

MEETING OF THE BOARD OF THE COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Meeting Schedule

Education Session (Closed)

Monday, December 8, 2025 | 9:00 – 10:00 a.m.

Board Meeting (Public)

Monday, December 8, 2025 | 10:15 – 3:45 p.m.

Board Meeting (Public)

Tuesday, December 9, 2025 | 9:00 – 3:15 p.m.

Commitment to the Public Interest

The public interest is the foundation of all decisions made by this Board. Acting in the public interest ensures that decisions consider: Accessibility, Accountability, Equality, Equity, Protection of the Public and Quality Care.

Conflict of Interest and Bias

Board Directors are required to declare a conflict of interest or remove themselves from any discussion where they or others may believe that they are unable to consider a matter in a fair, independent and unbiased manner. A declaration in this regard must be made at the start of any discussion item.

Strategic Plan 2022-2026



Mission

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



Vision

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



Values

Integrity
& Trust



Inclusion
& Respect



Transparency
& Accountability



Collaboration

BOARD MEETING AGENDA

Closed Education Session:

9:00 a.m.	A Different Model: The Health and Supportive Care Providers Oversight Authority <i>(Trevor Lee, CEO & Deboah Cohen, Registration Manager at the Health and Supportive Care Providers Oversight Authority)</i> The Board will be provided with an introduction to the Health Supportive Care Providers Oversight Authority and the model of voluntary registration it currently functions under.
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Monday, December 8, 2025

Item	Time	Topic	Page	Purpose
*	10:15 a.m.	Welcome and Call to Order <i>(K. Schulz)</i> • Roll Call • Territory Acknowledgement	N/A	N/A
1.	10:20 a.m.	Review and Approval of the Agenda <i>(K. Schulz)</i>	1-8	Decision
2.	10:25 a.m.	Declaration of Conflicts of Interest <i>(K. Schulz)</i> Following approval of the Agenda, Directors are being asked to declare any known conflicts of interest with the Agenda.	9	Discussion
3.	10:30 a.m.	Approval of the Consent Agenda <i>(K. Schulz)</i> • September 25-26, 2025, Board Meeting Minutes • September 26, 2025, In Camera Board Meeting Minutes • Executive Committee Report • Risk, Audit and Finance Committee Report • Conference Key Learning Report	10-25	Decision

4.	10:35 a.m.	Chair's Report <i>(K. Schulz)</i> The Board is provided with an update regarding key activities and initiatives.	26-27	Information
5.	10:45 a.m.	Registrar's Report <i>(C. Roxborough)</i> The Board is provided with an overview and update regarding key activities and initiatives.	28-76	Information
6.	11:30 a.m.	Code of Conduct Updates & Disqualification Process <i>(M. Berger & C. O'Kelly)</i> The Board will be asked to consider revisions to the Code of Conduct and the establishment of a disqualification process.	77-112	Decision
*	12:15 p.m.	Lunch (45 Minutes)	N/A	N/A
7.	1:00 p.m.	Updated Strategic Plan for 2026-2030 <i>(C. Roxborough & J. Huang)</i> The Board will be asked to approve the updated strategic plan.	113-119	Decision
8.	1:30 p.m.	Priorities and Initiatives for FY2026-2027 <i>(C. Roxborough & J. Huang)</i> Staff have recently completed operational planning for FY2026-2027. The Board will be asked to provide feedback on the list of proposed priorities and initiatives.	120-124	Discussion

9.	2:00 p.m.	Motion to go in camera pursuant to section 7.2(d) of the Health Professions Procedural Code <i>(K. Schulz)</i> The Board will be asked to move in camera as personnel matters or property acquisitions will be discussed.	125	Decision
10.	2:30 p.m.	Committee Slate Amendment <i>(C. O'Kelly)</i> The Board will be asked to approve an amendment to the Committee Slate.	126-142	Decision
*	2:45 p.m.	Break (15 Minutes)	N/A	N/A
11.	3:00 p.m.	Review of College Investments <i>(C. Roxborough and Tyler Graham, RBC)</i> The Board will be provided with a primer and an update regarding the College's investments.	143	Information
12.	3:15 p.m.	Motion to go in camera pursuant to section 7.2(b) of the Health Professions Procedural Code <i>(C. Roxborough & M. Catalfo)</i> The Board will be asked to move in camera as financial matters may be discussed of such nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public.	144	Decision
*	3:45 p.m.	Adjournment of Day One		

Tuesday, December 9, 2025				
Item	Time	Topic	Page	Purpose
13.	9:00 a.m.	Profile of the Profession <i>(J. Huang & F. Campbell, CPA, McMaster)</i> This presentation will share information about the current profile of the profession and recent trends to help inform the Board's consideration of issues and decision-making.	145-146	Information
*	10:30 a.m.	Break (15 Minutes)	N/A	N/A
14.	10:45 a.m.	Update – Guidance for Managing Boundary Challenges in Close-Knit Communities <i>(E. Ermakova)</i> The Board will be provided with an update on the College's analysis of how to address boundary issues in small communities.	147-151	Information
15.	11:15 a.m.	Final Review of Supervision Standard for Approval <i>(E. Ermakova)</i> The Board is being asked to approve the Supervision Standard following the consultation.	152-167	Decision
16.	11:45 a.m.	Appointment of the Auditor <i>(C. Roxborough & M. Catalfo)</i> The Board will be asked to approve a recommendation of the Auditor for the Fiscal Year 2025-2026 Audit.	168-170	Decision
17.	12:00 p.m.	FY2026 Q2 Financial Report <i>(M. Catalfo)</i> The Board will be provided with an update on the College's Q2 financial performance.	171-189	Information
*	12:15 p.m.	Lunch (45 Minutes)	N/A	N/A

18.	1:00 p.m.	Governance Practices Review Refresh <i>(The Regulators Practice)</i> The Board will be provided with an overview of the Governance Practices Review and any resulting governance improvements and will be asked to provide directions regarding next steps.	190-260	Discussion
*	2:30 p.m.	Break (15 Minutes)	N/A	N/A
19.	2:45 p.m.	Exam Transition Update <i>(C. Roxborough & A. Ashton)</i> The Board will be provided with an update regarding the transition to the new Canadian Physiotherapy Exam.	261-265	Information
*	3:15 p.m.	Adjournment of Meeting		

Meeting Norms



Use Zoom and keep your cameras on.



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



Proactively declare and manage any conflicts of interest.



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



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



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



Be present during Board meetings and refrain from sidebar conversations.



Assume everyone has a positive intent.

Board Meeting
December 8-9, 2025

Agenda #1.0: Review and Approval of the Agenda

It is moved by

_____ ,

and seconded by

_____ ,

that:

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

2.0 Declaration of Conflicts of Interest
Katie Schulz

Board Meeting
December 8-9, 2025

Agenda #3.0: Approval of the Consent Agenda

It is moved by

_____ ,

and seconded by

_____ ,

that:

The following items be approved by the Board:

- September 25-26, 2025 Board Meeting Minutes
- September 26, 2025 In Camera Board Meeting Minutes

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

Thursday, September 25 and Friday, September 26, 2025
The College Boardroom & Virtually via Zoom

Public Director Attendees:

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

Professional Director Attendees:

Katie Schulz (Chair)
Gary Rehan (Vice-Chair)
Frank DePalma
Kate Moffett
Dennis Ng
Kirsten Pavelich
Maureen Vanwart
Heather Weber

Guests:

Blair MacKenzie, Hilborn LLP
Cassidy Johnson, Hilborn LLP,
Dave Bhauruth, British Columbia College
of Nurses and Midwives
Stephanie McDonnell, British Columbia
College of Nurses and Midwives
Gurneet Dhami, University of Toronto
Ravneet Sidhu, University of Toronto
Brenda Mori, University of Toronto

Staff Attendees:

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

Recorder:

Caitlin O'Kelly, Governance Specialist

Regrets:

Nitin Madhvani, Public Director
Sinéad Dufour, Professional Director
Jesse Finn, Public Director (September 25)

Thursday, September 25, 2025

Welcome and Call to Order

K. Schulz, Board Chair, called the meeting to order at 11:18 a.m. and welcomed Directors, staff, and invited R. O'Brien to provide 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 K. Pavelich and seconded by D. Ng 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.

K. Moffett declared a conflict with the item *Ratification of Academic Director: Queens University*.

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, including for the first time a report from the Risk, Audit and Finance Committee.

Motion 3.0

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

CARRIED.

4.0 Chair's Report

K. Schulz provided an overview of the Chair's report that covers activities since the June Board meeting, including a summary of results of the post-Board meeting survey and the 2024-2025 Board Operations Evaluation.

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. Implementation of the expanded framework is anticipated in fall 2025, and the College is preparing internal processes to support it.

The Board also received an update on the Ministry's consultation on expanding physiotherapists' scope of practice to include certain diagnostic imaging procedures. The College is preparing a submission, planning operational changes such as rostering and guidance for registrants, and will monitor the timeline as the Ministry advances this work.

6.0 Updated Strategic Plan for 2026-2030

J. Huang, Director, Strategy, presented the Board with a draft strategic plan for validation and feedback. The current strategic plan ends in March 2026 and work to update the plan began in the fall 2024, including environmental scanning, consultation and a facilitated Board discussion in June 2025. The draft plan reflects the Board's earlier input on maintaining the existing framework, while making updates to respond to the current environment and evolving expectations.

The Board discussed refining the language to ensure clarity and alignment with priorities such as equity, diversity, inclusion and belonging. The Board expressed support for the direction of the updated plan, noting that only minor adjustments were needed.

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

M. Berger, Director Policy, Governance & General Counsel, presented proposed By-law and Governance Policy amendments required to support the College's participation in the Health Professions Discipline Tribunals pilot beginning January 1, 2026. The updates include renaming the Discipline Committee as the Ontario Physiotherapists Discipline Tribunal and defining the roles of the Tribunal Chair and the Experienced Adjudicators. The Board also received an update on the transition process and key dates.

During discussion, clarity was sought on the Tribunal's structure and decision-making authority. Staff confirmed that although Discipline Hearings will be administered through the Tribunal, they remain College Hearings. Decisions will continue to be under the College's authority and will still be publicly posted by the College, and subject to the same appeal process and insurance coverage as before.

Motion 7.0

It was moved by M. Vanwart and seconded by H. Weber that:

The Board approves 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.

CARRIED.

8.0 Committee Slate Amendment

Motion 8.0

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

The Committee Slate be amended by appointing Mira Toth to the Examinations Committee.

CARRIED.

K. Moffett declared a conflict with the item Ratification of Academic Director: Queen's University and left the meeting.

9.0 Ratification of Academic Director: Queen's University

Queen's University has nominated a new academic representative to serve on the Board for the remainder of their three-year term, until June 2027.

Motion 9.0

It was moved by D. Ng and seconded by H. Weber that:

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

CARRIED.

K. Moffett returned to the meeting.

10.0 Final Review of Revised Standards (5th batch) for Approval

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

Discussion focused on the Boundary Violations Standard. Concern was raised about how restrictions on treating individuals where objectivity cannot be maintained could create barriers to care in small or remote communities where alternative care may be limited. The Board agreed that the Standard could be approved as is but directed staff to conduct further research on how to address boundary challenges, including the treatment of close relations in small communities.

Motion 10.0

It was moved by K. Moffett and seconded by F. DePalma 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

CARRIED.

R. O'Brien was opposed.

11.0 Exam Transition Planning

C. Roxborough and A. Ashton, Deputy Registrar & Chief Regulatory Officer, provided with an update regarding work underway to transition to the new Canadian Physiotherapy Examination with the Canadian Alliance of Physiotherapy Regulators (CAPR). Additionally, an update was provided on the effort to build capacity within the Ontario Clinical Exam (OCE) prior to winding down the OCE at the end of 2026.

The Board recessed for the day at 3:29 p.m.

Friday, September 26, 2025

K. Schulz reconvened the meeting at 9:00 a.m. on September 26, 2025.

12.0 General Regulation Update

M. Berger and E. Ermakova presented an update on options to further refine the College's General Regulation, developed based on consultation feedback and direction from the Board.

The Board considered whether to proceed with sunseting the Provisional Practice Class (PPC). Directors noted that the PPC may no longer be necessary given frequent exam sittings and raised concerns about granting a license without a psychometrically valid exam as an entry point. There was strong support to sunset the PPC.

The Board also discussed whether to create a new class to permit practice after a failed exam attempt. Directors noted that individuals failing the exam have not yet demonstrated competency to practise and that public protection is best served by restricting practice until a candidate passes. The Board confirmed that it did not support creating a class for candidates that have failed an exam.

Finally, the Board considered whether to explore establishing a Retired Class to improve public transparency and provide clarity about status for individuals no longer actively practicing but wishing to maintain a formal connective with the College. Directors saw potential public benefit and directed staff to conduct further analysis.

Motion 12.0

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

The Board approves the proposed amendments to the General Regulation, Ontario Regulation 532/98, under the *Physiotherapy Act, 1991* to sunset the Provisional Practice Class.

CARRIED.

H. Weber opposed.

C. Warren joined the meeting at 10:40 a.m.

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

Graduate students Gurneet Dhami and Ravneet Sidhu, accompanied by their academic advisor Brenda Mori, presented findings from a University of Toronto research project about whether physiotherapists can recognize boundaries and how they managed them.

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

Motion 14.0

It was moved by M. Heller and seconded by K. Moffett 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 11:15 a.m. and returned to the open session at 12:18 p.m. During the in-camera session a motion was passed related to the College's office space planning.

15.0 FY2025 Audited Financial Statements

Blair MacKenzie and Cassidy Johnson from the College's auditing firm Hilborn LLP, presented the Board with the 2024-2025 audited financial statements ending on March 31, 2025. The auditor noted that the College received a clean opinion, and that no material concerns were identified in the audit.

Motion 15.0

It was moved by R. O'Brien and seconded by K. Moffett that:

The Board approves the 2024-2025 Audited Financial Statements ending March 31, 2025.

CARRIED.

16.0 FY2026 Q1 Financial Report

M. Catalfo, Director Finance, provided the Board with an update on the College's Q1 financial report.

17.0 Fees for FY2027

C. Roxborough provided an overview of the analysis that was completed 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.

Motion 17.0

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

The Board approves not increasing registration, administrative and examination fees for FY2027.

CARRIED.

18.0 Code of Conduct

M. Berger facilitated a discussion about whether to complete a comprehensive review of the Code of Conduct for Board and Committee Members. The Code is meant to be reviewed every three years in accordance with the College Performance Measurement Framework. Staff summarized findings from an environmental scan of Ontario regulators, noting potential opportunities to make improvements for clarity and to close existing gaps.

Following discussions, the Board confirmed its support for staff to conduct a comprehensive review of the Code of Conduct and develop potential revisions for future Board consideration.

19.0 Development of an Indigenous Cultural Safety and Humility Standard

The Board received a presentation from Dave Bhauruth and Stephanie McDonnell from the British Columbia College of Nurses and Midwives on the development of B.C.'s Indigenous Cultural Safety and Humility Standard and lessons learned from their approach.

M. Berger presented on the potential development of an Indigenous Cultural Safety and Humility Standard for Ontario. The Board was asked to consider whether to begin work on an Ontario-specific Indigenous Cultural Safety and Humility Standard and if so, to provide input on an approach that differs from the College's usual standards development process.

The Board discussed the importance of relationship-building with Indigenous communities, potential partnerships with other Ontario regulators, adapting lessons learned from B.C. and engaging Indigenous expertise to guide the process.

The Board confirmed its support to pursue the development of an Indigenous Cultural Safety and Humility Standard as a long-term initiative. The Board also agreed that a departure from the College's usual standards development process is warranted to explore a more community-driven and consultative approach.

20.0 Adjournment of Meeting

K. Moffett moved that the meeting be adjourned. The meeting was adjourned at 2:43 p.m.

Katie Schulz, Chair

DRAFT

EXECUTIVE COMMITTEE REPORT

Meetings

Date:	October 29, 2025
Meeting Purpose	Ad hoc meeting to discuss the scope of practice submission
Chaired By:	Katie Schulz

Summary of Discussions and Decisions:

Executive Committee Acting on behalf of the Board:

- **Scope of Practice:** The Executive Committee reviewed and approved the submission prepared for the Ministry of Health's public consultation on expanding the scope of practice for physiotherapists to include ordering diagnostic imaging.

Date:	November 13, 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:

- **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.
- **Code of Conduct and Disqualification Process:** The Committee provided feedback to staff on materials and proposed By-law amendments to update the Code of Conduct and create a procedure for disqualifying or sanctioning Directors and Non-Board Committee Members.
- **Supervision Standard:** The Committee provided feedback to staff on materials regarding the Supervision Standard following the consultation and the feedback received before it is presented to the Board for final approval.
- **Managing Professional Boundaries in Close-Knit Communities:** The Committee provided feedback to staff on the requested additional information about guidance for managing professional boundaries by healthcare providers within smaller, close-knit communities.
- **Strategic Plan:** The Committee provided feedback to staff on the draft 2026-2030 Strategic Plan before it is presented to the Board for final approval.

Recommendations to the Board:

- Committee Slate amendment: The Committee recommended that the Board amend the Committee Slate to appoint members to the new Screening Committee and to update the composition of the Discipline Committee.
- Investment Policy Update: The Committee recommend to the Board amendments to Policy #4.3: Investments Strategy, in principle, pending approval of a three-month capital preservation threshold recommendation by the Risk, Audit and Finance Committee.

Decisions made within Executive Committee's authority:

- Conference Attendance: The Committee reviewed and approved expressions of interest for attendance at the 2026 Canadian Physiotherapy Association conference.
- 2026-2027 Board Education Plan: The Committee approved the following education priorities for 2026-2027: Artificial Intelligence and Emerging Technologies, Governance and Board Effectiveness, with a focus on financial literacy, and Regulatory and Policy Landscape. The Committee also directed staff to budget for four members of the Board and/or Committee members to attend applicable conferences.

Other:

- Chairs's Report: Received for information
- Registrar's Report: Received for information
- Committee Slate Planning: The Committee engaged in a discussion about the Committee Slate development process for 2025-2026.
- Confidential Discussion: Registrar's Performance Assessment Process

Executive Committee Acting on behalf of the Board:

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

RISK, AUDIT AND FINANCE COMMITTEE REPORT

Meetings:

Date:	November 3, 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.
- **Q2 Financial Report:** The Committee reviewed the financial statements for the second quarter of the fiscal year 2026, covering the period July 1, 2025 – September 30, 2025.

Recommendations to the Board:

- **Approval of the Auditor:** The Committee recommended that the Board approve the Hilborn LLP as the auditor for FY2026.
- **Investment Policy:** The Committee reviewed the revised Investments Strategy Policy and recommended that the Executive Committee and the Board approve the amendments, with specific consideration for setting a preservation threshold within three to six months. The Committee noted that it required additional direction on the appropriate balance between capital preservation and market exposure and therefore sought further guidance before endorsing a specific threshold.

Other:

- **RAFC Update Report:** Report received for information. The report outlined activities and initiatives underway within the finance department.
- **Risk System Partners Map:** The Committee was provided with a draft system partner map that focuses on enterprise risk.
- **Cybersecurity Simulation:** The Committee was provided with an overview of a cybersecurity simulation exercise that was undertaken to assess the College's readiness for a cybersecurity breach.

Date:	November 25, 2025
Meeting Purpose	Ad hoc meeting to review the revised Investment Policy following the Executive Committee meeting.
Chaired By:	Frank Massey

Summary of Discussions and Decisions:

Recommendations to the Board:

- Investment Policy: The Committee further reviewed the revised Investments Strategy Policy following the Executive Committee's recommendation to establish a three-month capital preservation threshold and now recommends that the Board approve the proposed amendments, including the three-month threshold.

