4)(5) The Discipline Committee shall be composed of at least ten persons of whomincluding:

- (a) at least two are Directors who are Registrants;
- (b) at least three are Public Directors; and
- (c) at least one is a Nonnon-Board Committee Member;
- (d) any Experienced Adjudicators appointed to the Committee; and
- (c) (e) the Health Professions Discipline Tribunals Chair, who shall be the Chair of the Committee. :

The Fitness to Practise Committee

- (5)(6) The Fitness to Practise Committee shall be composed of at least ten persons of whom:
 - (a) at least two are Directors who are Registrants;
 - (b) at least three are Public Directors; and
 - (c) at least one is a non-Board Committee Member.

The Quality Assurance Committee

- (6)(7) 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)(8) 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.

The Screening Committee

7.6. 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.

Appointment of Non-Board Committee Members

- 7.7. (1) The Board may appoint persons who are not Directors to serve on both statutory and non-statutory committees.
 - (1) 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 non-Board 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;
- 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 <u>non-Board</u> 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.
- (2) A person who is not a Registrant is eligible for appointment to a committee <u>as a non-Board Committee member</u> 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 non-Board 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;
 - 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.
- (3) 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).
- (4) 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.
- (5) 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.
- (6) 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.
- (7) 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.
- (8) 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

7.8. (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, including the

- Experienced Adjudicators and the Health Professions Discipline Tribunals Chair, 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, including a replacement Experienced Adjudicator or a new Health Professions Discipline Tribunals Chair, in accordance with the College's governance policies as approved by the Board.
- (3) With the exception of the Health Professions Discipline Tribunals Chair, \text{\text{W}} 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

- 7.9. (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 with the exception of Experienced Adjudicators and the Health Professions

 Discipline Tribunals Chair 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.

Appendix C

Code of Conduct

Title: Code of Conduct

Applicable to: Members of the Board and Non-Board Committee Members

Date approved: December 2003

Date revised: June 2006, March 2008, June 2010, February 2013, June 2014,

March 2017, March 26, 2024

Purpose

Directors and <u>non-Board</u> Committee members make decisions in the public interest, balancing this responsibility with an understanding of the profession and the settings in which it practices. They establish the College's goals and policies within its statutory mandate.

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

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

Performance Expectations

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

- 1. Promote the public interest in their contributions and in all discussions and decision-making.
- 2. Direct all activities toward fulfilling the College's objects as specified in the legislation.
- 3. Comply with the provisions of the Regulated Health Professions Act, the Physiotherapy Act, the Regulations made under these Acts and the By-laws of the College.
- 4. Conduct themself in a manner that respects the integrity of the College by striving to be fair, impartial and unbiased in their decision making.
- 5. Refrain from engaging in any discussion with other Board or <u>non-Board Committee</u> members that takes place outside the formal Board or committee decision making

- process and that is intended to influence the decisions that the Board or a committee makes on matters that come before it.
- 6. Respect the power, authority and influence associated with their role and not misuse this for personal gain.
- 7. Recognize, understand and respect the roles and responsibilities of the Board, committees and staff and maintain respectful working relationships with other Board members, non-Board Committee members and staff members. This includes acknowledging the appropriate authorities of the Registrar and the Chair.
- 8. Acquire, apply and maintain knowledge of the Board and Committee policies, procedures, relevant legislation, College functions and current issues facing the College and the committees they participate in.
- 9. When personal circumstances may affect their ability to function objectively in their role, address the conflict situation by complying with the College By-laws that govern conduct in this situation by, as a minimum, declaring the conflict, abstaining from discussing or voting on the matter and removing themselves from the meeting.
- 10. Maintain the confidentiality of information coming into their possession in keeping with the provisions set out in the RHPA and the confidentiality policies of the College.
- 11. Maintain appropriate decorum during all Board and Committee meetings by adhering to the rules of order adopted by the Board.
- 12. Review and consider the information provided for the Board and committee meetings and identify any information to enhance effective Board and Committee decision-making as needed.
- 13. Respect the views and the expertise of other Board and <u>non-Board</u> Committee members and appreciate the opportunity for varied viewpoints to be brought forward, considered and resolved through robust discussion.
- 14. Publicly uphold and support the decisions of the Board and respect the Chair's role as Board spokesperson.
- 15. Attend meetings to the best of their ability and be available to mentor and assist new members.
- 16. Regularly evaluate their individual performance, and that of the collective to assure continuous improvement.
- 17. Promote general interest in the physiotherapy community for Board and non-Board positions.

Sanctions

 All concerns related to the conduct or performance of a Director or of a <u>non-Board</u> Committee member should be brought to the attention of the Chair of the College.

- 2. All concerns must be documented, specifically the questionable conduct or performance, in sufficient detail to enable it to be understood. The document should identify the element (s) of the Code that is of concern and include, where relevant, any supporting evidence.
- 3. After review of the material and dependent on the issue, the Chair has the discretion to either meet with the Director or non-Board Committee member and provide individual coaching, or to raise the matter for the Board's consideration. At any time the Chair may seek advice from the Executive Committee and/or the Registrar. All decisions taken are to be recorded and kept in the member's corporate file.
- 4. When the Chair identifies that an alleged breach of this Code of Conduct may have occurred and raises it for the Board's consideration, the Board shall adopt a process to deal with the alleged breach that is consistent with the rules of order of the Board and that provides the person whose conduct has been called into question with an opportunity to explain their actions.
- 5. When the Board determines that a breach of the Code of Conduct did take place, the Board may, on the basis of a resolution that has been properly moved, seconded and assented to by two thirds of Directors, impose a sanction that may include one or more of the following:
 - a. Requesting a change in the behaviour of the person;
 - b. Requesting that the person apologize for their behaviour;
 - c. Censuring the person for their behaviour;
 - d. Declining to appoint a person to any committee or to a specific committee;
 - e. Declining to provide confidential information to the person, in circumstances where concern over breach of confidentiality has occurred;
 - f. Requesting the person's resignation from the Board, committee or other activity in which they had been acting on behalf of the College;
 - g. Removing an Elected Director or Academic Director from the Board, committee or other activity in which they had been acting on behalf of the College in accordance with the By-laws;
 - h. Removing a Public Director appointed by the Lieutenant Governor from the committee or other activity that they had been acting on, on behalf of the College in accordance with the By-laws; or
 - i. Requesting that the Minister remove a Public Director from the Board.
- 6. If the Board removes an Elected Director it shall treat the circumstances as if the vacancy was a result of the resignation of the Director.

Procedural and Other Safeguards

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



Governance Policies



Governance Policies

June 2025

INDEX	1.0 Roles & Responsibilities	STATUS ¹	
1.1 1.2 1.3 1.4	Role of the Board Role of a Board Member Role of a Committee Chair Role of a Non-Board Committee Member	Revised, June 2021 Revised, September 2023 Revised, March 2024 Revised, September 2023	
1.5 1.6 1.7 1.8	Role of the Chair Role of the Vice-Chair Role of Registrar Role of Committee Vice-Chair	Revised, June 2025 Revised, March 2024 Revised, June 2025 March 2024	
	2.0 Terms of Reference		
2.1	Inquiries, Complaints and Reports Committee -	Revised, June 2021	
2.2 2.3 2.4 2.5 2.6 2.7 2.8 2.9 2.10	Statutory Discipline Committee – Statutory Executive Committee – Statutory Fitness to Practise Committee – Statutory Patient Relations Committee – Statutory Quality Assurance Committee – Statutory Registration Committee – Statutory Risk, Audit, and Finance Committee – Non- Statutory Examinations Committee – Non Statutory Screening Committee	Revised, September 2023 Revised, September 2023 Revised, September 2023 Revised, June 2021 Revised, June 2021 Revised, June 2021 Revised, September 2023 Revised, March 2024 June 2025	
Section	3.0 Confidentiality		
3.1 3.2	Confidentiality – General Privacy Procedures – Requests for Access or Corrections to Personal Information and Privacy Concerns	Revised, June 2021 Revised, June 2021	
Section 4.0 Finance			
4.1 4.2	Allowances and Expenses Signing Officers	Revised, March 2024 Revised, December 2024	

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

4.3	Investments and Investment Strategy	Revised, September 2023	
4.4	<u>Insurance</u>	Revised, June 2021	
4.5	<u>Capital Assets</u>	Revised, June 2021	
Section	5.0 Policy		
5.1	College Policy Review Schedule	Revised, September 2023	
5.2	Approval of Official Positions	Revised, June 2021	
Section	6.0 Intellectual Property		
6.1	Intellectual Property and Related Uses	Revised, September 2023	
Section	7.0 General		
7.1	Strategic Planning Cycle	Revised, June 2021	
7.2	Succession Planning	Revised, June 2021	
7.3	Selection of Individuals to Committees, Task	Revised, March 2024	
	Forces and Advisory Groups		
7.4	Registrar Performance Assessment	Revised, June 2025	
7.5	Emergency Management Plan	Revised, June 2021	
7.6	Election Campaign	Revised, June 2021	
7.7	Board Education/Orientation	Revised, September 2023	
7.8	Board – Staff Relations	Revised, June 2021	
7.9	Appointment of a Task Force and/or an	Revised, March 2024	
7 10	Advisory Group	Davised June 2024	
7.10 7.11	Specialty Designation	Revised, June 2024	
7.11	Board In Camera Meetings Enterprise Risk Management	Revised, June 2024 September 2023	
7.12	Registrar & CEO Succession Planning	June 2025	
7.13	negistial & OLO Succession Flamming	JUIIG 2020	
Section 8.0 Evaluation			
8.1	Measurement and Reporting	Revised, June 2021	

Section: Terms of Reference Policy #2.2

Title: Discipline Committee

Date approved: May 1995

Date revised: December 2003, December 2008, June 2010,

September 2013, June 2021, September 2023

Type

Statutory

Legislative / By-law References

a. Health Professions Procedural Code: s.10, s.11, s.36 to s.56, s.70, s.71, s.71.1, s.71.2, s.73

b. By-laws: 7.1(4)

Role

The Discipline Committee shall be known as the Ontario Physiotherapists Discipline

Tribunal in English and Tribunal disciplinaire des physiothérapeutes de l'Ontario in French.

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

Accountability

Courts and the Board

Duties

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

Composition

A. Committee

Composition of the Committee is determined by subsection 7.1(4) of the College Bylaws.

B. Panel

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

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

Term of Office

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

Section: Confidentiality Policy #3.1

Title: Confidentiality — General

Applicable to: Directors, non-Board Committee members of statutory

committees, non-statutory committees, task forces and, advisory groups, staff, and any agents of the

College acting in any capacity

Date approved: June 2006 (Replaced previous 4.6, Confidentiality of

Board Information, Rescinded, June 2006)

Date revised: March 2010, February 2013, June 2021

Policy

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

Procedure

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



Board Meeting September 25-26, 2025

Agenda #8.0: Final Review of Revised Standards (5th batch) for Approval

It is moved by		
	 	,
and seconded by		
		,

that:

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

- Boundary Violations
- Sexual Abuse

Rescinds the following Standard, effective November 1, 2025:

• Boundaries and Sexual Abuse





BOARD BRIEFING NOTE

For Decision

Topic:	Final Review of Revised Standards (5 th Batch) for Approval	
Public Interest	The College ensures accountability, high-quality care, and equity in	
Rationale:	physiotherapy practice by regularly reviewing and updating its Standards of	
	practice to align with evolving practice and public expectations.	
Strategic	Risk & Regulation: A risk-based approach is applied to Standards	
Alignment:	development.	
	Continuous Improvement: Standards are current and relevant and establish	
	the right level of professional expectations.	
	EDI: EDI principles are considered as part of the adaptation process.	
Submitted By:	Evguenia Ermakova, Policy Analyst	
Attachments:	Appendix A: Draft Standard – Boundary Violations	
	Appendix B: Draft Standard – Sexual Abuse	
	Appendix C: Consultation Response – Ontario Physiotherapy Association	
	Appendix D: Consultation Response Summary – Citizens Advisory Group	

Issue

• Following consultation, the Boundary Violations Standard and the Sexual Abuse Standard are being considered by the Board for final approval.

Decision Sought

• The Board is being asked to approve the Boundary Violations Standard and the Sexual Abuse Standard for use, effective November 1, 2025.

Background

- The College is in the process of adopting 16 of the <u>National Model Standards</u> for use in Ontario. The aim of this project is to be as closely aligned to the national consensus as possible, while making changes where necessary to reflect the Ontario context.
 - o For additional background information, please see the <u>December 2023 Board materials</u>.
- In March 2025, the Board previewed the two draft Standards and identified areas for potential
 inclusion in the Standard and/or supplementary guidance, which are outlined below. Following
 the discussion, the Board approved the two Standards for consultation with the College's
 registrants and partners.



- The consultation was posted on the College website and shared with registrants and partners from March 25 to May 24, 2025.
- A survey-based consultation was also conducted with the Citizens Advisory Group (CAG), with a completion deadline of July 28, 2025.
- Additionally, the College co-sponsored a separate CAG focus group on June 14, 2025, which sought to gather perspectives from diverse patients on how healthcare providers can ensure that physical/intimate examinations, procedures, and treatments are as positive and respectful as possible.
 - Key themes from this session have been incorporated in the review of the Boundary Violations and Sexual Abuse Standards.

Current Status and Analysis

Summary of Consultation Responses

- The College received 32 responses from registrant PTs, 14 responses from the CAG consultation (Appendix D), and a submission from the Ontario Physiotherapy Association (OPA) (Appendix C).
- On August 28, the Executive Committee previewed the draft Standards and provided recommendations to improve clarity.
- The below tables outline where changes were made in response to the feedback received, including from the Executive Committee.
- Feedback that speaks to providing more detail, examples, or elaboration will be considered for the development of guidance.
- Proposed changes to the Standards following the consultation are highlighted in red in Appendices A and B Boundary Violations Standard and Sexual Abuse Standard.

Boundary Violations Standard

Physiotherapists establish and maintain appropriate professional boundaries for a safe, respectful, and patient-centred environment.

Group	Comment	Change Made
CAG	Emphasize respecting patients as whole individuals rather than objects of study.	Added emphasis on recognizing the patient's individuality and personhood during all stages of treatment.



CAG	Incorporate principles of trauma- informed care into boundary discussions/expectations.	Added approaches PTs can apply to recognize each patient's unique experiences when setting boundaries.
CAG	Include additional communication steps when draping, treating sensitive areas, or performing intimate examinations.	Added wording to require advising the patient before any placement or adjustment of draping.
CAG	Place more emphasis on obtaining informed consent, with added detail about how this should be carried out.	Added language on clearly explaining procedures, confirming consent, and addressing barriers to consent.
Executive	Provision on abstaining from sexual misconduct with supervisees creates unintended ambiguity regarding colleagues.	Removed provision – these instances are covered by the expectation around maintaining professional workplace boundaries.

General comments from the CAG:

- The Standard is clear, comprehensive, and promotes a safe, respectful patient environment by providing guidance before, during, and after boundary crossings occur.
- Supporting guidance should address barriers to consent (e.g., cognitive or hearing impairments), consider the experiences of gender diverse patients, and clarify the rules for treating a spouse.
- Emphasize the importance of PTs actively and thoroughly listening to their patients.

Areas to consider for the development of guidance include:

- Trauma-informed and culturally safe approaches to boundary setting and maintenance.
- Respectful communication strategies for addressing boundary violations, including breaches by patients, and what to do if re-establishing boundaries is unsuccessful (raised by the Board).
- Managing dual relationships in smaller or rural communities (raised by the Board).
- Incorporating spirituality-based practices, such as acupuncture, without crossing professional boundaries (raised by the Board).
- Setting and maintaining boundaries in social media settings (raised by the Board)

Sexual Abuse Standard

Physiotherapists do not engage in any conduct, behaviour or remarks that constitute sexual abuse under the *Regulated Health Professions Act, 1991* (RHPA).



Group	Comment	Change Made
OPA	Definition of "relative" and "spouse"	Added definition of "spouse" in alignment
	should be included for greater clarity.	with the RHPA. Relatives, however, are not
		explicitly referenced in the new Standard.
OPA,	Unclear whether individuals with a	Clarified that physiotherapists cannot treat
Executive	pre-existing sexual relationship are	these individuals in addition to spouses, in
	included under the restriction on	alignment with the Patient Criteria
	treating spouses.	Regulation under the RHPA.
Executive	The "at least one year" requirement	Added examples from the Standard
	in the definition of "patient" needs	outlining situations where a patient may
	clarification.	remain a patient beyond one year.

General comments from the CAG:

- The language, definitions, and legal requirements outlined in the Standard are clear, with a strong consensus that it supports patient and public safety.
- Clarification may be needed regarding the circumstances in which treatment of a spouse is permitted, and whether physiotherapists may treat family members or friends.

Areas to consider for the development of guidance include:

- Scenario-based examples, such as draping or dressing performed by the physiotherapist and examples relevant to gender diverse patients.
- Clarifying the application of spousal exemption rules, including what constitutes a "minor" service and the one-year requirement in the definition of "patient" (raised by the Board).
- Clarifying the provisions that: (1) prohibit ending a therapeutic relationship to pursue a personal relationship, and (2) require explaining treatments that could be perceived as sexual.

Next Steps

• If the Standards are approved, they will have an effective date of **November 1, 2025,** at which time the College's existing Boundaries and Sexual Abuse Standard will be rescinded.

Questions for the Board

- Do you have any questions based on the information presented?
- Do you have anything else to highlight or consider with respect to the final approval of the two draft Standards?

Boundary Violations

Standard

The physiotherapist acts with integrity and establishes and maintains appropriate professional **boundaries** (including social, physical, or psychological boundaries) with patients, colleagues, supervisees, and others.

Expected outcome

Patients can expect to be treated with dignity and respect, and that the physiotherapist will maintain boundaries appropriate to the **therapeutic relationship** in all interactions.

Colleagues, supervisees, and others can expect to be treated with respect and that the physiotherapist will maintain professional boundaries in all interactions.

Performance expectations

Related to Therapeutic Relationships with Patients

The physiotherapist:

- Demonstrates awareness of and sensitivity to the impact of power, trust, respect, and physical closeness on relationships with patients.
- Treats patients with respect, acknowledging their individuality and personhood throughout the professional interaction.
- Avoiding all situations, comments and/or actions that could reasonably be perceived as:
 - Unprofessional,
 - o In violation of human rights, or
 - Discriminatory.
- Recognizes that each patient's boundaries will be unique to their own experiences, including their culture, age, values, or experiences of trauma, and establishes additional boundaries as needed to ensure the patient's comfort and safety, including:
 - Being mindful of any known or possible conditions, sensitivities, vulnerabilities, or patient experiences that could affect the way care is provided,
 - o Being attentive to verbal and nonverbal cues from the patient, and

- Offering or permitting supports where appropriate, such as a support person or emotional support animal.
- Does not enter into or continue therapeutic relationships with individuals with whom professional boundaries, judgment and objectivity cannot be established and maintained.
- Establishes and maintains a professional physical environment that supports the maintenance of therapeutic boundaries during patient assessment, treatment, and education in both formal and informal practice environments. Including but not limited to:
 - Proactively providing options for draping or other barriers when treating sensitive areas of the body and advising the patient before placement or adjustment.
 - Providing privacy while the patient is undressing or dressing.
- Obtains informed consent before and during treatment, including by:
 - Clearly communicating planned procedures and each step in the examination or treatment in a manner that respects professional and patient boundaries, while supporting the patient's active involvement in their care,
 - Confirming consent personally, without assuming that it has been obtained by another provider, and
 - Identifying and addressing potential barriers to consent, such as cognitive impairment, hearing loss, or language differences.
- Clearly and thoroughly explains to patients any planned procedures, ensuring the information is delivered in a manner that respects professional and patient boundaries, and obtaining informed consent before and throughout the treatment.
- Does not attempt to promote or persuade patients to a personal view related to politics, religion, or spirituality in the context of a therapeutic relationship.
- Does not use their professional role as a means of intentionally pursuing personal relationships beyond the therapeutic relationship with patients or caregivers (e.g., parent of a minor receiving physiotherapy services, patient's spouse) and former patients.
- Identifies and addresses boundary violations, whether initiated by the physiotherapist or the patient, by:
 - o Addressing the concerns with the patient,

- o Taking steps to resolve issues while maintaining professionalism,
- o Documenting the actions taken to address the breach in the patient's record.
- Ends the therapeutic relationship by properly discontinuing treatment or transferring care as required in instances where:
 - o The physiotherapist is unable to maintain their objectivity,
 - Attempts to maintain or re-establish professional boundaries have been unsuccessful.
 - A positive, respectful therapeutic relationship cannot be established or maintained.

Related to Relationships with Others in the Workplace

The physiotherapist:

- Demonstrates awareness of and sensitivity to the impact of power, trust, respect, and physical proximity in relationships with colleagues, supervisees, and others in a workplace environment.
- Conducts oneself professionally in the work environment, treating colleagues, supervisees, and others with respect avoiding all situations, comments and/or actions that could reasonably be perceived as:
 - Unprofessional,
 - o In violation of human rights, or
 - Discriminatory.
- Establishes and maintains professional workplace boundaries with colleagues, supervisees, and others in support of a safe and patient-centered environment.
- Abstains from all forms of conduct, behaviour or remarks directed towards a supervisee that constitute sexual abuse for the duration of the professional relationship.
- Does not commence an intimate or sexual relationship with a supervisee for the duration of the professional relationship.

Definitions

Boundaries define the accepted social, physical or psychological space between people. In physiotherapy, boundaries establish a professional distance between a physiotherapist and another person and clarify the roles, responsibilities, and behaviour that should be expected in a professional setting. A boundary is crossed when a physiotherapist steps outside their professional role.

Boundaries also help to manage power imbalances. For example, physiotherapists hold a position of power and authority over their patients, since patients rely on them to make decisions about their healthcare. Maintaining professional boundaries ensures that this power imbalance does not compromise a patient's care.

Therapeutic Relationship refers to the relationship that exists between a physiotherapist and a patient during the course of physiotherapy treatment. The relationship is based on trust, respect, and the expectation that the physiotherapist will not harm or exploit the patient in any way.

Sexual Abuse

Standard

Physiotherapists do not engage in behaviour that constitutes **sexual abuse**, in accordance with the *Regulated Health Professions Act* (RHPA), 1991.

Expected outcome

Patients can expect that any interaction with a physiotherapist will be free from sexual abuse, which includes conduct, behaviour or remarks of a sexual nature.

Performance expectations

Related to Interactions with Patients

The physiotherapist:

- Does not commence an intimate or sexual relationship with a patient for the duration of the therapeutic relationship, even if the patient agrees to or seeks to initiate an intimate or sexual relationship.
 - Recognizes that due to the inherent power imbalance between patient and PT, patients cannot offer valid consent to commencing a sexual relationship.
- Does not provide treatment to any individual with whom the physiotherapist has a sexual relationship, including their **spouse**.
 - Understands that spouses these individuals are not exempt from the definition of sexual abuse, unless the care is provided in emergency circumstances or is minor in nature, in which case no fees can be charged.
- Does not engage in any conduct, behaviour, or remarks that constitute sexual abuse, per the definition below, towards a patient for the duration of the therapeutic relationship.
- Recognizes that in Ontario, the therapeutic relationship extends for at least one year after active treatment and may be enduring, depending on:
 - The nature of the patient-physiotherapist relationship,
 - o The risk of enduring power imbalance between patient and physiotherapist, and
 - Dependence of the patient on the physiotherapist.

- Must not end a therapeutic relationship for the purpose of pursuing a personal relationship.
- Clearly and thoroughly explains to patients any physiotherapy treatment which could be mistaken to be sexual in nature, ensuring the patient understands its therapeutic purpose, encouraging an open discussion of concerns, and obtaining informed consent before and throughout the treatment.
- Reports all instances where the physiotherapist has reasonable grounds to believe that the conduct of another member of any regulated health profession constitutes sexual abuse or sexual misconduct to the Complaints Director/Registrar of the other regulated member's regulatory organization¹.

Definitions

A patient² is an individual who receives physiotherapy services.

In Ontario, an individual is considered a patient if they interact directly with a physiotherapist and any of the following apply:

- Payment was charged or received for a physiotherapy service.
- The physiotherapist contributed to the individual's health record.
- The individual consented to a recommended service.

An individual remains a patient for a minimum of one year after active treatment ends. The therapeutic relationship may extend beyond one year if there is an ongoing risk of power imbalance or dependence.

Sexual abuse³ of a patient by a physiotherapist includes:

- Sexual intercourse or physical sexual relations between the physiotherapist and patient,
- Touching of a sexual nature (including the patient's genitals, anus, breasts, or buttocks) of the patient by the physiotherapist that is not appropriate to the clinical setting,
- Sexual behavior or remarks directed by the physiotherapist toward the patient, such as those that could be inappropriate or offensive.

Spouse⁴ – a person who is married to the physiotherapist, or who has lived with them in a conjugal (marriage-style) relationship for at least three years.

¹ Regulated Health Professions Act, 1991, Schedule 2, section 85.1(1)

² For the purposes of the sexual abuse provisions in the RHPA. See: Ontario Regulation 260/18: Patient Criteria under Subsection 1(6) of the Health Professions Procedural Code

³ Regulated Health Professions Act, 1991, Schedule 2, section 1(3).

⁴ Regulated Health Professions Act, 1991, Schedule 2, section 6.

May 22, 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 proposed Standards, round 5

Dear Ms. Schulz and Dr. Roxborough,

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

Standards: Boundary Violations and Sexual Abuse

These Standards are generally well organized, though they are missing some key information that is present in the current Boundaries and Sexual Abuse Standard.

One element that is not captured by the proposed Standard but is present in the current Standards is the explicit definition of relatives and spouses. Including this list in the Standard will help prevent misconceptions about who may be subject to boundary violations and abuse. It is also unclear if physiotherapists can provide treatment to past romantic partners.

Additionally, more clarity around what constitutes discrimination, sexual behaviour and remarks is necessary. Without explicit definitions or examples, there are individuals who may not view their comments or behaviour as discriminatory or sexual in nature. This is an opportunity for the College to ensure that physiotherapists are conscious of the impact of their words and behaviour. Explicit definitions and examples of, or a background document on, discrimination and discriminatory practices would be helpful to enable physiotherapists to self-reflect and adjust their practices accordingly, and to establish a common definition.

Regarding ending therapeutic relationships, the proposed Standard states that a physiotherapist "must not end a therapeutic relationship for the purpose of pursuing a personal relationship;" however, it is important to also include that a physiotherapist should not continue to provide care if they desire a romantic relationship, as a physiotherapist cannot maintain an objective an unbiased approach to care in this circumstance. We propose that the Standard includes a

statement that the physiotherapist, if attracted to or romantically interested in a patient, must end the therapeutic relationship in a respectful manner with a transfer of care plan in place.

Lastly, the current version of this Standard includes statements around gifts, business partnerships, and leisure activities. We recognize that this has been included in the newly updated Conflict of Interest Standard, but it would be helpful to keep in this Standard as well. Given that there is some overlap in the conflict of interest and boundary standards, we recommend that the College refers to this Standard to ensure that physiotherapists can locate necessary information that may not be included here.

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

Sincerely,

Sarah Hutchison, MHSc., LL.M, ICD.D shutchison@opa.on.ca

darch Autchiron

Chief Executive Officer

Ontario Physiotherapy Association

Amy Hondronicols, PT, PhD ahondronicols@opa.on.ca

Director, Practice, Policy & Member Services

Ontario Physiotherapy Association

Citizens Advisory Group (CAG) Feedback Summary – Group 5 Standards

Boundary Violations Standard

Total number of responses = 14

Domain	Summary of Strengths	Summary of Improvement Areas
Clarity of	Standard is very clear, comprehensive,	Clarify treatment of a spouse portion.
Standard	and well-organized.	Clarify "unable to maintain their
	Definitions help support understanding.	objectivity".
Supports a safe	Comprehensive - includes both patients	Include sensitive
and respectful	and others involved in care (such as	procedures/examinations.
patient	colleagues).	Consider barriers to consent, such as
environment	Supports patients' individual boundaries.	cognitive or hearing impairment.
		Ensure safety for gender diverse patients.
Importance of	All respondents answered that it was	Suggestion to also include views on gender
not discussing	"very important" that PTs do not discuss	and sexuality.
religion and/or	religious or spiritual matters in a patient-	
spirituality	facing setting – unprofessional and	
Provides	unnecessary.Guidance in the Standard helps to protect	Additional definitions may be included to
appropriate	vulnerable patients and build trust.	enhance understanding for PTs.
guidance for	•	_
PTs	Provides guidance for every stage – hefore during and offer boundary.	Include that patients should be listened to.
113	before, during, and after boundary crossings.	

Sexual Abuse Standard

Total number of responses = 14

Domain	Summary of Strengths	Summary of Improvement Areas
Clarity of	Language is clear, concise, and	Definitions should preface expectations.
Standard	communicates legal expectations.	Treatment of a spouse unclear, including
	Definitions help support understanding.	what constitutes "minor" care.
	One-year requirement is clear.	
Standard	Covers different areas that may be	Does not include caregiver safety.
supports	considered sexual abuse.	Should include examples of sexual
patient and	Supports safety by including the duty to	behaviour or remarks to avoid different
public safety	report instances of sexual abuse.	interpretations.
	Can also be used to inform patients of	Include info about treating family or
	their rights and what to expect from their	friends.
	PT.	 Consider gender diverse patients.

General Comments (Both Standards)

- Ensure the Standards are easily accessible to patients, such as through the website and in physiotherapy clinics, so they are aware of their rights and physiotherapists' responsibilities.
- Consider opportunities to enhance the overall readability and clarity of the Standards.
- Ensure caregivers are explicitly acknowledged and integrated where relevant.
- Ensure that discipline processes support enforcement, including cases involving a failure to report.
- Given the seriousness of the Standards, consider strengthening language from "does not" to "must not" where appropriate to reinforce expectations.





BOARD BRIEFING NOTE

For Information

Topic:	Exam Transition Planning
Public Interest	A stable and reliable examination process provides assurances to the public
Rationale:	that physiotherapists possess the requisite knowledge and skills to provide safe, competent, and ethical care.
Strategic	Risk & Regulation: Ensuring there is an appropriate and fair licensure
Alignment:	process for both Canadian and internationally educated physiotherapists.
Submitted By:	Craig Roxborough, Registrar & CEO
	Anita Ashton, Deputy Registrar & CRO
Attachments:	N/A

Issue

• The Board is provided with an update regarding work underway to establish the new Canadian Physiotherapy Examination (CPTE) with the Canadian Alliance of Physiotherapy Regulators (CAPR), as well as to build capacity within the Ontario Clinical Exam (OCE) prior to winding the OCE down at the end of 2026.

Decision Sought

None, this item is for information only.

Background

- In March 2025 the Board approved in principle the adoption of CAPR's new entry-to-practice
 examination, the CPTE. Then in June 2026, the Board approved a draft version of a Service Level
 Agreement (SLA) pending minor changes at the national level as all regulators review and
 approve the agreement.
 - CAPR has committed to launch the exam in January 2026 with the final sitting of the current written exam being offered in November 2025.
- At the same time, CAPR has been modernizing their credentialing process to reduce barriers
 for physiotherapists educated outside of Canada and to improve efficiency in their processes.
 CAPR has presented to the Board on multiple occasions to provide insight into these changes.
 - Credentialing is a process that is undertaken to evaluate the education and qualifications of physiotherapists educated outside of Canada to determine if they meet the standards required to practice in Canada.
- With approval of the move to the CPTE, the Board has committed the College to a wind-down of the OCE. At the June 2025 meeting, the Board also approved a plan to increase capacity within



the OCE during this transition period to respond to the high demand currently being experienced.

Current Status and Analysis

• The Board is provided with an update on (1) CAPR Examination Development and Credentialing Modernization and (2) the plan to increase OCE capacity and winddown the program.

1. CAPR Updates

Examination Updates

- Following the Board's approval of the draft SLA in June 2025, this College has been in active
 waiting as other regulatory bodies considered the same draft and provided feedback. At the
 same time, CAPR's experience preparing for the exam launch is informing minor changes to the
 language of the SLA.
- As of writing this briefing material, nearly all outstanding questions have been answered and changes have been made. The revised SLA is anticipated to be shared with regulators between the distribution of these materials and the Board meeting itself.
- Notwithstanding the above, some important developments have occurred since the June Board meeting. These updates are all consistent with commitments articulated in the draft SLA and continue to move CAPR towards a launch of the exam in January 2026 as planned.
 - An Exam Eligibility policy has been put in place, reflecting feedback that Canadian students should complete their educational requirements prior to challenging the exam;
 - Fees have been set at \$2500, with incentives in place for the initial January 2026 sitting as that exam will be used as part of the benchmarking process and a discounted rate for any individual who has successfully completed the current written exam and will challenge the CPTE;
 - Two webinars on the new CPTE were conducted in late August;
 - Exam dates have been set and published with a focus on aligning exam sittings around
 Canadian program completion dates while ensuring adequate distribution across the year;
 - CAPR committed to exam result release timelines of 4 weeks, with exceptions for initial sittings (to ensure validation) and any exams administered close to the December holiday season;
 - CAPR and regulators are coordinating regarding information sharing to support tracking of 3 attempts at clinical exams across different provinces and exam formats;





- A pilot test of the exam is scheduled for late September; and
- Recruitment of examiners has begun with sufficient number of examiners for the pilot test and a large pool of applicants being assessed for ongoing responsibilities.

Credentialing

- As the Board will recall from previous reports and presentations from CAPR, CAPR has been modernizing their credentialing program.
- Many of the modernization efforts undertaken to date have focused on increasing efficiencies within the program (e.g., applicant portal, electronic document submission, etc.) in order to reduce the total time taken by this process.
- Recently, CAPR rolled out a new "Pre-Approved Credentialing Pathway" that reduces the process burden for individuals applying from countries that have been identified as comparable to the Canadian context.
 - Currently, this pathway is available to individuals from Australia, Hong Kong, Ireland, New Zealand, South Africa, the United Kingdom, and the United States of America.
 - These countries were evaluated through a rigorous external review, assessing historical written examination performance, education and training standards, clinical placement requirements, clinical practice context and autonomy, accreditation of physiotherapy educational programs, and regulation and licensing structure.
 - The pre-approved pathway is achieving approval timelines of less than 3 days, compared to 7-10 weeks for standard pathway applications and has accounted for approximately 15% of credentialing applications received since the program was instituted.
 - Given the strong evidence-based analysis undertaken, the approach taken is both fair and transparent to all candidates and minimizes any risks of challenge from a human rights perspective.
- Additionally, CAPR has analyzed the standard credentialing pathway and determined that
 opportunities exist to strengthen their approach to ensure candidates are being appropriately
 assessed and supported, and that regulators can be assured only qualified candidates will
 succeed through the combined credentialing and examination process.
 - Some concerns with the current program include: insufficient mechanisms to help candidates understand educational gaps, minimal bridging opportunities, lower pass rates on the written exam despite being credentialed, challenges integrating into the workforce, fairness as candidates attempt an exam without requisite knowledge.



- With support from an external consultant and to align with other credentialing processes,
 CAPR is modernizing the credentialing pathway to offer more individualized evaluation and support while engaging more directly with candidates to assess their knowledge and skills.
- The process will involve a deliberate evaluation of knowledge and skills through an
 assessment process that will stream candidates to challenging the exam, filling gaps in
 knowledge prior to challenging the exam, or being assessed as requiring significant training
 or education in order to meet the standard of Canadian equivalency.
- This process aims to better prepare candidates to challenge the exam, provide educational supports where gaps exist in order to prepare for the exam, reduce the need for multiple exam attempts (thereby reducing financial burden), and seeks to improve the transition to practice experience for candidates.
- While resources are currently being directed at launching the new CPTE, it is anticipated that updates to the credentialing program will be rolled out in early 2026.

2. OCE Capacity Increase & Program Wind-down

- At its June 2025 meeting, the Board considered a proposal to increase the capacity of the OCE through the implementation of an incentive program to build examiner capacity.
- Ultimately the Board provided direction to expand capacity through the implementation of an incentive program that continues to support at minimum a balanced financial position for the exam.
- Following this approval, examiner interest in an incentive program was solicited and uptake
 was significant.
 - o Across the board, examiner willingness to support the OCE increased.
 - Additionally, approximately 175 of our current examiners have expressed their interest in committing to three exam sittings between January and October 2026.
- Combined with recent recruitment efforts, this has enabled the program to increase capacity dramatically with up to an additional 230 spots between October 2025 and October 2026 (See Table 1 below for a full breakdown).



Table 1: Examination Capacity Change

Exam Date	Original Capacity	Expanded Capacity	Notes
Oct 2025	280	300	Increase w/o incentive
Jan 2026	280	350	
March 2026	280	350	
June 2026	280	280	Lower volume sitting, will increase as needed
Oct 2026	280	350	
Total	1400	1630	

- Financial modeling has been done to account for the increased expenses associated with the increase in capacity (e.g., technology, staff, incentive program, etc.) and increase revenue from additional registrations.
 - Ultimately, the OCE is forecasted to continue to be in a strong financial position, achieving a
 positive surplus position over the life of the exam driven by surpluses in FY2024 and FY2025.
 - Additionally, forecasts indicate that with the implementation of an incentive program, FY2026 will remain in a surplus position that will carry over into FY2027 to achieve a balanced financial position over the wind-down period.
- Analysis of registration and pass rates for the CAPR written exam continue to be examined in an ongoing manner to assess capacity needs and adjust the wind down plan. At this time, CAPR is observing a maintenance of exam registrations rather than any additional surges. As a result, staff anticipate that the projected increase in OCE capacity will be utilized through a combination of first-time and repeat candidates.
- The program is set to be sunset by December 2026.

Next Steps

- Staff will continue to provide information regarding activities underway at CAPR to modernize their credentialing program and launch a new exam.
- Staff will be actively monitoring OCE demand and the implementation of an incentive program
 for examiners to ensure a successful response to OCE demand while simultaneously winding
 down the program in a balanced or surplus financial position.

Questions for the Board

- What questions do you have about the updates provided regarding CAPR?
- What questions do you have about the OCE incentive program and wind-down?





Board Meeting September 25-26, 2025

Agenda #10.0: Committee Slate Amendment
It is moved by
,
and seconded by
,
that:
That the Committee Slate he amended by appointing Mira Toth to the Examinations Committee



BOARD BRIEFING NOTE

For Decision

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

Issue

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

Decision Sought

• The Board is being asked to appoint Mira Toth to the Examinations Committee for the remainder of the current Committee year until June 2026.

Background

- The Examinations Committee is a non-statutory Committee of the College. The composition for which is set out in Governance Policy#2.9 Examinations Committee (page 38).
- One of the composition requirements is that the Committee should have at least two
 physiotherapists with an Independent Practice Certificate who has current experience with
 supervising or mentoring entry-level practitioners (for example, final year physiotherapy
 students, Physiotherapy Residents, etc.)
 - The Examination Committee currently only has one member with supervisory experience.
 While the Committee is considered constituted even when the composition requirements haven't been met, any gaps in the composition should be addressed.

Current Status and Analysis

- A call for interest for the open position on the Examinations Committee was posted on the College's website in June 2025 and included in the June Perspectives Newsletter.
- Applicants were required to complete the Values, Behaviours and Competency Assessment Form, and submit a CV along with a cover letter.



- The College received 8 applications.
- Staff conducted a preliminary review of the applicants, which included an evaluation of their CVs, the Values, Behaviours and Competency Assessment Forms and an eligibility assessment.
- The applicant list was narrowed to three and those selected were invited to virtual interviews conducted by Hari Gopalakrishnan Nair, Chair Examinations Committee, Manon Prince, Examination Manager, and Caitlin O'Kelly, Governance Specialist.
- The Executive Committee was provided with the applicants Values, Behaviours and Competency Assessment Form, CV and cover letter for review. Following this review, they are recommending that following individual is be appointed to the Examinations Committee:
 - Mira Toth

Next Steps

• If the Board approved the Committee Slate amendment, staff will be in contact with Mira Toth to begin the onboarding process for the Examinations Committee.

Questions for the Board

• Are there any concerns with the proposed amendment to the Committee Slate?



2025-2026 Committee Slate Date Approved: June 23, 2025

Date Last Revised: June 23, 2025 September 25, 2025

Committee	2025-2026 Slate
Executive Committee	Public Directors (at least 2, unless only 1 stands for election):
(Maximum 5 people, must include	1. Frank Massey (Public Director of the Board)
Board Chair and Board Vice-Chair)	2. Mark Heller (Public Director of the Board)
	Professional Directors (at least 3):
	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	Registrants (at least 2):
(Minimum 5 people)	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)
	Public Directors (at least 2):
	 Jesse Finn (Public Director of the Board)
	2. Carole Baxter (Public Director of the Board)
Inquiries, Complaints and Reports	Registrants (at least 2):
Committee	1. Gary Rehan, Chair (Elected Director of the Board)
(Minimum 5 people)	2. Greg Heikoop, Vice-Chair (Professional Non-Board Committee Member)
	3. Tammy Morrisey (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)



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) 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) 7. Mon-Board Registrants (at least 1): 7. James Wernham, Chair (Professional Non-Board Committee Member) 7. Angelo Karalekas, Vice-Chair (Professional Non-Board Committee Member) 7. Angelo Karalekas, Vice-Chair (Professional Non-Board Committee Member)	of UNTARIO	
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Public Directors (at least 3): 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) Non-Board Registrants (at least 1): 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)		8. Trisha Lawson (Academic Director of the Board)
 Jesse Finn (Public Director of the Board) Carole Baxter (Public Director of the Board) Richard O'Brien (Public Director of the Board) Frank Massey (Public Director of the Board) Mark Heller (Public Director of the Board) Christopher Warren (Public Director of the Board) Non-Board Registrants (at least 1): James Wernham, Chair (Professional Non-Board Committee Member) Angelo Karalekas, Vice-Chair (Professional Non-Board Committee Member) Sue Grebe (Professional Non-Board Committee Member) 		9. Heather Weber (Elected Director of the Board)
 Carole Baxter (Public Director of the Board) Richard O'Brien (Public Director of the Board) Frank Massey (Public Director of the Board) Mark Heller (Public Director of the Board) Christopher Warren (Public Director of the Board) Non-Board Registrants (at least 1): James Wernham, Chair (Professional Non-Board Committee Member) Angelo Karalekas, Vice-Chair (Professional Non-Board Committee Member) Sue Grebe (Professional Non-Board Committee Member) 		Public Directors (at least 3):
 Richard O'Brien (Public Director of the Board) Frank Massey (Public Director of the Board) Mark Heller (Public Director of the Board) Christopher Warren (Public Director of the Board) Non-Board Registrants (at least 1): James Wernham, Chair (Professional Non-Board Committee Member) Angelo Karalekas, Vice-Chair (Professional Non-Board Committee Member) Sue Grebe (Professional Non-Board Committee Member) 		1. Jesse Finn (Public Director of the Board)
 Frank Massey (Public Director of the Board) Mark Heller (Public Director of the Board) Christopher Warren (Public Director of the Board) Non-Board Registrants (at least 1): James Wernham, Chair (Professional Non-Board Committee Member) Angelo Karalekas, Vice-Chair (Professional Non-Board Committee Member) Sue Grebe (Professional Non-Board Committee Member) 		2. Carole Baxter (Public Director of the Board)
 Mark Heller (Public Director of the Board) Christopher Warren (Public Director of the Board) Non-Board Registrants (at least 1): James Wernham, Chair (Professional Non-Board Committee Member) Angelo Karalekas, Vice-Chair (Professional Non-Board Committee Member) Sue Grebe (Professional Non-Board Committee Member) 		3. Richard O'Brien (Public Director of the Board)
6. Christopher Warren (Public Director of the Board) Non-Board Registrants (at least 1): 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. Frank Massey (Public Director of the Board)
Non-Board Registrants (at least 1): 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)		5. Mark Heller (Public Director of the Board)
 James Wernham, Chair (Professional Non-Board Committee Member) Angelo Karalekas, Vice-Chair (Professional Non-Board Committee Member) Sue Grebe (Professional Non-Board Committee Member) 		6. Christopher Warren (Public Director of the Board)
 Angelo Karalekas, Vice-Chair (Professional Non-Board Committee Member) Sue Grebe (Professional Non-Board Committee Member) 		Non-Board Registrants (at least 1):
3. Sue Grebe (Professional Non-Board Committee Member)		1. James Wernham, Chair (Professional Non-Board Committee Member)
·		2. Angelo Karalekas, Vice-Chair (Professional Non-Board Committee Member)
4. Nicole Graham (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)
0 -11	6. Theresa Kay (Professional Non-Board Committee Member)
Quality Assurance Committee	Registrants (at least 2):
(Minimum 5 people)	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)
	Public Director or Public Non-Board Committee Member (at least 1):
	 Richard O'Brien, Vice-Chair (Public Director of the Board)
	2. Mark Heller (Public Director of the Board)
Patient Relations Committee	Registrants (at least 1):
(Minimum 3 people)	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)
	Public Director or Public Non-Board Committee Member (at least 1):
	1. Kim Westfall-Conner, Vice-Chair (Public Non-Board Committee Member)
Risk, Audit, and Finance Committee	Board Chair:
(Minimum 5 people, non-statutory)	Katie Schulz (Elected Director of the Board)
	Board Vice Chair:
	Gary Rehan, Committee Vice-Chair (Elected Director of the Board)
	Directors including at least 1 Public Director (at least 3):
	 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. Mira Toth
	Member of the public (Testing/assessment) (at least 1): 1. Greg Pope (Public Non-Board Committee Member)



BOARD BRIEFING NOTE

For Discussion

Topic:	General Regulation Update
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:	Risk & Regulation: 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. EDI: Assess the pathways to licensure to ensure that they are appropriate and fair to both Canadian trained and internationally educated physiotherapists.
Submitted By:	Mara Berger, Director, Policy, Governance & General Counsel Evguenia Ermakova, Policy Analyst
Attachments:	Appendix A: Draft Regulation – redlined

Issue

- During the consultation on the draft changes to the General Regulation, concerns were raised about the proposed sunsetting of the Provisional Practice Class and the lack of opportunity for individuals to practice physiotherapy if they were unsuccessful in challenging the exam.
- The Board had previously considered these issues and determined that it was not in the public interest to maintain the Provisional Practice Class in the absence of an entry exam or to allow practice after a failed exam attempt because of the potential risks to patient safety.
- Based on the benefits and risks outlined below, the Board will be asked to decide whether to
 proceed with sunsetting the Provisional Practice Class. If the Board decides to re-envision the
 class instead, then the Board will also need to determine whether new provisions that would
 enable a candidate to practice after a failed exam attempt should be considered.
- Additionally, the Board will be asked to decide whether a new Retired Class should be
 proposed as part of the updates to the General Regulation. While a Retired Class was not part
 of the original proposal, the College does get requests from registrants that no longer actively
 practice but would like to maintain their registration.

Decision Sought

• The Board is being asked to provide direction on the following:





- 1. Does the Board want to proceed with sunsetting the Provisional Practice Class or does the Board support re-envisioning the class?
- 2. If the Board favours re-envisioning the Provisional Practice Class, should provisions be added that would allow candidates to practice after a failed exam attempt?
- 3. Does the Board support the development of a Retired Class?

Background

Overview: General Regulation

- The <u>General Regulation</u>, 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.
- Under the <u>Health Professions Procedural Code</u> ("the Code"), schedule 2 of the <u>Regulated Health Professions Act</u> (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.
- The Board previously discussed proposed updates to the General Regulation at their September 2024, December 2024, March 2025, and June 2025 meetings.

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 Alliance of Physiotherapy Regulators (CAPR), pending the development of appropriate service contracts and transition plans. 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.
- 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.
- Because the Provisional Practice Class, or similar classes in the other provinces, has been based on a two-exam model, the adoption of the CPTE means the class needs to be reconsidered. Some of the other Colleges are opting to retain the class for transition purposes and will then determine next steps, while others are retaining it for legislative reasons or are keeping the class with the understanding that applicants eventually will no longer be able to meet the requirements for the class in the absence of a standalone written exam.



Consultation

- Consultation feedback on proposed revisions to the General Regulation, including the sunsetting of the Provisional Practice Class, were discussed by the Board at their <u>June 2025</u> <u>meeting</u>.
- Most of the feedback received advocated strongly for maintaining the Provisional Practice
 class. The current Provisional Practice Class allows individuals to practice under supervision
 after having successfully completed the national written exam while waiting to take the clinical
 exam. There was support for maintaining that option under the one-exam model, which would
 require the re-envisioning of the class since the written exam the class is currently based on
 will no longer be available.
- Additionally, some respondents argued that there should be an opportunity to practice in between exam attempts for unsuccessful candidates.
- As a result, the Board asked staff to provide more information about re-envisioning the
 Provisional Practice Class in the absence of a national written exam and if candidates who
 were unsuccessful at an exam attempt could continue to practice while they were waiting to
 attempt the exam again.
- The Board also directed staff to further explore a potential Retired Class. The Board felt that more information was needed to establish the purpose of and need for a Retired Class before a decision on whether to pursue the class could be made.

Current Status and Analysis

Decision 1: Provisional Practice Class

- Candidates seeking to register for the Provisional Practice Class currently must have received
 a degree in physiotherapy and must have successfully completed the written component of the
 exam being offered by CAPR. Once granted a Provisional Practice Class certificate, individuals
 can refer to themselves as Physiotherapy Residents and are able to practice under the
 supervision of a physiotherapist while they wait to challenge the clinical component of the
 exam. If a candidate is unsuccessful on the clinical exam, their Provisional Practice Class
 certificate expires.
- Previously, the Board determined that the Provisional Practice Class should be sunset. The reasons were two-fold:
 - First, the Board believed that with the elimination of the national written exam, there were no assurances regarding entry level competency potentially putting public safety at risk, and
 - Second, the purpose of class was to bridge the time between completion of the written exam and the clinical exam, which would no longer apply with the new, single exam.



- While the College received feedback during the consultation advocating for maintaining the Provisional Practice Class, the Board ultimately must determine whether maintaining the class would be in the public interest.
- Because the current iteration of the Provisional Practice Class in the General Regulation relies
 on a two-exam structure, keeping the Class would require re-imagining it to some degree. To
 assist the Board in its discussion around whether to maintain a re-imagined version of a
 Provisional Practice class once the national written exam is no longer available, below are
 some of the potential benefits and risks that the Board may wish to consider:

Potential Benefits

Supervised practice provides an opportunity for mentorship for early career physiotherapists and may help support the development of core competencies needed for safe practice.

- While the new national exam will be offered frequently throughout the year and the exam results are projected to be released within a month, having a Provisional Practice Class could have some short-term impact on health human resources by enabling practice during the waiting period.
- Supervised practice may help support internationally educated physiotherapists as part of their integration into the Canadian health system.

Potential Risks

- Absence of a psychometrically valid exam to determine eligibility for the class, which could result in higher risks to patient safety.
- While credentialing could be used as a baseline for a re-envisioned Provisional Practice Class, current exam data shows that credentialing by itself is not a good indicator of competence. While CAPR is currently working on enhancing credentialing, the impact of those changes is unknown at this time.
- Supervision can vary significantly, and if a supervision requirement was considered necessary for a re-envisioned Provisional Practice Class, it could be challenging to establish parameters that ensure everyone receives the appropriate level of supervision for their needs.
- Establishing stricter supervision requirements could result in less physiotherapists being able to take on the role, limiting available supervisors which most likely would primarily impact internationally educated physiotherapists.
- Based on the number of exam sittings and



of ONTARIO	Agenda Item: 11.0
	the fast release of exam results that CAPR has committed too, a reenvisioned
	,
	Provisional Practice Class may fulfill a

limited purpose.

- Additionally, the Board previously indicated that it would be helpful to have more information about what a re-envisioned Provisional Practice Class could potentially look like. In response to the request, below are some examples of options that could be explored. The options are being provided for illustrative purposes only.
 - No discussion of the options is intended at this stage. The only purpose of the examples is to provide the additional context the Board had asked for to ground its discussion.
 - The examples outlined below are not exhaustive and significant additional work would be needed to develop a more comprehensive framework for a re-envisioned Provisional Practice Class. In that case, the Board would be engaged in a future discussion where the various options would be considered in depth.

Example 1A: Using Credentialing or Academic Program Completion as a Baseline

- In the absence of a written exam, credentialing or academic program completion could function as the baseline for a re-envisioned Provisional Practice Class.
- Individuals who graduate from an accredited Canadian Physiotherapy University program, could be allowed to register in the Provisional Practice class.
- Internationally educated physiotherapists who completed a credentialing program offered through CAPR could be allowed to enter into the Provisional Practice Class.
 - There are two main credentialing pathways. Applicants who completed their education in pre-approved jurisdictions¹ and who are eligible or licensed to practice without restrictions in that jurisdiction are fast tracked through the Pre-Approved Pathway. All other internationally educated physiotherapists go though the Standard Pathway. The Standard Pathway is currently undergoing some enhancements. The new assessment process will involve a deliberate evaluation of knowledge and skills that will help identify knowledge gaps prior to challenging the exam and, as needed, require additional training or education. Credentialing through either pathway also includes confirmation of language proficiency and the completion of a pre-approved course on the Canadian healthcare system.

Example 1B: Introducing Additional Eligibility Criteria

 Under the one-exam model, the requirement to complete the national written exam to be eligible for the Provisional Practice Class would no longer apply. As such, if the Provisional



Practice Class was maintained, additional safeguards would be needed to help support competent practice while applicants wait to challenge the CPTE.

- Current data for CAPR's written exam shows that some internationally educated physiotherapists tend to struggle more with passing the exam than Canadian graduates, resulting in lower pass rates. Therefore, credentialing by itself may not be the strongest predictor of competence to practice within the Ontario context.
- Additional eligibility criteria that could strengthen a re-envisioned Provisional Practice Class based on credentialing or academic program completion could include:
 - Requiring that applicants are registered for the next available sitting of the exam. This
 ensures that individuals are only in provisional practice for a limited time, and it also
 matches a provision in the current Provisional Practice Class that requires registration for
 the next sitting of the clinical component of the exam.
 - Establishing a recency component that requires that applicants must have either graduated from a qualifying physiotherapy program within a certain number of years or that they must have completed a certain amount of verifiable clinical practice hours within that same timeframe to help support currency of knowledge.
 - Requiring an attestation confirming that applicants have reviewed certain resources, such as the College's Standards and Code of Ethical Conduct.

Example 1C: Enhancing Supervised Practice and Other Safeguards

- A re-envisioned Provisional Practice Class could be further supported by enhancing supervision and establishing other safeguards. This could include:
 - Requiring that supervisors are more involved in supervision which could include: College training for supervisors, requirements regarding employments settings, requirements for direct versus indirect supervision, enhanced reporting requirements to the College and additional safeguards where practice challenges are identified
 - Reducing the number of Physiotherapy Residents that a supervisor may manage and establishing specific check-in requirements – for example, requiring the setting of learning goals, conducting chart reviews, joint review of the College's Standards, and performance reviews.
 - Requiring candidates to stop practicing during any complaints investigation.

Decision to be Made by the Board: Provisional Practice Class

• The Board is being asked to confirm whether to continue with sunsetting the Provisional Practice Class or proceed with trying to re-envision the class.



- If the Board reaffirms that the Provisional Practice class should be sunset, no further decisions would need to be made. The current draft provisions to enable the transition would remain in the General Regulation.
- If the Board decides that the class should be re-envisioned, staff would develop a detailed proposal outlining how candidates may qualify for the class and what requirements may apply while in the class for the Board's consideration.

<u>Decision 2: Enabling Practice after a Failed Exam Attempt</u>

- The second matter that was raised during the consultation was a desire to allow individuals to practice after a failed exam attempt while they wait to reattempt the exam.
- As currently drafted, the transitional provisions in the draft General Regulation for sunsetting
 the class state that once a holder of a Provisional Practice class certificate is notified that they
 failed the 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 existing practice whereby an individual who holds a Provisional Practice Class certificate must stop practicing once notified that they were unsuccessful on the clinical component of the exam.
- There is a close link between the existence of a Provisional Practice Class and the question of permitting candidates to practice after successfully challenging the exam.
 - O While both the College of Dietitians of Ontario and the College of Occupational Therapists of Ontario allow for practice after a failed exam attempt, the provisions are tied to a temporary or provisional class that enables candidates to register with the respective College and practice prior to challenging the exam. The ability to practice after a candidate failed the exam is simply an extension of the candidates' prior registration in the temporary or provisional class.
- Whether the Provisional Practice Class is being sunset is an important consideration. While theoretically provisions could be developed to enable practice after a failed exam attempt even if the Provisional Practice Class no longer exists, this approach would be unusual because it would mean that individuals can register with the College and practice after being unsuccessful on the exam but not prior. As such, if the Provisional Practice Class ceases to exists, that should have a direct impact on whether there may be an option for candidates to practice after they failed the exam.
- The risks and benefits that the Board may want to consider include:





Potential Benefits	Potential Risks
 Allowing continued practice could help promote competence and connection to professional development. Continued practice could also help mitigate professional stagnation due to being unable to maintain or build clinical skills. 	 There could be an increased risk to patient safety due to a potential lack of competence to provide appropriate patient care. While terms, conditions and limitations could be imposed on the certificates of individuals that failed the exam, there would likely continue to be some variability on the level of supervision that would be provided to ensure safe practice.

Example 2A: Potential Requirements and Safeguards

- To further support the Board's discussion, some illustrative examples of potential requirements for enabling practice after a failed exam attempt are outlined below. The examples assume that a re-envisioned Provisional Practice Class exists and as such cover some of the same requirements that were mentioned in the previous section:
 - o Requiring successful completion of credentialing and registration for the next available sitting of the exam.
 - Creating a recency requirement that candidates must either have graduated from a qualifying physiotherapy program within a certain number of years or must have completed a certain number of verifiable clinical practice hours in that same timeframe.
 - Mandating the review of certain College resources as part of the application process, such as the Professional Standards and the Code of Ethical Conduct.
 - o Developing enhanced supervision requirements, including the potential for mandatory onsite supervision and certain check-in requirements.
 - Establishing that practice must cease during any complaints investigation and/or
 establishing either an automatic expiry of a certificate of registration or a referral to Quality
 Assurance if a mandatory report of termination related to professional misconduct,
 incompetence or incapacity is received by the College, or the individual resigned for those
 reasons.
 - Requiring the submission of a Restricted Provisional Practice Plan and Agreement that demonstrates how the supervisor will support the applicant to ensure competent and safe



practice, including mechanisms for providing direct observation, review of documentation, case reviews, assessment of competencies and how knowledge gaps will be addressed.

- Establishing a set amount of hours of direct supervision that are required over a specified time period (e.g. 8 hours over every two weeks).
- Completion of a formal evaluation of the applicant using a Clinical Performance Instrument provided by the College at set points during the supervision period.

Decision to be Made by the Board: Failed Exam Attempt

- The Board is being asked to confirm whether provisions that would enable candidates to practice after they were unsuccessful in challenging the exam should be developed.
 - If Board confirms that practicing after a failed exam attempt should remain impermissible, especially if the Provisional Practice Class is being sunset, then no further action would be needed.
 - If the Board decides that it may be in the public interest to enable practice after a failed exam attempt, further development of the potential requirements would be needed for future consideration by the Board.

Decision 3: Establishing a Retired Class

- The third item for the Board to consider is whether to pursue the implementation of a Retired Class. The purpose of a Retired Class would be to allow physiotherapists that are interested in retiring and may no longer meet the College's practice hour requirement to maintain their registration and professional identify.
- Currently, if a physiotherapist lacks the required practice hours of 1,200 hours the previous five
 years and wishes to remain registered, they can enter into an undertaking with the Registrar to
 maintain their Independent Practice class certificate but with Terms, Conditions and
 Limitations (TCL) that the physiotherapist cannot provide patient care.
 - For a member of the public, however, it may be challenging 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.
- A Retired Class would also allow those physiotherapists to remain connected to the profession, which could benefit both the profession and the public through the following activities:
 - Mentorship of new professionals.



- o Engaging in community health initiatives, promoting public health and awareness.
- Participating in educational activities and research with the enhanced credibility by being able to identify as a 'Retired Physiotherapist'.