Conference Report to the Board of Directors

Director's Name:	Kirsten Pavelich
Name of Conference:	CNAR 2025
Link to Conference Agenda:	CNAR 2025 - Downloadable Program - CNAR-RCOR
Location of Conference:	Calgary
Date of Conference:	Oct 21-22, 2025

Briefly summarize the nature of the conference:

CNAR is the Canadian Network of Agencies of Regulation, an organization focused on excellence in regulation. This conference was attended by over 950 people, and presentations ranged across a variety of topics, many of which were directly relevant to the CPO.

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

I attended the following sessions:

Relational Governance: What it is and why it works

- The BC College of Nurses and Midwives has moved to a board structure where 50% of board members are Indigenous.
- They discussed moving from a rigid formal structure within their board to a somewhat less formal structure based on trust and respect, more consistent with Indigenous culture. They talked about some of the benefits and challenges along the way.
- "Relational governance is collaborative, creates an environment for adaptability and flexibility, and opens communications channels. It also requires a focus on relationships and addressing power dynamics."
- They have developed resources and tools that they have shared. The emphasized a need to work with Indigenous people who are ready to engage with the system.

Regulating Health Professionals in the Context of For-Profit Ownership – Panel Discussion

- Representatives from Colleges regulating veterinarians, dentists, pharmacists
- Regulators have variations in their approach to regulating in for-profit context.
- Discussed corporate vs professional private ownership, with a noted increase in corporate ownership over time. Discussed risks and benefits to the models, and the importance of regulators having good lines of communication with corporate owners
- Of note: Be creative with solutions – may fall outside of regulatory authority but not outside of mandate. Don't underestimate the ability of businesses to adapt creatively to skirt around intentions of regulators

Right Touch Regulation

In practice:

- Identify the problem before the solution. Get as close to the problem as possible.
- Quantify and qualify risks.
- Focus on outcomes
- Regulation comes with burdens. Only use when necessary, and only enough as needed.
- Keep it simple. Complexity is confusing, restrictive, and people will find work-arounds.
- Understand the consequences: may end up increasing risks through regulatory activity.
- Agility is increasingly important as the rate of change in society and technology is increasing.

Working Towards Bridging Reconciliation and Regulation to Support Advancing Indigenous Professionals

- Presentation and panel discussion explored cases where two regulatory bodies collaborated with the Indigenous Advanced Education Skills Council to develop and recognize a pathway to the profession for graduates of an Indigenous Institute (College of Midwives of Ontario & Ontario College of Social Workers and Social Service Workers)

Tech Driven Truth: AI and digital forensics in the regulatory world

- AI and digital forensics are rapidly transforming the landscape of regulatory investigations. This will create both opportunities and challenges in leveraging the tech to uphold public protection and procedural fairness.

What are your top key learnings from the conference?

Key Learnings, Reflections and Questions to Consider:

- CPO's focus on right touch regulation is in line with industry standards and practices
- AI will continue to change the healthcare and regulatory landscape. CPO will need to be forward looking and nimble in responding to these changes to meet its mandate.
- Corporate ownership of private practice vs professional ownership presents various benefits and risks. Do we have data around any changes in our profession, and are we addressing those in a way appropriate to the practice of PT?
- How can the CPO ensure Indigenous input into matters affecting Indigenous PTs and members of the public? What would appropriate representation of Indigenous people look like at the board level?
- What is the CPO's role in increasing the number of Indigenous PTs as a partner in achieving the TRC calls to action? Can this be done in a culturally appropriate way?

BOARD BRIEFING NOTE

For Information

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

Governance

- Following the completion of the Self-Assessment survey, and for the first time, a new Skills Matrix in October, the Chair held check in calls with Directors in November. These conversations provided an opportunity to review individual strengths, areas for improvement, and any gaps identified through the Skills Matrix. Below are the key themes that emerged from those discussions:
 - Overall, no large gaps in knowledge or training were identified.
 - Opportunities for continuing education and development: financial literacy, good governance.
- The second quarterly check-in calls for the 2025–2026 term were held with Committee Chairs in November. Key takeaways from these conversations include:
 - Committee Chairs reported progress in mentorship and succession planning with their Vice Chairs.
 - An opportunity for improved communication between staff and Chairs has been actioned.

Partner Engagement

- The Chair, together with her fellow Board Director Kirsten Pavelich, attended the Canadian Network of Agencies for Regulation (CNAR) Conference in October 2025.

Feedback from the September 2025 Board Meeting

- Directors were asked to complete a post-Board evaluation survey that assessed the effectiveness of the meeting and materials, education sessions and overall satisfaction with the meeting. There was an 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.

- Respondents found the education sessions useful, timely, and relevant. Presentations on Truth and Reconciliation were especially appreciated for deepening understanding of Indigenous experiences and systemic issues in healthcare. Several noted the sessions aligned well with strategic priorities and offered practical insights for application
- Suggested future education topics include Board governance best practices, expanded scope of practice, and system partner engagement. Respondents also recommended deeper focus on Indigenous health in physiotherapy and greater diversity through representation from the Canadian-African community.

BOARD BRIEFING NOTE
For Information

Topic:	Registrar's Report
Public Interest Rationale:	Regular reports to the Board on College activities and performance support the Board's oversight role to ensure the College is fulfilling its public interest mandate.
Strategic Alignment:	<i>Performance & Accountability:</i> Implementing strong governance structures and information sharing to enable informed decision-making.
Submitted By:	Craig Roxborough, Registrar & CEO
Attachments:	Appendix A: Q2 2025-2026 Dashboard Appendix B: Scope of Practice Final Submission Appendix C: Practice Advice Trends Report for July-September 2025 Appendix D: Risk Register Appendix E: Risk Partners Map

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 Executive Committee in discharging their oversight responsibilities. The updates are organized in relation to each pillar or commitment within the College's [Strategic Plan](#).

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

Anticipated implementation of "as of right" framework for physiotherapists

- The *Building a More Competitive Economy Act* received Royal Assent in early November, establishing the framework to proceed with "As of Right" legislation.
 - The bill includes a change to the *Physiotherapy Act* (among many others) and allows the Lieutenant Governor to make regulations exempting people from title protections for various professions.

- The next step will be to enact the actual regulations to outline the conditions under which, in our case, physiotherapists registered in other provinces can practice in Ontario while waiting to register with the College. The “as of right” framework is not fully operational until the regulations are enacted.
- The legislation is coming into effect on January 1, 2026, so that appears to be the date the government is working towards.
- Operationally, the College is ready for this go-live date. Initial communications materials have been [published](#) with additional information to be posted closer to the go-live, registration materials are ready, and IT has finalized the necessary changes needed to our database.

Upcoming transition to the Health Professions Discipline Tribunal (HPDT)

- Referrals from the Inquiries, Reports, and Complaints Committee (ICRC) have begun to be referred to HPDT for management in 2026.
- Members of the Discipline Committee participated in the annual HPDT education day on November 6, 2025. This included a short presentation from current Discipline Committee Chair Jim Wernham, introducing HPDT members to the physiotherapy profession and the College.
- Transition planning and training is being planned to support both the experienced adjudicators familiarity with the profession and College standards and committee members familiarity with HPDT processes.

Update on the proposal to expand scope of practice

- The Ministry consultation on expanding scope of practice for many regulated health professionals relating specifically to ordering diagnostics, closed on November 3, 2025.
- Following review and feedback from the Executive Committee, the College’s submission was finalized and provided to the Ministry in advance of the deadline (see Appendix B). Key themes highlighted in the submission include:
 - Identifying the benefits of expanding scope of practice to patients, practitioners, and the health system at large;
 - Positioning the College as ready to implement the necessary regulatory oversight to ensure safe implementation; and
 - Emphasizing that a scope-based approach to articulating physiotherapist authority to order diagnostic imaging is preferred to taking a prescribed list approach.

Release of New Standards and Guidance

- To support awareness of new standards and integration into practice, we promoted the new Boundary Violations and Sexual Abuse Standards before they took effect on November 1, by:
 - Highlighting the standards and the implementation date in the [October](#) and [November](#) Perspectives newsletters, in a standalone email sent to all registrants, and in the October Employer Newsletter.
 - As of this writing, the Boundary Violations Standard has been viewed by over 2,500 users and the Sexual Abuse Standard has been viewed by over 1,400 users.
 - To further support the understanding and application of these two new standards, the College also published supporting guidance for these standards shortly after they came into effect.
- To support understanding and application of the Group 4 standards (Advertising and Marketing, Documentation, and Funding, Fees and Billing), the College hosted a webinar on November 12 where members of the policy and practice advice teams will provide an overview of the standards' content and how they apply in practice.
 - The session was action packed with an hour of Q&A. Over 80 individuals joined live, and the recorded version on YouTube has over 80 views so far.

Continuing to embed compassion into our work

- We are continuing to identify opportunities to embed compassionate approaches into our work. Recent examples include:
 - The Quality Assurance Committee recently approved revisions to two program policies, one of which formalizes the practice where we do not initiate the QA process if a registrant is already involved in another process with the College. This avoids additional stress and confusion from being in concurrent processes.
 - Members of the Practice Advice and Professional Conduct teams are completing a suicide prevent course so they are able to recognize and intervene if they are interacting with individuals at risk of suicidal thoughts or behaviours.
 - The Professional Conduct team participated in training that included content on trauma-informed practices in the context of investigations.
 - Training is being planned for coaches and assessors to increase understanding about neurodivergence and how that might inform their approach to their work.

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 Q2 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:
 - The College regularly presents to PTA programs in Ontario to raise awareness of expectations around working with PTAs and to foster engagement with College. We presented to three PTA programs in September and October where we connected with about 150 PTA students.
 - To support PTs to apply the new standards, the College led a discussion with a group of PTs at a rehab hospital in Toronto.
 - The Registrar and the Manager of Practice Advice attended the Physio North conference where the College hosted events and connected with PTs in northern Ontario.
 - In late October and early November, the College participated in sessions at University of Ottawa and McMaster University to welcome first year PT students and introduce them to the College.
 - The Registrar and Ontario Physiotherapy Association CEO hosted joint presentations in Ottawa on November 5 and Brampton on November 18 to engage directly with local registrants.

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 has remained stable for the past four quarters, the annualized turnover rate is now back to historical levels.

Staff Engagement

- As part of our commitment to foster a psychologically safe and inclusive workplace, we administered the twice annual staff engagement survey in November.
 - The results show continued improvement in overall employee engagement and satisfaction, as shown in the employee net promoter score (ePNS). The ePNS was 74 in the November 2025 survey, up from a score of 62 in the May 2025 survey. As the survey was conducted in Q3, the data will appear in the next dashboard.
 - Staff will conduct detailed review of the survey results in the coming weeks to identify potential actions the College can take to maintain or improve psychological safety and engagement in the workplace.

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 Q2 dashboard is attached in Appendix A. Below is commentary on dashboard metrics that had a notable change in Q2:
 - *Registration timeline:* The application review timeline is back up to the target level in Q2 after a small decline in Q1, as volumes returned to their normal levels in Q2 and the team received coaching about how to manage timelines during high-volume periods. The application approval/referral timeline was just below target in Q2, all of the delays relate to waiting to receive additional documents or information from applicants.
 - *Complaints disposition:* The complaint disposition timeline target was missed in Q2.
 - With ICRC meeting more frequently, the volume of decisions that need to be drafted and reviewed has increased, leading to longer turnaround times between a decision being rendered and released. The data are supporting a targeted response with additional decision-writing resources being secured.
 - In addition to tracking overall timelines, the team is also working on building out internal dashboards that will allow us to understand the length of time it takes to complete each stage of the case (e.g. intake, investigation, decision-drafting, decision-review, etc.) so that we can have better line of sight on the process and find opportunities to improve process and timelines in the future.
 - *Makeup of new registrants:* With more Canadian physiotherapy graduates applying for registration in Q2, the year to date (April – September) figures for where new registrants were educated are more in line with recent trends. This insight helps the College think about how to support new registrants to successfully transition to practice.

Risk Registry

- An update to the College's risk register (Appendix D) was prepared for the Risk, Audit, and Finance Committee (RAFC).
 - No substantive changes were made in this iteration of the risk register.
 - To support more robust analysis of risk and effective engagement with partners, staff have developed a risk partners map (Appendix E). A draft was presented to the RAFC on Nov. 3.
 - Going forward, the risk partners map will inform our engagement with partners and risk register updates will include updates related to our engagement with partners related to the risks in the risk register.

Technology

- The College is continuing to adopt AI tools to help enhance the efficiency and effectiveness of our work.
 - The Microsoft AI tool, Copilot, was made available to all staff in late September, with initial training followed by one-on-one assistance provided to support utilization.
 - The introduction of the tool is being supported by an AI Use Policy.

Cybersecurity

- To further enhance preparedness and resilience against cybersecurity threats, we completed a cybersecurity simulation exercise in the summer.
 - The simulation exercise is specifically designed to assess the College's ability to detect, respond to, and recover from simulated cyber incidents.
 - The focus is not only on the College's IT systems, but also on the policy and procedures in place to govern and structure staff responses to a potential breach.
- Overall, the cybersecurity tabletop exercise demonstrated that the College is well-positioned in a number of key areas. The team responded effectively to complex scenarios, showing strong coordination and leveraging existing systems and technologies to mitigate risk.
- The exercise also identified areas with opportunities for enhancement, all of which have been or is in the process of being implemented. This includes: developing or enhancing cybersecurity playbooks, reviewing the College's cybersecurity insurance coverage, and improving awareness on cybersecurity among staff.

Modernizing our data collection practices

- To support the collection of accurate and high-quality data about registrants, the College recently completed an extensive project to modernize how we collect data from registrants.
 - The primary driver for the project is to align the College's data collection with the Canadian Institute of Health Information (CIHI)'s new minimum data set (MDS). However, the project also provided an opportunity to update data collection tools to reflect current practice and terminology.
 - The team conducted detailed analysis to identify changes that are required to align with CIHI's new MDS, and other updates to terminology and response options. Then those changes were implemented in our registrant database, Atlas, in collaboration with our external database vendor.
 - Registrant resources were also updated to support understanding and accuracy in their data reporting.
 - The College received funding through a government grant to support this project.

Continuous improvement initiatives

- Website improvements: The College's new website was launched about one year ago, and the Communications team will collect feedback to inform future changes and improvements and will be making changes to the Standards page based on feedback already received.
- Registration data cleanup: The registration team recently completed a project aimed to identify and remove duplicate employment records in the registrant database. The team will also implement new procedures to avoid the creation of duplicate records in the future. Having clean and accurate data will support effective use of the data by programs and for analysis.
- Future improvements to PT Portal: The IT team has initiated a project to review and make improvements to the PT Portal, with support from a user interface and user experience designer. The goal is to improve the user experience and navigation and to reduce calls to the College from PTs needing support to use the portal.

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.

Continuing to support EDI learning

- The College continues to support staff and registrants to increase understanding about EDI topics through education and resources, recent examples include:
 - Practice Advice team members completed the Cultural Competency and Indigenous Relations course through Ontario Cancer Care.

- All staff participated in a facilitated Anti-Racism Education session. This interactive training was designed to equip staff with the knowledge, reflection, and tools needed to recognize and challenge racism at individual and organizational levels. Staff explored key concepts, engaged in dialogue, and analyzed real-world scenarios through a case study. The session concluded with practical action strategies and personal commitments to foster equity and inclusion at the College.
- We recently added to our [EDI resources page](#) information and resources about ageism and elder abuse prevention.
- College staff also shared our experience with using the HPRO EDI assessment toolkit with our regulatory colleagues through the HPRO EDI network to support the regulatory community in the continued use of the tool to advance our EDI work.

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

Governance Practice Review Progress

- The Governance Practice Review that concluded in December 2023 included 23 recommendations for changes that could be made to enhance or strengthen the governance structures of the College. Progress against these recommendations will be discussed under *Item 18 – Governance Practices Review Refresh*, where an overview of the review and resulting governance improvements will be provided. The detailed progress tracking is appended to that agenda item.
- Highlights of work completed in this period include:
 - Proposed updates to the Code of Conduct will be presented to the Board in December.
 - The new skills-assessment for Board members was officially rolled out in October and will help us identify education needs.
 - Recruitment for the new Screening Committee has been completed with the proposed slate presented to the Board under separate cover.

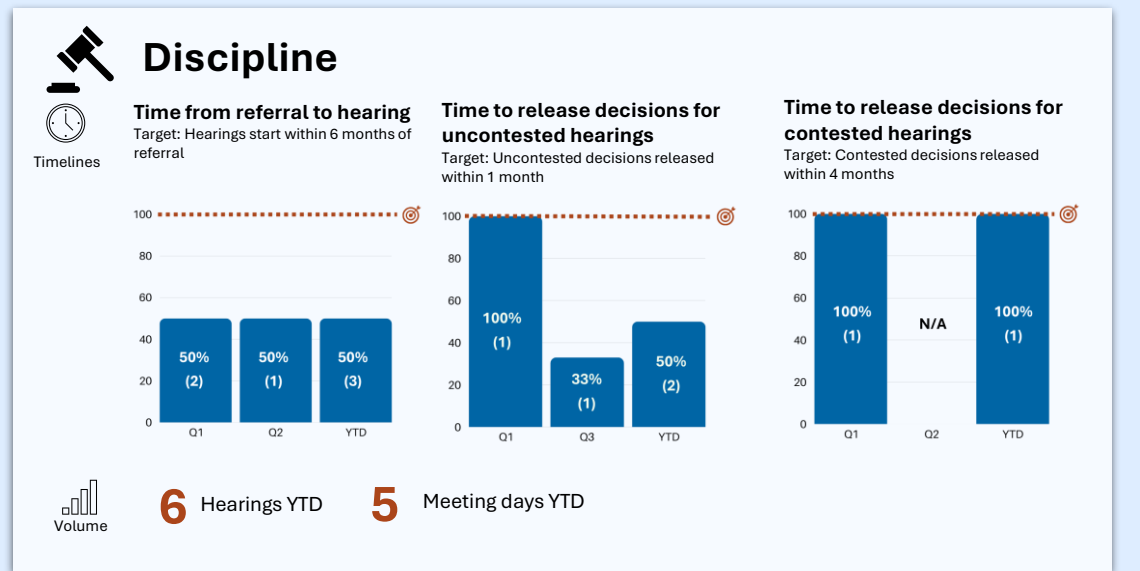
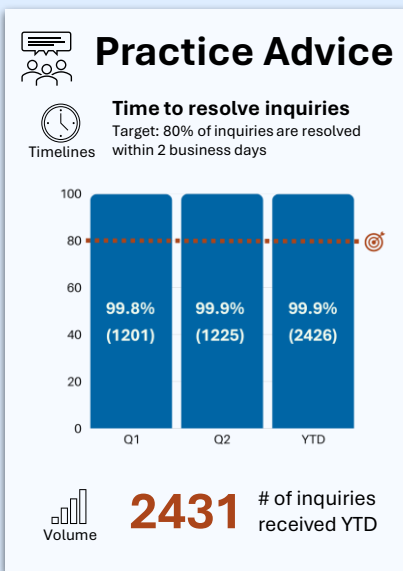
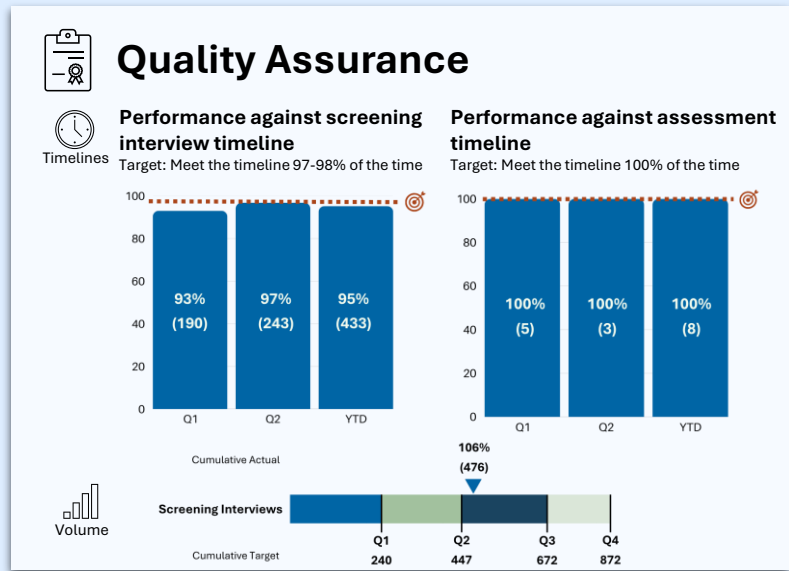
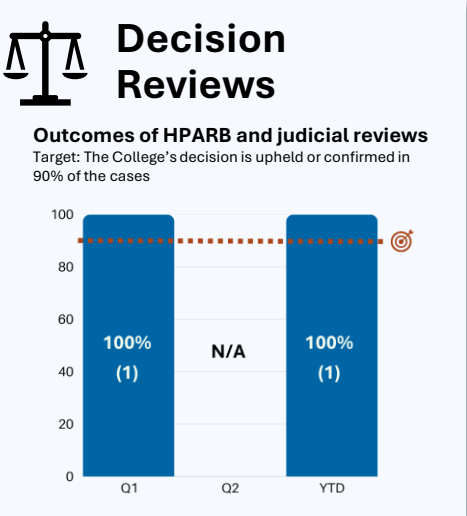
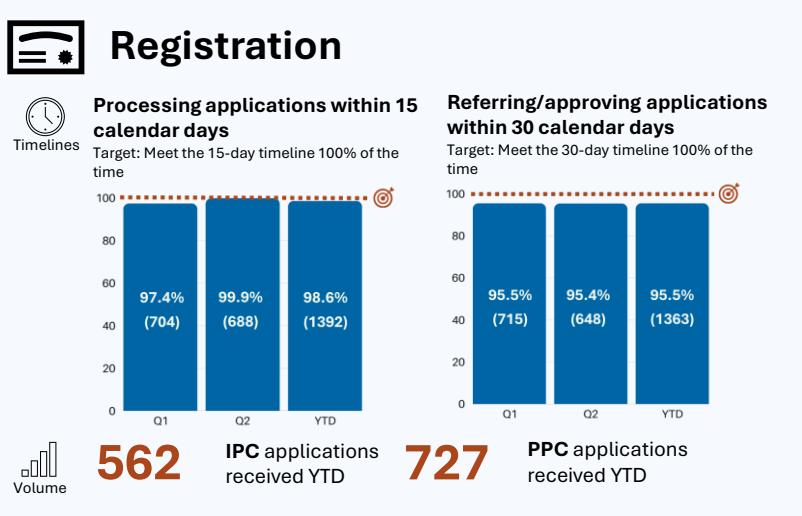
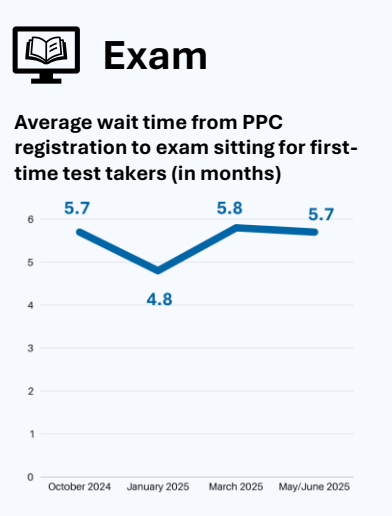
Action Items Tracker (ongoing):

- 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	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	Completed
June 23-24, 2025	Exploration of continuing the provisional practice class and introducing a “retired” class and bring back for further consideration.	September 2025	Completed
September 25-26, 2025	Revise the updated strategic plan based on feedback and bring back to the Board for final approval.	December 2025	Completed (Item included in December meeting)
September 25-26, 2025	To inform the development of guidance to support the Boundary Violations Standard, staff was directed to do additional exploration of alternative approaches to addressing boundary issues in small communities.	December 2025	Completed (Item included in December meeting)
September 25-26, 2025	Continue exploration of introducing a “retired” class and bring back for further consideration.	None specified	In Progress
September 25-26, 2025	Conduct a comprehensive review of Code of Conduct and bring back to the Board for consideration.	December 2025	Completed (Item included in December meeting)
September 25-26, 2025	Develop an Indigenous cultural safety and humility standard with the understanding that it's a large and long-term project and requires the College to follow a different process than what's normally used for standards development.	None specified	In Progress

FY2026 Q2 Dashboard (July-September 2025)

Statutory Programs

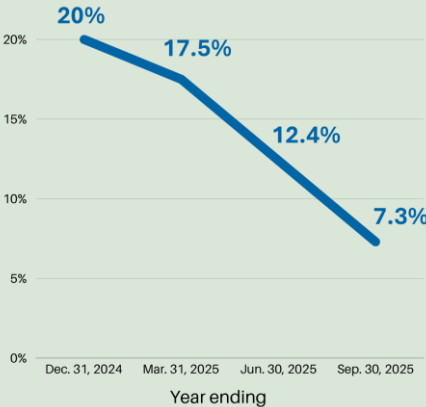


FY2026 Q2 Dashboard (July-September 2025)



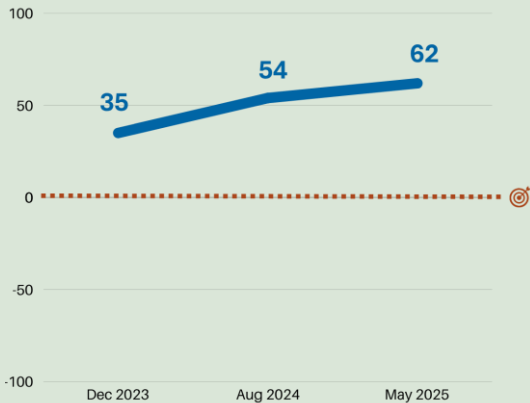
People & Culture

Staff turnover (rolling annualized rate)



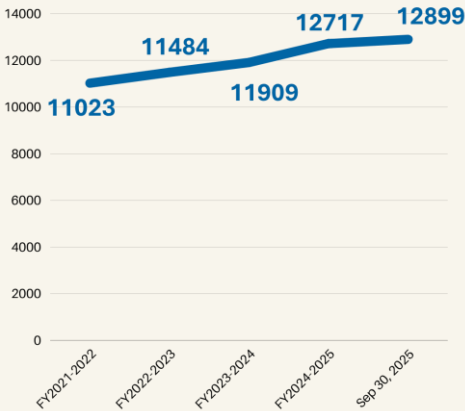
Employee net promoter score

Target: A score of above 0

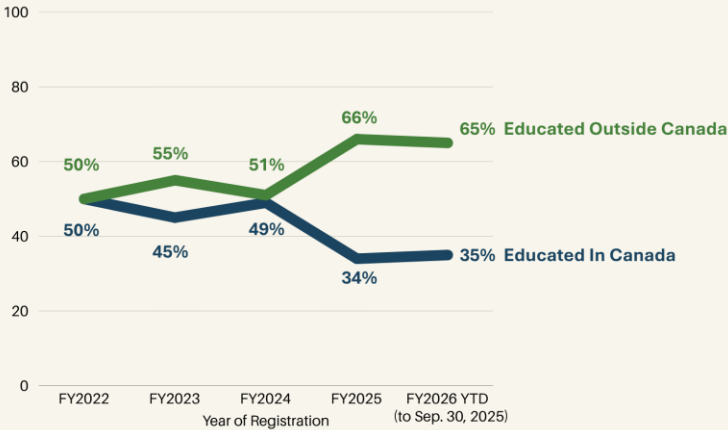


The Profession

Number of Registrants



Where Newly Registered PTs are Educated





Submission to the Ministry of Health on the proposal:

Consultation on Proposed Changes to Scopes of Practice for Several Regulated Health Professions to Support Greater Access to Diagnostic Imaging

Executive Summary

The College of Physiotherapists of Ontario (the College) strongly supports the proposed expansion of physiotherapists' scope of practice to include the authority to order diagnostic imaging (i.e., X-ray, CT, MRI, and ultrasound).

The College views this policy proposal as a targeted, evidence-informed change that will improve access to care, enhance system efficiency, and promote equity. Importantly, the legislative authority for physiotherapists to order diagnostic imaging already exists; only regulatory changes are required to enact this proposal.

This submission responds to the Ministry of Health's consultation, outlining the anticipated benefits for patients and the health system more broadly, along with the mechanisms that are or will be in place to ensure safe and effective implementation.

The College remains committed to working with the Ministry and system partners to ensure successful implementation.

Benefits for Patients and the Health System

Improved Access and Convenience:

Empowering physiotherapists to order diagnostic imaging will streamline care pathways, allowing patients to access timely diagnostics directly at the request of their treating provider. This eliminates unnecessary appointments with physicians or nurse practitioners solely for imaging requisitions, reducing delays, administrative burden, and patient frustration.

Efficiency and Resource Relief:

The change will relieve pressure on family physicians and nurse practitioners, freeing up their time for higher-acuity cases. It will also reduce avoidable emergency department visits for primary care conditions. This change also supports interprofessional collaboration by allowing physiotherapists to fully leverage their clinical expertise within team-based care models.

Cost Mitigation:

Reducing unnecessary physician visits and streamlining care has the potential to yield cost savings for both the health system and patients. For example, each physician visit for imaging requisition costs the public system through OHIP billing. Additionally, requiring patients to seek an additional appointment solely for imaging requisition costs patients both time and resources.

Equity and Access:

This proposal will particularly benefit rural and northern Ontarians, seniors, residents in long-term care, persons with disabilities, low-income individuals, caregivers, and underserved populations by reducing barriers to timely diagnostics and care.

Regulatory Oversight and Safe Implementation

The College has robust regulatory mechanisms in place that will ensure the ordering of diagnostic imaging is done responsibly and safely by physiotherapists.

- **Rostering Program:** Physiotherapists seeking to order imaging will be required to attain additional education and roster for this activity with the College. Once rostered, this information will be made public on the College's register.
- **Quality Assurance (QA) Activities:** The College's QA program will include assessments of imaging practices among rostered physiotherapists.
- **Guidance and Education:** The College will update existing standards and provide targeted guidance on best practices to support an evidence-based and judicious approach to exercising this authority.

Scope-Based Authority

The College supports a scope-based approach to articulating physiotherapist authority to order diagnostic imaging. This means that the authority is defined by the scope of physiotherapy practice, rather than by a rigid list of conditions or modalities. A scope-based approach is preferable because it:

- Reflects the realities of physiotherapy practice and evolving patient needs, allowing physiotherapists to respond to emerging clinical evidence.
- Is consistent with how other controlled acts are granted and with approaches in comparable jurisdictions.
- Avoids the limitations of list-based models, which may not capture the full range of relevant indications and are not future-proof.

Conclusion

Expanding physiotherapists' authority to order diagnostic imaging is a practical, evidence-informed step that will improve access, efficiency, and equity in Ontario's health system. The College will provide the necessary regulatory oversight and guidance to ensure safe, effective, and accountable implementation. This change aligns with government priorities and will deliver meaningful benefits for patients and the broader health system.

Consultation Response

Thank you for the opportunity to provide input as part of a consultation contemplating changes to the scope of practice for many regulated health professions.

As part of this, the consultation is specifically seeking feedback on enabling physiotherapists to order diagnostic imaging, including X-ray, CT-scan, MRI, and ultrasound.

The College of Physiotherapists of Ontario (the College) continues to support this proposed expansion of scope, recognizing that the legislative authority already exists to enable physiotherapists to engage in this controlled act, and that only regulation changes are remaining to enact this proposal. The College views this policy proposal as a targeted, evidence-informed change, that will improve access to care for patients and enhance efficiency and equity across the health care system.

Prior to answering the questions outlined in the consultation materials, this submission will provide a high-level overview of who physiotherapists are and what would change from a patient's perspective should this authority be fully implement. This will provide the foundation upon which the answers below are based.

Who are Physiotherapists?

Physiotherapists are health professionals with master's-level education and training in the assessment, diagnosis, and management of musculoskeletal, neuromuscular, and cardio-respiratory systems. They develop and implement individualized treatment plans aimed at restoring physical function, reducing pain, and improving mobility and quality of life.

Physiotherapists help patients of all ages improve movement, manage pain, and recover from physical challenges. Physiotherapists treat patients with many conditions, including but not limited to:

Musculoskeletal injuries: Sprains, strains, fractures, and post-surgical rehab. *Example: A patient recovering from ACL (ligament) reconstruction after a soccer injury receives progressive strengthening and gait training.*

Neuromuscular: Stroke, with Parkinson's disease, multiple sclerosis. *Example: A stroke survivor works with a PT to regain balance and coordination for walking safely at home.*

Cardiorespiratory issues: COPD (chronic lung disease), post-COVID recovery, post-operative breathing difficulties. *Example: A patient with COPD learns breathing techniques and exercises to improve endurance and reduce breathlessness.*

Chronic pain and arthritis: Osteoarthritis, fibromyalgia, low back pain. *Example: A senior with knee osteoarthritis receives manual therapy and a personalized exercise plan to stay active and independent.*

Pelvic health concerns: Incontinence, pelvic pain, prenatal/postnatal care. *Example: A postpartum patient receives pelvic floor therapy to address urinary leakage and core weakness.*

Pediatric conditions: Children who have conditions such as developmental delays, cerebral palsy, or torticollis, focusing on improving motor function, posture, and mobility. *Example: A toddler with delayed motor milestones focusing on improving motor function, posture, and mobility*

Physiotherapists work across a wide spectrum of settings, reflecting a significant diversity of patient needs. This includes:

Hospitals: Acute care, rehab units, outpatient clinics. *Example: A patient recovering from a hip replacement receives physiotherapy in hospital to regain mobility before safe discharge home.*

Private Clinics: Sports injuries, postural/balance issues, workplace injuries. *Example: A desk worker with neck pain visits a PT for posture correction and ergonomic advice.*

Long-Term Care Homes: Supporting mobility, fall prevention, and chronic condition management. *Example: A resident with Parkinson's disease receives regular PT to maintain walking ability and reduce fall risk.*

Home Care: Therapy delivered in the patient's home, often for mobility-limited individuals. *Example: A patient recovering from a fall receives in-home physiotherapy to relearn essential balance and use a walking device*

Community Health Centres: Serving diverse populations with integrated care. *Example: A new resident to Ontario with chronic back pain accesses PT services alongside social supports and primary care.*

Schools and Pediatric Centres: Helping children with physical or developmental challenges. *Example: A child with cerebral palsy receives school-based exercise and adaptations to their environment tailored to their physical presentation and functional goals*

Workplace and Occupational Health Settings: Ergonomic assessments, return-to-work programs. *Example: A factory worker recovering from a shoulder injury receives physiotherapy and a modified work plan to safely resume duties.*

Patient Experience Accessing Diagnostic Imaging as part of Physiotherapy

Currently, patients requiring diagnostic imaging to support their physiotherapy care must engage with a physician or nurse practitioner (NP) in order to obtain a requisition for imaging. Generally speaking, the current pathway to access imaging diagnostics is as follows:

1. Assessment & Need Identified

- The physiotherapist reviews patient records and assesses the patient.
- If the physiotherapist thinks diagnostic imaging is needed, they communicate this to the patient.

2. If the Patient Has a Primary Care Provider (Family Physician (FP) or Nurse Practitioner (NP)):

- The physiotherapist writes a letter for the patient or faxes it to the FP/NP.
- The patient schedules an appointment with their FP/NP, who decides whether to order the imaging.
- The FP/NP gives the test requisition to the patient or sends it to a diagnostic centre.

3. If the Patient Does NOT Have a Primary Care Provider:

- Physiotherapist advises the patient to go to a walk-in clinic, urgent care, or emergency department (as a last resort), with a letter explaining the need for imaging.
- The clinic's physician decides whether to order the tests.

4. Testing & Results

- The patient goes for imaging.
- Results are interpreted by radiologists and sent to the ordering provider and in some instances the patient directly.
- The physiotherapist only gets results if the patient brings them or if the ordering provider shares them (which doesn't always happen).

If changes are made that enable physiotherapists to order the diagnostics directly, the process will be faster and simpler for patients and physiotherapists, with unnecessary appointments removed, and communication improved.

The process would look similar to the following:

1. Assessment & Need Identified

- The physiotherapist reviews records and assesses the patient as before.

2. Ordering Diagnostics

- The physiotherapist directly orders the diagnostic tests and gives the requisition to the patient or sends it to the diagnostic center.

3. Testing & Results

- The patient goes for testing.
- Results are interpreted by radiologists and sent directly to the physiotherapist (who is now the ordering clinician) and in some instances the patient directly.
- The physiotherapist can manage follow-up or referrals based on the results.

Alignment with Government Strategy

The College supports the Ontario government's commitment to improving timely access, system efficiency, and patient-centred care. Enacting physiotherapists' authority to order diagnostic imaging is a practical step that aligns with these priorities and strengthens the impact of recent investments in community-based diagnostic centres.

While the government is making significant strides in connecting Ontarians with family physicians or nurse practitioners, physiotherapists have direct access to patients and can help address the health human resource challenges that exist with family medicine.

Physiotherapists are often the first point of contact and/or primarily responsible for patients with musculoskeletal, neuromuscular, and cardiorespiratory conditions. Within their legislated scope, they assess, diagnose, and manage these conditions across diverse populations. Without imaging authority, they must rely on other providers to initiate diagnostics, leading to delays and duplication.

Enacting the authority for physiotherapists to order imaging would:

- Enable timely diagnosis and treatment planning by allowing physiotherapists to act fully within their legislated scope;
- Streamline care for unattached and underserved patients who often access physiotherapists directly;
- Improve system responsiveness by reducing handoffs to other providers and delays in imaging requisitions; and
- Maximize the impact of diagnostic centre investments through accurate referrals from trained physiotherapists.

This change aligns with Ontario's health system goals:

- Timely access, as physiotherapists can *initiate* imaging at the point of assessment
- Efficiency, by reducing duplication and optimizing physiotherapists' clinical capacity
- Equity, by improving access for patients in rural, remote, and underserved communities who rely on PTs
- Modernized scopes of practice, by leveraging physiotherapists' diagnostic expertise to meet evolving care needs

Empowering trained and competent physiotherapists to order diagnostic imaging within their legislated scope of practice ensures diagnostic resources are used efficiently and appropriately. Implementing this change will also support the Government's investment into over [900 licensed community diagnostic centres](#) which seeks to support patients in accessing the diagnostic imaging they require more quickly and closer to home.

Empowering physiotherapists to order diagnostic imaging directly supports Ontario's goals under the [Primary Care Act](#) by improving timely access to care, streamlining service delivery, and optimizing public health infrastructure. This change strengthens care pathways by reducing delays, minimizing unnecessary referrals, and enhancing continuity of care across diverse care settings. It also promotes interprofessional collaboration by enabling physiotherapists to work more effectively with physicians and radiologists, improving communication, and supporting team-based care.

General Questions

- 1. What impact(s) on specific populations might this scope of practice change have? Examples of specific populations may include rural and northern Ontarians, women, gender diverse individuals, seniors, residents in long-term care homes or retirement residences, persons with disabilities, low-income individuals/families, individuals with mental health disorders, Indigenous peoples, and other racialized communities.**

At its core, this scope change is about removing an unnecessary step in the diagnostic process that will directly benefit many patient populations.