Example 3A: Retired Class Requirements

- Below is an overview of what the framework for a Retired Class could potentially look like.
 These examples mirror the Retired Classes of the College of Chiropractors and the College of Psychologists and Behaviour Analysts of Ontario, as well as the Retired Class currently being proposed by the College of Physicians and Surgeons. The applicant must hold a certificate of Independent Practice.
 - The applicant must not be in default of any obligation to the College, including any fee or fine.
 - The applicant must sign a written undertaking with the College that they will not engage in the practice of the profession in Ontario while registered in the Retired Class.
 - Members of the Class would be exempted from any practice hours requirements, continuing professional development and jurisprudence, and would not be selected for the quality assurance process. They may also be exempt from the Professional Issues Self Assessment (PISA).
 - Members of the Class could return to Independent Practice within a certain number of years (e.g. two years), after which additional steps (e.g. a practice assessment) would be required to ensure a safe return to practice.

Decision to be Made by the Board: Retired Class

- The Board is being asked to decide whether the possibility of establishing a Retired Class should be pursued.
 - If the Board determines that it would not be in the public interest to establish a Retired Class, then no further action would be required.
 - If the Board decides that a Retired Class should be explored, then staff would develop a more detailed proposal for the Board to consider.

Next Steps

- The next steps will depend on the direction from the Board.
- If the Board decides not to pursue any of the three options outlined above, no further updates to the General Regulation would be required. A submission for the Ministry of Health would be



prepared, and the Board would be asked to approve the draft Regulation for submission at their December meeting.

- If the Board decides to pursue any of the options outlined above, then further exploration and development of those options would be required. A detailed proposal for each selected option would be presented to the Board at a future meeting for discussion.
- If any of the options are being pursed further, updates would also need to be made to the draft General Regulation. The updates would be presented to the Board at a future meeting for approval for a 60-day consultation. The consultation feedback would then be presented to the Board at the following meeting for consideration.

Questions for the Board

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

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 hertheir 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 practise 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 hertheir practice;
 - (f) interviewing or surveying the member and his or hertheir employer, employees, colleagues, peers or patients; and
 - (g) requiring the member to interview or survey his or hertheir 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 shethey 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.
 - 32. 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 meethave, and not to have methad, 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 Ithe applicant's past and present conduct affords reasonable grounds for the belief that he or shethe applicant:,
 - (a) is mentally competent to practise physiotherapy;
 - (ab) 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
 - (de) 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 Tthe applicant must demonstrates that he or shethey 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), ilt 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 shethey 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) Tthe 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 <u>additional registration requirements</u> standards and <u>qualifications</u> 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.
- <u>34</u>. The applicant must certify that <u>he or she isthey are</u> 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 shethey certified under paragraph 42 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.
 - <u>56</u>. Fifteen days after the member receives notification that the member failed the practical component of the examination for the second time. O. Reg. 296/23, s. 2.
- (5) The Registrar may extend an emergency class certificate of registration for one or more periods, each of which is not to exceed 12 months, if, in the opinion of the Registrar, it is advisable or necessary to do so, as long as the Council has not determined that the emergency circumstances have ended. O. Reg. 296/23, s. 2.

- (6) The Registrar may revoke an emergency class certificate of registration if, in the opinion of the Registrar, it is in the public interest to do so. O. Reg. 296/23, s. 2.
- (7) A member who holds an emergency class certificate of registration or a former member who held an emergency class certificate of registration within two years of applying for a certificate of registration authorizing provisional independent practice and who practised physiotherapy for at least 1200 hours while in the emergency class—is exempt from any examination—application—fees which would otherwise be payable to the College—for the practical component of the examination. O. Reg. 296/23, s. 2.
- (8) In this section,
 - "Supervisor" means a member who,
 - (a) holds a certificate of registration authorizing independent practice, and
 - (b) has been approved by the Registrar to supervise a member who holds an emergency class certificate of registration. O. Reg. 296/23, s. 2.

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

SUSPENSIONS AND REVOCATION

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

- (a) has paid the outstanding fee;
- (b) has completed a new application form;
- (c) has provided any information requested by the College; and,
- (d) has paid any fees required under the by-laws for lifting the suspension, and any other monies owed to the College;
- (2) Where the Registrar has suspended a holder's certificate of registration under section 24 of the Health Professions Procedural Code for failure to pay a required fee or under section 18.1(1) under this regulation for failure to maintain liability insurance, and the suspension remains in effect for a period of five years, or has been in effect for at least five years as of the date this section is proclaimed in force, the certificate is automatically revoked.





BOARD BRIEFING NOTE

For Discussion

Topic:	Code of Conduct
Public Interest	Ensuring Board and Committee members are accountable to and act in
Rationale:	accordance with agreed upon expectations.
Strategic	Performance & Accountability: Continuous improvement of the College's
Alignment:	governance practices.
Submitted By:	Mara Berger, Director, Policy, Governance & General Counsel
Attachments:	Appendix A: Code of Conduct
	Appendix B: Disqualification By-law of the College of Traditional Chinese
	Medicine Practitioners and Acupuncturists of Ontario

Issue

• Discussion to determine whether the Board would like staff to conduct a comprehensive review of the College's Code of Conduct for Board and Committee members and develop potential revisions for Board consideration.

Decision Sought

 The Board is being asked to provide direction as to whether the Code of Conduct remains fit for purpose or whether updates to the Code of Conduct should be pursued to address potential shortcomings.

Background

- The College has a Code of Conduct that establishes behavioral expectations that all Board and Committee members are required to meet while serving on the Board or a committee. The Code of Conduct is part of the College By-laws and is attached as Appendix A.
- The Code of Conduct is currently divided into four sections:
 - Purpose sets out why the Code exits
 - Performance Expectations sets out the behavioral expectations Board and Committee members are required to adhere to
 - Sanctions sets out the process for raising concerns and the possible outcomes if the Board determine that a breach of the Code of Conduct occurred
 - Procedural and Other Safeguards sets out the process for determining the appropriate response to a finding that a breach of the Code of Conduct occurred





- At least every three years, the Board is required to review the Code of Conduct to determine
 whether it is still up-to-date and reflects current legislation, expectations and practices in
 accordance with the College Performance Measurement Framework (CPMF).
 - The last substantive review of the Code of Conduct occurred in 2020/2021. No changes were identified at that time.
- Three years have passed since the last review, the Board is being asked to consider the current Code of Conduct and determine whether there is a need to explore potential updates.

Current Status and Analysis

- As mentioned above, the purpose of the discussion is for the Board to determine whether the Code of Conduct remains fit for purpose or whether updates to the Code of Conduct should be explored.
- To support the Board's discussion, an environmental scan has been conducted to review the Codes of Conduct of the other health profession Colleges in Ontario. The environmental scan showed the following:
 - Overall, performance expectations across the different Colleges are similar in nature, though there is some variation, and there are some additional performance expectations that appear in other Codes of Conduct.
 - Most other Codes of Conduct either have no Purpose section, or the Purpose section is quite brief.
 - Many of the Codes of Conduct focus solely on the behavioural expectations. The process of addressing a potential breach and possible sanctions is outlined elsewhere in the By-laws, not as part of the Code of Conduct itself.
- Based on the environmental scan, as well as internal analysis and experience with applying the Code of Conduct since its last review, a few areas for possible improvements were identified that could be explored further if the Board determines that the Code of Conduct could benefit from revisions.
- The opportunities for possible improvements include but are not limited to the following:
 - Re-focusing the Purpose section. The current Code of Conduct has a lengthy Purpose section which includes some duplicative information, such as describing the role of Board and Committee members. It also overlaps with some of the performance expectations, for example the requirement that decisions should be made in the public interest. A more focused Purpose section could be developed instead. To illustrate, as an example here is the Purpose section from the College of Psychologists and Behaviour Analysts of Ontario:



This Code of Conduct serves to provide Council and its Committees with high standards of conduct to guide and support their work in the best interests of the College, its legislative mandate, and the public. Council and Committee members have a responsibility to effectively regulate the profession of psychology and applied behaviour analysis in the public interest. In doing so, members are expected to comply with, support and promote, the principles set out in this Code. Each individual and the Council or Committee as a whole, is accountable for its conduct and performance.

- o *Conducting a plain language review of the Code of Conduct.* For example, as currently drafted, some of the performance expectations are not as clear as they could be, which can result in challenges when it comes to applying the Code to real-life situations where there is a concern that performance expectations may have been breached.
- Considering reframing some of the current performance expectations. This could enhance clarity and ensure all aspects of the expectations are covered.
 - For example, the current expectation about promoting the public interest in discussions and decision-making could be reframed to consider the public interest more broadly as it relates to the work of the Board and the College.
 - Similarly, the provision about respecting the views and expertise of other Board and Committee members could be updated to include more of a focus on equity, diversity, inclusion and belonging.
- Exploring adding some additional performance expectations. This could help to close potential gaps.
 - Possibilities could include for example establishing expectations for maintaining boundaries, including from refraining from any behaviour that could be reasonably perceived as harassment or abusive, setting expectations for how Board and Committee members can represent their work with the College or setting expectations for how Board and Committee members may seek external opinions or advice in relation to College or Board business.
- o *Revising the current process for considering Code of Conduct concerns.* This would provide an opportunity to address circumstances where there is a concern about the conduct of the Board Chair and the role of the Vice-Chair in that situation, as well as providing more clarity about the role of the Registrar in the process.
- Creating a combined process for Code of Conduct concerns and matters related to the disqualification criteria. The disqualification criteria are set out in section 3.1.(26) and section 7.7.(5) of the <u>By-laws</u>, and some require a vote by the Board to determine whether to remove a Board or Committee member from their position.



In comparison to the performance expectations set out in the Code of Conduct, disqualification criteria generally address more objective factors, such as whether a Board or Committee member has ceased to be a registrant or has failed to attend two consecutive regular meetings of the Board or a Committee without good reason in the opinion of the Board.

- There is currently a gap in the College's By-laws with respect to matters where a vote by the Board relating to the disqualification criteria is required. Creating a combined process that addresses both Code of Conduct concerns and the disqualification criteria would close that gap and avoid duplication. To provide an example of what a combined process may look like, section 5 of the By-laws of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario have been attached as Appendix B.
- Additional improvements may surface during the Board discussion or may be identified as part
 of a comprehensive review of the Code if the Board determines that updates to the Code of
 Conduct should be pursued. A revised draft of the Code of Conduct would then be presented
 to the Board in December to consider all potential changes in detail.

Next Steps

- The Board will be engaged in a discussion at the September meeting to gather input regarding whether a full review of the Code of Conduct is necessary.
- If there is a desire to make revisions to the Code of Conduct, a draft revised Code of Conduct would be developed based on the Board's feedback, for consideration and potential approval by the Board at the December 2025 meeting.

Questions for the Board

- You believe the current Code of Conduct remains appropriate?
- Are the any areas of the Code of Conduct that are unclear, outdated or no longer fit for purpose?
- Would you like staff to undertake a comprehensive review of the Code of Conduct and develop proposed revisions for Board consideration?
- Are there any other options or potential revisions to the Code of Conduct that should be part of a comprehensive review of the Code if that is the direction provided by the Board?

Appendix C

Code of Conduct

Title: Code of Conduct

Applicable to: Members of the Board and Committees

Date approved: December 2003

Date revised: June 2006, March 2008, June 2010, February 2013, June 2014,

March 2017, March 26, 2024

Purpose

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

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

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

Performance Expectations

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

- Promote the public interest in their contributions and in all discussions and decision-making.
- 2. Direct all activities toward fulfilling the College's objects as specified in the legislation.
- 3. Comply with the provisions of the Regulated Health Professions Act, the Physiotherapy Act, the Regulations made under these Acts and the By-laws of the College.
- 4. Conduct themself in a manner that respects the integrity of the College by striving to be fair, impartial and unbiased in their decision making.
- 5. Refrain from engaging in any discussion with other Board or Committee members that takes place outside the formal Board or committee decision making process

- and that is intended to influence the decisions that the Board or a committee makes on matters that come before it.
- 6. Respect the power, authority and influence associated with their role and not misuse this for personal gain.
- 7. Recognize, understand and respect the roles and responsibilities of the Board, committees and staff and maintain respectful working relationships with other Board members, Committee members and staff members. This includes acknowledging the appropriate authorities of the Registrar and the Chair.
- 8. Acquire, apply and maintain knowledge of the Board and Committee policies, procedures, relevant legislation, College functions and current issues facing the College and the committees they participate in.
- 9. When personal circumstances may affect their ability to function objectively in their role, address the conflict situation by complying with the College By-laws that govern conduct in this situation by, as a minimum, declaring the conflict, abstaining from discussing or voting on the matter and removing themselves from the meeting.
- 10. Maintain the confidentiality of information coming into their possession in keeping with the provisions set out in the RHPA and the confidentiality policies of the College.
- 11. Maintain appropriate decorum during all Board and Committee meetings by adhering to the rules of order adopted by the Board.
- 12. Review and consider the information provided for the Board and committee meetings and identify any information to enhance effective Board and Committee decision-making as needed.
- 13. Respect the views and the expertise of other Board and Committee members and appreciate the opportunity for varied viewpoints to be brought forward, considered and resolved through robust discussion.
- 14. Publicly uphold and support the decisions of the Board and respect the Chair's role as Board spokesperson.
- 15. Attend meetings to the best of their ability and be available to mentor and assist new members.
- 16. Regularly evaluate their individual performance, and that of the collective to assure continuous improvement.
- 17. Promote general interest in the physiotherapy community for Board and non-Board positions.

Sanctions

1. All concerns related to the conduct or performance of a Director or of a Committee member should be brought to the attention of the Chair of the College.

- 2. All concerns must be documented, specifically the questionable conduct or performance, in sufficient detail to enable it to be understood. The document should identify the element (s) of the Code that is of concern and include, where relevant, any supporting evidence.
- 3. After review of the material and dependent on the issue, the Chair has the discretion to either meet with the Director or Committee member and provide individual coaching, or to raise the matter for the Board's consideration. At any time the Chair may seek advice from the Executive Committee and/or the Registrar. All decisions taken are to be recorded and kept in the member's corporate file.
- 4. When the Chair identifies that an alleged breach of this Code of Conduct may have occurred and raises it for the Board's consideration, the Board shall adopt a process to deal with the alleged breach that is consistent with the rules of order of the Board and that provides the person whose conduct has been called into question with an opportunity to explain their actions.
- 5. When the Board determines that a breach of the Code of Conduct did take place, the Board may, on the basis of a resolution that has been properly moved, seconded and assented to by two thirds of Directors, impose a sanction that may include one or more of the following:
 - a. Requesting a change in the behaviour of the person;
 - b. Requesting that the person apologize for their behaviour;
 - c. Censuring the person for their behaviour;
 - d. Declining to appoint a person to any committee or to a specific committee;
 - e. Declining to provide confidential information to the person, in circumstances where concern over breach of confidentiality has occurred;
 - f. Requesting the person's resignation from the Board, committee or other activity in which they had been acting on behalf of the College;
 - g. Removing an Elected Director or Academic Director from the Board, committee or other activity in which they had been acting on behalf of the College in accordance with the By-laws;
 - h. Removing a Public Director appointed by the Lieutenant Governor from the committee or other activity that they had been acting on, on behalf of the College in accordance with the By-laws; or
 - i. Requesting that the Minister remove a Public Director from the Board.
- 6. If the Board removes an Elected Director it shall treat the circumstances as if the vacancy was a result of the resignation of the Director.

Procedural and Other Safeguards

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

5. DISQUALIFICATION

5.01 Grounds for Disqualification

- (i) The Council shall, in accordance with the procedure described in these By-Laws, disqualify a Professional Member from sitting on Council if the Professional Member:
 - a. resigns from Council;
 - b. is the subject of any disciplinary or incapacity proceeding by a body that governs a profession, inside or outside of Ontario;
 - c. is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee or by a similar committee of a body that governs a profession, inside or outside of Ontario;
 - d. is found to be an incapacitated Member by a panel of the Fitness to Practice Committee or by a similar committee of a body that governs a profession, inside or outside of Ontario;
 - e. fails to attend two consecutive meetings of the Council or of a Committee in which he or she is a member, without reasonable cause in the opinion of Council;
 - f. fails to attend a hearing or review of a panel for which the Member has been selected, without reasonable cause in the opinion of Council;
 - g. ceases to either have a primary practice of Traditional Chinese Medicine or primary residence in the electoral district in which the Member was elected;
 - h. becomes a director, owner, board member, officer or employee of any Professional Association;
 - i. becomes a director, owner, board member or officer of an educational institution relating to Traditional Chinese Medicine;

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- j. becomes a Member of the Council of or a committee of any other college regulated under the RHPA;
- k. breaches the conflict of interest provision(s) for Members of Council and Committees, in the opinion of the Council, after being given notice of the concern and an opportunity to respond to the concern;
- I. breaches section 36 of the RHPA which, in the opinion of Council, is of such a nature that warrants disqualification;
- fails to discharge properly or honestly any office to which the Member has been elected, in the opinion of the Council, after being given notice of the concern and an opportunity to respond;
- n. remains, thirty days after notice, in default of payment of any fees prescribed by By-Law or any fine or order for costs imposed by the College or court of law under the Act;
- o. remains, thirty days after notice, in default of providing any information required by the College;
- p. ceases to hold a General certificate of registration;
- q. is found guilty of a criminal offence which, in the opinion of Council, is of such a nature that warrants disqualification; or
- r. Initiates, joins, materially contributes or continues a legal proceeding against the College or any Committee or representative of the College.

5.02 Removal of Council or Committee Member

- (i) The following procedure shall be followed in the event that a Council or Committee Member is alleged to have contravened the duties of a Council or Committee Member or meets the criteria for disqualification set out in section 5.01 other than paragraphs a, b, or n.
 - a. A written complaint shall be filed with the Registrar. A complaint can be made by a member of the public, a Council or Committee Member or the Registrar. If a member of Council or a Committee receives such a complaint, he or she shall immediately file it with the Registrar.
 - b. The Registrar shall report the complaint to the President who shall bring the complaint to the Executive Committee if he or she believes that the complaint may warrant formal action. In the event that the information relates to another member of the Executive Committee, the President shall bring the information to the attention of the remaining members of the Executive Committee. If the Executive Committee is unable to address the complaint it may appoint another Committee to fulfill its duties under this article.
 - c. If the information received by the Registrar under this section 5.02 relates to the President, the Registrar shall bring the information to the Vice-President who shall follow the same steps set out in paragraph b.

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Appendix B

- d. If the Executive Committee or any Committee appointed by the Executive Committee, after any investigation it deems appropriate, believes that the complaint may warrant formal action, it shall call a meeting of Council. Council shall determine whether there has been a breach of duties or whether the criteria for disqualification have been met and, if so, impose the appropriate sanction. The appropriate sanction can include one or more of the following:
 - 1. censure of the Council or Committee Member verbally or in writing,
 - 2. removal of the Council or Committee Member from any Committee on which he or she serves,
 - 3. disqualification of a Professional Member from Council, or a report requesting removal of the Public Member concerned from the Council to the Public Appointments Secretariat.
- e. A decision finding that there has been a breach of duties or that a Council or Committee Member meets the criteria for disqualification set out in section 5.02, and a decision to impose a particular sanction must be approved by a simple majority affirmative vote of Council Members present and voting.
- f. The Council or Committee Member whose conduct is the subject of concern shall not take part in the deliberation or vote, however, he or she shall be given a reasonable opportunity to respond to the allegation.

5.03 Effect of Disqualification

A Professional Member who is disqualified by Council ceases to be a member of Council and ceases to be a member of any Committee of which he or she is a member.

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Code.

Board Meeting September 25-26, 2025

Agenda #13.0: Motion to go in camera pursuant to section 7.2(d) of the Health Profess	ions
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





Board Meeting September 25-26, 2025

Agenda #14.0: FY2025 Audited Financial Statements
It is moved by
and seconded by
that:
The Board approves the 2024-2025 Audited Financial Statements ending March 31, 2025.



BOARD BRIEFING NOTE

For Decision

Topic:	FY2025 Audited Financial Statements
Public Interest	Financial management is important to ensure the College has the resources
Rationale:	required to fulfill its statutory and regulatory duties.
Strategic	Performance & Accountability: The audit of the College's financial records
Alignment:	occurs annually by an extern audit firm and assesses the reliability of the
	College's financial statements.
Submitted By:	Mary Catalfo, Director of Finance
Attachments:	Appendix A: Audit Findings (incl. Adjusting Entries & Trial Balance)
	Appendix B: Draft Audited Financial Statements

Issue

• Provide the Auditor's report for the draft audited financial statements for FY2025, covering the period of April 1, 2024 to March 31, 2025.

Decision Sought

 The Board is asked to approve the audited financial statements for the year ending March 31, 2025.

Background

- An external financial audit must be completed annually to comply with Canada Revenue Agency reporting guidelines and College By-laws.
- The Risk, Audit, and Finance Committee (RAFC) serves as the College's Audit Committee and provide oversight of the audit on behalf of the Board.
- The audit is conducted by an external auditor that is appointed by the Board annually.
- The FY2025 audit was conducted by Hilborn LLP.

Current Status and Analysis

The Auditor's Report

- Given the independent nature of the auditor's role and report, this briefing note will provide only a high-level overview of the appended materials recognizing that Hilborn LLP will present their findings directly to the Board.
- The draft materials presented to the Board include: Draft Audited Financial Statements; Draft Trial Balance; Draft Adjusting Journal Entries.



Summary of Draft Financial Statements

- Following the audit process, the draft financial statements present a surplus of \$595,258 for FY2025.
 - This differs from the draft unaudited financial statements provided to the Board previously which estimated the surplus at \$724,798.
 - This change resulted from an invoice related to exam activities being received after the financial statements were produced and that was not previously accounted for as part of the draft year-end report that was produced.
- The College's operating reserve (unrestricted net assets) is presented as \$5,329,923 or the equivalent of more than 6 months of operating expenses.

Risk, Audit, and Finance Committee

- The RAFC met with the Auditor at their August 2025 meeting to review the draft financial statements.
 - This meeting included an opportunity for the RAFC to meet with the Auditor without staff present.
- Following review of the draft financial statements and an opportunity to ask the Auditor questions, the RAFC passed the following motion:
 - The Risk, Audit, and Finance Committee recommends the Board of Directors receives and accepts the audited financial statements for the fiscal year ending March 31, 2025.

Next Steps

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

Questions for the Board

Are there any questions about the draft audited financial statements?

College of Physiotherapists of Ontario

AUDIT FINDINGS COMMUNICATION FOR THE YEAR ENDED

March 31, 2025



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

We are pleased to provide you with the findings of our audit of the financial statements of the College of Physiotherapists of Ontario (the "College") for the year ended March 31, 2025. We have substantially completed our audit, and we expect to issue an unmodified audit opinion on the financial statements for the year ended March 31, 2025.

Key Highlights of our Audit Findings Communication include:

- The status of the audit
- Audit opinion
- Changes to our Audit Plan dated April 24, 2025, if any
- Observations that are significant to your responsibility to oversee the financial reporting process

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

We look forward to discussing our Audit Findings Communication with you as well as any other matters that you may consider appropriate to address

at our meeting scheduled for August 21, 2025.

Blair MacKenzie CPA, CA

Managing Partner

Hilborn LLP

August 13, 2025





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Significant Qualitative Aspects of the College's Accounting Practices	5-6	Blair MacKenzie, CPA, CA, Engagement Partner
Other Significant Matters	7-9	<u>bmackenzie@hilbornca.com</u>
Appendix A – Adjusting Journal Entries and Trial Balance	10	Geoff Clute, MASc, MBA, Principal gclute@hilbornca.com
		Cassidy Johnson, CPA, Supervisor cjohnson@hilbornca.com
		Lindsay Tsoulis, CPA, Supervisor Itsoulis@hilbornca.com

"We are committed to audit quality and exceptional client service."



Executive Summary

STATUS OF THE AUDIT

We have substantially completed our audit of the financial statements of the College of Physiotherapists of Ontario for the year ended March 31, 2025, with the exception of the following procedures:

Completion of subsequent events procedures

Receipt of the signed management representations letter

Board of Director's approval of the financial statements

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

AUDITOR'S REPORT AND REPRESENTATIONS FROM MANAGEMENT

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

The management representations letter is expected to be consistent with that issued in our Audit Plan Communication dated April 24, 2025. We ask management to sign and return this letter to us before we issue our auditor's report.

INDEPENDENCE

We last communicated our independence to you through our Audit Plan Communication dated April 24, 2025. We have remained independent since that date and through the date of this communication.

SIGNIFICANT DIFFICULTIES ENCOUNTERED

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

CHANGES FROM THE AUDIT PLAN

Our audit approach was consistent with the approach communicated to you in our Audit Plan Communication dated April 24, 2025.

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

See Appendix C for a listing of adjusting entries.

Significant Qualitative Aspects of the College's Accounting Practices

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

ACCOUNTING POLICIES, ACCOUNTING ESTIMATES AND FINANCIAL STATEMENT DISCLOSURES

Management is responsible for the appropriate selection and application of accounting policies under the financial reporting framework of Canadian accounting standards for not-for-profit organizations.

Our role is to review the appropriateness and application of these policies as part of our audit. The accounting policies used by the College are described in Note 1, Significant Accounting Policies, in the financial statements.

Management is responsible for the accounting estimates included in the financial statements. Estimates and the related judgements and assumptions are based on managements knowledge of the business and past experience about current and future events. The significant accounting estimates include:

· Complaints and discipline accrual

HILBORN'S RESPONSE AND VIEWS

- There were no significant changes in the previously adopted accounting policies or their application.
- Based on the audit work performed, the accounting policies are appropriate for the College and applied consistently.
- We considered whether there was any management bias in preparing the estimates. None was noted.
- We believe management's process for making accounting estimates is appropriate and the estimates made by management are reasonable in the context of the financial statements as a whole.

Significant Qualitative Aspects of the College's Accounting Practices

ACCOUNTING POLICIES, ACCOUNTING ESTIMATES AND FINANCIAL STATEMENT DISCLOSURES

HILBORN'S RESPONSE AND VIEWS

Management is responsible for disclosures made within the financial statements, including the notes to the financial statements.

 Based on the audit work performed, we are satisfied that the overall presentation, structure, and content of the financial statements, including the disclosures, represent the underlying transactions and events in a manner that achieves fair representation.

Annual report

- We acknowledge that a copy of the College's financial statements for the year ended March 31, 2025 and a copy of our auditor's report related to the financial statements will be included in the College's annual report. As agreed in our engagement letter, we will review the annual report prior to it being finalized to ensure that there are no inconsistencies with the audited financial statements.
- If, based on the work we will perform on the annual report, we conclude that there is a material inconsistency in the annual report, we will communicate that fact to you.

Other Significant Matters

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

SIGNIFICANT MATTER	DISCUSSION
Summary of uncorrected misstatements	We did not identify any misstatements that remain uncorrected in the financial statements.
Corrected misstatements	During the course of the audit, management and Hilborn LLP worked collaboratively to identify adjustments required to the financial statements. All adjustments proposed were reviewed, approved and recorded by management.

Other Significant Matters

SIGNIFICANT MATTER DISCUSSION

Significant deficiencies in internal control

An increased risk profile exists at the College relative to the lack of segregation of incompatible duties. Segregation of incompatible duties is a key internal control intended to minimize the occurrence of errors or fraud. The principle of segregating incompatible duties encompasses the division of responsibilities of a key process such that no one individual performs two or more of the functions related to custody, initiation, authorization, execution, recording and reporting. We did not identify any significant deficiencies in internal control.

This risk is inherent in small to medium sized organizations and should not be interpreted negatively. From a cost-benefit perspective, it would not be practical to segregate incompatible duties to a sufficient degree to mitigate this risk, as it would require additional personnel that may not be appropriate otherwise.

Fraud and non-compliance with laws and regulations

No fraud or non-compliance with laws and regulations came to our attention during the course of the audit.

We would like to reconfirm with the Risk, Audit and Finance Committee that you are not aware of any fraud or non-compliance with laws and regulations not previously discussed with us.

Other Significant Matters

SIGNIFICANT MATTER	DISCUSSION
Related party transactions	We did not identify any related party transactions or balances.
Subsequent events	No subsequent events, which would impact the financial statements, other than those disclosed, have come to our attention.