Physiotherapists routinely assess patients with musculoskeletal, neuromuscular and cardiorespiratory conditions such as suspected fractures, joint dysfunctions, or respiratory issues and determine that imaging is clinically appropriate. Imaging in these instances may be used to confirm a potential diagnosis, rule out other diagnoses, and ultimately inform decisions regarding the most appropriate physiotherapy treatment or coordination of next steps in rehabilitation care. Physiotherapists routinely act on imaging findings and are well placed within a patient's healthcare team to communicate across disciplines and coordinate rehabilitation needs, improving continuity of care and the overall patient experience (Gross et al (2019)).

However, at this time, they must currently refer patients to another provider solely to obtain a requisition for imaging. When a Family Physician is unavailable, this often results in patients seeking care through walk-in clinics, urgent care centres, or emergency departments, adding strain to the system, and delaying access to timely diagnostics. Additionally, if the physician does not immediately order the imaging, the physiotherapist must follow up or the patient must attend additional appointments, which can result in

additional delays and costs. These exchanges not only prolong the diagnostic timeline but also increase administrative burden and patient frustration.

Empowering physiotherapists to order imaging directly would streamline care, reduce system inefficiencies, and improve patient outcomes. This change would benefit:

Rural and northern Ontarians by reducing the need to travel long distances or waiting for secondary providers just to obtain an imaging requisition, enabling faster diagnosis and treatment closer to home.

Seniors and residents in long-term care by allowing physiotherapists, who are already embedded in these settings, to initiate imaging directly, support team-based rehabilitation planning, and avoid disruptive transfers or additional appointments that can compromise continuity and comfort.

Persons with disabilities by minimizing logistical and physical barriers associated with extra visits, especially when mobility is limited or support is required for travel.

Low-income individuals and families by reducing time away from work, transportation costs, and other financial burdens tied to multiple appointments for a single diagnostic step.

Caregivers by streamlining care and reducing the need to coordinate additional visits, which can be especially challenging when managing complex schedules or dependent care.

Individuals with mental health disorders by avoiding unnecessary steps that can increase anxiety, disrupt continuity, or delay access to needed treatment.

Women and gender-diverse individuals by improving access to timely, respectful care in trusted settings, and reducing reliance on gatekeeping pathways that may reinforce systemic barriers.

Indigenous and racialized communities by supporting culturally safe care in outreach clinics and rehabilitation settings, closer to where physiotherapists often serve as trusted providers grounded in relationship-based, trauma-informed care.

This proposal aligns with evidence-based strategies to improve equity in healthcare delivery. Research demonstrates that empowering regulated health professionals to act within their scope can reduce systemic barriers, particularly for Indigenous and underserved populations who face *delays in accessing* diagnostic services. Removing the

extra step respects continuity and reduces barriers to timely diagnostics ([Browne et al. \(2016\)](#)). The literature also shows how systemic barriers in radiology such as delays, fragmented pathways, and limited access disproportionately affect underserved populations ([DeBenedictis et al. \(2022\)](#)). Enabling physiotherapists to initiate diagnostic imaging within their scope helps to address these findings by promoting more equitable, timely, and patient-centred diagnostic care.

2. How might these proposed scope changes improve access, convenience, or address efficiency within the healthcare system?

Ordering imaging during a physiotherapy assessment eliminates the need for a separate physician visit, or when a Family Physician is not attached, a visit to a walk-in clinic or an Emergency Department, reducing travel, missed work, and administrative delays. This streamlines care and accelerates diagnosis and treatment. The full impact of this change on patients is outlined above.

In 2008, the Health Professions Regulatory Advisory Council recommended that physiotherapists be authorized to order diagnostic tests. This was intended to improve patient access, reduce delays in diagnosis, and streamline care, particularly for musculoskeletal conditions where physiotherapists are often the first point of contact.

These recommendations informed the development of Bill 179, passed in 2009, which amended several health statutes to expand the scope of practice for regulated health professionals, including physiotherapists.

However, while the expanded scope theoretically enables physiotherapists to order diagnostic imaging, key regulatory updates to operationalize the change remain outstanding, meaning the potential benefits and efficiencies remain unrealized.

Additional considerations relating to improved access, convenience and efficiency are further outlined in response to the questions below.

3. Do these proposals pose any risks to safety and public protection? If so, what are these and what solutions are there to mitigate any risk?

Safety and Public Protection: Risks and Mitigation

Enabling physiotherapists to order diagnostic imaging comes with risks, but these risks are not unique to physiotherapists and reflect broader risks associated with the modalities themselves.

There is the risk of the potential for inappropriate or non-evidence-based imaging orders. This may lead to unnecessary testing, incidental findings, and increased system burden. Overuse of imaging, particularly radiation-based modalities such as X-rays and CT scans, can result in cumulative exposure and downstream testing that may not benefit the patient. Even repeated use of ultrasound without clear clinical justification may cause patient anxiety and unnecessary follow-up. These risks also carry professional consequences, including increased complaints and erosion of patient trust.

There is the risk of communication gaps if diagnostic findings are not effectively shared by the ordering clinician with other members of the care team, potentially leading to delays in patient care.

There is the risk of a diagnostic finding falling outside the scope of practice of the ordering clinician requiring attention not being actioned. Particularly where those findings are critical, requiring timely intervention.

All health professions with this authority must mitigate these risks. The College will implement an approach similar to other regulators (both within physiotherapy and within other professions) to mitigate risks and ensure safe, accountable implementation. This includes:

- **Post-entry education and competency attestation:** Physiotherapists will be required to complete additional education and formally attest to their competency before being authorized to order imaging. Educational programs currently exist within Ontario and in other Canadian jurisdictions that will support physiotherapists in meeting these requirements. It is anticipated that more programs will be developed and offered if the authority to order diagnostic imaging is enacted in Ontario.

- **Public rostering of authorized physiotherapists:** The names of physiotherapists who meet the Standard requirements will be placed on a public roster, clearly indicating their authorization status. The College's current roster infrastructure can be readily adapted to support safe and efficient implementation of imaging authority.
- **Accountability to existing standards of practice:** Physiotherapists will remain accountable to all existing standards governing assessment and treatment decisions, including documentation, clinical justification, and adherence to current evidence.
- **Guidelines aligned with best practices:** The College will publish guidance that directs physiotherapists to current evidence and initiatives such as Choosing Wisely Canada or ALARA (As Low As Reasonably Achievable) Guidelines to support appropriate, evidence-informed decision-making.
- **Critical Test Result Management and Escalation:** The College will outline the requirements that critical or urgent findings are acted upon promptly, urgently if necessary, and appropriately.
- **Targeted evaluation through Quality Assurance Assessment:** The College's Quality Assurance Assessment program will include focused evaluation of imaging practices among rostered physiotherapists to ensure ongoing safety, competency, and public protection.

Current Professional Liability insurance is offered across Canada and covers physiotherapists in provinces where ordering diagnostic tests by physiotherapists is already authorized, meaning insurance coverage will be available.

4. What are anticipated costs and/or savings to patients and/or the health system if these proposals were to proceed?

Impact on Patients

Allowing physiotherapists to order diagnostic imaging would reduce the number of healthcare visits required by patients to access tests, saving patients time, and various other costs including travel, childcare, lost work hours, etc. Faster access to diagnosis and treatment would support earlier return to function, including self-care, caregiving, and employment. This not only benefits patients but also reduces indirect costs for employers and public programs. This streamlining of care frees up physician and specialist availability for higher-acuity cases, reduces administrative burden, and supports earlier return to work and daily activities.

Impact on the Health System

Currently, patients under physiotherapist care must book additional appointments with physicians or nurse practitioners solely to obtain imaging requisitions. Each of these physician visits costs the system up to \$55.40 in OHIP billing. Eliminating this duplication could yield significant savings annually and free up physician time for higher-acuity needs. It would also reduce administrative burden and streamline care across primary care settings.

In a recent study, Keil et al. (2025) conducted a multi-centre investigation across Canadian healthcare organizations, focusing on patients seeking care at ambulatory clinics for musculoskeletal conditions. The retrospective review of diagnostic referrals found that physiotherapists ordered diagnostic imaging in only 1% of patient visits. In contrast, a population-based study in Alberta reported that physicians ordered X-rays in 37% of cases and MRIs in 48% of cases for shoulder, knee, and low back pain conditions ([Thanh et al., 2024](#)). These results confirm that physiotherapists are judicious in their ordering of diagnostic imaging and that physiotherapists may assist in reducing the unnecessary ordering of diagnostic imaging in musculoskeletal care.

Additionally, the current process puts additional obligations on ordering physicians or nurse practitioners for conditions that they may not be actively managing or where they are not the most responsible provider. The ordering provider has accountability that flows from issuing the requisition, including being accountable for the results of the diagnostic even where they are not primarily responsible for managing the patient care. Implementing the proposed change, removes this regulatory burden from other providers in the health system and locates it with the provider, in this case the physiotherapist, who is actively managing and is primarily responsible for the patient's care.

Reducing Avoidable Emergency Department Visits

According to the [Canadian Institute for Health Information \(CIHI\) report titled *Primary and Virtual Care Access: Emergency Department Visits for Primary Care Conditions*](#), one in seven emergency department visits in Canada are for conditions that could be managed in primary care – including musculoskeletal issues. Limited access to timely assessments and referrals is a key driver of these avoidable visits, especially in underserved areas. Expanding physiotherapists' scope to include imaging could help divert these cases from emergency departments, improving system efficiency and reducing costs.

International Cost-Savings Evidence

Global research also supports the cost-effectiveness of physiotherapist-led imaging decisions. A study by [Bornhöft et al. \(2019\)](#) found that direct triage to physiotherapists managing patients with musculoskeletal disorders in primary care resulted in average savings of €24.43 per episode of care (approximately \$40 CAD) compared to physician-led pathways. The study also reported comparable outcomes in pain reduction, physical function, and patient satisfaction.

Evidence of Safety and Appropriateness

A five-year retrospective study in the United States ([Keil et al., 2019](#)) examined physiotherapists working in a direct access model, where they serve as the first point of contact for musculoskeletal care and are authorized to order imaging. The study found that only 9% of patients were referred for X-rays and just 4% for advanced imaging (MRI or CT). Of those referrals, 91% met the American College of Radiology's appropriateness criteria, demonstrating that physiotherapists order imaging judiciously and only when clinically necessary.

5. What mechanisms need to be in place to ensure ongoing quality and safety, if these scope expansion changes move forward?

Roster and Transparency

Physiotherapists in Ontario *already* perform controlled acts including spinal manipulation and internal pelvic assessments under the authority of the *Physiotherapy Act, 1991*. To perform these acts, physiotherapists must update their training and self-attest to their competence in performing the specific procedure. Once this is completed, their name is added to a publicly available roster maintained by the College. This roster allows patients and other healthcare professionals to verify which physiotherapists are authorized to perform designated controlled acts. This process ensures transparency and accountability, while supporting safe, high-quality care across the profession.

This existing infrastructure provides a strong foundation for implementing diagnostic ordering authority. Leveraging this existing framework will support a safe and effective expansion of scope, uphold professional standards, and maintain public trust in physiotherapy practice.

Assessment Mechanism

The College's existing Quality Assurance (QA) program includes periodic assessments of physiotherapists to uphold professional standards and safeguard patient safety. Looking ahead, the College's QA program would be expanded to include targeted assessments for physiotherapists rostered to order diagnostic tests, ensuring they fulfill their professional obligations. These assessments would examine their knowledge, skills, and application of competencies specific to diagnostic decision-making. By reinforcing accountability and supporting continuous improvement, the QA program would help safeguard patient care and ensure physiotherapists continue to deliver safe, effective, and high-quality services within their expanded scope of practice.

Standards and Guidance

The College will undertake a targeted review of its [Standard for Controlled Acts and Restricted Activities](#) to reflect any new responsibilities associated with scope expansion. In parallel, general guidance materials will be developed to support physiotherapists in navigating their expanded scope, with a focus on clinical appropriateness, interprofessional collaboration, and safe, evidence-informed practice. Many of these resources already exist in other jurisdictions and can be adapted to support a timely and informed rollout in Ontario. Other provincial colleges such as the [College of Physiotherapists of Alberta](#), the [Ordre professionnel de la physiothérapie du Québec](#), [Nova Scotia College of Physiotherapists](#) and [PEI College of Physiotherapy](#) have developed practice guidelines for some authorized ordering of diagnostic imaging. These frameworks offer valuable models for competency development, clinical appropriateness, and regulatory oversight that can inform Ontario's implementation. Together, these mechanisms will ensure that physiotherapists authorized to order diagnostic imaging do so safely, responsibly, and in alignment with public expectations and system needs.

6. What measures are needed to mitigate potential impacts on diagnostic imaging system capacity and wait times if the proposal to authorize more regulated health professionals to order diagnostic imaging is implemented?

The primary intent of expanding physiotherapist imaging authority is to streamline existing care pathways, not to increase the overall volume of diagnostic imaging. Physiotherapists would be authorized to order tests they currently request indirectly through physicians, meaning the imaging would have occurred regardless. By removing this intermediary step,

care becomes more efficient, timely, and patient-centred without introducing new demand to imaging departments.

Additionally, physiotherapists would be expected to only order diagnostics where it is evidence based and is appropriate in the circumstances. This would limit the potential impact on increasing requisition volumes and support access and help to ensure that if any increase is observed it is because the care is required. As noted above, evidence further suggests that physiotherapists are judicious in their ordering of diagnostics.

7. What measures are needed to support a seamless clinical pathway for patients if the proposal to authorize more regulated health professionals to order diagnostic imaging is implemented?

Many elements of the response to this new authority are outlined above (e.g., rostering, guidance, critical test management, etc.). In addition to what is outlined above, to ensure a seamless clinical pathway for patients, several additional system-level measures will need to be in place in order for the proposed scope expansion to achieve the greatest positive impact.

Alignment with the Public System

The full benefit of expanding physiotherapists' scope to include diagnostic imaging would only be realized if requisitions issued by physiotherapists are:

1. **Accepted by radiologists** and imaging providers.
2. **Covered through the public system** in the same manner as those ordered by physicians or nurse practitioners.

This would require adjustments to payment and remuneration models that govern radiologists and imaging services to ensure equitable access and system integration. In the absence of this change, patients will not be able to access the care they need without paying out of pocket and so are likely to resort to seeking a physician requisition to ensure the imaging is covered.

Integration with Provincial Infrastructure

To support a seamless clinical pathway, physiotherapists would benefit from access to provincial diagnostic imaging repositories. Electronic access to imaging results would enable timely follow-up, coordination of care, and help prevent duplication. Establishing

secure access pathways for physiotherapists would enhance their ability to participate effectively in integrated care models and contribute to efficient use of diagnostic resources. While not a necessary component of providing clinically appropriate care, enabling this access would certainly enhance the impact of this new authority.

Questions Specific to Physiotherapy

The physiotherapy specific questions all seek to understand when it would be appropriate for a physiotherapist to order a specific diagnostic imaging modality and when it would not.

For each of the modalities being considered, the College recommends that the authority be granted in a scope-centred manner. That is, that the ability to order diagnostic imaging be limited to the scope of physiotherapy, rather than exploring the development of a list of patient presentations, conditions, or parts of the body. The recommended approach reflects the realities of physiotherapy practice and is consistent with how other controlled acts physiotherapists have access to are granted to the physiotherapy profession in Ontario. Moreover, it is consistent with the approach adopted with respect to the ordering of diagnostics in comparable jurisdictions including both Alberta and PEI. Pursuing a rigid list-based approach will not capture the full range of relevant indications and will not provide a flexible approach that is future proof. The College would be pleased to continue to explore this approach with the Ministry to articulate how it can be safely implemented.

In keeping with the recommendation above, the answers to each question below provide examples of instances where ordering diagnostic imaging would be within or outside the physiotherapy scope of practice.

1. What Types of X-rays Should Physiotherapists Be Authorized to Order?

X-rays provide timely, objective information that supports safe and effective care. When used appropriately, they help physiotherapists:

- Confirm suspected fractures or joint degeneration
- Assess alignment and structural changes
- Monitor post-surgical healing or bone union
- Rule out serious pathology when red flags are present (e.g. suspected fractures, joint dislocations, instability)
- Track progression of conditions such as scoliosis or instability
- Inform return-to-activity decisions following injury or surgery

The examples above are illustrative, but not exhaustive, of instances where ordering diagnostics would be within a physiotherapist's scope of practice and would support the confirmation of a diagnosis, exclude other diagnoses, and inform the provision of care.

In contrast, anchoring physiotherapist's ability to order diagnostic imaging to their scope of practice would mean that the following examples would not be permitted:

- Chest imaging for cardiac concerns or unexplained shortness of breath
- Abdominal views for gastrointestinal or renal conditions
- Skull imaging for head trauma or cranial fracture
- Pelvic imaging for gynecological conditions not related to musculoskeletal structures
- Multi-region trauma series used in emergency settings

These scenarios require medical oversight and are not aligned with the scope of physiotherapy practice. While physiotherapists may manage impairments related to conditions such as stroke or concussion, diagnostic imaging to investigate these conditions must be ordered by a physician or nurse practitioner.

2. Do you support physiotherapists ordering CT scans?

Yes. The College supports physiotherapists ordering CT scans, limited to the scope of practice defined in the *Physiotherapy Act, 1991*.

CT scans can be a valuable tool in physiotherapy when advanced imaging is needed to confirm a diagnosis, clarify complex injuries, or guide rehabilitation planning. For physiotherapists, CT imaging supports clinical decision-making in high-risk or non-resolving cases where standard *X-rays are insufficient*. Examples where CT-scans would be appropriate for a physiotherapist to order include:

- Suspected spinal fractures following trauma
- Injuries to soft tissue joint structures such as capsule/ligament not visible on x-ray and affecting joint stability.
- Complex musculoskeletal injuries requiring detailed visualization post-surgical complications involving bone healing or implant positioning
- Scaphoid fractures with inconclusive radiographs

Although the same scope-based approach applies across imaging modalities, the specific clinical conditions under which physiotherapists may order CT scans will vary to reflect the complexity and appropriateness of each test, guided by evidence-informed practice.

3. Should there be any restrictions on a physiotherapist's ability to order CT scans?

Restricting the ordering of diagnostic imaging to physiotherapist's legislative scope of practice means there will be instances where ordering CT scans falls outside a physiotherapist's ability. Examples include, but are not limited to:

- Suspected stroke or brain injury
- Concussion or post-concussive symptoms
- Internal organ conditions such as liver, kidney, bladder, or reproductive system concerns
- Cancer screening or investigation of suspected malignancy
- Abdominal or pelvic pain not related to musculoskeletal structures
- Systemic disease processes including autoimmune disorders or unexplained weight loss
- Emergent medical concerns such as internal bleeding or multi-system trauma

These conditions require medical expertise and diagnostic oversight. While physiotherapists may manage impairments resulting from some of these conditions, the imaging itself must be medically ordered.

4. Do you support physiotherapists ordering MRIs?

Yes. The College supports physiotherapists having the authority to order MRI scans in Ontario, limited to the scope of practice defined in the *Physiotherapy Act, 1991*.

MRI plays a critical role in guiding rehabilitation planning by providing detailed insights that shape treatment decisions. MRI can be used for deep, complex, or intra-articular conditions where high-resolution imaging is needed to assess structural integrity and guide rehabilitation planning. [Research](#) globally shows that physiotherapist-ordered imaging is accurate, and can support timely treatment decisions, and enhance collaborative care.