APPENDIX A

Agenda Item: 14.0 Appendix A DFC1

College of Physiotherapists of Ontario

Year End: March 31, 2025 Adjusting Journal Entries Date: 4/1/2024 To 3/31/2025

Number	Date	Name	Account No	Debit	Credit
1	3/31/2025	Accounts Receivable	1200		27,784.63
1	3/31/2025	Accrued Receivable	1206		18,027.10
1	3/31/2025	Bad Debt (Reversal of AR set up as co	st recover 5413	45,811.73	
		To reverse accounts receivable			
		and accrued receivables for uncollected	d cost recoveries at year-end.		
2	3/31/2025	Accrued Liabilities	2010		23,730.00
2	3/31/2025	Programs:Entry to Practice - Projects:E	xam - Co 5838	23,730.00	
		To record accrual for iComp.			
3	3/31/2025	Accrued Liabilities	2010		60,000.00
3	3/31/2025	Programs:Entry to Practice - Projects:E	xam - Te 5835	60,000.00	
		To record accrual for FRY-IT.			
4	3/31/2025	Miscellaneous Income	4010	32,250.00	
4	3/31/2025	Contribution funding	NEW4	,	32,250.00
		To reallocate contribution funding			
		from CIHI for financial statement preser	ntation.		
				161,791.73	161,791.73

Net Income (Loss)

595,256.52

Account	Prelim	Adj's	Reclass	Rep	Rep 03/24	%Chg
A Cash and cash equivalents	10,251,278.50	0.00	0.00	10,251,278.50	8,393,721.80	22
A. 1 Cash from bank accounts	10,241,881.88	0.00	0.00	10,241,881.88	6,879,256.96	49
1003 Cash on Hand:CC Clearing - RBC - 100-99	3,654.34	0.00	0.00	3,654.34	776,813.24	(100)
1005 Cash on Hand:Operating - RBC - 102-953-	1,093,598.99	0.00	0.00	1,093,598.99	79,639.44	1273
1103 Cash on Hand:Savings - RBC - 100-663-4	9,077,985.75	0.00	0.00	9,077,985.75	6,022,804.28	51
NEW3 Virtual Wallet (CAD)	66,642.80	0.00	0.00	66,642.80	0.00	0
A. 2 Cash equivalents	9,396.62	0.00	0.00	9,396.62	1,514,464.84	(99)
1101 Cash on Hand:RBC Prime Linked GIC	0.00	0.00	0.00	0.00	1,500,000.00	(100)
1105 Investments:RBC Investments - cash balar	9,396.62	0.00	0.00	9,396.62	14,464.84	(35)
B Investments	5,624,830.24	0.00	0.00	5,624,830.24	5,480,990.04	3
B. 1 Investments - Short Term	968,177.56	0.00	0.00	968,177.56	1,014,394.52	(5)
1102 Investments:Investments - Short Term	954,046.16	0.00	0.00	954,046.16	1,014,394.52	(6)
1106 Investments:Accrued Interest - Short Term	14,131.40	0.00	0.00	14,131.40	0.00	0
B. 2 Investments - Long Term	4,656,652.68	0.00	0.00	4,656,652.68	4,466,595.52	4
1104 Investments:Investments - Long Term	4,486,924.56	0.00	0.00	4,486,924.56	4,466,595.52	0
1107 Investments:Accrued interest - Long Term	169,728.12	0.00	0.00	169,728.12	0.00	0
C Accounts Receivable	45,811.73	(45,811.73)	0.00	0.00	31,759.85	(100)
1200 Accounts Receivable	27,784.63	(27,784.63)	0.00	0.00	31,759.85	(100)
1206 Accrued Receivable	18,027.10	(18,027.10)	0.00	0.00	0.00	0
E Prepaid expenses	305,468.50	0.00	0.00	305,468.50	345,271.81	(12)
1401 Prepaid Expenses:Prepaid Software	32,831.92	0.00	0.00	32,831.92	15,154.50	117
1403 Prepaid Expenses:Prepaid IT services	3,121.63	0.00	0.00	3,121.63	13,573.00	(77)
1405 Prepaid Expenses:Prepaid Insurance	5,515.29	0.00	0.00	5,515.29	12,904.56	(57)
1406 Prepaid Expenses:Prepaid Membership	191,937.06	0.00	0.00	191,937.06	213,718.06	(10)
1411 Prepaid Expenses:Prepaid Rent	30,803.80	0.00	0.00	30,803.80	46,533.40	(34)
1412 Prepaid OCE	41,258.80	0.00	0.00	41,258.80	43,388.29	(5)
K Capital assets	190,706.63	0.00	0.00	190,706.63	291,670.19	(35)
K. 1. A Furniture & Fixtures	377,049.09	0.00	0.00	377,049.09	378,189.00	0
1310 Furniture and Equipment	377,049.09	0.00	0.00	377,049.09	378,189.00	0
K. 1. B Accumulated Amortization - Furniture	(376,517.17)	0.00	0.00	(376,517.17)	(370,381.43)	2
1312 Furniture & Equipment -Acc Dep	(376,517.17)	0.00	0.00	(376,517.17)	(370,381.43)	
K. 2. A Computer	164,869.28	0.00	0.00	164,869.28	174,139.13	(5)
1301 Computer equipment	164,869.28	0.00	0.00	164,869.28	174,139.13	(5)
K O.D. Assumulated amountination. Commutes	(4.40.045.20)	0.00	0.00	(440.045.20)	(420 040 00)	2
K. 2. B Accumulated amortization - Computer 1305 Computer equipment - Acc dep	(140,945.39) (140,945.39)	0.00 0.00	0.00 0.00	(140,945.39) (140,945.39)	(136,810.90) (136,810.90)	
K. 3. A Leasehold Improvements	793,263.20	0.00	0.00	793,263.20	793,263.20	0
1320 Leasehold Improvements	793,263.20	0.00	0.00	793,263.20	793,263.20	0
K. 3. B Accumulated amortization - Leasehold	(627 042 20)	0.00	0.00	(627 042 20)	(5AG 720 04 \	15
1322 Leasehold Improvments -Acc dep	(627,012.38) (627,012.38)	0.00	0.00	(627,012.38) (627,012.38)	(546,728.81) (546,728.81)	

Account	Prelim	Adj's	Reclass	Rep	Rep 03/24	%Chg
M Intangible assets	0.00	0.00	0.00	0.00	0.00	0
M. 1 Intangible assets - cost	110,740.00	0.00	0.00	110,740.00	110,740.00	0
1302 Computer Software	110,740.00	0.00	0.00	110,740.00	110,740.00	0
M. 2 Ingangible assets - accumulated amortiz	(110,740.00)	0.00	0.00	(110,740.00)	(110,740.00)	0
1306 Computer Software - Acc Dep	(110,740.00)	0.00	0.00	(110,740.00)	(110,740.00)	0
BB Accounts payable and accrued liabilities	(1,114,844.99)	(83,730.00)	0.00	(1,198,574.99)	(892,311.30)	34
BB. 1 Accounts payable	(1,114,844.99)	(83,730.00)	0.00	(1,198,574.99)	(892,311.30)	34
2000 Accounts Payable	(409,974.22)	0.00	0.00	(409,974.22)	(162,447.75)	152
2001 RBC VISA 9421/4129	(1,893.77)	0.00	0.00	(1,893.77)	0.00	0
2003 RBC VISA 2808/2195	(32,159.22)	0.00	0.00	(32,159.22)	0.00	0
2004 RBC VISA 9044/3707	(2,430.35)	0.00	0.00	(2,430.35)	0.00	0
2010 Accrued Liabilities	(216,682.67)	(83,730.00)	0.00	(300,412.67)	(309,288.53)	(3)
2011 Vacation Accrual	(243,378.48)	0.00	0.00	(243,378.48)	(222,546.69)	9
2012 C&D accrual	(191,591.00)	0.00	0.00	(191,591.00)	(202,138.00)	(5)
NEW1 do not use GST Expenses	0.00	0.00	0.00	0.00	4,109.67	(100)
2000-01 VISA Corporate Credit Card (All)	(16,735.28)	0.00	0.00	(16,735.28)	0.00	0
CC Deferred revenue	(8,553,080.58)	0.00	0.00	(8,553,080.58)	(7,598,624.69)	13
2102 Deferred Revenue:Deferred Registration F	(7,393,826.93)	0.00	0.00	(7,393,826.93)	(6,961,164.00)	6
2103 Pro-Rated Fee Revenue	0.00	0.00	0.00	0.00	(636.73)	
2108 Deferred Revenue:Deferred Registration F		0.00	0.00	(1,118,547.50)	(603,440.00)	85
2110 Deferred Revenue:Banked refunds	(40,706.15)	0.00	0.00	(40,706.15)	(33,383.96)	22
EE Lease Incentives	(56,473.78)	0.00	0.00	(56,473.78)	(83,581.10)	(32)
2125 Deferred Rent - Tenant Incentiv	(56,473.78)	0.00	0.00	(56,473.78)	(83,581.10)	(32)
TT Net assets	(5,968,898.00)	0.00	0.00	(5,968,898.00)	(5,243,535.18)	14
TT. 1 Unrestricted Net Assets	(4,660,809.00)	0.00	0.00	(4,660,809.00)	(3,782,633.71)	23
3000 Unrestricted Net Assets	(4,660,809.00)	0.00	0.00	(4,660,809.00)	(3,782,633.71)	23
TT. 2 Operational Reserves	(1,100,000.00)	0.00	0.00	(1,100,000.00)	(1,100,000.00)	0
3011 Restricted Reserves:Contingency Reserve	(1,000,000.00)	0.00	0.00	(1,000,000.00)	(1,000,000.00)	0
3012 Restricted Reserves:Fee Stab / Sex Abuse	(100,000.00)	0.00	0.00	(100,000.00)	(100,000.00)	0
TT. 3 Invested in capital assets	(208,089.00)	0.00	0.00	(208,089.00)	(360,901.47)	(42)
3001 Invested in Capital Assets	(208,089.00)	0.00	0.00	(208,089.00)	(360,901.47)	(42)
100 Revenue	(10,429,346.35)	(32,250.00)	0.00	(10,461,596.35)	(9,739,208.79)	7
100. 1 Registration fees	(7,951,848.47)	0.00	0.00	(7,951,848.47)	(7,319,471.43)	9
4007 Registration Fees:Registration fee credits	34,559.89	0.00	0.00	34,559.89	36,025.00	(4)
4011 Registration Fees:Independent Practice - \$	(6,985,817.87)	0.00	0.00	(6,985,817.87)	(6,530,549.62)	7
4012 Registration Fees:Independent Practice - F	(471,417.31)	0.00	0.00	(471,417.31)	(400,416.81)	18
4013 Registration Fees:Prof Corp Fees \$283	(122,389.00)	0.00	0.00	(122,389.00)	(125,441.00)	(2)
4014 Registration Fees:Provisional Practice Fee	(82,620.00)	0.00	0.00	(82,620.00)	(53,203.00)	55
4015 Admin Fees:Application Fees \$114	(238,899.18)	0.00	0.00	(238,899.18)	(178,466.00)	34
4016 Admin Fees:Letter of Prof Stand / NSF \$56	(17,956.00)	0.00	0.00	(17,956.00)	(14,630.00)	23

4017 Admin Fees:Wall Certificates \$28	Account	Prelim	Adj's	Reclass	Rep	Rep 03/24 %Chg
4018 Admin Fees:Late Fees S254	4017 Admin Fees:Wall Certificates \$28	(4,711.00)	0.00	0.00	(4,711.00)	(4,917.00) (4)
A020 Courtesy Registration Fees \$100	4018 Admin Fees:Late Fees \$254		0.00	0.00		
4021 Registration Fees:Misc Fee \$113 and \$30 (339.00) 0.00 0.00 (1,996,846.50) 0.00 0.	4019 Admin Fees:Prof Corp Application \$774	(58,195.00)	0.00	0.00	(58,195.00)	(44,744.00) 30
100.2 Examination fees	4020 Courtesy Registration Fee \$100	0.00	0.00	0.00		(639.00) (100)
4003 ETP Assessment Fees; Reg Com - OCE Fe (1,996,846,50) 0.00 0.00 (1,996,846,50) (1,927,350.00) 4 100.3 Examination exemption charges 0.00 0.00 0.00 0.00 0.00 (111,200.00) (100) 4031 ETP Assessment Fees; Reg Com Exemptic 0.00 0.00 0.00 0.00 0.00 (111,200.00) (100) 4032 ETP Assessment Fees; Reg Com Screenin 0.00 0.00 0.00 0.00 (2,250.00) (100) 100.4 Investment income (347,251.38) 0.00 0.00 (347,251.38) (332,537.36) 4 4002 Interest income (347,251.38) 0.00 0.00 (347,251.38) (332,537.36) 4 100.5 Rental sublease (133,400.00) 0.00 0.00 (133,400.00) (46,400.00) 188 4023 Miscellaneous Income: Sublease Income (133,400.00) 0.00 0.00 (133,400.00) (46,400.00) 188 100.6 Contribution revenue 0.00 (32,250.00) 0.00 (32,250.00) 0.00 0.00 NEW4 Contribution funding 0.00 (32,250.00) 0.00 (32,250.00) 0.00 0.00 400 Expenses 9,704,548.10 161,791.73 0.00 9,866,339.33 9,013,847.37 9 400.1 Salaries 5,621,626.77 0.00 0.00 4,602,272.35 4,410,155.00 4 5902 Staffing; Salaries 4,602,272.35 0.00 0.00 220,911.95 192,416.15 15 5903 Staffing; Employer Benefits 220,911.95 0.00 0.00 220,911.95 192,416.15 15 5903 Staffing; Recultiment 57,691.68 0.00 0.00 220,911.95 192,416.15 15 5905 Staffing; Recultiment 57,691.68 0.00 0.00 229,415.71 218,665.59 5 5905 Staffing; Recultiment 57,691.68 0.00 0.00 220,911.95 192,416.15 15 5905 Staffing; Recultiment 57,691.68 0.00 0.00 24,637.60 3,037.23 71 5907 Staffing; Hereity Hereity 43,838.90 0.00 0.00 24,637.60 3,037.23 71 5907 Staffing; Hereity 43,838.90 0.00 0.00 24,637.60 3,037.23 71 5907 Staffing; Staff Recognition 38,369.38 0.00 0.00 26,350.00 0.00 29,238.13 16,859.99 73 5914 Staffing; Che Fernation Residual 26,838.80 0.00 0.00 28,500 0.00 29,238.13 16,	4021 Registration Fees:Misc Fee \$113 and \$30	(339.00)	0.00	0.00	(339.00)	
100.3 Examination exemption charges 0.00 0.00 0.00 0.00 (113,450.00) (100) 4031 ETP Assessment Fees Reg Com Exemptix 0.00 0.00 0.00 0.00 0.00 (111,200.00) (100) 4032 ETP Assessment Fees Reg Com Screenin 0.00 0.00 0.00 0.00 0.00 (2,250.00) (100) (100,4 Investment fiscome (347,251.38) 0.00 0.00 (347,251.38) 0.332,357.35] 0.00 0.00 (347,251.38) (332,357.35) 0.00 0.00 (347,251.38) (332,357.35) 0.00 0.00 (347,251.38) (332,357.35) 0.00 0.00 (347,251.38) (332,357.35) 0.00 0.00 (347,251.38) (332,357.35) 0.00 0.00 (347,251.38) (332,357.35) 0.00 0.00 (347,251.38) (332,357.35) 0.00 0.00 (347,251.38) (332,357.35) 0.00 0.00 (347,251.38) (332,357.35) 0.00 0.00 (347,251.38) (332,357.35) 0.00 0.00 (347,251.38) (332,357.35) 0.00 0.00 (347,251.38) (332,357.35) 0.00 0.00 (347,251.38) 0.00 (46,400.00) 188 0.00 0.00 (347,251.38) 0.00 (347,251.38) 0.00 (46,400.00) 188 0.00 0.00 (347,251.38) 0.00 0.00 (347,251.38) 0.00 0.0	100. 2 Examination fees	(1,996,846.50)	0.00	0.00	(1,996,846.50)	(1,927,350.00) 4
4031 ETP Assessment Fees/Reg Com Exemptic 0.00 0.00 0.00 0.00 (111,200.00) (100) 4032 ETP Assessment Fees/Reg Com Screenin 0.00 0.00 0.00 0.00 (2,250.00) (100) 100.4 Investment income (347,251.38) 0.00 0.00 (347,251.38) (332,537.36) 4 4002 Interest Income (347,251.38) 0.00 0.00 (347,251.38) (332,537.36) 4 100.5 Rental sublease (133,400.00) 0.00 0.00 (133,400.00) (46,400.00) 188 4023 Miscellaneous Income:Sublease Income (133,400.00) 0.00 0.00 (133,400.00) (46,400.00) 188 4023 Miscellaneous Income:Sublease Income (133,400.00) 0.00 0.00 (133,400.00) (46,400.00) 188 4023 Miscellaneous Income:Sublease Income (133,400.00) 0.00 0.00 (32,250.00) 0.00	4033 ETP Assessment Fees:Reg Com - OCE F€	(1,996,846.50)	0.00	0.00	(1,996,846.50)	(1,927,350.00) 4
400.4 Investment Income (347,251.38) 0.00 0.00 (347,251.38) (332,537.36) 4 4002 Interest Income (347,251.38) 0.00 0.00 (347,251.38) (332,537.36) 4 4002 Interest Income (347,251.38) 0.00 0.00 (347,251.38) (332,537.36) 4 4002 Interest Income (334,00.00) 0.00 0.00 (334,00.00) (46,400.00) 188 4023 Miscellaneous Income:Sublease Income (133,400.00) 0.00 0.00 (133,400.00) (46,400.00) 188 4023 Miscellaneous Income:Sublease Income 0.00 (32,250.00) 0.00 (133,400.00) 0.00 0.0	100. 3 Examination exemption charges	0.00	0.00	0.00	0.00	(113,450.00) (100)
100.4 Investment income	4031 ETP Assessment Fees:Reg Com Exemptic	0.00	0.00	0.00	0.00	(111,200.00) (100)
4002 Interest Income (347,251.38) 0.00 0.00 (347,251.38) (332,537.36) 4	4032 ETP Assessment Fees:Reg Com Screenin	0.00	0.00	0.00	0.00	(2,250.00) (100)
100.5 Rental sublease (133,400.00) 0.00 0.00 (133,400.00) (46,400.00) 188 4023 Miscellaneous Income:Sublease Income (133,400.00) 0.00 (133,400.00) (46,400.00) 188 100.6 Contribution revenue 0.00 (32,250.00) 0.00 (32,250.00) 0.00 0 NEW4 Contribution funding 0.00 (32,250.00) 0.00 (32,250.00) 0.00 0 400 Expenses 9,704,548.10 161,791.73 0.00 9,866,339.83 9,013,847.37 9 400.1 Salaries 5,621,626.77 0.00 0.00 5,621,626.77 5,229,880.85 7 5901 Staffing:Employer Benefits 4,602,272.35 0.00 0.00 4,602,272.35 4,410,155.00 4 5902 Staffing:Employer RSP Contribution 229,415.71 0.00 0.00 220,914.57 128,665.99 5 5903 Staffing:Cemployer RSP Contribution 229,415.71 0.00 0.00 229,145.71 218,665.59 5 5904 Staffing:Cemployer RSP Contribution 105,296.77 0.00 0.	100. 4 Investment income	(347,251.38)	0.00	0.00	(347,251.38)	(332,537.36) 4
4023 Miscellaneous Income: Sublease Income (133,400.00) 0.00 (133,400.00) (46,400.00) 188 100. 6 Contribution revenue 0.00 (32,250.00) 0.00 (32,250.00) 0.00 0 NEW4 Contribution funding 0.00 (32,250.00) 0.00 (32,250.00) 0.00 0 400 Expenses 9,704,548.10 161,791.73 0.00 9,866,339.83 9,013,847.37 9 400.1 Salaries 5,621,626.77 0.00 0.00 5,621,626.77 5,229,880.85 7 5901 Staffing: Staff Developer Benefits 2,002,272.35 0.00 0.00 2,602,272.35 4,410,155.00 4 5902 Staffing: Employer RRSP Contribution 229,145.71 0.00 0.00 220,911.95 192,416.15 15 5 5903 Staffing: Employer RRSP Contribution 229,145.71 0.00 0.00 200,29,11.95 192,416.15 15 5 5905 5500S Staffing: Staff Development 57,691.88 0.00 0.00 20,591.88 57,266.37 1 5905 5909 Staffing: Staff Development <	4002 Interest Income	(347,251.38)	0.00	0.00	(347,251.38)	(332,537.36) 4
100. 6 Contribution revenue 0.00 (32,250.00) 0.00 (32,250.00) 0.00 0 NEW4 Contribution funding 0.00 (32,250.00) 0.00 0	100. 5 Rental sublease	(133,400.00)	0.00	0.00	(133,400.00)	(46,400.00) 188
NEW4 Contribution funding 0.00 (32,250.00) 0.00 (32,250.00) 0.00	4023 Miscellaneous Income:Sublease Income	(133,400.00)	0.00	0.00	(133,400.00)	(46,400.00) 188
400 Expenses 9,704,548.10 161,791.73 0.00 9,866,339.83 9,013,847.37 9 400.1 Salaries 5,621,626.77 0.00 0.00 5,621,626.77 5,229,880.85 7 5901 Staffing: Employer Benefits 2,09,911.95 0.00 0.00 20,911.95 192,416.15 15 5903 Staffing: Employer RRSP Contribution 229,145.71 0.00 0.00 229,145.71 218,665.59 5 5904 Staffing: Consultant fees 105,296.77 0.00 0.00 105,296.77 22,632.59 365 5905 Staffing: Staff Development 57,691.68 0.00 0.00 57,691.68 57,266.37 1 5906 Staffing: Staff Development 57,691.68 0.00 0.00 24,637.60 3,037.28 711 5907 Staffing: Staff Development 38,369.38 0.00 0.00 24,637.60 3,037.28 711 5907 Staffing: CPP - Canadian Pension Plan 181,502.74 0.00 0.00 181,502.74 0.00 0.00 181,502.74 0.00 0.00 64,383.89 60,264.22<	100. 6 Contribution revenue	0.00	(32,250.00)	0.00	(32,250.00)	0.00 0
400. 1 Salaries 5,621,626.77 0.00 0.00 5,621,626.77 5,229,880.85 7 5901 Staffing:Salaries 4,602,272.35 0.00 0.00 4,602,272.35 4,410,155.00 4 5902 Staffing:Employer BRSP Contribution 229,119.5 0.00 0.00 229,145.71 218,665.59 5 5904 Staffing:Consultant fees 105,996.77 0.00 0.00 229,145.71 218,665.59 5 5905 Staffing:Staff Development 57,691.68 0.00 0.00 57,691.68 57,266.37 1 5906 Staffing:Recruitment 24,637.60 0.00 0.00 57,691.68 57,266.37 1 5907 Staffing:Staff Development 57,691.68 0.00 0.00 24,637.60 3,037.28 711 5907 Staffing:Staff Recognition 38,369.38 0.00 0.00 33,369.38 29,431.53 30 5911 Staffing:EHT - Employment Insurance 64,383.89 0.00 0.00 181,502.74 0.00 0.01 181,502.74 164,534.90 10 5913 Staffing:EHT - Employment	NEW4 Contribution funding	0.00	(32,250.00)	0.00	(32,250.00)	0.00 0
5901 Staffing:Salaries 4,602,272.35 0.00 0.00 4,602,272.35 4,410,155.00 4 5902 Staffing:Employer RRSP Contribution 229,11.95 0.00 0.00 220,911.95 192,416.15 15 5903 Staffing:Employer RRSP Contribution 229,145.71 0.00 0.00 229,145.71 218,665.59 5 5904 Staffing:Consultant fees 105,296.77 0.00 0.00 105,296,77 22,632.59 365 5905 Staffing:Staff Development 57,691.68 0.00 0.00 57,691.68 57,266.37 1 5905 Staffing:Staff Recognition 38,369.38 0.00 0.00 24,637.60 3,037.28 711 5907 Staffing:Staff Recognition 38,369.38 0.00 0.00 38,369.38 29,431.53 30 5911 Staffing:CPP - Canadian Pension Plan 181,502.74 0.00 0.00 181,502.74 164,534.90 10 5912 Staffing:EI - Employment Insurance 64,383.89 0.00 0.00 64,383.89 60,264.22 7 5913 Staffing:Vacation Pay Adjustment 20,831.79<	400 Expenses	9,704,548.10	161,791.73	0.00	9,866,339.83	9,013,847.37 9
5902 Staffing:Employer Benefits 220,911.95 0.00 0.00 220,911.95 192,416.15 15 5903 Staffing:Consultant fees 105,296.77 0.00 0.00 229,145.71 218,665.59 5 5904 Staffing:Consultant fees 105,296.77 0.00 0.00 105,296.77 2,632.59 365 5905 Staffing:Staff Development 57,691.68 0.00 0.00 57,691.68 57,266.37 1 5906 Staffing:Recruitment 24,637.60 0.00 0.00 24,637.60 3,037.28 711 5907 Staffing:Sterre Consider 24,637.60 0.00 0.00 38,369.38 29,431.53 30 5911 Staffing:CPP - Canadian Pension Plan 181,502.74 0.00 0.00 181,502.74 164,534.90 10 5913 Staffing:EH - Employer Health Tax 76,582.91 0.00 0.00 64,383.89 60,264.22 7 5913 Staffing:Vacation Pay Adjustment 20,831.79 0.00 0.00 76,582.91 73,137.38 5 5914 Staffing:Vacation Pay Adjustment 20,831.79 0.00 </td <td>400. 1 Salaries</td> <td>5,621,626.77</td> <td>0.00</td> <td>0.00</td> <td>5,621,626.77</td> <td>5,229,880.85 7</td>	400. 1 Salaries	5,621,626.77	0.00	0.00	5,621,626.77	5,229,880.85 7
5903 Staffing:Employer RRSP Contribution 229,145.71 0.00 0.00 229,145.71 218,665.59 5 5904 Staffing:Consultant fees 105,296.77 0.00 0.00 105,296.77 22,632.59 365 5905 Staffing:Staff Development 57,691.68 0.00 0.00 57,691.68 57,266.37 1 5906 Staffing:Recruitment 24,637.60 0.00 0.00 24,637.60 3,037.28 711 5907 Staffing:Staff Recognition 38,369.38 0.00 0.00 38,369.38 29,431.53 30 5911 Staffing:EI = Employment Insurance 64,383.89 0.00 0.00 64,383.89 60,264.22 7 5913 Staffing:EI = Employer Health Tax 76,582.91 0.00 0.00 76,582.91 73,137.38 5 5914 Staffing:Vacation Pay Adjustment 20,831.79 0.00 0.00 20,831.79 (1,660.16)(1355) 400. 2 Professional fees 475,481.37 45,811.73 0.00 521,293.10 137,674.68 279 400. 2 I General corporate 151,366.04 0.00 <td< td=""><td>5901 Staffing:Salaries</td><td>4,602,272.35</td><td>0.00</td><td>0.00</td><td>4,602,272.35</td><td>4,410,155.00 4</td></td<>	5901 Staffing:Salaries	4,602,272.35	0.00	0.00	4,602,272.35	4,410,155.00 4
5904 Staffing:Consultant fees 105,296.77 0.00 0.00 105,296.77 22,632.59 365 5905 Staffing:Staff Development 57,691.68 0.00 0.00 57,691.68 57,266.37 1 5906 Staffing:Recruitment 24,637.60 0.00 0.00 24,637.60 3,037.28 711 5907 Staffing:Staff Recognition 38,369.38 0.00 0.00 38,369.38 29,431.53 30 5911 Staffing:CPP - Canadian Pension Plan 181,502.74 0.00 0.00 181,502.74 164,534.90 10 5912 Staffing:EI - Employment Insurance 64,383.89 0.00 0.00 64,383.89 60,264.22 7 5913 Staffing:Vacation Pay Adjustment 20,831.79 0.00 0.00 76,582.91 73,137.38 5 5914 Staffing:Vacation Pay Adjustment 20,831.79 0.00 0.00 20,831.79 (1,660.16)(1355) 400.2 Professional fees 475,481.37 45,811.73 0.00 521,293.10 137,674.68 279 400.2 Professional fees 282.50 0.00 0.00 </td <td>5902 Staffing:Employer Benefits</td> <td>220,911.95</td> <td>0.00</td> <td>0.00</td> <td>220,911.95</td> <td>192,416.15 15</td>	5902 Staffing:Employer Benefits	220,911.95	0.00	0.00	220,911.95	192,416.15 15
5905 Staffing:Staff Development 57,691.68 0.00 0.00 57,691.68 57,266.37 1 5906 Staffing:Recruitment 24,637.60 0.00 0.00 24,637.60 3,037.28 711 5907 Staffing:Staff Recognition 38,369.38 0.00 0.00 38,369.38 29,431.53 30 5911 Staffing:CPP - Canadian Pension Plan 181,502.74 0.00 0.00 181,502.74 164,534.90 10 5912 Staffing:EI - Employment Insurance 64,383.89 0.00 0.00 64,383.89 60,264.22 7 5913 Staffing:Vacation Pay Adjustment 20,831.79 0.00 0.00 76,582.91 73,137.38 5 5914 Staffing:Vacation Pay Adjustment 20,831.79 0.00 0.00 20,831.79 (1,660.16)(1355) 400. 2 Professional fees 475,481.37 45,811.73 0.00 521,293.10 137,674.68 279 400. 2. 1 General corporate 151,366.04 0.00 0.00 151,366.04 8,831.60 1614 5700 Professional fees 282.50 0.00 0.00 <td>5903 Staffing:Employer RRSP Contribution</td> <td>229,145.71</td> <td>0.00</td> <td>0.00</td> <td>229,145.71</td> <td>218,665.59 5</td>	5903 Staffing:Employer RRSP Contribution	229,145.71	0.00	0.00	229,145.71	218,665.59 5
5906 Staffing:Recruitment 24,637.60 0.00 0.00 24,637.60 3,037.28 711 5907 Staffing:Staff Recognition 38,369.38 0.00 0.00 38,369.38 29,431.53 30 5911 Staffing:CPP - Canadian Pension Plan 181,502.74 0.00 0.00 181,502.74 164,534.90 10 5912 Staffing:EHT - Employment Insurance 64,383.89 0.00 0.00 64,383.89 60,264.22 7 5913 Staffing:EHT - Employer Health Tax 76,582.91 0.00 0.00 76,582.91 73,137.38 5 5914 Staffing:Vacation Pay Adjustment 20,831.79 0.00 0.00 20,831.79 (1,660.16) (1355) 400. 2 Professional fees 475,481.37 45,811.73 0.00 521,293.10 137,674.68 279 400. 2 Professional fees 282.50 0.00 0.00 151,366.04 8,831.60 1614 5700 Professional fees 282.50 0.00 0.00 282.50 0.00 0 5705 Professional fees:Audit 26,613.00 0.00 0.00	=	105,296.77	0.00	0.00	105,296.77	22,632.59 365
5907 Staffing:Staff Recognition 38,369.38 0.00 0.00 38,369.38 29,431.53 30 5911 Staffing:CPP - Canadian Pension Plan 181,502.74 0.00 0.00 181,502.74 164,534.90 10 5912 Staffing:EHT - Employment Insurance 64,383.89 0.00 0.00 64,383.89 60,264.22 7 5913 Staffing:Vacation Pay Adjustment 20,831.79 0.00 0.00 76,582.91 73,137.38 5 5914 Staffing:Vacation Pay Adjustment 20,831.79 0.00 0.00 20,831.79 (1,660.16)(1355) 400. 2 Professional fees 475,481.37 45,811.73 0.00 521,293.10 137,674.68 279 400. 2 I General corporate 151,366.04 0.00 0.00 151,366.04 8,831.60 1614 5700 Professional fees 282.50 0.00 0.00 282.50 0.00 0 5701 Professional fees:Audit 26,613.00 0.00 0.00 26,613.00 22,317.50 19 5706 Undercover patient fees 290.03 0.00 0.00 <	· ·			0.00	•	
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5700 Professional fees 282.50 0.00 0.00 282.50 0.00 0 5701 Professional fees:Audit 26,613.00 0.00 0.00 26,613.00 22,317.50 19 5705 ProfI fees:Professional Serv - Other 29,238.13 0.00 0.00 29,238.13 16,859.69 73 5706 Undercover patient fees 290.03 0.00 0.00 290.03 0.00 0 5751 Professional fees:Legal:Legal - QA 9,590.89 0.00 0.00 9,590.89 311.32 2981 5752 Professional fees:Legal:Legal - Registrati 20,357.52 0.00 0.00 20,357.52 20,069.40 1 5754 Professional fees:Legal:Legal - Council Ad 26,778.19 0.00 0.00 26,778.19 7,897.01 239 5755 Professional fees:Legal:Legal - Corporate 0.00 0.00 38,215.78 (65,888.09) (158) 5757 Professional fees:Legal:Legal - Practice A 0.00 0.00 0.00 0.00 6,857.97 (100) 5759 Professional fees:Legal:Legal - Policy 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	400. 2 Professional fees	475,481.37	45,811.73	0.00	521,293.10	137,674.68 279
5701 Professional fees:Audit 26,613.00 0.00 0.00 26,613.00 22,317.50 19 5705 Profl fees:Professional Serv - Other 29,238.13 0.00 0.00 29,238.13 16,859.69 73 5706 Undercover patient fees 290.03 0.00 0.00 290.03 0.00 0 5751 Professional fees:Legal:Legal - QA 9,590.89 0.00 0.00 9,590.89 311.32 2981 5752 Professional fees:Legal:Legal - Registrati 20,357.52 0.00 0.00 20,357.52 20,069.40 1 5754 Professional fees:Legal:Legal - Council Ad 26,778.19 0.00 0.00 26,778.19 7,897.01 239 5755 Professional fees:Legal:General Legal 38,215.78 0.00 0.00 38,215.78 (65,888.09) (158) 5757 Professional fees:Legal:Legal - Corporate 0.00 0.00 0.00 0.00 226.00 (100) 5758 Professional fees:Legal:Legal - Practice A 0.00 0.00 0.00 0.00 6,857.97 (100) 5759 Professional fees:Legal:Legal - Policy 0.00 0.00 0.00 0.00 0.00 180.80 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>						•
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5759 Professional fees:Legal:Legal - Policy 0.00 0.00 0.00 0.00 180.80 (100)						, ,
400. 2. 2 Complaints and discipline 324,115.33 45,811.73 0.00 369,927.06 128,843.08 187	5759 Professional fees:Legal:Legal - Policy	0.00	0.00	0.00	0.00	180.80 (100)
	400. 2. 2 Complaints and discipline	324,115.33	45,811.73	0.00	369,927.06	128,843.08 187