Examples that fall within physiotherapy scope of practice include but are not limited to:

- Rotator cuff tears in the shoulder: MRI identifies the size, location, tendon retraction and severity of the tear, helping physiotherapists tailor rehab intensity, select appropriate strengthening exercises, and determine if surgical referral is needed.

- Anterior cruciate ligament (ACL) or meniscus injuries in the knee: MRI confirms the extent of ligament or cartilage damage, which informs decisions about bracing, weight-bearing progression, neuromuscular training, and timelines for return to sport.
- Hip labral tears affecting joint stability and mobility: MRI reveals labral integrity and associated structural issues, guiding strategies to improve joint stability, reduce impingement, and restore mobility through targeted manual therapy and exercise.
- Lumbar disc herniation causing nerve compression or radicular symptoms: MRI pinpoints the affected disc and nerve root, allowing physiotherapists to avoid provocative movements, focus on neural mobility, and monitor neurological recovery.
- Identify stress fractures, which are often missed on X-ray. Stress fractures are common in the athletic population, and in the elderly. PTs could appropriately modify the treatment and training schedule based on the MRI results

Although the same scope-based approach applies across imaging modalities, the specific clinical conditions under which physiotherapists may order MRI scans will vary to reflect the complexity and appropriateness of each test, guided by evidence-informed practice.

5. Should there be any restrictions on a physiotherapist's ability to order MRIs?

Restricting the ordering of diagnostic imaging to physiotherapist's legislative scope of practice means there will be instances where ordering MRIs falls outside a physiotherapist's ability. Examples include, but are not limited to:

- Suspected brain injury, concussion, or neurological conditions such as multiple sclerosis
- Imaging of internal organs such as the liver or kidneys
- Abdominal or pelvic imaging for gastrointestinal, reproductive, or urinary system concerns
- Vascular imaging to assess blood vessels, cardiac function, or circulatory disorders
- Cancer screening or investigation of suspected malignancy
- Systemic or autoimmune conditions requiring whole-body or organ-specific imaging

Physiotherapists would not be authorized to order MRI scans for these conditions, even if they are involved in managing related impairments. Imaging must be medically ordered in these cases.

6. Do you support physiotherapists ordering diagnostic ultrasounds?

Yes. The College supports physiotherapists ordering diagnostic ultrasound, limited to the physiotherapist's scope of practice as defined in the *Physiotherapy Act, 1991*.

Diagnostic ultrasound can be a valuable tool to confirm clinical findings, guide treatment planning, and support timely referrals when needed. Its real-time imaging capabilities, accessibility, and cost-effectiveness make it a practical tool for enhancing care in community settings. For example, [Manske et al. \(2023\)](#) reviewed 42 cases in which physiotherapists used ultrasound to confirm musculoskeletal diagnoses. The imaging contributed to more accurate assessments, led to timely treatment adjustments, and helped guide appropriate referrals when necessary.

Physiotherapists may use ultrasound to help confirm:

- Superficial or partial tears of the rotator cuff or Achilles tendon: For example, a physiotherapist assessing a patient with shoulder pain may suspect a rotator cuff tear. Ultrasound can confirm the presence and extent of the tear, allowing the physiotherapist to tailor rehabilitation exercises and refer for surgical consultation only if necessary.
- Muscle strains or ruptures involving the hamstrings or quadriceps: In cases of acute thigh pain following sport, ultrasound can differentiate between mild strain and complete rupture, guiding load management and recovery timelines.
- Joint effusions or synovitis in areas such as the knee or shoulder: When a patient presents with joint swelling and limited range of motion, ultrasound can detect fluid accumulation or synovial inflammation, helping physiotherapists adjust treatment or refer for further rheumatologic evaluation.
- Bursitis including subacromial or trochanteric presentations: For patients with lateral hip or shoulder pain, ultrasound can visualize inflamed bursae and rule out other causes, supporting targeted interventions such as manual therapy or referral for injection.

7. Should there be any restrictions on a physiotherapist's ability to order diagnostic ultrasounds?

Restricting the ordering of diagnostic imaging to physiotherapist's legislative scope of practice means there will be instances where ordering ultrasounds falls outside a physiotherapist's ability. Examples include, but are not limited to:

- Imaging of internal organs such as the liver or kidneys
- Vascular studies such as Doppler ultrasound for deep vein thrombosis
- Neurological conditions such as stroke or concussion

Each of these areas require medical expertise and fall outside physiotherapy training and practice.

8. Additional feedback to provide?

Other provinces, such as Alberta, have already recognized physiotherapists' expertise by granting them the authority to order advanced imaging within their scope of practice. In Ontario, extending this authority would improve patient access, reduce delays caused by unnecessary intermediary referrals, and ensure patients receive timely diagnostics from the right provider all of which support better outcomes and more efficient use of healthcare resources.

We appreciate the Ministry's leadership in advancing scope of practice reforms that strengthen Ontario's healthcare system. Expanding physiotherapists' authority to order diagnostic imaging is a practical, evidence-informed step that will improve access, reduce delays, and support better outcomes for patients across the province. We welcome continued collaboration to ensure successful implementation and equitable impact.

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Practice Advice Trends Report

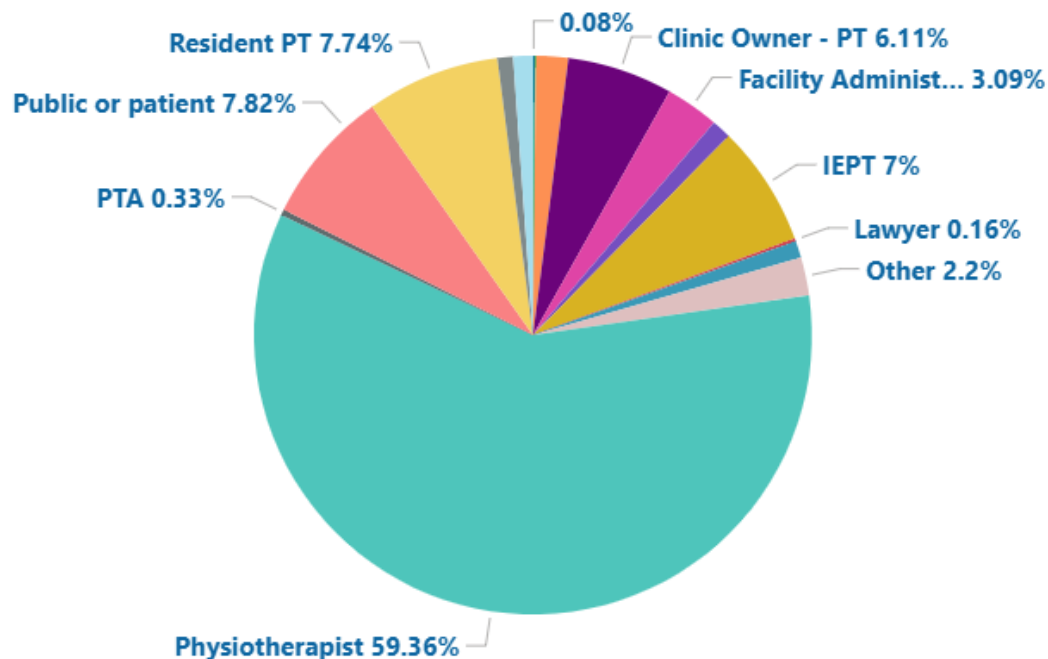
Period: July – September 2025

What is Practice Advice?

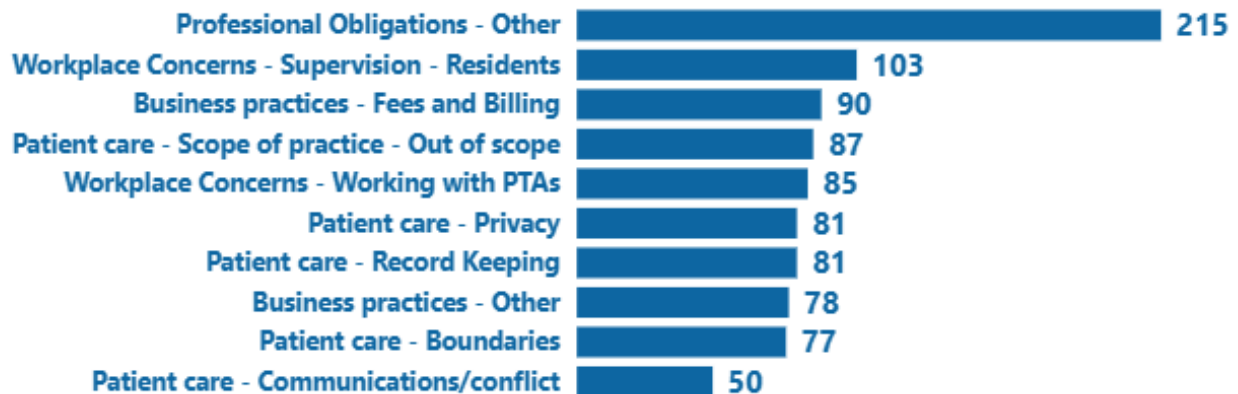
The College's Practice Advisors are physiotherapists that anyone can contact for free and anonymous advice about matters relating to the practice of physiotherapy. Practice Advisors offer a safe space for physiotherapists, PT Residents, PT students, patients, caregivers and others to get answers to their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

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

Who Used the Service in this Reporting Period

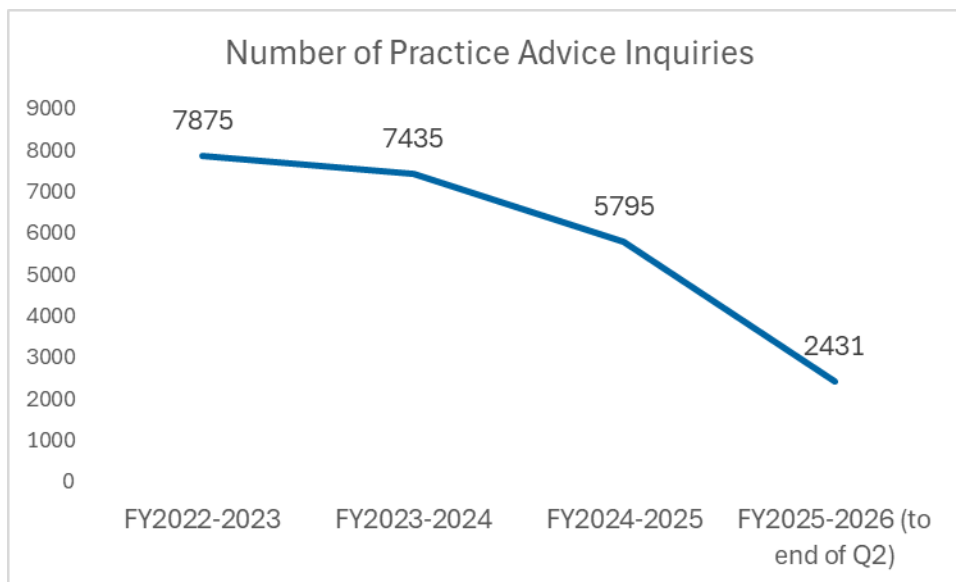


Top Themes in this Reporting Period



Trend in Volume

Note: 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.



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:

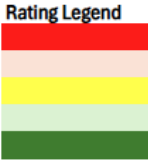
- Using recent trends in inquiries to inform content for upcoming College roadshow events, for example, highlighting “hot topics”.
- Compiled a list of commonly asked questions from PTs and PT residents about supervision to inform our future communications approach on this topic.
- Explore future collaboration with the association to develop a consolidated “Starting a Practice” resource that combines regulatory and professional information.

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

26-Jan-24
17-Oct-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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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

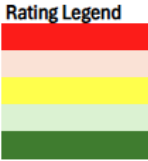
#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: November 2025
1	Regulation and Compliance, Reputational	The College’s cyber systems are accessed by external threat actors caused by phishing 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	- More information regarding the cyber security simulation activity is provided in the Registrar Report. - Mock ‘phishing’ attempts with staff have been enhanced to increase staff diligence; this includes introducing an escalation protocol where staff errors are identified as part of the test. - The October issue of perspectives included information for registrants about phishing scams targeting registrants using the Registrars name.

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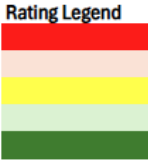
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#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: November 2025
2	Regulation and Compliance	The College must manage the transition from its 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 SLA has been signed between CAPR and the College. - Ongoing communication with candidates is occurring both nationally through CAPR and locally within each jurisdiction, including Ontario. - The Board confirmed in September 2025 an intention to sunset the Provisional Practice Certificate class following a transition to a single exam. - OCE capacity has been increased to support addressing capacity challenges. Information from CAPR suggests a surge in enrollment for the final November 2025 written exam, which may challenge the OCE capacity changes.
3	Reputational, Financial, Regulation	The College's appeals of discipline decisions at HPARB or the Ontario Division Court are unsuccessful which is caused by inadequate investigations or procedural fairness and results in the loss of confidence by the Registrants and the public to regulate the profession.	Deputy Registrar	2.8	2.8	2.8 x 2.8	2 (↓)	Very Low	- Track and monitor appeals and outcomes; - Undertake analysis of returns to identify process and decision improvements needed; - Develop educational/decision-making/knowledge translation tools to support committee decision-making; - Develop SOPs to ensure consistency in regulatory activities.	- No new updates.

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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: November 2025
4	Finance, Operational	Structural and long-term annual deficits impairs the ability of the College operates its Core Statutory work is caused by registration fees not increasing to meet the financial requirements resulting in the College being unable to meet its regulatory requirements.	Director, Finance	2	3.6	2 x 3.6	1 (↓)	Low	- 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.	- The Board approved the FY2025 audited statements at their September 2025 meeting. The surplus for FY2025 was nearly \$600,000. - 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. - Forecasts used to support decision-making regarding registrant fees suggests that FY2027 will face some fiscal pressures, but the full benefit of changing rent obligations will be felt in future years returning to a stronger financial position.
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. The Board confirmed a desire to review the Code of Conduct with an intention to present a revised document at the December 2025 Board meeting. Revisions to the Code of Conduct are provided under separate cover.

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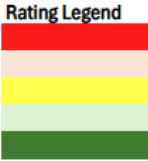
#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: November 2025
6	Governance	Board of Directors members are elected as the Board Chair or appointed as a Committee Chair without sufficient experience 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	- No new updates.
7	Regulation and Compliance, Governance, Strategic	Changes to the Regulated Health Professions Act (RHPA) or the Physiotherapy Act (PA) are made by the Government of Ontario without consulting the College may result in the College being unable to respond in a timely and effective manner that impact the College's ability to fulfill its regulatory and statutory obligations.	Registrar and CEO	3	4.2	1.6 x 4.2	3 (↔)	High	- Registrar is actively engaged with HPRO where bi-weekly information sharing is occurring including identification of opportunities/risks relating to government change; - External environment is regularly monitored for changes that may impact Ontario (e.g., BC amalgamation); - HPRO has engaged a Government Relations consultant to support our collective needs; - System Partner engagement is leveraged to identify opportunities/risk and information sharing.	- “As of Right” legislation has been introduced in the fall of 2025. - Initial communications documents have been posted online with additional information being prepared for the launch of this pathway. - HPRO continues to engage GR support to provide a collective voice in the sector. - Scope of practice changes are being contemplated for multiple regulated health professions. The College prepared a response to the consultation (attached to the Registrar’s Report).

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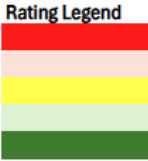
#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: November 2025
8	Governance	The lack of diversity in the composition of the Board of Directors and committees caused by the composition of the Board of Directors and committees not reflecting the changing demographics in Ontario could lead decisions that do not consider the impact of these decisions on equity-seeking groups such as Indigenous people, physiotherapists who are internationally educated, disabled, or LGBTQ2IA+.	Director, Policy & Governance, General Counsel	3	3	3 x 3	3 (↔)	Medium	- 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. Recruitment is complete and a recommendation from the Executive Committee is provided under separate cover.
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	- Q2 dashboard results suggest that turnover has continued to trend downwards. - Staff across the organization are developing SOPs (most notably Professional Conduct and Finance) to support business continuity. - The Staff Engagement survey was refreshed in November 2025 with results shared at the December 2025 Board meeting.
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.

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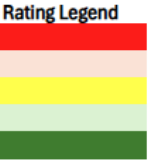
#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: November 2025
11	Operational	The College is unable to recruit, retain, and hire talent with the required skills, knowledge, and experience which 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 x 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.	- Internal information sharing and presentations have been enhanced to emphasize the College's total compensation and benefits offerings. - New staff have also participated in a CPO's culture orientation session as a way to introduce new(er) staff to our key values, norms, expectations and how we operate within the College. This session gave staff a deeper understanding of our culture, clarified behavioural expectations and was geared towards helping staff successfully integrate into the College. - The College engaged in a market review of compensation across the health regulatory sector. This has confirmed that from a salary perspective the College is competitive but there are opportunities for enhancement from the perspective of benefits and pension. These opportunities will be explored in the coming months.

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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: November 2025
12	Governance	Lack of available Public Members up for appointments leads to the Board of Directors and committees being unconstituted, resulting in Board of Directors and the committees being unable to conduct business.	Director, Policy & Governance, General Counsel	3.5	4	3.5 x 4	1 (↓)	High	- Registrar/CEO is in constant contact with the Public Appointments office.	- No new updates.
13	Financial	The College will move office locations caused by the end or termination of a lease and results in a significant expenditure of cash to manage the move and reduces the College's operating reserve.	Senior Director, Organizational Effectiveness	2	2.6	2 x 2.6	1 (↓)	Very Low	- Costs to decommission the current office space will be investigated and factored into future financial planning and budgeting.	- Following approval from the Board in September 2025, staff have exercised an Offer to License in support of an Offer to Lease on a new office space.

Risk Partners Map

Risk statement	Stakeholder	Influence/Power	Interest	Impact
1. Cybersecurity: 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.	Registrants	Low	High	High
	Staff	High	High	High
	Board	Medium	High	Medium
	Privacy Commissioner	Low	High	Low
	Public / patients	Low	Medium	Medium
2. Winding down the Ontario Clinical Exam (OCE): 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.	Candidates	Low	High	High
	Staff	High	High	Medium
	Board	High	High	Low
	OFC	Low	High	Low
	Ministry / Government	Low	High	Low
	CAPR	High	Medium	Low
	Patients	Low	Low	Medium
3. Appeals of HPARB Decisions: 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.	Physiotherapists	Low	Low	Medium
	Public / patients	Low	Medium	Medium
	Board	Low	Medium	Low
	Committees	High	High	High
	Staff	Low	Medium	Medium
4. Structural and long-term financial deficits: 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.	Board	High	High	Low
	Staff	Medium	High	High
	Physiotherapists	Low	Medium	Medium
	Public / patients	Low	Low	Medium
	Ministry / Government	Low	Medium	Low
5. Impact on Public Interest from real or perceived conflicts of interest: 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.	Ministry / Government	High	High	Medium
	Public / patients	Low	High	High
6. Knowledge level of Board members appointed as Chair to a committee: 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.	Board	High	High	High
	Staff	Medium	Medium	Medium
	Committee members	Low	Medium	Medium
7. Changes to the RHPA or Physiotherapy Act: 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.	Board	Low	High	High
	Staff	Low	High	High
	Physiotherapists	Low	Medium	High
	Public / patients	Low	Medium	High
	Association	Medium	High	Low

Risk Partners Map

Risk statement	Stakeholder	Influence/Power	Interest	Impact
8. Lack of diversity on the Board of Directors and committees: 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+.	Board	Medium	Medium	Medium
	Physiotherapists	Low	Medium	Medium
	Public / patients	Low	Medium	Medium
	EDI partners	Low	Medium	Medium
9. Unexpected turnover of staff and the impact on loss of institutional knowledge: 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.	Board	Medium	Medium	Low
	Staff	Medium	Medium	Medium
	Physiotherapists	Low	Low	Medium
	Public / patients	Low	Low	Medium
10. The College's operating reserve dropping too low: 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.	Board	High	High	Low
	Staff	Medium	High	High
	Ministry / Government	Low	Medium	Low
11. College is unable to recruit, retain, and hire talent with the required skills: 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.	Board	Medium	Medium	Low
	Staff	Medium	Medium	Medium
	Physiotherapists	Low	Low	Medium
	Public / patients	Low	Low	Medium
12. Lack of availability of Public Members for appointment to the Board of Directors: 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.	Ministry / Government	High	Medium	Medium
	Board	Low	High	High
	Committees	Low	High	High
	Staff	Low	High	Medium
	Registrants	Low	Low	Medium
	Public / patients	Low	Low	Medium
13. Moving the College's office: 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.	Board	High	High	Medium
	Staff	High	High	High
	Registrants	Low	Low	Medium
	Space-sharing partners	Medium	Medium	Low

Board Meeting
December 8-9, 2025

Agenda #6.0: Code of Conduct Updates and Disqualification Process

It is moved by

_____ ,

and seconded by

_____ ,

that:

The Board approve the amendments to the College By-laws, including the revised Code of Conduct and disqualification procedure for Directors and Non-Board Committee members, as presented.

BOARD BRIEFING NOTE
For Decision

Topic:	Code of Conduct Updates and Disqualification Process
Public Interest Rationale:	Ensuring Board and Committee members are accountable to and act in accordance with agreed upon expectations.
Strategic Alignment:	<i>Performance & Accountability:</i> Continuous improvement of the College's governance practices.
Submitted By:	Mara Berger, Director, Policy, Governance & General Counsel Caitlin O'Kelly, Governance Specialist
Attachments:	Appendix A: College By-laws with Tracked Changes Appendix B: Amended Code of Conduct – Clean Version

Issue

- Potential amendments to the Code of Conduct and the disqualification process in the College By-laws are being proposed based on the Board's direction to conduct a comprehensive review of the Code and address process gaps.

Decision Sought

- The Board is being asked to approve the proposed amendments to the Code of Conduct and the By-law revisions related to the Disqualification Process.

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.
- In [September 2025](#), the Board, directed staff to complete a comprehensive review of the Code of Conduct and disqualification process and propose potential amendments for Board consideration.
- The direction followed discussion of an environmental scan of other Ontario regulators, which identified opportunities to improve clarity and address gaps in procedural consistency.
 - The review was intended to ensure that the College's governance framework continues to reflect best practices and provide clear, consistent and transparent processes for addressing conduct and disqualification matters.

Current Status and Analysis

- Staff have undertaken a comprehensive review of the Code of Conduct and disqualification provisions in the By-laws (Appendix A) to address identified gaps and improve clarity, consistency and application.
 - Proposed changes are informed by internal experiences, the needs of the College, input from the Board Chair, as well as practices across Ontario health profession regulators and legal considerations.
- The proposed amendments focus on the following areas:
 - Clarifying the disqualification criteria by distinguishing between automatic grounds for disqualification and grounds that require consideration and a vote by the Board.
 - Establishing a new procedural section in the By-laws to outline the process for addressing potential disqualifications and Code of Conduct breaches.
 - Updating the Code of Conduct to ensure the performance expectations remain current while relocating the procedural and sanction components to the By-laws for consistency.
 - Ensuring the performance expectations are clear by using plain language throughout the Code of Conduct, while still maintaining some room for interpretation. Having some flexibility in the Code provides room for the Executive Committee and the Board to assess whether the Code may have been breached, and helps make the process fair, by giving people a chance to explain themselves if there is a concern about their actions.

Disqualification Criteria

- The current By-laws include disqualification provisions for Elected and Academic Directors, as well as Non-Board Committee members, but do not clearly differentiate between criteria that are automatic and those that require a Board decision.
- The proposed amendments introduce two sub-sections for the disqualification criteria:
 - Automatic grounds for disqualification;
Example: If a Director ceases to be a registrant of the College, they are automatically disqualified from the Board and any committees.
 - Grounds that may be considered by the Board for disqualification.
Example: If a Director 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, the Board considers the case and decides whether disqualification is appropriate.

- This restructuring improves readability and transparency by clearly separating which situations result in immediate disqualification and which require deliberation by the Board.
- A new clause has also been added, resignation from the Board, as a ground for automatic disqualification. This aligns with practices observed in other regulator's By-laws, creates greater clarity and reinforces that Board and Non-Board Committee members may resign at any point in time.
- Within the disqualification criteria section, there is a separate clause stating that an Elected Director does not become disqualified simply because their home address registered with the College is no longer in the electoral district for which they were elected. This clause is included in the disqualification criteria section to make it clear that address changes alone do not affect a Director's eligibility to continue serving.

New Procedural Section

- A new section, *Procedure for Disqualifying or Sanctioning Directors and Non-Board Committee Members*, has been added to the By-laws to close an existing gap in the process.
 - This section introduces a combined process for Code of Conduct breaches and disqualification criteria, reducing duplication and improving consistency.
 - A key change is that the Executive Committee would have a more active role in addressing potential Code of Conduct breaches or concerns that the disqualification criteria may be engaged.
 - Currently, the Chair has sole responsibility for considering Conduct issues and whether to involve the Executive Committee or the Board, while any non-automatic disqualification matters would always require a Board vote.
 - Under the new process, the Executive Committee would collectively review, make determinations, and ensure that decisions are made through a broader, more representative group. This change is intended to strengthen procedural fairness, reduce the risk of individual bias, and provide greater transparency and accountability in governance.
- The process sets out the steps to be followed when the Registrar becomes aware that a Director or Non-Board Committee member may meet one or more disqualification criteria or may have breached the Code of Conduct. At a high level, the process works as follows:
 - The Registrar is informed of a possible issue involving a Director or Non-Board Committee member.
 - The Registrar refers the information to the Executive Committee for review.

- The affected individual is notified and given an opportunity to make written submissions to the Executive Committee.
- The Executive Committee determines whether the matter should proceed to the Board. If the concern does not require escalation, the Executive Committee may close the matter with no further action, or it may direct the Board Chair to meet with the individual to provide advice, guidance, or recommend additional training. This approach allows for proportionate responses and supports remediation where appropriate, rather than defaulting to formal disciplinary action.
- If the matter is referred to the Board:
 - The individual whose conduct is under review is given an opportunity to present their case, either in writing or in person.
 - After submissions, the individual is not present for the Board's discussion. If the individual is a Director, they are also excluded from quorum and the vote.
 - The Board votes (two-thirds majority required) on whether the Director or Non-Board Committee member should be disqualified, or whether the Code of Conduct has been breached.
 - If the Board votes in favour of disqualification, the individual is immediately disqualified from the Board and any committees—no further vote is required.
 - If the Code of Conduct has been breached, the Board holds a separate vote (two-thirds majority required) to decide on the appropriate sanction(s). Sanctions may include censure (verbal or written), removal from committees, or full disqualification from the Board or committees. The By-laws provide a non-exhaustive list of possible sanctions, meaning the Board has discretion to impose other appropriate measures depending on the circumstances. This two-step process ensures sanctions are proportionate to the nature and severity of the breach.
- Introducing this procedure ensures a fair, transparent and consistent approach across both Code of Conduct and disqualification matters.

Code of Conduct Revisions

- The Code of Conduct has been reviewed to enhance clarity and simplify the language to make the duties of Board and Committee members more explicit and actionable.
- The revisions are informed by a comprehensive review of governance practices across Ontario health profession regulators, legal requirements, and feedback from the Board. Key changes include:

- Clearer Purpose: The Purpose section has been streamlined to focus exclusively on why the Code of Conduct exists and the individual and shared responsibility for upholding the performance expectations by Board and Committee members.
 - Stronger Emphasis on Public Interest: The requirement to prioritize the public's interest in all decisions is highlighted throughout.
 - Clearer Legal and Policy Compliance: References to specific legislation and policies are now more direct, requiring members to know and follow all applicable laws and policies.
 - More Precise Guidance on Decision-Making: Members are instructed to be open-minded, fair, and unbiased, with language updated to emphasize impartiality.
 - Restrictions on Informal Influence: There is a strengthened prohibition on private discussions intended to influence Board or committee decisions outside formal meetings.
 - Respectful Relationships and Roles: Expectations for respectful and cooperative working relationships are expanded, with clearer distinctions of authority among Board, committees, Chair, Registrar, and staff.
 - Continuous Learning and Participation: Requirements for ongoing education, attending meetings, and mentoring new members are made more explicit.
 - Conflict of Interest and Objectivity: Steps to address conflicts of interest are detailed directly in the Code.
 - Decorum and Meeting Preparation: Proper conduct in meetings and the importance of reviewing materials are emphasized.
 - Diversity and Respect: There is a stronger focus on valuing diversity, respectful engagement, and prohibiting discriminatory or harassing behavior.
 - Communication and Accountability: Members are expected to respond promptly to communications, support Board decisions publicly, and regularly assess both individual and group performance.
- The previous Sanctions and Procedural and Other Safeguards sections have been removed, with relevant processes and outcomes now incorporated into the new By-law section described above.
 - These changes reinforce the Code's focus on behavioural expectations while ensuring that procedural matters are governed within the By-laws, consistent with the approach used by other regulators. These updates are also aligned with our new strategic plan and are designed to strengthen public trust in the College's decision-making and accountability.

Next Steps

- If the amended Code of Conduct and revised By-laws are approved, the updated By-laws would come into effect immediately and be posted on the College's website.
- All Board and Committee members would be advised of the changes and provided with a copy of the updated Code of Conduct for their records.
- Board and Committee members are required to sign a Declaration of Office confirming their commitment to follow the Code of Conduct. This declaration remains valid even as the Code of Conduct is amended from time to time, so members do not need to re-sign the declaration when updates are made.

Questions for the Board

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



Official By-Laws of the College of Physiotherapists of Ontario



Part 3 — Election or Appointment of Directors

Elections

Electoral Districts

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

August 13, 2020, and the geographical territory of each electoral district shall be interpreted to ensure that all parts of Ontario fall into one of the above counties, united counties, regional municipalities, district municipalities, cities and districts. For greater certainty, separated municipalities found within the geographical territory of counties will fall within the electoral district of the county.

Entitlement to Vote

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

Number of Registrants Elected

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

Term of Office

- (6) The term of office of an Elected Director is approximately three years, commencing with the first regular Board meeting after the election and expiring when their successor takes office at the first regular Board meeting after the next election in their electoral district, unless the Director resigns, dies, is disqualified as set out in subsection (26) or is removed from office in accordance with ~~the Code of Conduct in Appendix C~~[Section 3.3](#).
- (7) An Elected Director shall not serve more than nine consecutive years on the Board. And, following the completion of nine consecutive years on the Board, they shall not commence another term on the Board until they have completed a one-year waiting period.

Election Date

- (8) (a) There shall be an election,
 - (i) for central, eastern and northern electoral districts, in 2020 and every third year thereafter.
 - (ii) for central eastern and Toronto east and west electoral districts, in 2021 and every third year thereafter.
 - (iii) for south western and central western electoral districts, in 2022 and every third year thereafter.
- (b) An election shall be held on the third Wednesday in April.

- (c) If there is an interruption in access to the electronic voting system during a nomination or election, the Registrar shall extend the holding of nominations and the election for such minimum period of time as the Registrar considers necessary to compensate for the interruption.

Eligibility for Election

- (9) A Registrant is eligible for election to the Board for an electoral district if:
 - (a) the Registrant is entitled to vote in an election in accordance with subsection (4);
 - (b) at all times between the ninetieth day before the election and the date of the election:
 - (i) the Registrant continues to be registered with the College;
 - (ii) the Registrant continues to practise or reside in Ontario;
 - (iii) the Registrant's home address registered with the College continues to be in the electoral district for which the election is being held or, if the Registrant resides outside Ontario, the Registrant's primary business address is in the electoral district for which an election is being held;
 - (iv) the Registrant is not in default of any obligation to the College under the Regulations or the By-laws; and
 - (v) the Registrant is not the subject of Discipline or Fitness to Practise proceedings by a body that governs a profession, inside or outside of Ontario.
 - (c) the Registrant has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated, inside or outside of Ontario, in the six years before the election;
 - (d) the Registrant has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act* and is not a person who has been declared incapable by any court in Canada or elsewhere;
 - (e) the Registrant's certificate of registration has not been subject to a term, condition or limitation other than a term, condition or limitation prescribed by the Regulations in the six years before the election;
 - (f) the Registrant has not been found guilty of or charged with an offence under the *Criminal Code*, the *Health Insurance Act*, the *Controlled Drugs and Substances Act* or under any comparable legislation or criminal laws of another jurisdiction that is relevant to the Registrant's suitability to serve as a Director, unless, in respect of a finding, a pardon or record suspension has been granted;

- (g) the Registrant has not been disqualified or removed from the Board or a committee of the College in the three years before the election;
 - (h) the Registrant is not and has not been in the twelve months before the election, a director, officer, Committee member, employee, or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - (i) the Registrant does not hold and has not held in the twelve months before the election, an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College;
 - (j) the Registrant is not a current participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest against the College, the Board or a committee of the College;
 - (k) the Registrant does not have a current notation on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints and Reports Committee;
 - (l) the Registrant is not and has not been in the twelve months before the election an employee of the College;
 - (m) the Registrant discloses all potential conflicts of interest in writing to the Registrar within five business days of being nominated and either does not have a conflict of interest to serve as a Director or has agreed to remove any such conflict of interest before taking office;
 - (n) the Registrant has substantially complied with the Election Campaign policy set out by the College and approved by the Board;
 - (o) the Registrant has completed an orientation about the College's mandate, and the role and responsibilities of Directors; and
 - (p) the Registrant has been determined by the Screening Committee to have met the competency requirements as set out in the applicable College policy approved by the Board.
- (10) Any disputes about a person's eligibility for election shall be determined by the Screening Committee. If the Screening Committee determines that a Registrant is ineligible for election, the Registrant may appeal that decision to the Board and the Board's determination shall be final, without appeal.

Notice of Election and Nominations

- (11) At least ninety days before the date of an election, the Registrar shall send electronically to every Registrant entitled to vote in an election a notification

that an election will be held to elect a Director and detailed instructions about the nomination procedure.

Nomination Procedure

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

Acclamation

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

Administration

- (15) (a) The Registrar shall supervise the nomination and election of Elected Directors.
- (b) The Registrar shall appoint an independent electronic voting organization to administer the voting process and the counting of electronic ballots.
- (c) All questions arising in the counting of ballots, the recording of results or the determination of the result shall be decided by the Registrar.
- (d) When a candidate withdraws from the election during the voting period, the Registrar shall inform all voters of the withdrawal and the option to re-cast their votes.

- (e) Where the By-laws do not address an issue, the Registrar shall use their best judgment to ensure that the election is fair and democratic.

Voting

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

Counting Votes

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

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

By-election Where a Tie Occurs

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

Documentation and Notification of Results

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

Validity of Election and Inquiries

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

Vacancies

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

Filling Vacancies

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

Board shall appoint a successor from among the Registrants who would be eligible for election if an election were held.

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

Disqualification Criteria for Elected Directorss

- (26) (a) The following are automatic grounds for disqualification for an Elected Director sitting on the Board:

- (i) resigns from the Board of Directors;

- ~~(ii)~~(ii) ceases to be a Registrant;

- ~~(ii)(i) no longer practises physiotherapy in Ontario and is no longer a resident of Ontario;~~

- ~~(iii)(i) is in default of any obligation to the College under the Regulations or the By-Laws for over sixty days;~~

- ~~(iv)~~(iii) _____ is found guilty of professional misconduct, to be incompetent, or to be incapacitated, by a body that governs a profession inside or outside of Ontario;

- ~~(v)~~(iv) is found guilty of or charged with an offence under the *Criminal Code*, the *Health Insurance Act*, the *Controlled Drugs and Substances Act*, or under any comparable legislation or criminal laws of another jurisdiction that is relevant to the Elected Director's suitability to serve as a Director unless, in respect of a finding, a pardon or record suspension has been granted;

- ~~(vi)~~(v) becomes a director, officer, Committee member, employee, or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;

- ~~(vii)~~(vi) _____ is found to be mentally incompetent under the *Substitute Decisions Act, 1992* or *Mental Health Act* and is not a person who has been declared incapable by any court in Canada or elsewhere;

- ~~(viii)~~(vii) _____ assumes an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College;
- ~~(ix)~~(viii) _____ becomes a participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest against the College, the Board or a committee of the College;
- ~~(x)(i) _____ has a notation posted on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints and Reports Committee;~~
- ~~(xi)(i) _____ fails to attend two consecutive regular meetings of the Board without good reason in the opinion of the Board; or~~
- ~~(xii)(i) _____ fails, in the opinion of the Board, to discharge their duties to the College, including having acted in a conflict of interest or otherwise in breach of a By-law, the Act, or the College's governance policies; or~~
- ~~(xiii)(i) _____ did not satisfy one or more of the criteria for eligibility prescribed in section 3.1(9) at the date of election or appointment, and the Director did not disclose same to the College or the Director was untruthful or misled the College about the same.~~

(b) The following are grounds for potential disqualification of an Elected Director from sitting on the Board:

- (i) no longer practises physiotherapy in Ontario and is no longer a resident of Ontario;
- (ii) is in default of any obligation to the College under the Regulations or the By-laws for over sixty days;
- (iii) 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;
- (iv) fails to attend two consecutive regular meetings of the Board without good reason in the opinion of the Board; or
- (v) 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
- (vi) did not satisfy one or more of the criteria for eligibility prescribed in section 3.1(9) at the date of election or appointment, and the Director did not disclose same to the College or the Director was untruthful or misled the College about the same.

~~(b)~~(c) An Elected Director does not become disqualified from sitting on the Board merely because their home address registered with the College ceases to be in the electoral district for which they were elected.

~~(c) Subsections (26) (a) (i), (iv), (v), (vi), (vi), (vii) (viii), and (ix) shall result in automatic disqualification.~~

~~(d) Subsections (26) (a) (ii), (iii), (x), (xi), (xii) and (xiii) shall result in a vote by the Board regarding disqualification of the Director.~~

Suspension

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

Academic Directors

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

Disqualification Criteria for Academic Directors

- (7) (a) The following are grounds for automatic disqualification for an Academic Director sitting on the Board:
 - (i) resigns from the Board of Directors;
 - ~~(i)~~ (ii) ceases to be a Registrant with a certificate of registration authorizing independent practice;
 - ~~(ii)~~ (iii) no longer is a member of the faculty of physiotherapy or physical therapy from which they were selected;
 - ~~(iii) (i) is in default of any obligation to the College under the Regulations or the By-Laws for over sixty days;~~
 - (iv) is found guilty of professional misconduct, to be incompetent, or to be incapacitated by a body that governs a profession inside or outside of Ontario;
 - (v) is found guilty of or charged with an offence under the *Criminal Code*, *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;

- (vi) becomes a director, officer, Committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
- (vii) is found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act* and is not a person who has been declared incapable by any court in Canada or elsewhere;
- (viii) assumes an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College;
- (ix) becomes a participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest against the College, the Board, or a committee of the College;
- ~~(x)(i) has a notation posted on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints and Reports Committee;~~
- ~~(xi)(i) fails to attend two consecutive regular meetings of the Board without good reason in the opinion of the Board;~~
- ~~(xii)(i) 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~~
- ~~(b) 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.~~
The following are grounds for potential disqualification of an Academic Director from sitting on the Board:
 - (i) is in default of any obligation to the College under the Regulations or the By-laws for over sixty days;
 - (ii) 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;
 - (iii) fails to attend two consecutive regular meetings of the Board without good reason in the opinion of the Board;
 - (iv) 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

(v) 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.