Account	Prelim	Adj's	Reclass	Rep	Rep 03/24	%Ch
4004 Professional fees:Cost recovery from cost	(23,445.08)	0.00	0.00	(23,445.08)	(42,056.44)	(44)
5413 Bad Debt (Reversal of AR set up as cost rε	(503.75)	45,811.73	0.00	45,307.98	(30,624.49)	
5702 Professional fees:Hearing Expenses	2,797.44	0.00	0.00	2,797.44	4,952.50	(44)
5704 Prof fees: Investigation Services	11,434.19	0.00	0.00	11,434.19	0.00	0
5707 Prof fees:Decision writing	33,027.02	0.00	0.00	33,027.02	45,092.84	(27)
5708 Prof fees:Peer / Expert opinions	15,195.00	0.00	0.00	15,195.00	23,472.60	(35)
5710 Professional fees:Investigation Services:U	0.00	0.00	0.00	0.00	2,425.67	(100)
5711 Prof fees:Investigation Serv:External inve	95,593.85	0.00	0.00	95,593.85	92,491.03	3
5712 Prof fees:Investigation Serv:PC - Chart re	15,497.50	0.00	0.00	15,497.50	10,830.00	43
5713 Professional fees:Investigation Services:S	0.00	0.00	0.00	0.00	226.00	(100)
5714 Prof fees:Investigation Serv:Fees to secur	1,644.39	0.00	0.00	1,644.39	610.50	169
5715 Professional fees:Investigation Services:C	0.00	0.00	0.00	0.00	408.21	(100)
5716 Prof fees:Investigation Serv:Transcripts	7,496.28	0.00	0.00	7,496.28	7,532.48	0
5756 Professional fees:Legal:C & D Accrual Exp	(10,547.34)	0.00	0.00	(10,547.34)	(191,083.27)	(94)
5760 Prof fees:Legal:General Counsel	72,652.25	0.00	0.00	72,652.25	29,842.69	143
5761 Profl fees:Legal:Independent Legal Advice	21,688.12	0.00	0.00	21,688.12	71,010.91	(69)
5762 Prof fees:Legal:Hearing Counsel	61,821.75	0.00	0.00	61,821.75	71,221.69	(13)
5763 Prof fees:Legal:Court Proceedings & Appe	19,763.71	0.00	0.00	19,763.71	32,490.16	(39)
400. 4 Administration and office	613,772.53	32,250.00	0.00	646,022.53	557,996.14	16
4010 Miscellaneous Income	(32,250.00)	32,250.00	0.00	0.00	(15,527.46)	(100)
5200 Insurance	20,168.91	0.00	0.00	20,168.91	18,374.67	10
5300 Networking	2,449.71	0.00	0.00	2,449.71	2,247.55	9
5301 Conferences and Travel	30,828.71	0.00	0.00	30,828.71	6,459.17	377
5403 Office and General:Maintenance & repairs	1,699.74	0.00	0.00	1,699.74	2,541.18	(33)
5405 Office and General:Memberships & publica	38,929.32	0.00	0.00	38,929.32	22,849.88	70
5406 Office and General:CAPR Fees	254,181.42	0.00	0.00	254,181.42	250,218.73	2
5407 Office and General:Office & kitchen suppli	8,903.74	0.00	0.00	8,903.74	4,949.43	80
5408 Office and General:Postage & courier	4,721.53	0.00	0.00	4,721.53	6,709.81	(30)
5411 Office and General:Printing, Filing & Stat	4,045.59	0.00	0.00	4,045.59	6,100.85	(34)
5412 Office and General:Telephone & Internet	38,206.68	0.00	0.00	38,206.68	35,892.87	6
5502 Regulatory Effectiveness:Strategic Operati	52,536.30	0.00	0.00	52,536.30	62,120.04	(15)
5503 Regulatory Effectiveness:Council Educatio	10,744.63	0.00	0.00	10,744.63	11,243.94	(4)
5504 Regulatory Effectiveness:Elections	3,278.50	0.00	0.00	3,278.50	3,837.68	(15)
5505 Regulatory Effectiveness:Policy Developme	30,598.90	0.00	0.00	30,598.90	51,806.85	(41)
5513 Governance	240.00	0.00	0.00	240.00	0.00	0
5605 Communications:Translation Services	27,058.85	0.00	0.00	27,058.85	(3,792.00)	(814)
5620 Communications:Print Communication	0.00	0.00	0.00	0.00	380.65	(100)
5621 Communications:Online Communication	114,075.79	0.00	0.00	114,075.79	88,859.80	28
5622 Communications:In-Person Communication	3,336.69	0.00	0.00	3,336.69	2,722.50	23
5709 Registration - Other	2.52	0.00	0.00	2.52	0.00	0
NEW2 WayPay Inc (CAD)	15.00	0.00	0.00	15.00	0.00	0
400. 5 Committee fees and expenses	232,486.03	0.00	0.00	232,486.03	228,133.90	2
400. 5. 1 Council and committees	160,628.87	0.00	0.00	160,628.87	142,514.67	13
5001 Committee Per Diem:Chairs Education - ρε	3,836.25	0.00	0.00	3,836.25	3,625.50	6
5003 Committee Per Diem:Council - per diem	51,817.00	0.00	0.00	51,817.00	44,904.95	15
5006 Committee Per Diem:Executive - per diem	7,990.25	0.00	0.00	7,990.25	9,772.50	(18)
5010 Committee Per Diem:Patient Relations - pε	649.00	0.00	0.00	649.00	439.50	48
5011 Committee Per Diem:QA Committee - per	8,230.75	0.00	0.00	8,230.75	2,921.75	182
5012 Committee Per Diem:Registration Com p	6,434.75	0.00	0.00	6,434.75	3,549.00	81
5017 Committee Per Diem:Finance Committee -	6,880.00	0.00	0.00	6,880.00	6,468.50	6

Account	Prelim	Adj's	Reclass	Rep	Rep 03/24	%Chg
5018 Committee Per Diem:Exam Committee - pe	5,811.00	0.00	0.00	5,811.00	3,202.50	81
5051 Committee Reimbursed Expenses:Chairs I	8,880.39	0.00	0.00	8,880.39	6,582.28	35
5053 Committee Reimbursed Expenses:Council	53,513.86	0.00	0.00	53,513.86	52,339.02	2
5056 Committee Reimbursed Expenses:Executiv	6,345.62	0.00	0.00	6,345.62	6,027.30	5
5075 Committee Reimbursed Expenses:Finance	240.00	0.00	0.00	240.00	2,386.84	(90)
5076 Committee Reimbursed Expenses:Exam C	0.00	0.00	0.00	0.00	295.03	(100)
400. 5. 2 Complaints and discipline	71,857.16	0.00	0.00	71,857.16	85,619.23	(16)
5002 Committee Per Diem:ICRC - per diem	51,173.25	0.00	0.00	51,173.25	49,588.75	3
5005 Committee Per Diem:Discipline Committee	9,601.75	0.00	0.00	9,601.75	18,046.50	(47)
5052 Committee Reimbursed Expenses:ICRC - (11,082.16	0.00	0.00	11,082.16	17,983.98	(38)
400. 6 Merchant fees	234,764.43	0.00	0.00	234,764.43	237,149.23	(1)
5402 Office and General:Bank & service charges	234,764.43	0.00	0.00	234,764.43	237,149.23	(1)
400.15 Examination costs	1,129,908.20	83,730.00	0.00	1,213,638.20	1,210,386.30	0
5830 Programs:Entry to Practice - Projects	0.00	0.00	0.00	0.00	1,427.75	(100)
5831 Programs:Entry to Practice - Projects:OCE	805,884.71	0.00	0.00	805,884.71	751,603.63	7
5832 Programs:Entry to Practice - Projects:OCE	16,789.55	0.00	0.00	16,789.55	22,968.75	(27)
5833 Programs:Entry to Practice - Projects:OCE	1,645.95	0.00	0.00	1,645.95	777.65	112
5834 Programs:Entry to Practice - Projects:Exan	525.00	0.00	0.00	525.00	7,604.00	(93)
5835 Programs:Entry to Practice - Projects:Exan	221,785.20	60,000.00	0.00	281,785.20	249,667.87	13
5836 Programs:Entry to Practice - Projects:Exan	0.22	0.00	0.00	0.22	664.44	(100)
5837 Programs:Entry to Practice - Projects:Exan	35,509.47	0.00	0.00	35,509.47	37,331.56	(5)
5838 Programs:Entry to Practice - Projects:Exan	435.05	23,730.00	0.00	24,165.05	58,748.50	(59)
5839 Programs:Entry to Practice - Projects:Exan	330.93	0.00	0.00	330.93	0.00	0
5840 Programs:Entry to Practice - Projects:Exan	47,002.12	0.00	0.00	47,002.12	34,606.34	36
5841 Programs:Entry to Practice - Projects:Exan	0.00	0.00	0.00	0.00	5,408.81	(100)
5842 Programs:Entry to Practice - Projects:Exan	0.00	0.00	0.00	0.00	39,577.00	(100)
400.16 Rent	542,336.92	0.00	0.00	542,336.92	522,213.49	4
5409 Office and General:Rent	542,336.92	0.00	0.00	542,336.92	522,213.49	4
400.18 Amortization	115,051.18	0.00	0.00	115,051.18	113,073.72	2
6001 Amortization	114,158.25	0.00	0.00	114,158.25	113,073.72	1
6005 Gain/Loss Fixed Assets	892.93	0.00	0.00	892.93	0.00	0
400.23 Information Management	483,039.82	0.00	0.00	483,039.82	568,760.25	(15)
5101 Information Management:IT Hardware	21,027.91	0.00	0.00	21,027.91	22,285.75	(6)
5102 Information Management:Software	184,854.58	0.00	0.00	184,854.58	137,250.51	35
5103 Information Management:IT Maintenance	12,893.60	0.00	0.00	12,893.60	185,520.32	(93)
5104 Information Management:IT Database	254,898.87	0.00	0.00	254,898.87	173,910.64	47
5109 Information Management:IT Implementatio	9,364.86	0.00	0.00	9,364.86	49,793.03	(81)
400.25 Programs	256,080.85	0.00	0.00	256,080.85	208,578.81	23
400.25. 1 Program- Remediation	(1,203.84)	0.00	0.00	(1,203.84)	21,397.24	(106)
4022 Programs:Recovery of Therapy Costs	0.00	0.00	0.00	0.00	(1,111.12)	(100)
4026 Programs:Remediation:Remediation - Disc	(12,915.50)	0.00	0.00	(12,915.50)	(8,812.96)	
4027 Programs:Remediation:Remediation - Reg	(10,731.71)	0.00	0.00	(10,731.71)	(3,742.50)	187
4028 Programs:Remediation:Remediation - ICR	(58,592.19)	0.00	0.00	(58,592.19)	(42,346.52)	38
4029 Programs:Remediation:QA Practice Enhan	(828.75)	0.00	0.00	(828.75)	(325.00)	155
5871 Programs:Remediation:QA Practice Enhan	3,380.00	0.00	0.00	3,380.00	7,909.20	(57)

Account	Prelim	Adj's	Reclass	Rep	Rep 03/24	%Chg
5882 Programs:Remediation:Remediation - ICR	52,868.36	0.00	0.00	52,868.36	45,881.52	15
5883 Programs:Remediation:Remediation - Reg	8,853.00	0.00	0.00	8,853.00	4,290.56	106
5884 Programs:Remediation:Remediation - Disc	8,754.20	0.00	0.00	8,754.20	7,935.46	10
5887 Programs:Remediation:Coach Training	8,008.75	0.00	0.00	8,008.75	11,718.60	(32)
400.25. 2 Program- Jurisprudence	70,339.47	0.00	0.00	70,339.47	42,936.46	64
5802 Programs:Jurisprudence	2,816.01	0.00	0.00	2,816.01	19,171.09	(85)
5890 Programs:Therapy and Counselling Fund	67,523.46	0.00	0.00	67,523.46	23,765.37	184
400.25. 3 Program- Quality Management	186,945.22	0.00	0.00	186,945.22	144,245.11	30
5821 Programs:Quality Program:Assessor Trave	0.00	0.00	0.00	0.00	22.20	(100)
5823 Programs:Quality Program:Assessor Traini	6,102.09	0.00	0.00	6,102.09	7,388.41	(17)
5824 Programs:Quality Program:Assessor Onsit	13,050.00	0.00	0.00	13,050.00	5,001.00	161
5825 Programs:Quality Program:Assessor Remo	167,793.13	0.00	0.00	167,793.13	131,833.50	27
- =	0.00	0.00	0.00	0.00	0.00	
Net Income (Loss)	724,798.25			595,256.52	725,361.42	(18)

Agenda Item: 14.0 Appendix A



FINANCIAL STATEMENTS

Draft Statement Subject to Revision

Oraft Statement Subject to Revision





Independent Auditor's Report

To the Board of Directors of the College of Physiotherapists of Ontario

Opinion

We have audited the financial statements of the College of Physiotherapists of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2025, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2025, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

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

Other Information

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

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

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

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

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

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

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

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



Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

Toronto, Ontario TBD

Chartered Professional Accountants Licensed Public Accountants

March 31	2025	2024
ASSETS	\$	\$
Current assets Cash and cash equivalents (note 3) Investments (note 4) Amounts receivable Prepaid expenses	10,251,279 968,178 - 305,469	8,393,722 1,014,395 31,760 345,272
	_11,524,926	9,785,149
Investments (note 4) Capital assets (note 5)	4,656,653 190,707	4,466,596 291,670
	4,847,360	4,758,266
	16,372,286	14,543,415
LIABILITIES	0	
Current liabilities Accounts payable and accrued liabilities (note 6) Deferred revenue (note 7)	1,198,575 8,553,081	892,311 7,598,625
	9,751,656	8,490,936
Deferred lease incentives (note 8)	56,474	83,581
×	9,808,130	8,574,517
NET ASSETS		
Invested in capital assets Internally restricted for complaints and discipline (note 9) Internally restricted for sexual abuse therapy (note 10) Unrestricted	134,233 1,000,000 100,000 5,329,923	208,089 1,000,000 100,000 4,660,809
CX CO	6,564,156	5,968,898
CX	16,372,286	14,543,415

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Board of Directors:

Chair

Vice-Chair

Year ended March 31	2025 \$	2024 \$
Revenues		
Registration fees	7,951,848	7,319,471
Examination fees	1,996,847	1,927,350
Examination exemption charges	-	113,450
Investment income	347,251	332,537
Rental sublease (note 13)	133,400	46,400
Contribution funding (note 12)	32,250	<u>-</u>
	10,461,596	9,739,208
Expenses)
Salaries and benefits (note 12)	5,621,627	5,229,881
Examination costs	1,213,638	1,210,386
Administration and office	646,021	557,995
Rent (note 8)	542,337	522,213
Professional fees (note 11)	521,293	137,675
Information technology (note 12)	483,040	568,760
Programs	256,081	208,579
Merchant banking fees	234,764	237,149
Committee fees and expenses	232,486	228,134
Amortization	115,051	113,074
303	9,866,338	9,013,846
Excess of revenues over expenses for year	595,258	725,362

The accompanying notes are an integral part of these financial statements

Statement of Changes in Net Assets

Year ended March 31	Invested in capital assets \$	Internally restricted for complaints and discipline \$	Internally restricted for sexual abuse therapy \$	Unrestricted \$	2025 Total \$
Balance, beginning of year	208,089	1,000,000	100,000	4,660,809	5,968,898
Excess of revenues over expenses for year	-	-	-	595,258	595,258
Amortization of capital assets	(114,158)	-	-	114,158	-
Amortization of deferred lease incentives	27,107	-	-	(27,107)	-
Purchase of capital assets	14,088	-	- 😯	(14,088)	-
Loss on disposal of capital assets	(893)	-	<u> </u>	893	
Balance, end of year	134,233	1,000,000	100,000	5,329,923	6,564,156

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

The accompanying notes are an integral part of these financial statements

Statement of Cash Flows

Year ended March 31	2025 \$	2024 \$
Cash flows from operating activities Excess of revenues over expenses for year Adjustments to determine net cash provided by (used in) operating activities	595,258	725,362
Contribution funding	(32,250)	_
Amortization of capital assets	114,158	113,074
Interest capitalized on investments	(59,820)	(125,348)
Interest received on investments capitalized in prior years	137,131	56,493
Amortization of deferred lease incentives	(27,107)	(27,107)
Loss on disposal of capital assets	893	<u> </u>
	728,263	742,474
Change in non-cash working capital items		
Decrease in amounts receivable	31,760	40,322
Decrease (increase) in prepaid expenses	39,803	(58,063)
Increase (decrease) in accounts payable and accrued liabilities	306,264	(385,403)
Increase in deferred revenue	954,456	66,706
	2,060,546	406,036
Cash flows from investing activities		_
Purchase of investments	(1,569,557)	(628,558)
Proceeds from disposal of investments	1,348,406	288,783
Purchase of capital assets	(14,088)	(22,902)
	(235,239)	(362,677)
Cash flows from financing activities		
Receipt of contribution funding	32,250	
Net change in cash and cash equivalents	1,857,557	43,359
Cash and cash equivalents, beginning of year	8,393,722	8,350,363
Cash and cash equivalents, end of year	10,251,279	8,393,722

The accompanying notes are an integral part of these financial statements

Notes to Financial Statements

March 31, 2025

Nature and description of the organization

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

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

1. Significant accounting policies

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

(a) Revenue recognition

Registration fees

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

Examination fees

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

Examination exemption charges

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

Investment income

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

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

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Appendix B

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2025

1. Significant accounting policies (continued)

(a) Revenue recognition (continued)

Rental sublease

Rental sublease income is earned in connection with sub-lease agreements entered into for the office premises of the College and is recognized as revenue over the term of the respective sub-lease agreement, payable in equal instalments in advance on the first day of each month of the term.

Contributions

The College follows the deferral method of accounting for contributions.

Restricted contributions, including funding received directly or indirectly from the government, are deferred and recognized as revenue in the year in which the related expenses are incurred.

(b) Cash and cash equivalents

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

(c) Investments

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

(d) Capital assets

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

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

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

Furniture and fixtures 5 years
Computer equipment 3 years

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Appendix B

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2025

1. Significant accounting policies (continued)

(d) Capital assets (continued)

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

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

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

(e) Deferred lease incentives

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

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

(f) Net assets invested in capital assets

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

(g) Financial instruments

Measurement of financial assets and liabilities

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

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

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

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

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

Notes to Financial Statements (continued)

March 31, 2025

1. Significant accounting policies (continued)

(g) Financial instruments (continued)

Impairment

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

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

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

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

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

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

(h) Management estimates

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

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

Notes to Financial Statements (continued)

March 31, 2025

2. Financial instrument risk management

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

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

_	Risks			
			Market risk	
Financial instrument	Credit	Liquidity	Currency Interest rate Other price	
Ocale and cool a minute state				
Cash and cash equivalents	Х		X	
Investments	X		X	
Accounts payable and accrued liabilities		X	20	

Credit risk

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

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

	2025 \$	2024 \$
Cash and cash equivalents Investments Amounts receivable	10,251,279 5,624,831	8,393,722 5,480,991 31,760
CXO	15,876,110	13,906,473

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

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

Liquidity risk

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

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

Notes to Financial Statements (continued)

March 31, 2025

2. Financial instrument risk management (continued)

Market risk

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

Currency risk

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

The College is not exposed to currency risk.

Interest rate risk

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

Other price risk

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

The College is not exposed to other price risk.

Changes in risk

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

3. Cash and cash equivalents

Y '	2025 \$	2024 \$
Cash	10,241,882	6,879,257
Cash in broker account	9,397	14,465
Guaranteed investment certificate - cashable, prime less 2.10%,		
due October 11, 2024		1,500,000
	10,251,279	8,393,722

Notes to Financial Statements (continued)

March 31, 2025

4. Investments

	2025 \$	2024 \$
Current Long-term	968,178 4,656,653	1,014,395 4,466,596
·	5,624,831	5,480,991

Investments have effective interest rates ranging from 0.73% to 4.37% (2024 - 0.73% to 4.87%) and maturity dates ranging from June 2025 to March 2030 (2024 - June 2024 to December 2028).

5. Capital assets

	Cost	Accumulated Amortization	2025 Net
	\$	\$	\$
Furniture and fixtures	377,049	376,517	532
Computer equipment	164,869	140,945	23,924
Leasehold improvements	793,263	627,012	166,251
X Y	1,335,181	1,144,474	190,707
			_
		Accumulated	2024
	Cost	Accumulated	2024 Not
	Cost \$	Accumulated Amortization \$	Net
Keiller			
Furniture and fixtures	\$	Amortization \$	Net \$
Furniture and fixtures Computer equipment	\$ 378,189	Amortization \$	Net \$ 7,807
Computer equipment	\$	Amortization \$	Net \$
	378,189 174,140	Amortization \$ 370,382 136,811	7,807 37,329
Computer equipment	378,189 174,140	Amortization \$ 370,382 136,811	7,807 37,329

During the year, capital assets with a net book value of \$893 (cost of \$24,499 and accumulated amortization of \$23,606) were disposed of for no proceeds resulting in a loss on disposal of \$893 being recognized in amortization in the statement of operations.

During the prior year, there were no disposals of capital assets.

Notes to Financial Statements (continued)

March 31, 2025

6. Accounts payable and accrued liabilities

	2025 \$	2024 \$
Trade payables and accrued liabilities Accrued liabilities - complaints and discipline	1,006,984 191,591	690,173 202,138
	1,198,575	892,311

7. **Deferred revenue**

8.

		2025	2024
		<u> </u>	<u> </u>
Registration fees	XO	7,434,533	6,995,185
Examination fees	X	1,118,548	603,440
•		8,553,081	7,598,625
Deferred lease incentives			
		Accumulated	2025
		Amortization	Net
_	\$	\$	<u> </u>
Tenant inducements	271,073	214,599	56,474
Tenant inducements	271,073	214,599	56,474
Tenant inducements	271,073	214,599 Accumulated	56,474 2024
Tenant inducements	·	·	· .
Tenant inducements	·	Accumulated	2024
Tenant inducements	Cost	Accumulated	2024 Net
Tenant inducements Tenant inducements	Cost	Accumulated	2024 Net

Pursuant to the lease agreement for the College's office premises (note 13), lease incentives comprised of tenant inducements, utilized to purchase capital assets, in the amount of \$271,073 were received in the year the lease commenced.

Amortization of lease incentives in the amount of \$27,107 (2024 - \$27,107) was credited to rent in the statement of operations.

9. Net assets internally restricted for complaints and discipline

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

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

Notes to Financial Statements (continued)

March 31, 2025

10. Net assets internally restricted for sexual abuse therapy

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

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

11. Professional fees

	2025 2024 \$ \$
Complaints and discipline	393,372 170,899 (40,055)
Cost recoveries	(23,445) (42,056)
Other professional	369,927 128,843 151,366 8,832
	<u>521,293</u> 137,675

12. Contribution funding

During the year, the College entered into an agreement with an external party to participate in a project with the purpose of assisting physical therapist data providers with initial costs of implementing the 2022 Health Human Resources Minimum Data Set (HHR MDS) data standard.

	2025 \$
Contribution funding received during the year Contribution funding recognized as revenue in the year	32,250 (32,250)
Deferred contribution funding, end of year	

In the current year, expenses in the amount of \$32,250 were incurred in connection with the above noted project and are recognized in salaries and benefits in the amount of \$16,125 and information technology in the amount of \$16,125 in the statement of operations.

13. Commitments

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

	<u> </u>
2026 2027	578,988 530,739
	1,109,727

Notes to Financial Statements (continued)

March 31, 2025

13. Commitments (continued)

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

b) Subsequent to year end, the College entered into a new agreement to license cloudbased examinations software, expiring September 2026, with an option to extend to March 2027. The future annual license payments, inclusive of the option period, are as follows:

2026 2027 221,609 363,497 585,106





BOARD BRIEFING NOTE

For Information

Topic:	FY2026 Q1 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:	Performance and Accountability: Monitoring the College's financial resources ensures the finances are available to deliver on the College's public interest responsibilities and strategic priorities.
Submitted By:	Mary Catalfo, Director of Finance
Attachments:	Appendix A: Statement of Operations – Budget vs Actuals Appendix B: Statement of Operations – Previous year comparison Appendix C: Statement of Financial Position Appendix D: Statement of Cash Flows

Issue

• The Board is provided with, financial statements for Q1 for fiscal year 2026 (FY26), covering the period April 1, 2025 – June 30, 2025.

Decision Sought

• The Q1 FY26 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 RAFC committee 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 met on August 21, 2025. At this meeting the Committee
reviewed detailed breakdown of Q1 financial statements and discussed variances at length.
They were also provided with details of the activities the finance team has engaged in towards
building out a new financial framework.

Summary of Overall Financial Performance for Q1 Fiscal Year 2026

Financial Dashboard Q1 FY26







	Core	Exam	Total
Revenue	2,182,659	534,965	2,717,624
Expenses	2,116,926	433,911	2,550,837
Surplus	65,733	101,054	166,787

- Overall, Q1 results are with no material variance. Overall revenue and expenses were under budget by 1%.
 - Core Business revenue was practically on target with \$3,575 over budget and expenses were \$11,756 under budget for a Core surplus of \$65,947.
 - Ontario Clinical Exam (OCE) revenue was \$20,835 under budget with expenses also under budget by 23,802 for a surplus of \$98,099.



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

 An analysis of the variances observed is provided below. Only those variances that are significant are included. None of the variances have a material impact on our financial position.

o Revenue:

• As noted above, the impact of the variance in revenue is not negligible.

Expenses:

- 5000 Committee Per Diems and & 5050 Committee Reimbursed Expenses Expenses were \$11,226 under budget. The April ICRC meeting was cancelled due to not having a public member available. An additional Board meeting was required due to a special Board meeting in May. Catering costs for Board meetings were higher than expected.
- 5100 Information Management:
 - 5104 Database This expense line is almost three times what was budgeted for this
 quarter. Future quarters will be under budget since the vendor was able to complete a
 significant amount of work earlier than expected. Their work is tied to specific projects
 and not distributed evenly throughout the year.
- 5405 Memberships & Publications The actuals appear to be double the amount we budgeted for. However, the full HPRO fee of \$13,000 was budgeted for in Q3. Accrual accounting spreads this cost evenly across 12 months. This will level off by end of Q4. In future budgets this will be spread out evenly across 12 months when the budget is prepared.
- 5505 Policy Development Several projects have been shifted to take place later in the year.

5600 Communications:

 5621 Online Communications – We underspent by \$13,600. This includes budgets for plain language support and Google ads. We had less of a need for plain language support. The Google ads budgets are difficult to predict. We do, however, set a \$1,600 monthly threshold.





 5622 In-Person Communications – We underspent by \$10,700. These are visits to universities, timing of which can be difficult to predict. We expect more visits to take place later in the year.