~~(b)–~~

~~(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.~~

Suspension

~~(10)~~(8) If an Academic Director sitting on the Board becomes the subject of Discipline or Fitness to Practise proceedings, they shall be suspended from sitting on the Board until the matter is resolved.

Procedure for Disqualifying or Sanctioning Directors and Non-Board Committee Members

3.3 (1) The following procedure shall be followed in the event that a Director or Non-Board Committee member is alleged to meet the criteria for automatic disqualification as set out in sections 3.1(26)(a), 3.2(7)(a) or 7.7(4)(a):

(a) A Director or Non-Board Committee member shall immediately advise the Registrar in writing if the Director or Non-Board Committee member has reasonable grounds to believe that they or another Director or Non-Board Committee member may meet one or more of the automatic grounds for disqualification.

(b) If the Registrar receives information in writing or has reasonable grounds that suggest a Director or Non-Board Committee member may meet any of the automatic grounds for disqualification, the Registrar shall report the matter to the Executive Committee. If the information relates to a member of the Executive Committee, the Registrar shall bring the information to the attention of the remaining members of the Executive Committee.

(c) If the Executive Committee receives information suggesting that a Director or Non-Board Committee member meets one or more of the automatic grounds for disqualification, the Executive Committee shall consider the information and confirm whether any of the grounds for automatic disqualification have been met.

- (d) If the Executive Committee confirms that one or more of the grounds for automatic disqualification have been met, the Executive Committee shall notify:

 - (i) The Director or Non-Board Committee member who has been disqualified;
 - (ii) The Board of Directors; and
 - (iii) The Committee Chair or, if the Director or Non-Board Committee member served as the Committee Chair, the Committee Vice-Chair of any committee the Director or Non-Board Committee member who has been disqualified was appointed to.
- (e) The disqualification takes immediate effect. The Director or Non-Board Committee member ceases to be a member of the Board and/or any Committee to which they have been appointed.
- (2) The following procedure shall be followed in the event that a Director or Non-Board Committee member is alleged to have contravened the duties of a Board or Committee member or meets the criteria for disqualification as set out in sections 3.1(26)(b), 3.2(7)(b) or 7.7(4)(b)(d):

 - (a) A Director or Non-Board Committee member shall immediately advise the Registrar in writing if the Director or Non-Board Committee member has reasonable grounds to believe that they or another Director or Non-Board Committee member may have contravened the duties of a Board or Non-Board Committee member or may meet one or more of the non-automatic grounds for disqualification.
 - (b) If the Registrar receives information in writing or has reasonable grounds that suggests a Director or Non-Board Committee member may have contravened the duties of a Board or Non-Board Committee member or may meet any of the non-automatic grounds for disqualification, the Registrar shall report the matter to the Executive Committee. If the information relates to a member of the Executive Committee, the Registrar shall bring the information to the attention of the remaining members of the Executive Committee.
 - (c) If the Executive Committee has reasonable grounds to suggest that a Director or Non-Board Committee member contravened the duties of a Board or Non-Board Committee member or meets any of the non-automatic grounds for disqualification, the Director or Non-Board Committee member whose conduct is the subject of concern shall be given a reasonable opportunity to make a written submission regarding the allegations before the Executive Committee makes a decision in this regard.

- (d) If, after reviewing the information, the Executive Committee believes that the information does not warrant formal consideration by the Board, the Executive Committee may:
 - (i) Close the matter with no further action. The Director or Non-Board Committee member who was the subject of the review shall be informed in writing that the matter has been closed and no further action will be taken.
 - (ii) Where the Executive Committee identifies a concern that does not require formal Board consideration, direct the Board Chair to meet with the Director or Non-Board Committee member to provide advice, guidance, or recommend additional training as appropriate. If the matter involves the Board Chair, the Vice-Chair shall assume this responsibility;
- (e) If, after reviewing the response, the Executive Committee believes that the information warrants formal consideration by the Board, it shall raise the matter with the Board for determination of whether the member failed to discharge their duties or meets one or more of the criteria for disqualification.
 - (i) After the matter has been referred to the Board, the 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.
- (f) The Registrar shall advise the Director or Non-Board Committee member whose conduct is the subject of concern of the date of the meeting and that they may make written or oral submissions to the Board at the meeting.
- (g) Any deliberation or vote taken by the Board 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).
- (h) The College will not be responsible for any costs of the Director or Non-Board Committee member whose conduct is being examined.
- (i) The Director or Non-Board Committee member who is the subject of the concern shall not be present during the discussion following submissions, if any. If it is a Director who is the subject of concern, the Director also shall not vote on the motion and shall not be counted for the purpose of establishing quorum or calculating votes.
- (j) A two-thirds majority of Directors present, but not including the Director whose conduct is the subject of concern, is required to determine whether the member failed to discharge their duties or meets one or more of the criteria for disqualification.

- (k) When the Board has determined, by resolution properly moved, seconded, and carried by a two-thirds majority of Directors present, that the member has failed to discharge their duties, the Board shall then vote, by a separate resolution requiring a two-thirds majority of Directors present, but not including the Director whose conduct is the subject of concern, to determine the sanction(s) to be imposed. Such sanction(s) may include, but are not limited to, one or more of the following:
 - (i) censure of the Director or Non-Board Committee member, verbally or in writing;
 - (ii) removal of the Director or Non-Board Committee member from any Committees to which they have been appointed; and
 - (iii) disqualification of an Elected Director, Academic Director or Non-Board Committee member from the Board or Committees or submission of a request for the removal of a Public Director from the Board to the Public Appointments Secretariat.
- (l) An Elected Director or Academic Director who is disqualified by the Board ceases to be a member of the Board and ceases to be a member of any Committee to which they have been appointed.
- (m) A Non-Board Committee member who is disqualified by the Board ceases to be a member of any Committee to which they have been appointed.
- (n) A request for removal of a Public Director who is disqualified by the Board will be made to the Public Appointments Secretariat and the Public Director immediately ceases to be a member of any Committee to which they have been appointed.

Declaration of Office

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

- 3.45. (1) Directors and non-Board 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 non-Board 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

- 3.65. (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, non-Board 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 non-Board 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 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 [section 3.3.](#) ~~the Code of Conduct.~~

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

The Code of Conduct sets clear duties for Directors and Non-Board Committee members to uphold public trust and integrity. It guides their work in serving the College's interests, fulfilling legislative duties, and benefiting the public. Accountability for ethical conduct rests with each member and collectively with the Board or Committee.

~~Directors and non-Board 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~~ duties, each Director and non-Board Committee member shall act in the best interest of the public and the College. They shall ~~will~~:

1. Always put the public's interest first when taking part in discussions or making decisions related to their role with the College. Promote the public interest in their contributions and in all discussions and decision-making.
2. Know and follow all laws, rules and policies that apply to the College, Comply with the provisions of including the Regulated Health Professions Act, the Physiotherapy

Act, the Regulations made under these Acts and the College's By-laws and policies of the College.

3. ~~Maintain the confidentiality of~~Keep any information ~~coming into their possession in keeping with the provisions set out in they receive confidential, as required by the RHPA~~Regulated Health Professions Act and the confidentiality policies of the College.
4. Direct all activities toward fulfilling the College's objects as ~~specified~~set out in the legislation.
5. ~~Conduct themselves~~Act in a manner that respects the ~~with~~integrity of the College by ~~striving to be~~making fair, ~~impartial~~open-minded and unbiased ~~in their decision making~~decisions.
6. ~~Refrain from~~Do not ~~engaging~~have private ~~in any discussion conversations~~outside of official meetings 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~~could influence decisions on matters the Board or committee will consider.
7. Respect the power, authority and influence ~~associated with their role of their position in all situations~~ and not misuse ~~it~~this for personal ~~benefit~~gain.
8. ~~Recognize, u~~Understand and respect the roles and responsibilities of the Board, committees, the Chair, the Registrar and staff and ~~maintain respectful working relationships with other Board members, non-Board Committee members and staff members~~work cooperatively will all members and staff. This includes ~~acknowledging the appropriate authorities of the Registrar and the Chair~~.
9. ~~Acquire, apply and maintain knowledge of the~~Keep up-to-date with Board and Committee policies, procedures, relevant legislation, ~~College functions~~ and current issues ~~facing affecting~~the College and their committees ~~they participate in~~.
10. When personal circumstances may affect their ability to ~~function objectively in their role~~be objective, ~~address the conflict situation by complying with the~~follow the College By-laws: ~~that govern conduct in this situation by, as a minimum, declaring the~~declare any conflict, ~~abstaining from~~do not take part in discussions or votes ~~discussing or voting~~ on the matter and ~~removing themselves from~~leave the meeting.
11. Maintain ~~appropriate decorum~~proper conduct during all Board and Committee meetings by ~~adhering to the~~following the Board's rules of order ~~adopted by the Board~~.
12. Review meeting materials carefully and ~~consider the information provided for the Board and committee meetings and~~ identify any information ~~to enhance effective~~that could help support Board and Committee decision-making ~~as needed~~.

13. Value and ~~R~~respect the diversity and the contributions of all Board and Committee members. ~~views and the expertise of other Board and non-Board Committee members and appreciate the opportunity for varied viewpoints to be brought forward, considered and resolved through robust discussion.~~
14. Engage in discussions respectfully, appreciating different viewpoints and lived experiences, and avoid any discriminatory or biased comments or behaviour.
15. Publicly support and uphold ~~and support the~~ decisions made by the majority of the Board.
- ~~13.16.~~ 16. ~~and~~ Recognize that only the Chair of the Board and the Registrar as the College's official spokespeople may speak to the media or public about College business. ~~respect the Chair's role as Board spokesperson.~~
17. Attend meetings regularly ~~to the best of their ability~~ and do not miss two (2) or more consecutive meetings without a good reason in the opinion of the Board.
18. ~~and b~~ Be available to mentor and ~~assist~~ support new Board and Committee members.
19. Participate in all required orientation, training sessions and ongoing educational activities to help carry out their responsibilities.
- ~~14.20.~~ 20. Respond promptly to communications from the College staff or the Board.
21. Regularly evaluate their ~~individual own~~ performance, and ~~that of the collective~~ the group's performance to ~~assure~~ ensure continuous improvement.
22. Respect the boundaries of staff whose role is not to work for individual Board or Committee members, including not contacting staff members directly, except on matters where the staff member has been assigned to provide administrative support to a committee or the Board or where otherwise appropriate.
- ~~15.23.~~ 23. Maintain appropriate boundaries and respect with all other Directors, Committee Members and staff. Do not engage in, or allow, any behaviour that may reasonably be perceived as discriminatory, abusive or harassing in any form.
- ~~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 non-Board 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 non-Board Committee member whose conduct is being examined.~~

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

The Code of Conduct sets clear duties for Directors and Non-Board Committee members to uphold public trust and integrity. It guides their work in serving the College's interests, fulfilling legislative duties, and benefiting the public. Accountability for ethical conduct rests with each member and collectively with the Board or Committee.

Performance Expectations

In performing their duties, each Director and non-Board Committee member shall act in the best interest of the public and the College. They shall:

1. Always put the public's interest first when taking part in discussions or making decisions related to their role with the College.
2. Know and follow all laws, rules and policies that apply to the College, including the Regulated Health Professions Act, the Physiotherapy Act, the Regulations made under these Acts and the College's By-laws and policies.
3. Keep any information they receive confidential, as required by the Regulated Health Professions Act and the confidentiality policies of the College.
4. Direct all activities toward fulfilling the College's objects as set out in the legislation.
5. Act with integrity by making fair, open-minded and unbiased decisions.
6. Do not have private conversations with other Board or non-Board Committee members outside of official meetings that could influence decisions on matters the Board or committee will consider.
7. Respect the power, authority and influence of their position in all situations and not misuse it for personal benefit.
8. Understand and respect the roles and responsibilities of the Board, committees, the Chair, the Registrar and staff and work cooperatively with all members and staff.
9. Keep up-to-date with Board and Committee policies, procedures, relevant legislation and current issues affecting the College and their committees.

Appendix B: Amended Code of Conduct – Clean Version

10. When personal circumstances may affect their ability to be objective, follow the College By-laws: declare any conflict, do not take part in discussions or votes on the matter and leave the meeting.
11. Maintain proper conduct during all Board and Committee meetings by following the Board's rules of order.
12. Review meeting materials carefully and identify any information that could help support Board and Committee decision-making.
13. Value and respect the diversity and the contributions of all Board and Committee members.
14. Engage in discussions respectfully, appreciating different viewpoints and lived experiences, and avoid any discriminatory or biased comments or behaviour.
15. Publicly support and uphold decisions made by the majority.
16. Recognize that only the Chair of the Board and the Registrar as the College's official spokespeople may speak to the media or public about College business.
17. Attend meetings regularly and do not miss two (2) or more consecutive meetings without a good reason in the opinion of the Board.
18. Be available to mentor and support new Board and Committee members.
19. Participate in all required orientation, training sessions and ongoing educational activities to help carry out their responsibilities.
20. Respond promptly to communications from the College staff or the Board.
21. Regularly evaluate their own performance, and the group's performance to ensure continuous improvement.
22. Respect the boundaries of staff whose role is not to work for individual Board or Committee members, including not contacting staff members directly, except on matters where the staff member has been assigned to provide administrative support to a committee or the Board or where otherwise appropriate.
23. Maintain appropriate boundaries and respect with all other Directors, Committee Members and staff. Do not engage in, or allow, any behaviour that may reasonably be perceived as discriminatory, abusive or harassing in any form.

Board Meeting
December 8-9, 2025

Agenda #7.0: Updated Strategic Plan for 2026-2030

It is moved by

_____ ,

and seconded by

_____ ,

that:

The Board approve the Strategic Plan for 2026-2030.

BOARD BRIEFING NOTE
For Decision

Topic:	Updated Strategic Plan for 2026-2030
Public Interest Rationale:	The strategic plan is an important way the Board provides direction to the organization to effectively carry out our duties in the public interest while finding opportunities for continuous improvement.
Strategic Alignment:	<i>Performance & Accountability</i> – Having a strategic plan provides direction to drive the College’s work and serves as a framework against which we can measure and report on our performance.
Submitted By:	Joyce Huang, Director of Strategy
Attachments:	Appendix A: Strategic Plan 2026-2030 (Final Draft)

Issue

- The College has completed the process to refresh the strategic plan for 2026-2030. The updated strategic plan is presented to the Board for approval.

Decision Sought

- The Board is asked to approve the updated strategic plan for 2026-2030.

Background

- The College’s [current strategic plan](#) ends in March 2026.
- Work began in fall 2024 to update the strategic plan for 2026-2030.
- In [December 2024](#), 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 [June 2025](#), 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:
 - Being nimble and responsive,
 - 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
 - Opportunity to look at how we use data to assess risk and prioritize work.
- In [September 2025](#), a draft version of the updated strategic plan was presented to the Board for validation and feedback.
 - Overall, the Board felt that the updated strategic plan language reflected the vision and direction that they articulated in June 2025.
 - The Board suggested minor changes to the language to capture the relevant nuances in the strategic areas.

Current Status and Analysis

- The strategic plan language has been revised based on feedback from the Board at the September meeting.
- The final strategic plan document contains the following elements:
 - Mission and vision statements,
 - Value statements,
 - Six strategic areas, and
 - For each strategic area, descriptions of the kinds of outcomes that initiatives in that area are intended to achieve.

Next Steps

- The Board is asked to approve the updated strategic plan at the December meeting to come into effect in April 2026.
- Following Board approval, staff will prepare for the roll out of the new plan, such as creating communications materials, and integrating the new strategic plan into planning and reporting processes.

Questions for the Board

- Does the Board need any clarification or additional information before approving the updated strategic plan?

STRATEGIC PLAN 2026-2030





Regulation & Risk

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

Initiatives in this area will:

- Serve the public interest by supporting competent practice throughout physiotherapists' careers.
- Enable physiotherapists educated outside Canada to successfully transition to practice in Ontario.
- Integrate compassionate, trauma-informed and plain language practices in our work.
- Enable the College to identify and respond to emerging issues and risks in the environment.



Engagement & Partnership

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

Initiatives in this area will:

- Strengthen the support system for physiotherapists educated outside Canada through collaboration with system partners.
- Effectively deliver messaging and increase engagement with registrants on topics most relevant to them.
- Create feedback mechanisms for physiotherapists who are participating in College processes.
- Advance shared goals and objectives through collaboration with system partners such as patients, employers, associations, other regulators, and others.



People & Culture

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

Initiatives in this area will:

- Ensure our human resource strategy enables us to deliver on our commitments.
- Support talent retention.
- Continue to advance equity, diversity and inclusion principles.
- Enable us to efficiently use shared resources with our space-sharing partners.



Performance & Accountability

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

Initiatives in this area will:

- Modernize the financial management framework with effective and efficient practices and processes.
- Ensure data is effectively collected, analyzed, and used to advance our work.
- Support measurement and reporting on impact and effectiveness.
- Achieve sustained efficiency through continuous process improvement.



Equity, Diversity, Inclusion, and Indigenization

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

Initiatives in this area will:

- Support the profession to develop cultural sensitivity and awareness generally and Indigenous cultural competency specifically.
- Bring in diverse voices and perspectives to inform our work and decision-making.
- Enable us to 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.

Initiatives in this area will:

- Ensure effective succession planning that considers current and future needs.
- Ensure our by-laws and governance policies effectively meet our needs.
- Support continuous improvement of governance processes and practices.

BOARD BRIEFING NOTE
For Discussion

Topic:	Priorities and Initiatives for FY2026-2027
Public Interest Rationale:	Making progress on strategic priorities for the organization will enhance our ability to serve the public interest.
Strategic Alignment:	<i>People & Culture:</i> Identifying strategic priorities that implement or support the operationalization of the strategic plan.
Submitted By:	Craig Roxborough, Registrar & CEO Joyce Huang, Director, Strategy
Attachments:	N/A

Issue

- Staff have recently completed operational planning for FY2026-2027. The Board is asked to provide feedback on the list of proposed priorities and initiatives.

Decision Sought

- No decision is being sought.
- The Board is asked for feedback on whether the priorities and initiatives identified align with the Board's strategic direction for the organization.

Background

- The goals and outcomes articulated in the College's updated [Strategic Plan](#) provide a framework to guide staff in achieving the Board's vision for the College.
- To help ensure that progress is made on the strategic plan annually, an operational plan is developed to outline organizational priorities, projects, initiatives, and/or activities that will be undertaken in the year ahead. This provides clarity both operationally and from a governance perspective on how the College will make progress on implementing the strategic plan each year.
- Additionally, the operational planning process enables staff to identify what resources (e.g., human, technological, external, financial, etc.) may be required to deliver on these commitments. This then feeds into the budget planning process where the Board's approval is ultimately sought.