■ 5700 – Professional Fees:

- 5711 External Investigations There were more external investigations than anticipated and included some undercover investigations.
- 5714 Fees to Secure Records Greater need than anticipated.
- 5707 Decision Writing There were fewer decisions than anticipated. More undertakings were negotiated therefore decision are expected, at a later date. Additionally, the decision writer is no longer attending ICRC meetings.
- 5708 Peer/Expert Opinions One single peer opinion was much higher than expected at \$20,000. The reviewer had a package that included 15 cases with over 1,400 pages. The reviewer produced an 870 page report with all of their research. This required over 300 hours at \$120/hour for a total of \$36,000. We were able to negotiate that down to \$20,000.
- Legal 5760, 5761, 5762 Collectively for these lines actuals were over budget by \$24,802. Budgets for legal fees are estimated for the whole year. At the time we set the budget there is not sufficient information to be able to predict timing. In Q1, however, ICRC did require more support than anticipated as it related to referrals to discipline and interim orders. There were also more hearings held in Q1 than were anticipated. These expenses will be monitored over the course of the year to assess whether expenses will level off.
- o 5754/5755 Council Advice/General Legal There was less support needed in Q1.

o Programs:

- 5811 QA Program Development & Evaluation The work planned to be completed in Q1 has been moved to later in the year.
- 5823 Assessor Training Post budget preparation, we learned that additional mandatory training was require for 41 assessors. The training was related to HR-related requirements.
- 5825 Assessor Remote Assessment There were fewer interviewed than budgeted. This
 occurs when registrants request extensions or deferrals. Additionally, there were fewer
 assessors available and new assessors had not yet completed their training.
- 5830 Entry to Practice (OCE):



- 5831, 5832 (Examiner Fee/Examiner training fee) should be considered combined.
 Budget for these two lines total \$246,600 and Actuals total \$212,000. Fees for training were included in 5831. Ultimately, whether it's fees for the exam day or training they are still examiner fees.
- Similarly, grouping lines 5837, 5838 and 5840 provide a better summary since consultant fee budget was actually in development/Misc costs. Total budget for these three lines is \$28,140 and actuals are \$28,081.

We will explore making changes to combine these for better clarity.

- 5900 Staffing:
 - 5901 Salaries There were new hires budgeted for April that did not happen until later in Q1 or early Q2.
 - o 5905 Staff Development Some activities planned for Q1 will occur at a later date.
 - 5907 Staff Recognition For the in-office staff event in Q1 there was an unplanned flight and accommodating for a new exam coordinator.

Next Steps

- Complete first draft of a financial framework that outlines all financial policies, procedures and controls of the College.
- Prepare RFP for consultant to conduct Internal Controls review.

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 Actual

April - June, 2025

			Total								
Mo01 Registration Fees						Budget	ov	er Budget			
	Income										
Month Mont	4001 Registration Fees							0			
Montpage	4007 Registration fee credits					-9,829)	9,829	0.00%		
Montpage	4011 Independent Practice - \$648	1,8	351,555			1,851,660)	-105	99.99%		
4014 Provisional Practice Fees \$83 18,275 12,750 5,525 143.33% Total 4001 Registration Fees \$1,955,078 \$2,010,131 \$5,563 97.28% 4002 Interest Income 97.702 71,000 26,702 13,718 4008 Admin Fees 64,410 51,243 13,167 12,570% 4015 Application Fees \$114 64,410 51,243 3,625 2,755 176,000 4016 Letter of Prof Stand / NSF \$56 6,380 3,625 2,755 176,000 4017 Wall Certificates \$28 1,015 725 290 140,00% 4018 Late Fees \$254 4,495 63,53 3,860 70,78% 4019 Prof Corp Application \$774 181,799 6,925 11,854 271,18% 4010 Miscellaneous Income 34,800 34,800 0 0 10,00% 4030 ETP Assessment Fees 2 34,800 35,800 2 20,305 96,25% 4030 ETP Assessment Fees \$ \$ 34,965 \$ 55,800 \$ 20,305 96,25% Total 4030 ETP Assess	4012 Independent Practice - ProRated		64,766			122,310)	-57,544	52.95%		
Total 4001 Registration Fees \$1,955,078 \$2,010,131 \$55,053 97.26% 4002 Interest Income 97,702 71,000 26,702 137.61% 4008 Admin Fees 0 0 0 4015 Application Fees \$114 64,410 51,243 13,167 125,709 4016 Letter of Prof Stand / NSF \$56 6,380 3,625 2,755 176,000 4017 Wall Certificates \$28 1,015 725 2,90 140,009 4018 Late Fees \$254 4,495 6,925 11,864 271,18% 4019 Prof Corp Application \$774 18,779 6,925 11,864 271,18% 4010 Miscellaneous Income 34,800 34,800 0 31,926 150,05% 4010 Miscellaneous Income 34,800 3,4800 0	4013 Prof Corp Fees \$277		20,482			33,240)	-12,758	61.62%		
4002 Interest Income 97,702 71,000 26,702 137.61% 4008 Admin Fees 64,410 51,243 13,167 125,70% 4015 Application Fees \$114 64,410 51,243 13,167 125,70% 4016 Letter of Prof Stand / NSF \$56 6,380 3,862 2,755 176,000 4017 Wall Certificates \$28 1,015 6,380 63,562 2,755 176,000 4018 Late Fees \$254 4,495 6,925 11,854 271,189 4019 Prof Corp Application \$774 18,779 6,925 11,854 271,189 4014 M08 Scellaneous Income \$95,079 \$63,153 \$31,926 150,55% 4010 Miscellaneous Income \$34,800 34,800 34,800 30,00 100,000 4033 RED Assessment Fees \$0 534,965 555,800 -20,335 96,25% Total 4030 ETP Assessment Fees \$2,182,659 \$34,965 \$55,800 -20,335 96,25% Total Horicome \$2,182,659 \$34,965 \$55,800 -20,335 96,25% <th< td=""><td>4014 Provisional Practice Fees \$83</td><td></td><td>18,275</td><td></td><td></td><td>12,750</td><td>)</td><td>5,525</td><td>143.33%</td></th<>	4014 Provisional Practice Fees \$83		18,275			12,750)	5,525	143.33%		
4008 Admin Fees 64,410 51,243 13,167 125,70% 4016 Lotter of Prof Stand / NSF \$56 6,380 3,625 2,755 176,00% 4017 Wall Certificates \$28 1,015 725 290 140,00% 4018 Late Fees \$254 4,945 6,925 11,854 271,18% 4019 Prof Corp Application \$774 18,779 6,925 11,854 271,18% 70tal 4008 Admin Fees \$95,079 \$63,163 31,926 160,55% 4010 Miscellaneous Income 34,800 34,800 0 0 100,00% 4033 ETP Assessment Fees 34,800 \$34,800 0 20,335 96,25% Total 4010 Miscellaneous Income \$34,800 \$34,800 \$0 20,335 96,25% 4033 ETP Assessment Fees 0 \$34,965 \$55,800 \$20,835 96,25% Total 4030 ETP Assessment Fees \$2,182,659 \$34,965 \$55,800 \$20,835 96,25% Total Income \$2,182,659 \$34,965 \$27,34,84 \$17,260 99,37%	Total 4001 Registration Fees	\$ 1,9	55,078			\$ 2,010,131	-\$	55,053	97.26%		
4015 Application Fees \$114 64,410 51,243 13,167 125,70% 4016 Letter of Prof Stand / NSF \$56 6,380 3,625 2,755 176,00% 4017 Wall Certificates \$28 1,015 725 290 140,00% 4018 Late Fees \$254 4,495 6355 3,860 707,84% 4019 Prof Corp Application \$774 18,779 6,925 11,854 271,185 Total 4008 Admin Fees \$95,079 \$63,153 3,1926 150,55% 4010 Miscellaneous Income 34,800 34,800 0 100,00% 4033 Reg Com - OCE Fee (\$1,985) 0 34,960 \$20,835 96,25% Total 4030 ETP Assessment Fees 9 \$34,965 \$55,800 \$20,835 96,25% Total 4030 ETP Assessment Fees \$2,182,659 \$34,965 \$55,800 \$20,835 96,25% Total 4030 ETP Assessment Fees \$2,182,659 \$34,965 \$55,800 \$20,835 96,25% Total Income \$2,182,659 \$34,965 \$2,734,84 \$17,260 99,37% Gross Inc	4002 Interest Income		97,702			71,000)	26,702	137.61%		
4016 Letter of Prof Stand / NSF \$56 6,380 3,625 2,755 176.00% 4017 Wall Certificates \$28 1,015 725 290 140.00% 4018 Late Fees \$254 4,495 6355 3,860 707.84% 4019 Prof Corp Application \$774 18,779 6,925 11,854 271.18% Total 4008 Admin Fees \$ 95,079 \$ 3,152 \$ 10,05% 4010 Miscellaneous Income 34,800 34,800 0 100,00% 4033 ETP Assessment Fees 34,800 \$ 34,800 \$ 0 100,00% 4033 Reg Com - OCE Fee (\$1,985) 0 \$ 34,965 \$ 555,800 \$ 20,835 96.25% Total 4030 ETP Assessment Fees 0 \$ 34,965 \$ 555,800 \$ 20,835 96.25% Total florome \$ 2,182,659 \$ 34,965 \$ 555,800 \$ 20,835 96.25% Total florome \$ 2,182,659 \$ 34,965 \$ 555,800 \$ 20,835 96.25% Total florome \$ 2,182,659 \$ 34,965 \$ 555,800 \$ 17,260 99.37% Gross Income	4008 Admin Fees							0			
4017 Wall Certificates \$28 1,015 725 290 140.00% 4018 Late Fees \$254 4,495 635 3,860 707.84% 4019 Prof Corp Application \$774 18,779 6,925 11,854 271.18% Total 4008 Admin Fees \$95,079 \$63,153 \$31,926 150.55% 4010 Miscellaneous Income 34,800 34,800 34,800 0 100.00% 4030 ETP Assessment Fees 34,800 \$34,800 \$0 100.00% 4033 Reg Com - OCE Fee (\$1,985) 0 \$34,965 \$55,800 \$0 20,835 96.25% Total A010 Miscellaneous Income \$0 \$34,965 \$55,800 \$0 100.00% 4033 ETP Assessment Fees 0 \$34,965 \$55,800 \$0 20,835 96.25% Total A010 Miscellaneous Income \$0 \$34,965 \$55,800 \$0 20,835 96.25% Total 4010 Miscellaneous Income \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 <td>4015 Application Fees \$114</td> <td></td> <td>64,410</td> <td></td> <td></td> <td>51,243</td> <td>3</td> <td>13,167</td> <td>125.70%</td>	4015 Application Fees \$114		64,410			51,243	3	13,167	125.70%		
4018 Late Fees \$254 4,495 6,955 3,860 707.84% 4019 Prof Corp Application \$774 18,779 6,925 11,854 271.18% Total 4008 Admin Fees \$95,079 \$63,153 \$31,926 150.55% 4010 Miscellaneous Income 34,800 34,800 0 100.00% 4023 Sublease Income 34,800 \$34,800 \$0 100.00% 4030 ETP Assessment Fees 0 \$34,965 \$55,800 \$0 20.835 96.25% Total A010 Miscellaneous Income \$0 \$34,965 \$55,800 \$0 100.00% 4030 ETP Assessment Fees 0 \$34,965 \$55,800 \$0 20.835 96.25% 50 \$0 <td>4016 Letter of Prof Stand / NSF \$56</td> <td></td> <td>6,380</td> <td></td> <td></td> <td>3,625</td> <td>5</td> <td>2,755</td> <td>176.00%</td>	4016 Letter of Prof Stand / NSF \$56		6,380			3,625	5	2,755	176.00%		
	4017 Wall Certificates \$28		1,015			725	5	290	140.00%		
Total 4008 Admin Fees \$ 95,079 \$ 63,153 \$ 31,926 150.55% 4010 Miscellaneous Income 34,800 34,800 0 100.00% 4023 Sublease Income 34,800 \$ 34,800 \$ 0 100.00% 4030 ETP Assessment Fees 0 534,965 555,800 -20,835 96.25% 4031 ETP Assessment Fees 0 534,965 555,800 -20,835 96.25% Total 4030 ETP Assessment Fees 0 534,965 555,800 -20,835 96.25% Total Income \$ 2,182,659 \$ 33,965 \$ 2,734,884 * 17,260 99.37% Gross Income \$ 2,182,659 \$ 534,965 \$ 2,734,884 * 17,260 99.37% Expenses 0 \$ 534,965 \$ 2,734,884 * 17,260 99.37% Expenses 0 \$ 0 \$ 0 \$ 0 \$ 0 5000 Committee Per Diem \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	4018 Late Fees \$254		4,495			635	5	3,860	707.84%		
4010 Miscellaneous Income 34,800 34,800 34,800 100,00% Total 4010 Miscellaneous Income \$34,800 \$34,800 \$34,800 \$00,00% 4033 ETP Assessment Fees \$534,965 \$555,800 \$20,835 96.25% Total 4030 ETP Assessment Fees \$0 \$34,965 \$555,800 \$20,835 96.25% Total Income \$2,182,659 \$534,965 \$55,800 \$20,835 96.25% Gross Income \$2,182,659 \$534,965 \$2,734,884 \$17,260 99.37% Expenses \$051 do not use GST Expenses \$0 \$2,182,659 \$534,965 \$2,734,884 \$17,260 99.37% 5000 Committee Per Diem \$2,182,659 \$534,965 \$2,734,884 \$17,260 99.37% Expenses \$051 do not use GST Expenses \$0 <td>4019 Prof Corp Application \$774</td> <td></td> <td>18,779</td> <td></td> <td></td> <td>6,925</td> <td>5</td> <td>11,854</td> <td>271.18%</td>	4019 Prof Corp Application \$774		18,779			6,925	5	11,854	271.18%		
4023 Sublease Income 34,800 34,800 34,800 0 100.00% Total 4010 Miscellaneous Income 34,800 \$34,800 \$0.00% 100.00% 4030 ETP Assessment Fees \$0.534,965 \$55,800 \$20,835 96.25% Total 4030 ETP Assessment Fees \$0.\$534,965 \$55,800 \$20,835 96.25% Total Income \$2,182,659 \$534,965 \$2,734,884 \$17,260 99.37% Gross Income \$2,182,659 \$534,965 \$2,734,884 \$17,260 99.37% Expenses \$0.510 not use GST Expenses \$0.500 not use GST Expenses	Total 4008 Admin Fees	\$	95,079			\$ 63,153	3 \$	31,926	150.55%		
Total 4010 Miscellaneous Income \$ 34,800 \$ 34,800 \$ 0 100.00% 4030 ETP Assessment Fees 0 534,965 555,800 -20,835 96.25% 4033 Reg Com - OCE Fee (\$1,985) 0 \$ 34,965 \$ 555,800 -\$ 20,835 96.25% Total 10come \$ 2,182,659 \$ 534,965 \$ 555,800 -\$ 20,835 96.25% Total Income \$ 2,182,659 \$ 534,965 \$ 2,734,884 -\$ 17,260 99.37% Gross Income \$ 2,182,659 \$ 534,965 \$ 2,734,884 -\$ 17,260 99.37% Expenses 0 \$ 2,182,659 \$ 534,965 \$ 2,734,884 -\$ 17,260 99.37% Expenses 0 \$ 2,182,659 \$ 534,965 \$ 2,734,884 -\$ 17,260 99.37% Expenses 0 \$ 2,182,659 \$ 534,965 \$ 2,734,884 -\$ 17,260 99.37% Expenses 0 \$ 2,823,4965 \$ 2,734,884 -\$ 17,260 99.37% Expenses 0 \$ 2,825 \$ 2,345 \$ 2,281 1,282 1,282	4010 Miscellaneous Income							0			
4030 ETP Assessment Fees 0 534,965 555,800 -20,835 96.25% Total 4030 ETP Assessment Fees \$ 0 \$ 534,965 \$ 555,800 -\$ 20,835 96.25% Total Income \$ 2,182,659 \$ 534,965 \$ 2,734,884 -\$ 17,260 99.37% Gross Income \$ 2,182,659 \$ 534,965 \$ 2,734,884 -\$ 17,260 99.37% Expenses 0 \$ 2,182,659 \$ 534,965 \$ 2,734,884 -\$ 17,260 99.37% Expenses 0 \$ 2,182,659 \$ 534,965 \$ 2,734,884 -\$ 17,260 99.37% Expenses 0 \$ 2,734,884 -\$ 17,260 99.37% Expenses 0 \$ 2,182,659 \$ 534,965 \$ 2,734,884 -\$ 17,260 99.37% Expenses 0 \$ 2,182,659 \$ 534,965 \$ 2,734,884 -\$ 17,260 99.37% 5001 Committee Per Diem 8,780 \$ 12,864 -4,084 68.25% 5002 ICRC - per diem 19,541 15,811 3,730 123.59% 5005 Discipline Committee -	4023 Sublease Income		34,800			34,800)	0	100.00%		
4033 Reg Com - OCE Fee (\$1,985) 0 534,965 555,800 -20,835 96.25% Total 4030 ETP Assessment Fees \$0 \$34,965 \$55,800 -20,835 96.25% Total Income \$2,182,659 \$34,965 \$2,734,884 -17,260 99.37% Gross Income 8 2,182,659 \$34,965 \$2,734,884 -17,260 99.37% Expenses 9 5001 do not use GST Expenses 0 2 50 0 0 5001 Chairs Education - per diem 8,780 12,864 -4,084 68.25% 5002 ICRC - per diem 8,780 12,864 -4,084 68.25% 5003 Council - per diem 19,541 15,811 3,730 123.59% 5005 Discipline Committee - per diem 1,625 379 1,246 428.76% 5010 Patient Relations - per diem 1,067 3,942 -2,875 27.06% 5011 QA Committee - per diem 2,890 1,988 902 145.35% 5012 Registration Com per diem 1,828 2,658	Total 4010 Miscellaneous Income	\$	34,800			\$ 34,800	\$	0	100.00%		
Total 4030 ETP Assessment Fees \$ 0 \$ 534,965 \$ 555,800 \$ \$ 20,835 \$ 96.25% Total Income \$ 2,182,659 \$ 534,965 \$ 2,734,884 \$ \$ 17,260 \$ 99.37% Gross Income \$ 2,182,659 \$ 534,965 \$ 2,734,884 \$ \$ 17,260 \$ 99.37% Expenses \$ 0 \$ 5005 I do not use GST Expenses \$ 0 \$ 0 \$ \$ 0 \$	4030 ETP Assessment Fees							0			
Total Income \$ 2,182,659 \$ 534,965 \$ 2,734,884 \$ 17,260 99.37% Gross Income \$ 2,182,659 \$ 534,965 \$ 2,734,884 \$ 17,260 99.37% Expenses \$ 5000 Committee Per Diem	4033 Reg Com - OCE Fee (\$1,985)		0		534,965	555,800)	-20,835	96.25%		
Gross Income \$ 2,182,659 \$ 534,965 \$ 2,734,884 -\$ 17,260 99.37% Expenses 0051 do not use GST Expenses 0 <th< td=""><td>Total 4030 ETP Assessment Fees</td><td>\$</td><td>0</td><td>\$</td><td>534,965</td><td>\$ 555,800</td><td>) -\$</td><td>20,835</td><td>96.25%</td></th<>	Total 4030 ETP Assessment Fees	\$	0	\$	534,965	\$ 555,800) -\$	20,835	96.25%		
Expenses 0051 do not use GST Expenses 0	Total Income	\$ 2,1	82,659	\$	534,965	\$ 2,734,884	- \$	17,260	99.37%		
0051 do not use GST Expenses 0 0 5000 Committee Per Diem 0 0 5001 Chairs Education - per diem 0 0 5002 ICRC - per diem 8,780 12,864 -4,084 68.25% 5003 Council - per diem 19,541 15,811 3,730 123.59% 5005 Discipline Committee - per diem 1,625 379 1,246 428.76% 5006 Executive - per diem 1,067 3,942 -2,875 27.06% 5010 Patient Relations - per diem 99 166 -67 59.64% 5011 QA Committee - per diem 2,890 1,988 902 145.35% 5012 Registration Com per diem 1,828 2,658 -831 68.75% 5017 Finance Committee - per diem 1,193 3,000 -1,807 39.77% Total 5000 Committee Per Diem \$ 37,021 \$ 40,808 -\$ 3,787 90.72%	Gross Income	\$ 2,1	82,659	\$	534,965	\$ 2,734,884	- \$	17,260	99.37%		
5000 Committee Per Diem 0 0 5001 Chairs Education - per diem 8,780 12,864 -4,084 68.25% 5003 Council - per diem 19,541 15,811 3,730 123.59% 5005 Discipline Committee - per diem 1,625 379 1,246 428.76% 5006 Executive - per diem 1,067 3,942 -2,875 27.06% 5010 Patient Relations - per diem 99 166 -67 59.64% 5011 QA Committee - per diem 2,890 1,988 902 145.35% 5012 Registration Com per diem 1,828 2,658 -831 68.75% 5017 Finance Committee - per diem 1,193 3,000 -1,807 39.77% Total 5000 Committee Per Diem \$37,021 \$40,808 -\$3,787 90.72%	Expenses										
5001 Chairs Education - per diem 0 0 5002 ICRC - per diem 8,780 12,864 -4,084 68.25% 5003 Council - per diem 19,541 15,811 3,730 123.59% 5005 Discipline Committee - per diem 1,625 379 1,246 428.76% 5006 Executive - per diem 1,067 3,942 -2,875 27.06% 5010 Patient Relations - per diem 99 166 -67 59.64% 5011 QA Committee - per diem 2,890 1,988 902 145.35% 5012 Registration Com per diem 1,828 2,658 -831 68.75% 5017 Finance Committee - per diem 1,193 3,000 -1,807 39.77% Total 5000 Committee Per Diem \$ 37,021 \$ 40,808 \$ 3,787 90.72%	0051 do not use GST Expenses		0					0			
5002 ICRC - per diem 8,780 12,864 -4,084 68.25% 5003 Council - per diem 19,541 15,811 3,730 123.59% 5005 Discipline Committee - per diem 1,625 379 1,246 428.76% 5006 Executive - per diem 1,067 3,942 -2,875 27.06% 5010 Patient Relations - per diem 99 166 -67 59.64% 5011 QA Committee - per diem 2,890 1,988 902 145.35% 5012 Registration Com per diem 1,828 2,658 -831 68.75% 5017 Finance Committee - per diem 1,193 3,000 -1,807 39.77% Total 5000 Committee Per Diem \$ 37,021 \$ 40,808 -\$ 3,787 90.72%	5000 Committee Per Diem							0			
5003 Council - per diem 19,541 15,811 3,730 123.59% 5005 Discipline Committee - per diem 1,625 379 1,246 428.76% 5006 Executive - per diem 1,067 3,942 -2,875 27.06% 5010 Patient Relations - per diem 99 166 -67 59.64% 5011 QA Committee - per diem 2,890 1,988 902 145.35% 5012 Registration Com per diem 1,828 2,658 -831 68.75% 5017 Finance Committee - per diem 1,193 3,000 -1,807 39.77% Total 5000 Committee Per Diem \$ 37,021 \$ 40,808 -\$ 3,787 90.72%	5001 Chairs Education - per diem					()	0			
5005 Discipline Committee - per diem 1,625 379 1,246 428.76% 5006 Executive - per diem 1,067 3,942 -2,875 27.06% 5010 Patient Relations - per diem 99 166 -67 59.64% 5011 QA Committee - per diem 2,890 1,988 902 145.35% 5012 Registration Com per diem 1,828 2,658 -831 68.75% 5017 Finance Committee - per diem 1,193 3,000 -1,807 39.77% Total 5000 Committee Per Diem \$ 37,021 \$ 40,808 -\$ 3,787 90.72%	5002 ICRC - per diem		8,780			12,864	ļ	-4,084	68.25%		
5006 Executive - per diem 1,067 3,942 -2,875 27.06% 5010 Patient Relations - per diem 99 166 -67 59.64% 5011 QA Committee - per diem 2,890 1,988 902 145.35% 5012 Registration Com per diem 1,828 2,658 -831 68.75% 5017 Finance Committee - per diem 1,193 3,000 -1,807 39.77% Total 5000 Committee Per Diem \$ 37,021 \$ 40,808 -\$ 3,787 90.72%	5003 Council - per diem		19,541			15,81		3,730	123.59%		
5010 Patient Relations - per diem 99 166 -67 59.64% 5011 QA Committee - per diem 2,890 1,988 902 145.35% 5012 Registration Com per diem 1,828 2,658 -831 68.75% 5017 Finance Committee - per diem 1,193 3,000 -1,807 39.77% Total 5000 Committee Per Diem \$ 37,021 \$ 40,808 -\$ 3,787 90.72%	5005 Discipline Committee - per diem		1,625			379)	1,246	428.76%		
5011 QA Committee - per diem 2,890 1,988 902 145.35% 5012 Registration Com per diem 1,828 2,658 -831 68.75% 5017 Finance Committee - per diem 1,193 3,000 -1,807 39.77% Total 5000 Committee Per Diem \$ 37,021 \$ 40,808 -\$ 3,787 90.72%	5006 Executive - per diem		1,067			3,942	2	-2,875	27.06%		
5012 Registration Com per diem 1,828 2,658 -831 68.75% 5017 Finance Committee - per diem 1,193 3,000 -1,807 39.77% Total 5000 Committee Per Diem \$ 37,021 \$ 40,808 -\$ 3,787 90.72%	5010 Patient Relations - per diem		99			166	3	-67	59.64%		
5017 Finance Committee - per diem 1,193 3,000 -1,807 39.77% Total 5000 Committee Per Diem \$ 37,021 \$ 40,808 -\$ 3,787 90.72%	5011 QA Committee - per diem		2,890			1,988	3	902	145.35%		
Total 5000 Committee Per Diem \$ 37,021 \$ 40,808 -\$ 3,787 90.72%	5012 Registration Com per diem		1,828			2,658	3	-831	68.75%		
	5017 Finance Committee - per diem		1,193			3,000)	-1,807	39.77%		
5050 Committee Reimbursed Expenses 0	Total 5000 Committee Per Diem	\$	37,021			\$ 40,808	3 -\$	3,787	90.72%		
	5050 Committee Reimbursed Expenses							0			

5051 Chairs Education- expenses		0	0	
5052 ICRC - expenses	2,991	4,889	-1,898	61.19%
5053 Council - expenses	15,308	14,030	1,278	109.11%
5054 Council External Rep- Expense		0	0	
5056 Executive Committee - expenses	429	3,249	-2,820	13.21%
5075 Finance Committee - expenses		4,000	-4,000	0.00%
Total 5050 Committee Reimbursed Expenses	\$ 18,729	\$ 26,168	-\$ 7,439	71.57%
5100 Information Management			0	
5101 IT Hardware	1,302	5,700	-4,398	22.84%
5102 Software	56,816	52,542	4,274	108.13%
5104 IT Database	90,438	31,249	59,189	289.41%
5109 IT Implementation Costs	3,122		3,122	
Total 5100 Information Management	\$ 151,678	\$ 89,491	\$ 62,187	169.49%
5200 Insurance	5,014	5,615	-601	89.30%
5300 Networking	550	750	-200	73.37%
5301 Conferences and Travel	7,259	0	7,259	
5400 Office and General			0	
5402 Bank & service charges	24,673	24,000	673	102.80%
5403 Maintenance & repairs	174	600	-426	29.07%
5405 Memberships & publications	10,473	5,430	5,043	192.87%
5406 CAPR Fees	60,205	70,901	-10,696	84.91%
5407 Office & kitchen supplies	1,353	1,000	353	135.33%
5408 Postage & courier	2,160	2,980	-820	72.47%
5409 Rent	141,893	141,657	236	100.17%
5411 Printing, Filing & Stationery	5,501	6,000	-499	91.68%
5412 Telephone & Internet	12,441	8,250	4,191	150.79%
5413 Bad Debt		0	0	
Total 5400 Office and General	\$ 258,872	\$ 260,818	-\$ 1,946	99.25%
5500 Regulatory Effectiveness			0	
5502 Strategic Operations	55,332	55,108	224	100.41%
5503 Council Education	3,782	4,212	-430	89.80%
5504 Elections		0	0	
5505 Policy Development		33,125	-33,125	0.00%
5513 Governance	147	550	-403	26.71%
Total 5500 Regulatory Effectiveness	\$ 59,261	\$ 92,995	-\$ 33,734	63.72%
5600 Communications			0	
5605 Translation Services	278	900	-622	30.89%
5620 Print Communication	1,194	2,410	-1,216	49.53%
5621 Online Communication	2,884	13,600	-10,716	21.21%
5622 In-Person Communication	2,019	10,700	-8,681	18.87%
Total 5600 Communications	\$ 6,375	\$ 27,610	-\$ 21,235	23.09%
5700 Professional fees			0	
4004 Cost recovery from cost orders	-1,000	-17,250	16,250	5.80%

5701 Audit					0		0	
5702 Hearing Expenses		1,510			989		522	152.77%
5704 Investigation Services		1,510			303		0	132.77 /0
5711 External Investigators		27,776			20,760		7,016	133.80%
5712 PC - Chart Review		21,110			3,420		-3,420	0.00%
5713 Summons - Conduct fees					0,420		0,420	0.0070
5714 Fees to Secure Records		2,608			250		2,358	1043.03%
5715 Corporate Searches		2,000			0		2,330	1043.0370
5716 Transcripts		1,643			2,520		-877	65.21%
Total 5704 Investigation Services		32,027		\$	26,950	\$	5,077	118.84%
5705 Professional services - Other	•	24,399		•	24,225	•	174	100.72%
5706 Investigator travel		24,000			500		-500	0.00%
5707 Decision writing		7,023			13,916		-6,893	50.47%
5708 Peer / Expert opinions		21,380			5,000		16,380	427.60%
5750 Legal		21,000			0,000		0	427.0070
5751 Legal - QA					961		-961	0.00%
5752 Legal - Registration		7,136			6,300		836	113.27%
5753 Legal - Professional Conduct		7,100			0,000		0	110.2170
5760 General Counsel		23,472			15,621		7,851	150.26%
5761 Independent Legal Advice		15,684			11,441		4,243	137.09%
5762 Hearing Counsel		27,709			15,000		12,709	184.72%
Total 5753 Legal - Professional Conduct	\$	66,865		\$	42,062	\$	24,802	158.97%
5754 Legal - Council Advice	·	673		·	3,500	·	-2,827	19.24%
5755 General Legal		2,119			5,000		-2,881	42.38%
5758 Legal - Practice Advice					0		0	
Total 5750 Legal	\$	76,793		\$	57,823	\$	18,970	132.81%
Total 5700 Professional fees	\$	162,133		\$	112,153	\$	49,980	144.56%
5800 Programs							0	
5810 Quality Program							0	
5811 QA Program Development & Eval.					10,170		-10,170	0.00%
5823 Assessor Training		4,005			297		3,708	1348.48%
5824 Assessor Onsite Assessment Fee		2,700			4,050		-1,350	66.67%
5825 Assessor Remote Assessment		46,304			54,000		-7,696	85.75%
Total 5810 Quality Program	\$	53,009		\$	68,517	-\$	15,508	77.37%
5830 Entry to Practice - Projects							0	
					171,600		38,995	122.72%
5831 OCE Examiner Exam Fee			210,595		17 1,000		00,000	
5831 OCE Examiner Exam Fee 5832 OCE Examiner Training Fees			210,595 1,319		75,060		-73,741	1.76%
			·		·		•	
5832 OCE Examiner Training Fees			·		75,060		-73,741	1.76%
5832 OCE Examiner Training Fees 5833 OCE Staff Compensation			1,319		75,060 7,000		-73,741 -7,000	1.76% 0.00%
5832 OCE Examiner Training Fees 5833 OCE Staff Compensation 5834 Exam Committee - per diem			1,319 2,291		75,060 7,000 5,040		-73,741 -7,000 -2,749	1.76% 0.00% 45.46%
5832 OCE Examiner Training Fees 5833 OCE Staff Compensation 5834 Exam Committee - per diem 5835 Exam - Technology costs			1,319 2,291		75,060 7,000 5,040 63,955		-73,741 -7,000 -2,749 26,399	1.76% 0.00% 45.46% 141.28%
5832 OCE Examiner Training Fees 5833 OCE Staff Compensation 5834 Exam Committee - per diem 5835 Exam - Technology costs 5836 Exam Delivery Costs			1,319 2,291 90,354		75,060 7,000 5,040 63,955 423		-73,741 -7,000 -2,749 26,399 -423	1.76% 0.00% 45.46% 141.28% 0.00%
5832 OCE Examiner Training Fees 5833 OCE Staff Compensation 5834 Exam Committee - per diem 5835 Exam - Technology costs 5836 Exam Delivery Costs 5837 Exam - Admin / Misc. costs			1,319 2,291 90,354 10,914		75,060 7,000 5,040 63,955 423 14,224		-73,741 -7,000 -2,749 26,399 -423 -3,310	1.76% 0.00% 45.46% 141.28% 0.00% 76.73%
5832 OCE Examiner Training Fees 5833 OCE Staff Compensation 5834 Exam Committee - per diem 5835 Exam - Technology costs 5836 Exam Delivery Costs 5837 Exam - Admin / Misc. costs 5838 Exam - Consultant Fees			1,319 2,291 90,354 10,914		75,060 7,000 5,040 63,955 423 14,224 10,500		-73,741 -7,000 -2,749 26,399 -423 -3,310 -10,282	1.76% 0.00% 45.46% 141.28% 0.00% 76.73% 2.07%

5880 Remediation							0	
5871 QA Practice Enhancement fees		1,483					1,483	
4029 QA Remediation Chargeback					-186		186	0.00%
Total 5871 QA Practice Enhancement fees	\$	1,483		-\$	186	\$	1,670	-796.45%
5881 Remediation - QA					1,208		-1,208	0.00%
5882 Remediation - ICRC		12,988			9,020		3,968	143.99%
4028 ICRC Remediation Chargeback		-13,568			-9,020		-4,548	150.42%
Total 5882 Remediation - ICRC	-\$	580		\$	0	-\$	580	
5883 Remediation - Registration		1,771			1,434		337	123.52%
4027 Registration Chargeback		-1,488			-1,335		-153	111.42%
Total 5883 Remediation - Registration	\$	284		\$	99	\$	185	286.62%
5884 Remediation - Discipline					1,872		-1,872	0.00%
4026 Discipline Chargeback					-1,872		1,872	0.00%
Total 5884 Remediation - Discipline	\$	0		\$	0	\$	0	
5886 Remediation - Office+Registrar					1		-1	0.00%
5887 Coach Training		3,047			0		3,047	
Total 5880 Remediation	\$	4,234		\$	1,122	\$	3,112	377.44%
5890 Therapy and Counselling Fund		7,490			11,994		-4,504	62.45%
Total 5800 Programs	\$	64,733	\$ 332,640	\$	436,451	-\$	39,078	91.05%
5900 Staffing							0	
5901 Salaries	1	1,075,878	85,059		1,240,454		-164,576	93.59%
5904 Consultant fees		10,094			13,500		-3,406	74.77%
5905 Staff Development		8,750			17,246		-8,496	50.73%
5906 Recruitment					3,200		-3,200	0.00%
5907 Staff Recognition		9,236			8,044		1,192	114.81%
5915 MERCS		214,966	16,212		210,877		20,301	109.63%
Total 5900 Staffing	\$ 1	,318,923	\$ 101,271	\$	1,493,321	-\$	73,126	95.10%
6001 Amortization		26,377			0		26,377	
Minister of Finance Expense		0					0	
Total Expenses	\$ 2	2,116,926	\$ 433,911	\$	2,586,179	-\$	35,343	98.63%
Net Operating Income	\$	65,733	\$ 101,054	\$	148,705	\$	18,083	112.16%
Surplus (Deficit)	\$	65,733	\$ 101,054	\$	148,705	\$	18,083	112.16%

Thursday, Aug. 07, 2025 09:03:20 a.m. GMT-7 - Accrual Basis

College of Physiotherapists of Ontario Statement of Operations with Prior Year Comparison

April - June, 2025

	Total				
	Apı	· - Jun., 2025	Apr	- Jun., 2024 (PY)	% Change
INCOME					
4001 Registration Fees					
4011 Independent Practice - \$648		1,851,555.34		1,744,578.00	6.13%
4012 Independent Practice - ProRated		64,766.02		69,347.20	-6.61%
4013 Prof Corp Fees \$277		20,482.00		32,963.00	-37.86%
4014 Provisional Practice Fees \$83		18,275.00		14,280.00	27.98%
Total 4001 Registration Fees	\$	1,955,078.36	\$	1,861,168.20	5.05%
4002 Interest Income		97,701.96		89,874.29	8.71%
4008 Admin Fees					
4015 Application Fees \$114		64,410.00		53,787.00	19.75%
4016 Letter of Prof Stand / NSF \$56		6,380.00		3,696.00	72.62%
4017 Wall Certificates \$28		1,015.00		1,177.00	-13.76%
4018 Late Fees \$254		4,494.86		4,064.00	10.60%
4019 Prof Corp Application \$774		18,779.00		12,384.00	51.64%
Total 4008 Admin Fees	\$	95,078.86	\$	75,108.00	26.59%
4010 Miscellaneous Income					
4023 Sublease Income		34,800.00		34,800.00	0.00%
Total 4010 Miscellaneous Income	\$	34,800.00	\$	34,800.00	0.00%
4030 ETP Assessment Fees					
4033 Reg Com - OCE Fee (\$1,985)		534,965.00		361,270.00	48.08%
Total 4030 ETP Assessment Fees	\$	534,965.00	\$	361,270.00	48.08%
Total Income	\$	2,717,624.18	\$	2,422,220.49	12.20%
NET INCOME	\$	2,717,624.18	\$	2,422,220.49	12.20%
EXPENSES					
0051 do not use GST Expenses		0.00		-827.20	100.00%
5000 Committee Per Diem					
5001 Chairs Education - per diem				-414.00	100.00%
5002 ICRC - per diem		8,780.00		8,248.00	6.45%
5003 Council - per diem		19,540.65		8,888.50	119.84%
5005 Discipline Committee - per diem		1,625.00		464.00	250.22%
5006 Executive - per diem		1,066.71		186.50	471.96%
5010 Patient Relations - per diem		99.00		228.00	-56.58%
5011 QA Committee - per diem		2,889.50		1,077.00	168.29%
5012 Registration Com per diem		1,827.50		1,583.25	15.43%
5017 Finance Committee - per diem		1,193.00		3,165.00	-62.31%
5018 Exam Committee - per diem				-165.50	100.00%
Total 5000 Committee Per Diem	\$	37,021.36	\$	23,260.75	59.16%
5050 Committee Reimbursed Expenses					

5052 ICRC - expenses	2,991.37	1,223.83	144.43%
5053 Council - expenses	15,308.40	14,024.80	9.15%
5056 Executive Committee - expenses	429.33	1,186.46	-63.81%
5075 Finance Committee - expenses		240.00	-100.00%
Total 5050 Committee Reimbursed Expenses	\$ 18,729.10	\$ 16,675.09	12.32%
5100 Information Management			
5101 IT Hardware	1,301.67	9,916.69	-86.87%
5102 Software	56,816.19	11,884.76	378.06%
5103 IT Maintenance		6,791.64	-100.00%
5104 IT Database	90,438.42	76,793.40	17.77%
5109 IT Implementation Costs	 3,121.62	0.00	
Total 5100 Information Management	\$ 151,677.90	\$ 105,386.49	43.93%
5200 Insurance	5,014.17	5,221.98	-3.98%
5300 Networking	550.25	168.69	226.19%
5301 Conferences and Travel	7,258.70	11,534.08	-37.07%
5400 Office and General			
5402 Bank & service charges	24,672.89	35,925.54	-31.32%
5403 Maintenance & repairs	174.42	22.60	671.77%
5405 Memberships & publications	10,472.62	12,886.23	-18.73%
5406 CAPR Fees	60,204.81	64,658.85	-6.89%
5407 Office & kitchen supplies	1,353.28	368.72	267.02%
5408 Postage & courier	2,159.57	1,789.06	20.71%
5409 Rent	141,893.34	135,515.54	4.71%
5411 Printing, Filing & Stationery	5,500.85	2,034.72	170.35%
5412 Telephone & Internet	12,440.55	3,914.63	217.80%
Total 5400 Office and General	\$ 258,872.33	\$ 257,115.89	0.68%
5500 Regulatory Effectiveness			
5502 Strategic Operations	55,331.89	5,228.79	958.22%
5503 Council Education	3,782.25	-306.00	1336.03%
5505 Policy Development		3,420.00	-100.00%
5513 Governance	146.90	240.00	-38.79%
Total 5500 Regulatory Effectiveness	\$ 59,261.04	\$ 8,582.79	590.46%
5600 Communications			
5605 Translation Services	277.98	1,024.06	-72.86%
5620 Print Communication	1,193.63		
5621 Online Communication	2,884.21	21,162.55	-86.37%
5622 In-Person Communication	2,019.04	1,943.86	3.87%
Total 5600 Communications	\$ 6,374.86	\$ 24,130.47	-73.58%
5700 Professional fees			
4004 Cost recovery from cost orders	-1,000.00	-2,571.42	61.11%
5702 Hearing Expenses	1,510.48		
5704 Investigation Services			
5711 External Investigators	27,776.47	9,004.56	208.47%
5712 PC - Chart Review		1,596.00	-100.00%

5714 Fees to Secure Records		2,607.57	137.58	1795.31%
5716 Transcripts		1,643.35	1,936.36	-15.13%
Total 5704 Investigation Services	\$	32,027.39	\$ 12,674.50	152.69%
5705 Professional services - Other		24,398.80	723.20	3273.73%
5707 Decision writing		7,022.95	1,521.76	361.50%
5708 Peer / Expert opinions		21,380.00	3,060.00	598.69%
5750 Legal				
5752 Legal - Registration		7,135.96	2,978.41	139.59%
5753 Legal - Professional Conduct				
5760 General Counsel		23,471.72	10,156.44	131.10%
5761 Independent Legal Advice		15,684.40	14,997.86	4.58%
5762 Hearing Counsel		27,708.60	8,716.82	217.88%
5763 Court Proceedings & Appeals			9,323.07	-100.00%
Total 5753 Legal - Professional Conduct	\$	66,864.72	\$ 43,194.19	54.80%
5754 Legal - Council Advice		673.48	4,658.43	-85.54%
5755 General Legal		2,118.75	12,179.81	-82.60%
5756 C & D Accrual Expense			-29,210.94	100.00%
Total 5750 Legal	\$	76,792.91	\$ 33,799.90	127.20%
Total 5700 Professional fees	\$	162,132.53	\$ 49,207.94	229.48%
5800 Programs				
5802 Jurisprudence			2,816.01	-100.00%
5810 Quality Program				
5823 Assessor Training		4,005.00	2,190.50	82.83%
5824 Assessor Onsite Assessment Fee		2,700.00	2,700.00	0.00%
5825 Assessor Remote Assessment		46,304.00	19,827.50	133.53%
Total 5810 Quality Program	\$	53,009.00	\$ 24,718.00	114.46%
5830 Entry to Practice - Projects			-1,427.75	100.00%
5831 OCE Examiner Exam Fee		210,595.25	165,347.75	27.37%
5832 OCE Examiner Training Fees		1,318.75	7,044.05	-81.28%
5834 Exam Committee - per diem		2,291.00		
5835 Exam - Technology costs		90,354.32	75,210.97	20.13%
5836 Exam Delivery Costs			1,996.57	-100.00%
5837 Exam - Admin / Misc. costs		10,914.28	619.50	1661.79%
5838 Exam - Consultant Fees		217.53	0.00	
5840 Exam - Development / Misc.costs		16,948.50	20,792.55	-18.49%
Total 5830 Entry to Practice - Projects	\$	332,639.63	\$ 269,583.64	23.39%
5880 Remediation				
5871 QA Practice Enhancement fees		1,483.30	715.00	107.45%
5882 Remediation - ICRC		12,987.73	11,876.55	9.36%
4028 ICRC Remediation Chargeback		-13,568.02	-3,786.25	-258.35%
Total 5882 Remediation - ICRC	-\$	580.29	\$ 8,090.30	-107.17%
5883 Remediation - Registration		1,771.25	2,509.00	-29.40%
4027 Registration Chargeback		-1,487.50	-390.00	-281.41%
Total 5883 Remediation - Registration	\$	283.75	\$ 2,119.00	-86.61%

5884 Remediation - Discipline		4,897.75	-100.00%
4026 Discipline Chargeback		-2,031.25	100.00%
Total 5884 Remediation - Discipline	\$ 0.00	\$ 2,866.50	-100.00%
5887 Coach Training	3,047.25	195.00	1462.69%
Total 5880 Remediation	\$ 4,234.01	\$ 13,985.80	-69.73%
5890 Therapy and Counselling Fund	7,490.00	23,378.06	-67.96%
Total 5800 Programs	\$ 397,372.64	\$ 334,481.51	18.80%
5900 Staffing			
5901 Salaries	1,160,936.89	1,096,765.88	5.85%
5904 Consultant fees	10,094.08	29,166.29	-65.39%
5905 Staff Development	8,749.68	15,906.92	-44.99%
5906 Recruitment		2,550.21	-100.00%
5907 Staff Recognition	9,235.64	7,443.54	24.08%
5915 MERCS			
5902 Employer Benefits	54,698.93	54,371.17	0.60%
5903 Employer RRSP Contribution	66,664.98	58,572.48	13.82%
5911 CPP - Canadian Pension Plan	60,787.42	57,951.61	4.89%
5911-01 CPP - Canadian Pension Plan - Board/Committee	1,746.96		
5912 El - Employment Insurance	22,952.72	20,966.74	9.47%
5913 EHT - Employer Health Tax	24,326.37	22,409.59	8.55%
Total 5915 MERCS	\$ 231,177.38	\$ 214,271.59	7.89%
Total 5900 Staffing	\$ 1,420,193.67	\$ 1,366,104.43	3.96%
6001 Amortization	26,377.41	29,170.75	-9.58%
Minister of Finance Expense	0.00	0.00	
Total Expenses	\$ 2,550,835.96	\$ 2,230,213.66	14.38%
Excess of revenues over expenses	\$ 166,788.22	\$ 192,006.83	-13.13%

Thursday, Aug. 07, 2025 09:07:48 a.m. GMT-7 - Accrual Basis

Statement of Financial Position College of Physiotherapists of Ontario As of June 30, 2025

Distribution account	Total
Assets	
Current Assets	
Cash and Cash Equivalent	
1000 Cash on Hand	0.00
1001 Petty Cash	
1003 CC Clearing - RBC - 100-999-2	3,511.36
1005 Operating - RBC - 102-953-7	316,452.53
1101 RBC Prime Linked GIC	
1103 Savings - RBC - 100-663-4	8,385,021.64
Total for 1000 Cash on Hand	\$8,704,985.53
1100 Investments	0.00
1102 Investments - Short Term	1,219,075.01
1104 Investments - Long Term	4,277,635.84
1105 RBC Investments - cash balance	0.47
1106 Accrued Interest - Short Term	25,291.92
1107 Accrued interest - Long Term	152,889.69
Total for 1100 Investments	\$5,674,892.93
1205 Undeposited Funds	-873.00
Virtual Wallet (CAD)	52,862.38
WayPay Clearing Account (CAD)	
Total for Cash and Cash Equivalent	\$14,431,867.84
Accounts Receivable (A/R)	
1200 Accounts Receivable	45,996.40
1207 Employer Health Tax Receivable	
Total for 1200 Accounts Receivable	\$45,996.40
Total for Accounts Receivable (A/R)	\$45,996.40
1201 Allowance for Doubtful Accounts	-27,784.63
1206 Accrued Receivable	-7,500.00
1400 Prepaid Expenses	0.00
1401 Prepaid Software	19,328.53
1403 Prepaid IT services	0.01
1405 Prepaid Insurance	501.12
1406 Prepaid Membership	133,605.95
1408 Prepaid staff development	
1409 Prepaid Salary - COLA	
1410 Prepaid meetings	
1411 Prepaid Rent	26,871.40
1412 Prepaid OCE	16,503.52

Total for 1400 Prepaid Expenses	\$196,810.53
Total for Current Assets	\$14,639,390.14
Non-current Assets	
Property, plant and equipment	
1301 Computer equipment	164,555.86
1302 Computer Software	110,740.00
1305 Computer equipment - Acc dep	-146,720.01
1306 Computer Software - Acc Dep	-110,740.00
1310 Furniture and Equipment	377,049.09
1312 Furniture & Equipment -Acc Dep	-377,049.09
1320 Leasehold Improvements	793,263.20
1322 Leasehold Improvments -Acc dep	-647,083.25
1325 Construction Work In Progress	
Total for Property, plant and equipment	\$164,015.80
1399 Suspense	
Total for Non-current Assets	\$164,015.80
Total for Assets	\$14,803,405.94
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable (A/P)	
2000 Accounts Payable	274,479.38
Total for Accounts Payable (A/P)	\$274,479.38
Credit Card	
2000-01 VISA Corporate Credit Card (All)	56,076.14
2001 RBC VISA 9421/4129	
2003 RBC VISA 2808/2195	
2004 RBC VISA 9044/3707	
Total for Credit Card	\$56,076.14
2010 Accrued Liabilities	66,196.51
2011 Vacation Accrual	243,378.48
2012 C&D accrual	191,591.00
2015 Sexual Abuse Fund	
2100 Deferred Revenue	0.00
2101 Deferred Registration Fees	0.00
2102 Deferred Full Fee Revenue	5,555,231.59
2103 Deferred Pro-Rated Fee Revenue	240,223.89
2107 Deferred Reg Com Exemption Fee	
2108 Deferred Revenue - OCE Fee	1,354,762.50
Total for 2101 Deferred Registration Fees	\$7,150,217.98
2105 Deferred credit card charges	
2110 Banked refunds	40,706.15
Total for 2100 Deferred Revenue	\$7,190,924.13

2150 Other Payables	0.00
2151 Due to Canada Life/Sunlife	
2152 Due to Manulife (RRSP)	
2153 Due to Allstate (CI)	
2154 Citizen's Advisory Group	
Total for 2150 Other Payables	0.00
24000 Payroll Liabilities	
25530 GST/QST Payable	
Total for Current Liabilities	\$8,022,645.64
Non-current Liabilities	
2125 Deferred Rent - Tenant Incentiv	49,696.93
2190 Lease Inducements	
Total for Non-current Liabilities	\$49,696.93
Total for Liabilities	\$8,072,342.57
Equity	
3900 Retained Earnings	595,377.15
Surplus (Deficit) for the year	166,788.22
3000 Unrestricted Net Assets	4,660,809.00
3001 Invested in Capital Assets	208,089.00
3010 Restricted Reserves	0.00
3011 Contingency Reserve / C&D	1,000,000.00
3012 Fee Stab / Sex Abuse Therapy	100,000.00
3013 Strategic Initiatives	
3014 IT Improvements	
Total for 3010 Restricted Reserves	\$1,100,000.00
Total for Equity	\$6,731,063.37
Total for Liabilities and Equity	\$14,803,405.94

Accrual Basis Thursday, August 07, 2025 04:13 PM GMTZ

Statement of Cash Flows

College of Physiotherapists of Ontario April 1-June 30, 2025

TOTAL **FULL NAME OPERATING ACTIVITIES** Net Income 167,003 Adjustments to reconcile Net Income to Net Cash provided by operations: 1200 Accounts Receivable -18,212 1206 Accrued Receivable 7,500 1401 Prepaid Expenses: Prepaid Software 13,503 1403 Prepaid Expenses:Prepaid IT services 3,122 1405 Prepaid Expenses:Prepaid Insurance 5,014 1406 Prepaid Expenses: Prepaid Membership 58,331 1411 Prepaid Expenses: Prepaid Rent 3.932 1412 Prepaid Expenses: Prepaid OCE 24,755 2000-01 VISA Corporate Credit Card (All) 39,126 2000 Accounts Payable -159,225 2001 RBC VISA 9421/4129 -1,894 2003 RBC VISA 2808/2195 -32,039 2004 RBC VISA 9044/3707 -2,430 2010 Accrued Liabilities -210,486 2102 Deferred Revenue:Deferred Registration Fees:Deferred Full Fee Revenue -1,838,595 2103 Deferred Revenue:Deferred Registration Fees:Deferred Pro-Rated Fee Revenue 240,224 2108 Deferred Revenue:Deferred Registration Fees:Deferred Revenue - OCE Fee 236,215 2151 Other Payables: Due to Canada Life/Sunlife 2152 Other Payables: Due to Manulife (RRSP) 2153 Other Payables: Due to Allstate (CI) Total for Adjustments to reconcile Net Income to Net Cash provided by operations: -\$1,631,158 Net cash provided by operating activities -\$1,464,155 **INVESTING ACTIVITIES** 1301 Computer equipment 313 1305 Computer equipment - Acc dep 5,775 1312 Furniture & Equipment -Acc Dep 532 1322 Leasehold Improvments -Acc dep 20,071 Net cash provided by investing activities \$26,691 FINANCING ACTIVITIES

2125 Deferred Rent - Tenant Incentiv

NET CASH INCREASE FOR PERIOD

Cash at beginning of period

CASH AT END OF PERIOD

Net cash provided by financing activities

-6,777

-\$6,777

-\$1,444,241

\$15,876,109

\$14,431,868





Board Meeting September 25-26, 2025

Agenda #16.0: Fees for FY2027
It is moved by
and seconded by
·
that:
The Board approve not increasing registration, administrative and examination fees for FY2027.



BOARD BRIEFING NOTE

For Decision

Topic:	Fees for FY2027
Public Interest	The financial stability of the College is essential to discharging our
Rationale:	regulatory obligations and serving the public interest.
Strategic	People & Culture: Ensuring the College is sufficiently resourced such that
Alignment:	the College's statutory obligations and strategic priorities can be met.
Submitted By:	Craig Roxborough, Registrar & CEO
	Mary Catalfo, Director of Finance
Attachments:	N/A

Issue

• The Board is provided with an overview of the analysis that has been taken with respect to registration, administrative, and examination fees for FY2027 along with a recommendation from the Risk, Audit, and Finance Committee (RAFC) to not raise fees for FY2027.

Decision Sought

• The Board is asked whether it approves the recommendation from RAFC to not raise fees for FY2027.

Background

• The Board has been provided with detailed overviews of the history of fees, relating both to registration and the Ontario Clinical Exam (OCE) at various points in the past few years. What follows is a high-level overview of this information along with hyperlinks to previous Board materials where additional information is provided.

History of Fees

- In <u>June 2023</u> (see pages 105-108) the Board was provided with a detailed history of the College's registration fees.
 - This included identifying a 10% increase in 2022, that returned College registration and administration fees to 2016 levels after two decreases were made in the time between.
 - In <u>December 2023</u> (pages 167-173) the Board approved a subsequent 2% increase to all registration and administrative fees.
- At the genesis of the OCE, the College made a commitment to ensure that the new program did not impose a financial burden on the registrant base such that registration fees were relied



upon to operate the OCE. In other words, that the fee charged for the OCE was sufficient to sustain at minimum a balanced financial position within the program.

- Since the program was launched, the demand for the OCE far exceeded any historical projections. This has resulted in the OCE generating a significant surplus in recent years.
- In <u>September 2024</u> (pages 172-179) the Board discussed a recommendation to *not* increase fees for FY2026 based on financial projections.

Regulatory Fees within Ontario

- Notably, the College's operating budget is the 6th largest among the 26 health regulatory Colleges, however, registration fees are the 6th lowest among all the professions regulated under the *Regulated Health Professions Act, 1991*.
- Specifically, among rehabilitation related professions, the College has the lowest fees as illustrated in the table below, along with information regarding the size of each profession.

Table 1: Regulatory College Fees and Size in Rehabilitation Professions

	Annual		
	Registration for	Membership	Operating
	Independent	Size	Budget
College	Practice	(Approx.) ¹	(Approx.) ²
Physiotherapists	\$648	11,909	\$9,013,846
Kinesiologists	\$700	2995	\$2,088,806
Occupational Therapists	\$773	7112	\$5,390,333
Audiologists & Speech Language Pathologists	\$780	5108	\$4,357,171
Massage Therapists	\$915	15,533	\$11,177,224
Chiropractors	\$1,100	5537	\$4,825,460

Current Status and Analysis

- As the Board will recall, any proposal to increase registration and administrative fees or the OCE fee would require the College to conduct a consultation prior to implementation.
 - As fees need to be in place prior to the annual renewal process that is launched in each February, decisions regarding fees must be made at the September Board meeting to allow for a consultation to occur and a final decision to be made at the December Board meeting.

¹ Data regarding membership size was collected from the last published annual report for each regulatory body. For this reason, the data may be out of date and not represent the most recent fiscal year.

² As with above, information was obtained from the last published annual report and so may similarly be out of date. The information presented focuses on the expenses incurred rather than the revenue earned.



- Building upon the approved FY2026 budget, an analysis was undertaken with respect to both registration and administrative fees and the fee for the OCE to determine whether any increases would be necessary for FY2027.
- At this time, no increases are being proposed to either registration and administrative fees or the OCE fee for FY2027.

Projection Assumptions

- The FY2026 budget projects a deficit for core business of approximately \$200,000 with a surplus of \$330,000 for the OCE.
- To support an analysis of potential needs for FY2027 and FY2028, a projection was built using FY2026 as a foundation and modifying the forecast on the basis of the following assumptions:
 - A net increase of just less than 700 new registrants per year based on Ontario program sizes, trends in registration rates among those educated outside of Canada, and annual attrition rates;
 - A 3% organization wide increase in costs, tracking inflationary trends and historical costs increases, with greater increases in technology costs based on historical trends;
 - o A 4% increase in staff costs, reflecting both inflationary and merit increases;
 - Reductions in costs for FY2027 relating to fees that will no longer be paid to the Canadian Alliance of Physiotherapy Regulators (CAPR); and
 - Reduced rent obligations pending the finalization of an office relocation and new spacesharing agreement (more information provided under separate cover).
- The model includes some uncertainty as significant elements of the College's finances are still uncertain at this time.
 - While the Board has supported the implementation of an incentive program within the OCE to increase capacity, the true financial cost of this program has not yet been determined as it is dependent on examiner participation and ultimately demand for the OCE. When implemented, it will increase the overall cost of running the OCE in FY2026 and FY2027 but the program will not be implemented in a manner that positions the OCE in a deficit position.
 - The College's Strategic Plan is currently being revised and will inform investments that are needed within the College in FY2027 and beyond. The investments have not yet been identified as the Strategic Plan is not complete and staff have not undertaken operational or budget planning processes for FY2027 at the time of preparing these forecasts.



- The true impact of reduced rent obligations will be dependent on whether a new lease and space-sharing agreement is approved and the final costs that are negotiated as part of that agreement.
- Notwithstanding this uncertainty, the forecasts presented in *Table 2* below indicate that the College is likely to be in a strong financial position at the close of FY2026, may face some financial challenges in FY2027 depending on the investments made, but will be in a strong financial position in FY2028 as the full cost savings of reduced rent are felt.

Table 2: Historical Financial Position and Forecasts through to FY2028

	FY2024 ³	FY2025	FY2026	FY2027	FY2028
	Actuals	Audit	Budget	Forecast	Forecast
Ontario Clinical Exam					_
Revenue	-	1,996,847	2,223,200	1,250,550	0
Expenses	-	1,546,018	1,884,125	1,040,401	
Surplus (Deficit)	-	450,829	339,075	210,149	0
					_
Core Business					
Revenue	9,754,736	8,464,749	8,618,488	9,073,508	9,396,916
Expenses	9,025,476	8,320,320	8,815,142	9,225,252	9,034,796
Surplus (Deficit)	729,260	144,429	-196,654	-151,744	362,120
Total College					
Revenue	9,754,736	10,461,596	10,841,688	10,324,058	9,396,916
Expenses	9,025,476	9,866,338	10,699,267	10,265,653	9,034,796
Surplus (Deficit)	729,260	595,258	142,421	58,405	362,120
Operating Reserve (in months)	5	6	5	6	7

- The model anticipates that FY2026 will close in a surplus position, that FY2027 will be balanced, but that by FY2028 the College will once again be in a strong surplus position pending.
 - As noted these forecasts are subject to any investments or changes made in response to the new Strategic Plan and resulting operational plan.
 - Notably, the College's operating reserve will remain at 5 months or better over each of these fiscal years.

³ For FY24, the College did not divide the business into Core and OCE. All OCE activities are reflected in the Core Business line of this table.



- On the basis of the information available, a fee increase is not proposed at this time.
 - The OCE is being wound down and is expected to be in a balanced or surplus position for FY2026 and FY2027 so a fee increase at this time is unlikely to be necessary or perceived as appropriate by the profession/candidates.
 - The College has generated significant surpluses in FY2024 and FY2025 and is projected to weather FY2026 and FY2027 and return to a surplus position in FY2028.
 - The profession has experienced two increases in the past 5 years and the perception of additional increases after posting surpluses and projecting strong positions in the shortterm may not be received well by the profession.
 - The College's operating reserve is well within the policy expectation, fluctuating between 5 and 7 months of operating costs.
- Notwithstanding the above, if significant investments into the College's operations is
 necessary over the next two years, the College may need to tolerate small planned deficits with
 a longer-term return to a balanced financial position.

Risk, Audit, and Finance Committee

- The RAFC considered the information shared above at its August 2025 meeting and had the opportunity to ask questions regarding the proposal. Ultimately, the RAFC passed the following motion:
 - The Risk, Audit, and Finance Committees recommends not to increase registration, administrative and examination fees for FY2027.

Next Steps

- Staff will implement the feedback or direction of the Board in relation to registration, administration, and examination fees.
- While forecasts have been developed for the purposes of this decision-point, work to create the FY2027 budget has started.
 - Key operational priorities for FY2027 will be presented to the Board in December 2025 prior to the presentation of a full budget at the March 2026 meeting.

Questions for the Board

- Do you feel anything in the materials requires further clarification?
- Does the Board require any additional information to make a decision?





BOARD BRIEFING NOTE

For Discussion

Topic:	Development of an Indigenous Cultural Safety and Humility Standard
Public Interest Rationale:	The College ensures accountability, high-quality care, and equity in physiotherapy practice by regularly reviewing and updating its Standards of
	practice to align with evolving practice and public expectations.
Strategic	Risk & Regulation: A risk-based approach is applied to Standards
Alignment:	development.
	Continuous Improvement: Standards are current and relevant and establish the right level of professional expectations.
	EDI: EDI principles are considered as part of the adaptation process.
Submitted By:	Mara Berger, Director, Policy, Governance & General Counsel
Attachments:	Appendix A: Developing a Practice Standard to Address Indigenous-Specific Racism in Healthcare: A Case Study

Issue

• The potential development of an Indigenous Cultural Safety and Humility Standard.

Decision Sought

• The Board is being asked to decide whether the College should develop an Indigenous Cultural Safety and Humility Standard. If the answer is yes, the Board is also being asked to provide input into the potential development process.

Background

- In March 2023, the Board approved a Revised Standards Review Process to adopt 16 of the National Model Standards for use in Ontario.
- Included in the Model Standards were a Standard for Health Equity and Anti-Discrimination and an Indigenous Cultural Safety and Humility Standard, which had been based on Standards developed in BC.
 - Cultural humility stands for committing to an ongoing process of self-reflection to understand personal and systemic biases and to develop respectful relationships based on mutual trust. Cultural safety is an outcome where individuals feel secure and respected and do not encounter racism or discrimination when receiving health care.
- While the importance of the two Standards was noted, it was determined that any Health Equity and Anti-Discrimination and Indigenous Cultural Safety and Humility Standards implemented by the College should reflect the lived experiences in Ontario and allow for input





from the communities within the province, and as such adopting the national Model Standards was not the appropriate pathway.

- As the adoption of the 16 National Model Standards is nearing its end, the College has begun to explore the possibility of developing its own Health Equity and Anti-Discrimination and Indigenous Cultural Safety and Humility Standards.
- While the two Standards would encompass similar considerations, creating a standalone Standard that specifically focuses on Indigenous Peoples would recognize the unique relationship that exists and would provide an opportunity to directly address Indigenousspecific racism, especially within the health care system.
- The issue of Indigenous-specific racism has emerged as an important concern in relation to reconciliation and the lived experiences of Indigenous Peoples.
 - In 2015, the Truth and Reconciliation Commission of Canada issued 94 <u>Calls to Action</u>, 7 of which related directly to health and the health care system. A presentation on the Truth and Reconciliation Commission Report and the recommendations will be held for the Board on September 25, 2025, in advance of the Board meeting.
 - Furthermore, in 2020, the summary report "In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care" outlined 24 recommendations related to systems, behaviours and beliefs, with the recommendations stressing the immediate need for comprehensive efforts to eliminate prejudice and discrimination against Indigenous Peoples. While the report was issued following an investigation into Indigenous-specific racism in B.C.s health care system, instances of harmful and discriminatory experiences with health care providers are not unique to B.C. and as such there is an opportunity for shared learning based on the findings of the report.
- Because of the unique considerations that may arise in relation to the potential development of an Indigenous Cultural Safety and Humility Standard, staff are seeking to engage the Board in a conversation to confirm the Board's interest in developing the Standard and if there is an interest, to obtain input on the possible development process.

Current Status and Analysis

- In the lead up to the potential development of an Indigenous Cultural Safety and Humility Standard and in keeping with the College's commitment to providing training and education with respect to Equity, Diversity, and Inclusion, the Board has previously been engaged in two important education sessions:
 - At the December 2023 meeting, the Board received a presentation on the realities, challenges, and benefits of providing care to Indigenous communities in rural and remote Ontario.





- At the March 2024 meeting, the Board participated in a 'Blanket Exercise' to understand the history of Indigenous peoples from pre-contact to the present day, with a focus on the effects of colonization.
- Building upon the learnings from the education sessions and in line with the College's strategic commitment to equity, diversity and inclusion, developing an Indigenous Cultural and Humility Standard could be a valuable next step to increase awareness about culturally appropriate and safe care for Indigenous Peoples and provide the necessary guidance to registrants to support efforts to acknowledge and address Indigenous-specific racism in health care.
- If there is an interest in developing such a Standard, an important consideration would be how to approach the development process. In the spirit of reconciliation, the development of the Indigenous Cultural Safety and Humility Standard may require a more individualized approach that differs from how Standards are usually drafted.
- In particular, the development of this standard could be informed by best practice and require the College to connect directly with Indigenous communities throughout the province in a manner that has not been done to date.
- This approach could be informed by the health Colleges in B.C. who worked directly with their local Indigenous communities in the development of their Indigenous Cultural Safety, Humility and Anti-racism Standard. The content of the Standard is a directly result of that engagement and relationship building, with the respective Boards allowing the Indigenous communities to lead the process.
 - o In Ontario, while there is a consistent commitment to equity, diversity and inclusion across the health Colleges, there are currently few Colleges that have developed dedicated Standards. The College of Psychologists and Behaviour Analysts has incorporated an equity, diversity and inclusion provision into their professional Standards. The only other example is the College of Registered Psychotherapists of Ontario, which is currently consulting on two equity, diversity and inclusion Standards, with one specifically focusing on Indigenous Cultural Humility and Non-Discrimination.
- The B.C. College of Nurses and Midwives, who partnered with the College of Physicians and Surgeons of B.C. to develop the Standard, has been invited to talk to the Board about its experience as part of this conversation. A case study discussing the process has also been attached for information purposes as Appendix A.
- Adopting a similar approach as B.C. and working directly with local Indigenous communities in Ontario would provide an opportunity for the Indigenous communities themselves to inform the content of the Standard based on what they need to feel safe when seeking physiotherapy care. External support would be needed to build the necessary connections with Indigenous communities and to help facilitate the engagement.



- Engaging directly with the Indigenous communities to allow them to inform the content of a
 potential Indigenous Cultural Safety and Humility Standard would mean that the College and
 the Board would need to be prepared to share a certain amount of power with Indigenous
 communities when it comes to the development of the Standard.
 - While the Board would still be responsible for approving the Standard once it has been drafted, the expectation would be that the content is driven by the engagement with the Indigenous communities and that their voices are centered.

Next Steps

• If the Board decides to proceed with the development of an Indigenous Cultural Safety and Humility Standard, staff would start the process of creating a development process and an engagement strategy based on the feedback and direction from the Board.

Questions for the Board

- Is there anything in the materials that requires clarification?
- Is there an interest in developing an Indigenous Cultural Safety and Humility Standard?
- If the College were to develop an Indigenous Cultural Safety and Humility Standard, should a similar approach as used in B.C. be considered?

Developing a Practice Standard to Address Indigenous-Specific Racism in Healthcare: A Case Study

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Abstract

Racism in healthcare directed toward Indigenous Peoples in Canada is an ongoing issue resulting in significant disparities in morbidity and mortality. The British Columbia College of Nurses and Midwives (BCCNM) is the health profession regulatory college for all nursing designations and registered midwives. In 2021–2022, BCCNM developed and implemented the Indigenous Cultural Safety, Cultural Humility, and Anti-Racism practice standard, the first of its kind in Canada, which applies to all British Columbia nursing and midwifery registrants. This case study describes the policy development process and lessons learned for developing the Indigenous Cultural Safety, Cultural Humility, and Anti-Racism practice standard.

Introduction

In 2021–2022, the British Columbia College of Nurses and Midwives (BCCNM), in collaboration with the College of Physicians and Surgeons of British Columbia (CPSBC), developed and implemented the Indigenous Cultural Safety, Cultural Humility, and Anti-Racism practice standard, which applies to all nurses, midwives, physicians and surgeons in British Columbia (BC) (BCCNM 2022a). This case study describes the standard development process, outcomes and lessons learned.

Background

Indigenous-specific racism is rooted in Canada's history of settler colonialism and inflicts harm upon Indigenous Peoples (First Nations, Métis and Inuit). Its continued presence in the Canadian healthcare system (Turpel-Lafond 2020) produces significant disparities in morbidity and mortality (Tjepkema et al. 2019; Vigneault et al. 2021), exemplified in the deaths of Brian Sinclair, Joyce Echaquan, Jordan River Anderson and Keegan Combes (First Nations Child & Family Caring Society of Canada 2023; First Nations Health Authority 2022; Kamel 2022; Provincial Court of Manitoba 2014).

In 2020, the Government of BC commissioned an inquiry, leading to the report *In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care* (referred to as *In Plain Sight*) (Turpel-Lafond 2020). The inquiry heard from over 2,700 Indigenous Peoples and over 5,400 healthcare workers; the final report included 24 recommendations for the government and health system at large. Four recommendations were specific to regulatory colleges, including developing a standard addressing Indigenous-specific racism.

In Plain Sight's findings prompted BCCNM and CPSBC to collaborate on developing the Indigenous Cultural Safety, Cultural Humility, and Anti-Racism practice standard (BCCNM 2022a). This standard sets the requirement that Indigenous Peoples receive culturally safe healthcare that is free from racism and discrimination.

BCCNM's Role

BCCNM is the regulatory college for licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses and registered midwives in BC (~73,000 registrants). BCCNM is empowered under the *Health Professions Act* (1996), s 16(2)(d), "to establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants" and the *Health Professions Act* (1996), s 16(2)(g), "to establish, monitor and enforce standards of professional ethics amongst registrants." Every registrant regulated by BCCNM is held to the standards that set out

the required professional behaviours of a registrant and establish minimum practice expectations (BCCNM 2024a).

Practice Standard Development

The process used to develop standards of practice is adapted from Windholz's (2018) regulatory policy cycle. BCCNM's standards development process includes defining and analyzing the issue, selecting an approach, seeking organizational approval, implementing and evaluating. Stages are iterative and not necessarily discrete or sequential. The essential components (what Windholz describes as "gears") that influence standards development include evidence, external influences, politics, engagement, capacity and cultural safety and humility.

After reviewing *In Plain Sight* (Turpel-Lafond 2020) and other national reports (Government of Canada 1996; National Inquiry into Missing and Murdered Indigenous Women and Girls 2019; Truth and Reconciliation Commission of Canada 2015), staff developed an initial understanding of Indigenous-specific racism in the healthcare system, related harms and considered how to act on recommendations of these reports. A literature review was conducted on the concepts of cultural safety, cultural humility and anti-racism.

Regulatory College Collaboration and Indigenous Leadership

BCCNM collaborated with CPSBC throughout the development process. We engaged an Indigenous consultant and an Indigenous communications consultant for guidance and feedback on development. The consultants highlighted ways that systemic and Indigenous-specific racism impact Indigenous Peoples, recommended an Indigenous-specific standard and supported staff to prioritize Indigenous perspectives throughout the development process.

BCCNM and CPSBC also engaged an Indigenous knowledge keeper from the Musqueam Indian Band (a local First Nation on whose unceded territory BCCNM's offices are located), who supported all meetings with Indigenous participants. Knowledge keepers are Indigenous individuals who hold and share traditional spiritual and cultural knowledge and expertise. Knowledge keepers are lifelong learners who act as living repositories of key events, share the multitude of teachings they have been gifted throughout their lives and have specific knowledge on how to care for the teachings that they hold (BCCNM 2024b).

Indigenous Community Engagement

BCCNM and CPSBC engaged with Indigenous patients and families to learn what culturally safe care would look like to them. These patients and families were identified through the Patient Voices Network, a patient advisory group administered by Health Quality BC (Patient Voices Network n.d.).

Two patient focus groups were facilitated by the Indigenous communications consultant and the Musqueam knowledge keeper and attended by BCCNM and CPSBC staff. In these sessions, attendees discussed their experiences of racism in the healthcare system and improvements they want to see from providers, including what would make a safe healthcare experience.

Surveys and Focus Groups of Indigenous Nurses and Midwives

BCCNM then sent an e-mail to registrants (n = 1,931) who self-identified as Indigenous Peoples, inviting them to participate in a survey or a virtual focus group. Four questions were asked in both the survey and the focus groups as shown in Box 1.

Box 1.	Indigenous registrant focus group and survey questions
	Survey questions
(1)	What attitudes and behaviours would demonstrate cultural humility and cultural safety in the care a nurse or midwife provides?
(2)	What knowledge should all nurses and midwives possess to provide culturally safe care?
(3)	BCCNM's standards set out the expected and achievable level of performance for nurses and midwives. BCCNM is developing Indigenous cultural safety and humility standards that aim to improve the experiences of Indigenous Peoples when they receive care from nurses and midwives. The standards must be meaningful to Indigenous Peoples and set clear expectations for nurses and midwives. What should be included in these standards?
(4)	How can a nurse or midwife ask Indigenous clients, in a culturally safe manner, about their cultural background and expectations for care?

BCCNM = British Columbia College of Nurses and Midwives.

The survey was open for three weeks. There were 43 fully completed surveys and 10 partially completed surveys. Open-ended text boxes with no word limits were included after each question.

Seventeen Indigenous nurse registrants consented to participate in a two-hour focus group session facilitated by staff and a Musqueam knowledge keeper. Four sessions were held in June 2021 and questions were provided in advance for participants to reflect on their experiences. Conversations were recorded and subsequently transcribed with participants' consent. All focus group participants were offered an honorarium for their time and the knowledge shared.

Analysis of Indigenous Registrant Survey and Focus Group Results

There were 70 Indigenous participants from both the survey and the focus groups who responded to some or all of the questions. Survey and focus group responses were analyzed by staff using an inductive value coding method (Saldaña 2021).

Segments of phrases and text were extracted to a spreadsheet and assigned a category and subcategory. Similar and high-frequency categories and subcategories were combined, resulting in four categories and 15 sub-categories as indicated in Table 1.

For example, "anti-racist practice" (Category 1) was coded when respondents communicated that qualities or values of an anti-racist practice were very important and needed inclusion. This category was derived from Turpel-Lafond's definition (2020) that anti-racist practice involves "identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices, profiles and behaviours that perpetuate racism."

Table 1.	Categories and subcategories from Indigenous survey and focus group results
Categories	Subcategory
Anti-racist practice	Practice critical self-reflection and self-awareness
	Advocate against racism
	Acknowledge and address power imbalances
Culturally safe	Respect, empathy, compassion and humility are important qualities
approaches to care	Be curious and open to learning
	Respect and support the integration of Indigenous healing and practices
	Take a trauma-informed approach to care
Person-led care	Building relationships and trust is essential
	Care for a person holistically
	Promote self-determination
	Consider when and how to ask about cultural background and practices
	Give time and space to allow a person to speak
Knowledge and understanding	Receive education on the history and impact of colonization from the Indigenous perspective
	Understand that Indigenous communities have diverse practices and values
	Engage in ongoing cultural safety, cultural humility/anti-racist education

Drafting the Practice Standard

Based on the analysis of the data, six concepts became the framework for the standard:

- 1. Self-reflective practice (it starts with me)
- 2. Building knowledge through education
- 3. Anti-racist practice (taking action)

- 4. Creating safe healthcare experiences
- 5. Person-led care (relational care)
- 6. Strengths-based and trauma-informed practice (looking below the surface)

The concepts of "anti-racist practice" and "person-led care" were retained from the initial analysis. "Culturally safe approaches to care" was shifted to "creating safe healthcare experiences." "Knowledge and understanding" became "building knowledge through education." Through continued analysis, the subcategories of self-reflection and trauma-informed approaches stood out as key elements of providing culturally safe and anti-racist care. Self-reflection was foundational for registrants to have anti-racist practices. Strengths-based and trauma-informed practice highlights the need to consider trauma experiences while also building on client strengths.

The team reviewed data and literature to develop specific requirements for the six concepts, leading to the first standard draft. This first draft became the basis for initial internal and external consultation.

Further Engagement

The original registrant focus group participants were invited to provide feedback on the first standard draft, alongside key health partners. Feedback was coded inductively into one of three categories: considerations for standard implementation, further concepts to consider and concepts requiring clarification. Feedback was analyzed, and the draft was amended.

Once CPSBC and BCCNM agreed on a final draft, all registrants (Indigenous and non-Indigenous) were invited to provide feedback on the standard via surveys. In November 2021, BCCNM e-mailed a survey to 64,519 midwifery and nursing registrants (Box 2) and posted the survey on BCCNM's website. There were 1,329 completed surveys and an additional 3,066 partially completed surveys. This final survey was intended to introduce the standard and identify potential barriers registrants might encounter when applying it within their practice. Participants were asked to rate their agreement with statements listed in Box 2 using a Likert scale.

The survey cohort had proportionate representation from each designation. Most respondents strongly agreed or agreed that the overall standard was clear and easy to understand. Many (43.5%) provided a positive response to the openended question asking for comments or questions about the draft standard. Approximately 20% of respondents raised questions about why the standard was Indigenous-specific and whether these concepts should apply to all groups who experience racism and discrimination in BC healthcare.

Box 2.	Survey questions for the final draft standard
	Survey questions
1	These standards are clear and easy to understand: Self-reflective practice Building knowledge through education Anti-racist practice Creating safe healthcare Person-led care Strengths-based and trauma-informed practice
2	Do you have any other comments or questions about the draft standards?
3	What types of learning resources would help you understand, reflect on and apply the Indigenous cultural safety, cultural humility and anti-racism standards in your practice? • Illustrative examples: scenarios demonstrating a concept • Frequently asked questions (FAQs) • Videos • Interactive quizzes • Toolkit: a collection of resources that enable you to learn about an issue and identify approaches for addressing it • Infographics: visual representation of concepts • Other (please specify)
4	This new standard will require nurses and midwives to undertake ongoing education related to Indigenous cultural safety and humility. • How will you do this? What strategies will you use?
5	How should Indigenous cultural safety, cultural humility and anti-racism be included in BCCNM's quality assurance requirements for nurses and midwives?
6	Which registrant group are you a part of? Licensed practical nurse Nurse practitioner Registered midwife Registered nurse Registered nurse (certified practice) Registered psychiatric nurse Other (please describe) N/A: member of the public
7	Do you identify as Indigenous Peoples (First Nations, Métis or Inuit)?

Responses provided an understanding of registrant readiness to apply this standard. Survey data will be used for comparison with future survey responses to adapt the standard over time.

In response to feedback asking why the standard did not address the experiences of other equity-denied people, BCCNM shared with registrants that "BCCNM clearly recognizes there is inequity experienced by other racialized peoples; this standard for Indigenous-specific racism is in direct response to the findings/ recommendations of the *In Plain Sight* report and it will be a part of our ongoing work to address harms experienced by other marginalized groups."

Standard Approval and Implementation

The standard was presented to and approved by the BCCNM Board in January 2022 and by the CPSBC Board in February 2022 (CPSBC 2022). To recognize the standard within an Indigenous legal framework, it was presented during a ceremony on May 25, 2022, with representatives from BCCNM, CPSBC and the three First Nations whose territory is now known as the City of Vancouver, the x w m $_{0}\theta$ k w $_{0}$

BCCNM also created an Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Practice Standard Companion Guide to support the application of the standard, learning resources and a video series created in collaboration with the CPSBC (BCCNM 2022b). In 2024, six self-directed learning modules were released to support registrants applying the standard (BCCNM 2024c).

After publication, 11 other BC health regulators adapted and adopted the standard (BCHR 2022; CCHPBC 2024). With this approval, there are over 117,000 regulated professionals in BC who are now expected to apply the standard in their practices (BCHR 2022; CPSBC n.d.).

Lessons Learned and Recommendations for Leaders

A primary learning from the development of the standard was the importance of engagement with those directly impacted by this issue; in this case, Indigenous patients, families and registrants. The standard was shaped and strengthened by iterative engagement with Indigenous audiences. This fostered ongoing working relationships and supported the implementation of the standard. These relationships also improved Indigenous engagement when developing standards on other topics; Indigenous engagement is now a key aspect of standards development at BCCNM, is carried out with more purpose and intention than it was previously and contributes to more culturally safe standards overall.

Leaders who are considering Indigenous-specific policies, standards or initiatives are encouraged to prioritize early and continuous engagement with Indigenous audiences. Working with and hearing directly from Indigenous audiences will help support a culturally safe development process, strengthen relationships and support effective implementation.

Limitations

We obtained rich feedback from the Indigenous participants, but overall, participation rates were low. Engagement with Indigenous midwives did not occur until quite late in the development process as staff did not have relationships with key

organizations at that time. BCCNM has since intentionally built relationships with these groups. Engagement efforts may have been impacted by the restrictions of the COVID-19 pandemic.

The standard was developed within the BC context, accounting for Indigenous experiences in the BC healthcare system. It cannot be assumed that it addresses the experiences of Indigenous Peoples throughout Canada or globally.

Conclusion

The Indigenous Cultural Safety, Cultural Humility, and Anti-Racism practice standard sets expectations for how nurses and midwives must engage in culturally safe and anti-racist practice. Throughout the standard development process, staff further understood the need to centre Indigenous voices and experiences. This standard represents one step to supporting health system change and addressing harms caused by Indigenous-specific racism.

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18.0 Research: Exploring Physiotherapists Recognition of Sexual/Professional Boundaries with Patients in Ontario

University of Toronto Master Students





Board Meeting September 25-26, 2025

Agenda #19.0: Ratification of Academic Director: Queens University		
It is moved by		
,		
and seconded by		
,		
that:		

The Board appoints Sarah Hazlewood as an Academic Director from Queen's University to the Board, effective immediately to June 2027.



BOARD BRIEFING NOTE

For Decision

Topic:	Ratification of Academic Director: Queens University
Public Interest	The legislation requires the Board to have academic representatives.
Rationale:	Academics provide a unique perspective that supports the Board in
	decision-making that is grounded in the public interest.
Strategic	People & Culture: Ensure the Board is constituted and representative of the
Alignment:	profession and is composed with members that have the required skills and
	experience.
Submitted By:	Caitlin O'Kelly, Governance Specialist
Attachments:	Appendix A: By-laws Eligibility Criteria
	Appendix B: CV of Sarah Hazlewood (confidential)

Issue

• Queen's University has selected Sarah Hazlewood as their new representative to serve the remainder of the three-year term.

Decision Sought

• In keeping with the requirements of section 3.2 of the College's By-laws that the Board must appoint Academic Directors, the Board is being asked to confirm the appointment of Sarah Hazlewood as the Academic Director representing Queen's University effective immediately, for the remainder of the three-year term ending in June 2027.

Background

- The *Physiotherapy Act, 1991* defines that the composition of the Board must include at least seven and no more than eight elected members of the profession, at least five and no more than seven members who are appointed by the Lieutenant Governor in Council (Public Directors) and one or two members of a faculty from a Physiotherapy or Physical therapy program in Ontario.
- Additional criteria regarding the Academic Directors are set out in the College's By-laws, which
 specify that two registrants shall be selected to serve on the Board as Academic Directors. The
 detailed eligibility criteria can be found in Appendix A.
- Academic Directors are appointed for three-year terms. The appointments are based on a rotating schedule of the five academic programs for Physiotherapy/Physical therapy in Ontario.
- In March 2024, in keeping with this schedule, Queens University selected Trisha Lawson, who was appointed by the Board effective June 24, 2024 to June 2027.





- Queens University has since advised that Trisha Lawson is no longer able to serve on the Board. The University has selected Sarah Hazlewood as their new representative.
- Staff have confirmed that Sarah Hazlewood has met the eligibility requirements as listed in the College By-laws.
- By confirming this appointment, the composition requirements for the Board would remain met and Queens University will continue to be represented on the Board in accordance with the legislation and the College By-laws.

Next Steps

• If the Board approves the academic appointment staff will inform Queen's University and start the onboarding process to ensure that Sarah Hazlewood receives orientation for the Board prior to her first Board meeting in December.

Questions for the Board

 Does the Board have any questions about the appointment of Queen's University academic representative?

Academic Directors

- 3.2. (1) For the purposes of paragraph 6 (1) (c) of the Act, two Registrants who are Registrants of a faculty of physiotherapy or physical therapy of a university in Ontario shall be selected in accordance with this section to serve on the Board as Academic Directors.
 - (2) A Registrant is eligible to serve on the Board as an Academic Director if, on the day of the appointment:
 - (a) the Registrant holds a certificate of registration authorizing independent practice;
 - (b) the Registrant is not in default of any obligation to the College under the Regulations or the By-laws;
 - (c) the Registrant is not the subject of a Discipline or Fitness to Practise proceedings by a body that governs a profession, inside or outside of Ontario;
 - (d) the Registrant has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated, by a body that governs a profession, inside or outside of Ontario, at any time in the six years before the date of the selection;
 - (e) the Registrant has not been found to be mentally incompetent under the Substitute Decisions Act, 1992 or the Mental Health Act and is not a person who has been declared incapable by any court in Canada or elsewhere;
 - in the six years before the selection, the Registrant's certificate of registration has not been subject to a term, condition or limitation other than one prescribed by regulation;
 - (g) the Registrant has not been found guilty of or charged with an offence under the Criminal Code, 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;
 - (h) the Registrant has not been disqualified or removed from the Board or committee of the College in the three years before the selection;
 - the Registrant is not and has not been in the last twelve months before the appointment a director, officer, Committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;

- 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 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 or Reports Committee;
- the Registrant does not hold and has not held in the last twelve months before the appointment an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College;
- (m) the Registrant discloses all potential conflicts of interest in writing to the Registrar within five business days of being nominated and either does not have a conflict of interest to serve as a Director or has agreed to remove any such conflict of interest before taking office;
- (n) the Registrant is not and has not been in the twelve months before the appointment an employee of the College;
- (o) the Registrant has completed an orientation about the College's mandate, and their role and responsibilities prior to attending their first Board or committee meeting; and
- (p) the Registrant meets the competency requirements as set out in the applicable College policy approved by the Board.
- (3) One Registrant shall be selected from a university mentioned in Column 1 of the following Table in the corresponding years indicated in Column 2:

Column 1	Column 2
University of Toronto	2027 and thereafter every 8 and 7 years alternatively
Western University	2029 and thereafter every 7 and 8 years alternatively
McMaster University	2030 and thereafter every 8 and 7 years alternatively
Queen's University	2032 and thereafter every 7 and 8 years alternatively
University of Ottawa	2026 and thereafter every 7 and 8 years alternatively

- (4) An Academic Director shall be selected by the Board in accordance with the above schedule at the last Board meeting prior to the start of their term and the Academic Director shall serve for a three-year term of office.
- (5) In a selection year for a university, the physical therapy or physiotherapy faculty at that university shall submit for Board approval the name of a Registrant who is willing and eligible to serve as a Director. The candidate may be any member of the physical therapy or physiotherapy faculty. If the university does not submit a name of an eligible candidate for the Board's approval in accordance with this section, the Board may nevertheless select a Registrant that meets the

above eligibility requirements from any faculty of physiotherapy or physical therapy of a university in Ontario. The College encourages universities to consider applicants who are tenured faculty, and who are a member of one of the employment equity groups (women, aboriginal peoples, persons with disabilities, and members of visible minorities).

- (6) If an Academic Director dies, resigns, is disqualified or otherwise removed from the Board, an eligible replacement shall be selected to serve the remainder of the term of office from among the members of the faculty of physiotherapy or physical therapy from which the former Academic Director was selected.
- (7) The following are grounds for disqualification for an Academic Director sitting on the Board:
 - (a) ceases to be a Registrant with a certificate of registration authorizing independent practice;
 - (b) no longer is a member of the faculty of physiotherapy or physical therapy from which they were selected;
 - (c) is in default of any obligation to the College under the Regulations or the Bylaws for over sixty days;
 - (d) is found guilty of professional misconduct, to be incompetent, or to be incapacitated by a body that governs a profession inside or outside of Ontario;
 - (e) is found guilty of or charged with an offence under the *Criminal Code*, Health Insurance Act, the Controlled Drugs and Substances Act, or under any comparable legislation or criminal laws of another jurisdiction that is relevant to the Academic Registrant's suitability to serve as a Director, unless, in respect of a finding, a pardon or record suspension has been granted;
 - (f) becomes a director, officer, Committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - (g) is found to be mentally incompetent under the *Substitute Decisions Act*, 1992, or the *Mental Health Act* and is not a person who has been declared incapable by any court in Canada or elsewhere;
 - (h) assumes an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College;
 - (i) becomes a participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest against the College, the Board, or a committee of the College;

- (j) has a notation posted on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints and Reports Committee;
- (k) fails to attend two consecutive regular meetings of the Board without good reason in the opinion of the Board;
- (l) fails, in the opinion of the Board, to discharge their duties to the College, including having acted in a conflict of interest or otherwise in breach of a By-law, the Act or the College's governance policies; or
- (m) did not satisfy one or more of the criteria for eligibility prescribed in section 3.2 (2) at the date of the appointment, and the Director did not disclose same to the College or the Director was untruthful or misled the College about same.
- (8) Subsections (7)(a), (b), (d), (e), (f), (g), (h), and (i) shall result in automatic disqualification.
- (9) Subsections (7)(c), (j), (k), (l) and (m) shall result in a vote by the Board regarding the disqualification of the Director.