Current Status and Analysis

A. Operational Planning Process

- For the past two years there has been an internal emphasis on building strategic capacity and understanding throughout all levels of the organization.
 - This has involved ongoing education sessions to articulate the role of the strategic plan, to explore the areas of focus within the plan and what it means for the College's work, and to identify the ways in which the operational work of the College is shaped by or contributes to the fulfillment of the strategic plan.
 - Staff also hear regular updates about how work across the organization is contributing to the achievement of our strategic priorities.
- Building on this increased strategic capacity, a 'catchball' approach was utilized for the 2026-2027 operational planning cycle. This was the third year that the approach was used for planning.
- Stemming from Lean Management principles, the primary idea of a catchball process is to pass off an idea or problem through different levels in an organization. Applied to operational planning, this means leveraging a bottom-up approach to identifying organizational priorities or objectives and activities.
- The result of this process was a comprehensive list of potential actions, initiatives, projects, or changes that have been identified as being possible for the year ahead.
- Given the overlap with the strategic planning process this year, we held a strategic planning day with our management team in the summer. This allowed them time and space to reflect on the vision and direction in the updated strategic plan and identify potential initiatives or projects that can help us deliver on that plan. As part of this planning exercise, the team also identified potential initiatives and projects we can pursue in the first year of the plan (i.e., fiscal year 2026-2027).
- The high-level ideas identified during this planning day were then used to guide teams' thinking as they fleshed out their own operational plan for the year. The teams proposed activities, changes, initiatives or projects under the different strategic areas to come up with a number of ways we can achieve progress on each.
- These strategic priorities and initiatives are not exhaustive and do not reflect the totality of activities, initiatives, projects, or changes that were identified as part of the process or that will be reflected in the operational plan.

B. Priorities and Initiatives

- Below is a description of each of the priority areas and a non-exhaustive list of initiatives under each area.

Supporting competent practice throughout physiotherapists' careers

- Align the College's programs and actions with the goal of supporting competent practice throughout physiotherapists' careers. This includes reviewing and updating existing College programs or implementing new programs or activities.
 - Initiatives include preparation for a comprehensive review of the Quality Assurance program, scoping and planning a project to create a different kind of continuing professional development program, continuing to provide clear guidance and support to the profession through development of standards and resources, implementing a strategy to support physiotherapists educated outside Canada successfully transition to practice in Ontario, and preparations to support the implementation of the proposed scope of practice expansion.
 - This work aligns with the *Regulation & Risk* area in the strategic plan.

Meaningful partnerships to advance shared goals

- Engaging in meaningful partnerships with registrants, the public, and system partners to advance shared goals in support of our regulatory mandate.
 - Initiatives include engaging with registrants on topics most relevant to them, outreach to the public and patients through a variety of methods and channels, continue pursuing outreach opportunities with employers, PTA students, and the academic community, continue collaborating with system partners to provide supports to physiotherapists educated outside Canada, and exploring collaborative initiatives and projects with other regulators in Ontario and across Canada.
 - This work aligns with the *Regulation & Risk* and *Engagement & Partnerships* areas in the strategic plan.

Having the human resources to deliver on our commitments

- Ensure that we have the human resources required to deliver on our future commitments and continue to foster a psychological safe and inclusive workplace culture.
 - Initiatives include analysis and development of a longer-term human resource strategy, ensuring that we offer competitive compensation to retain talent, continuing to advance equity, diversity and inclusion principles, and maintaining a fair and inclusive workplace culture.

- This work aligns with the *People & Culture* area in the strategic plan.

Sustaining effective and efficient operations

- Pursuing a continuous improvement approach to achieve sustained effectiveness and efficiency in our processes.
 - Initiatives include modernizing our financial management framework and practices, creating feedback mechanisms for physiotherapists who are participating in College processes, implementing recommendations from the Professional Conduct business process review, pursuing continuous process improvement initiatives into all areas of the business, and continuing to enhance our IT and cybersecurity systems and practices.
 - This work supports *all* areas in the strategic plan.

Data-informed and responsive practices

- Effectively use data and information to advance our work, support our measurement and accountability practices, and enable a responsive regulatory approach.
 - Initiatives include development of an organizational data strategy to support the effective use of data, continued development of internal dashboards, exploring ways to measure and report on impact and outcomes, and implementing processes to identify and respond to emerging issues and risks in the environment.
 - This work aligns with the *Regulation & Risk* and *Performance & Accountability* areas in the strategic plan.

Continuous improvement of governance practices

- Continually enhance our governance practices to support effective decision-making and to foster trust and accountability.
 - Initiatives include implementing a multi-year succession planning approach for Chairs and Vice-Chairs, scoping and planning for a comprehensive review of our by-laws and governance policies and College calendar re-alignment, and continued exploration and implementation of the governance review recommendations.
 - This work aligns with the *Effective Governance* area in the strategic plan.

Equity, Diversity, Inclusion and Indigenization

- Pursuing meaningful actions to identify and address barriers, promote inclusive practices, and advance reconciliation.

- Initiatives include continuing to support EDI training and education at all levels of the organization and with the profession, continue development of an Indigenous cultural safety and humility standard, exploring mechanisms to incorporate diverse voices and perspectives into our work and decision-making, enhancing the use of data in support of EDI work, creating an internal tool to incorporate EDI considerations into our operations, and increasing the usability and accessibility of the PT Portal.
- To continue highlighting our commitment to EDI and to increase the transparency and accountability of our actions, we will articulate an EDI action plan within our broader operational plan for next year and then report on our progress against that plan at the end of the year.
- This work supports *all* areas in the strategic plan.

C. Limitations

- While the identified priorities signal areas of focus, staff are currently assessing the human resource capacity and financial resources needed to complete the work and finalizing the list of initiatives.
- There are various decisions and external pressures that may impact the College's work in the next year, therefore the list of priorities and the operational plan for next year may undergo further change following the December Board meeting.

Next Steps

- The priority areas identified here, informed by Board feedback, will be used to finalize the operational plan for next fiscal year.
- The operational plan will support the development of the budget.
- Both the operational plan and proposed budget for FY2026-2027 will be presented to the Board in March 2026.

Questions for the Board

- Does the Board see the priorities identified as aligning with the strategic plan?
- Are there any priorities missing from the list provided?

Board Meeting
December 8-9, 2025

**Agenda #9.0: Motion to go in camera pursuant to section 7.2(d) of the Health Professions
Procedural Code**

It is moved by

_____,

and seconded by

_____,

that:

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

Board Meeting
December 8-9, 2025

Agenda #10.0: Committee Slate Amendment

It is moved by

_____ ,

and seconded by

_____ ,

that:

The Board approve the amendments to the Committee Slate as presented.

BOARD BRIEFING NOTE

For Decision

Topic:	Committee Slate Amendment
Public Interest Rationale:	Committees need to be properly constituted in order to effectively engage in the work of the College and make decisions in the public interest.
Strategic Alignment:	<i>People & Culture:</i> Ensure committees are representative of the profession and are composed with members that have the required skills and experience.
Submitted By:	Caitlin O’Kelly, Governance Specialist
Attachments:	Appendix A: Amended Committee Slate Appendix B: College By-laws Part 7

Issue

- Amendments to the Committee Slate are being brought forward to:
 - Appoint members to the new Screening Committee.
 - Appoint members to the Discipline Committee to align it with the transition to the Health Professions Discipline Tribunal (HPDT) Pilot.

Decision Sought

- The Board is being asked to approve amendments to the Committee Slate to appoint members to the new Screening Committee and to update the composition of the Discipline Committee.

Background

Screening Committee

- In [June 2025](#), the Board approved the establishment of the Screening Committee as a non-statutory Committee of the College. The composition for the Screening Committee is set out in [Governance Policy #2.10 Screening Committee](#) (page 43):
 - The Committee will be composed of at least 5 individuals, and will include:
 - At least two Board Directors, including at least one Public Director.
 - At least two Non-Board Committee members:
 - Preference will be given to a former Board Director for one of these positions.
 - Preference will be given to individuals with expertise in areas such as equity, diversity and inclusion and human resources.

Discipline Committee

- In [September 2025](#), the Board approved amendments to the College's By-laws and governance policies to facilitated participation in the HPDT pilot, effective January 1, 2026 (see Appendix B). As part of these changes, the Discipline Committee will be reconstituted as the Ontario Physiotherapists Discipline Tribunal. The revised composition includes:
 - at least two Directors who are Registrants;
 - at least three Public Directors; and
 - at least one Non-Board Committee Member;
 - any Experienced Adjudicators appointed to the Committee; and
 - the Health Professions Discipline Tribunals Chair, who shall be the Chair of the Committee.
- The College's current Discipline Committee Chair will assume the role of Vice-Chair serving as the liaison between the HPDT Chair and the profession-specific tribunal members.

Current Status and Analysis

Screening Committee

- A call for interest for the open positions on the Screening Committee was posted on the College's website in September 2025 and included in the September Perspectives Newsletter. Directors received a targeted email in September.
- Non-Board Committee applicants were required to complete the Values, Behaviours and Competency Assessment Form, and submit a CV along with a cover letter. Directors were asked for their expressions of interest.
- Non-Board Committee Applicants
 - 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 and those selected were invited to virtual interviews conducted by Katie Schulz, Board Chair and Caitlin O'Kelly, Governance Specialist. Mara Berger, Director, Policy, Governance & General Counsel, also participated in two of the interviews.
- The Executive Committee was provided with the applicants Values, Behaviours and Competency Assessment Form, CV and cover letter for review and the expressions of interests

from Directors. Following this review, they are recommending that following individual is be appointed to the Screening Committee:

- Theresa Steven, Chair
- Carole Baxter, Vice-Chair
- Frank DePalma
- Shabdit Shah
- Danielle Elvkis

Discipline Committee

- David Wright the Chair of the HPDT will be appointed as Chair of the Discipline Committee.
- The current Chair will assume the role of Vice-Chair, supporting coordination between the HPDT and the College.
- The following will be appointed as Experienced Adjudicators based on HPDT's current roster:
 - Raj Anand
 - Sherry Liang
 - Sophie Martel
 - Jennifer Scott
 - Jay Sengupta
- Additionally, in September, the Board confirmed Sarah Hazlewood's appointment as an Academic Director to the Board. Consistent with the College's usual practice, she will also be appointed to the Discipline Committee and the Fitness to Practice Committee.
- In the attached Committee Slate, the Fitness to Practice Committee has been separated out from the Discipline Committee and will remain the same.

Next Steps

- If the Board approves the Committee Slate amendments, staff will be in contact to begin the onboarding process for the Screening Committee.

Questions for the Board

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

2025-2026 Committee Slate
Date Approved: June 23, 2025
Date Last Revised: September 25, 2025

Committee	2025-2026 Slate
Executive Committee (Maximum 5 people, must include Board Chair and Board Vice-Chair)	<u>Public Directors (at least 2, unless only 1 stands for election):</u> 1. Frank Massey (Public Director of the Board) 2. Mark Heller (Public Director of the Board) <u>Professional Directors (at least 3):</u> 3. Katie Schulz, Chair (Elected Director of the Board) 4. Kirsten Pavelich (Elected Director of the Board) 5. Gary Rehan, Vice-Chair (Elected Director of the Board)
Registration Committee (Minimum 5 people)	<u>Registrants (at least 2):</u> 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) <u>Public Directors (at least 2):</u> 1. Jesse Finn (Public Director of the Board) 2. Carole Baxter (Public Director of the Board)
Inquiries, Complaints and Reports Committee (Minimum 5 people)	<u>Registrants (at least 2):</u> 1. Gary Rehan, Chair (Elected Director of the Board) 2. Greg Heikoop, Vice-Chair (Professional Non-Board Committee Member) 3. Tammy Morrissey (Professional Non-Board Committee Member) 4. Christine Morris-Bolton (Professional Non-Board Committee Member) 5. Diana Hatzoglou (Professional Non-Board Committee Member) 6. Frank DePalma (Elected Director of the Board) 7. Amanda Pereira (Professional Non-Board Committee Member)

	<u>Public Directors (at least 2):</u> 1. Carole Baxter (Public Director of the Board) 2. Christopher Warren (Public Director of the Board) 3. Mark Heller (Public Director of the Board)
Discipline Committee (Minimum 10 people)	<u>Professional Directors (at least 2):</u> 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. Heather Weber (Elected Director of the Board) 9. Sarah Hazlewood (Academic Director of the Board) <u>Public Directors (at least 3):</u> 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) <u>Non-Board Committee Member (at least 1):</u> 1. James Wernham, Chair Vice-Chair (Professional Non-Board Committee Member) 2. Angelo Karalekas, Vice-Chair (Professional Non-Board Committee Member) 3. Sue Grebe (Professional Non-Board Committee Member) 4. Nicole Graham (Professional Non-Board Committee Member) 5. Richa Rehan (Professional Non-Board Committee Member) 6. Theresa Kay (Professional Non-Board Committee Member)

	<u>Health Professions Discipline Tribunals Chair</u> <u>1. David Wright, Chair</u> <u>Experienced Adjudicators</u> <u>1. Raj Anand</u> <u>2. Sherry Liang</u> <u>3. Sophie Martel</u> <u>4. Jennifer Scott</u> <u>5. Jay Sengupta</u>
Fitness to Practise Committee (Minimum 10 people)	<u>Professional Directors (at least 2):</u> 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. Heather Weber (Elected Director of the Board) 9. <u>Sarah Hazlewood (Academic Director of the Board)</u> <u>Public Directors (at least 3):</u> 7. Jesse Finn (Public Director of the Board) 8. Carole Baxter (Public Director of the Board) 9. Richard O'Brien (Public Director of the Board) 10. Frank Massey (Public Director of the Board) 11. Mark Heller (Public Director of the Board) 12. Christopher Warren (Public Director of the Board)

	<u>Non-Board Committee Member (at least 1):</u> - James Wernham, Chair (Professional Non-Board Committee Member) - Angelo Karalekas, Vice-Chair (Professional Non-Board Committee Member) - Sue Grebe (Professional Non-Board Committee Member) - Nicole Graham (Professional Non-Board Committee Member) - Richa Rehan (Professional Non-Board Committee Member) - Theresa Kay (Professional Non-Board Committee Member)
Quality Assurance Committee (Minimum 5 people)	<u>Registrants (at least 2):</u> - Antoinette Megens, Chair (Professional Non-Board Committee Member) - Dennis Ng (Elected Director of the Board) - Maureen Vanwart (Elected Director of the Board) - Halak Patel (Professional Non-Board Committee Member) <u>Public Director or Public Non-Board Committee Member (at least 1):</u> - Richard O’Brien, Vice-Chair (Public Director of the Board) - Mark Heller (Public Director of the Board)
Patient Relations Committee (Minimum 3 people)	<u>Registrants (at least 1):</u> - Anna Grunin, Chair (Professional Non-Board Committee Member) - Einat Mei-Dan (Professional Non-Board Committee Member) - Shelley MacRae (Professional Non-Board Committee Member) <u>Public Director or Public Non-Board Committee Member (at least 1):</u> - Kim Westfall-Conner, Vice-Chair (Public Non-Board Committee Member)
Risk, Audit, and Finance Committee (Minimum 5 people, non-statutory)	<u>Board Chair:</u> Katie Schulz (Elected Director of the Board) <u>Board Vice Chair:</u> Gary Rehan, Committee Vice-Chair (Elected Director of the Board)

	<u>Directors including at least 1 Public Director (at least 3):</u> 1. Frank Massey, Committee Chair (Public Director of the Board) 2. Kate Moffett (Elected Director of the Board) 3. Jesse Finn (Public Director of the Board)
Examinations Committee (Minimum of 5 people, non-statutory)	<u>Canadian-Educated Recent Registrant (at least 1):</u> 1. Alireza Mazaheri, Vice Chair (Professional Non-Board Committee Member) <u>Internationally Educated Recent Registrant (at least 1):</u> 1. Hari Gopalakrishnan Nair, Chair (Professional Non-Board Committee Member) 2. Marcos Rodrigues (Professional Non-Board Committee Member) <u>Physiotherapy Supervisors (at least 2):</u> 1. Enoch Ho (Professional Non-Board Committee Member) 2. Mira Toth (Professional Non-Board Committee Member) <u>Member of the public (Testing/assessment) (at least 1):</u> 1. Greg Pope (Public Non-Board Committee Member)
<u>Screening Committee</u> <u>(Minimum of 5 people, non-statutory)</u>	<u>Board Directors (at least 2):</u> <u>1. Carole Baxter, Vice-Chair</u> <u>2. Frank DePalma</u> <u>Non-Board Committee Member (at least 2):</u> <u>1. Theresa Stevens, Chair</u> <u>2. Shabdit Shah</u> <u>3. Danielle Elvkis</u>

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.
- (5) The Discipline Committee shall be composed of at least ten persons including:

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

The Fitness to Practise Committee

- (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

- (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

- (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) 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;
- (j) the Registrant does not hold and has not held in the twelve months before the appointment, an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College;
- (k) the Registrant is not a current participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest against the College, the Board, or a committee of the College;
- (l) the Registrant does not have a current notation on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints and Reports Committee;
- (m) the Registrant is not and has not been in the twelve months before the appointment an employee of the College;
- (n) the Registrant discloses all potential conflicts of interest in writing to the Registrar within five business days of being appointed and either does not have a conflict of interest to serve as a non-Board 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 as a non-Board Committee member 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;
 - (i) the person is not and has not been in the twelve months prior to the appointment an employee of the College;
 - (j) the person is not a current participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest against the College, the Board or a committee of the College;
 - (k) the person meets any other criteria set out in the governance policies as approved by the Board;
 - (l) the person has completed an orientation about the College's mandate, and their role and responsibilities prior to attending their first committee meeting; and

- (m) the person meets the competency requirements as set out in the applicable College policy approved by the Board.
- (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 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, 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.

11.0 Review of College Investments
Craig Roxborough and Tyler Graham, RBC

Board Meeting
December 8-9, 2025

**Agenda #12.0: Motion to go in camera pursuant to section 7.2(b) of the Health Professions
Procedural Code**

It is moved by

_____,

and seconded by

_____,

that:

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

BOARD PRESENTATION

For Information

Topic:	Profile of the Profession
Public Interest Rationale:	Sharing relevant data and information from the environment with the Board supports them in making informed decision in the public interest.
Strategic Alignment:	<i>Performance & Accountability:</i> Effective use of data and information to support informed decision-making.
Submitted By:	Joyce Huang, Director of Strategy
Attachments:	N/A

Background

- At the December meeting, the Board will hear a presentation which will share information with the Board about the current profile of the profession and recent trends.
 - This information is intended to help inform the Board’s consideration of issues and decision-making.
- The presentation will cover three topics, and will be jointly presented by College staff, an academic from McMaster University, and a representative from the Canadian Physiotherapy Association (CPA).
- After the presentation, the Board will be engaged in a reflective discussion activity.

Part 1: Who Makes Up the Profession

- Joyce Huang, Director of Strategy, and Fiona Campbell, Senior Physiotherapy Advisor, will present findings from the College’s analysis of the demographic and practice data of our registrants.

Part 2: The State of Representation in the Profession

- Jasdeep Dhir from McMaster University will share findings from a student research project that included an analysis of demographic data that identified certain groups as being under-represented in the physiotherapy profession, and how that impacts access to care for certain communities.
- Jasdeep Dhir (she/her) is the Assistant Dean for the Master of Science (Physiotherapy) Program and an Assistant Professor in the School of Rehabilitation Science, McMaster University. She has over 19 years of clinical experience in Orthopaedic Physiotherapy Practice. Jasdeep has a research focus on innovations in education and the promotion of justice, equity, diversity and inclusion in education and practice. She has published extensively in and presented provincially, nationally and internationally on the integration of health justice in health

professions education. She is an advocate for the profession as demonstrated by her numerous leadership positions including Board Member Ontario Physiotherapy Association (OPA) (2015-2018), Chair of the National Orthopaedic Division of the Canadian Physiotherapy Association (CPA) (2018-2021), Chair of the National Association of Clinical Education in Physiotherapy (2022-2024).

Part 3: The State of Physiotherapy Care

- Lisa Carroll, Senior Director, Professional Practice at CPA will share what their public polling research reveals about expectations for the future of physiotherapy care in Canada.
- Lisa is an experienced leader in policy and research with a strong track record of cross-sector collaboration in education, healthcare, and public policy. With expertise in research design, policy analysis, health education, and report writing, she not only champions evidence-informed policy development but also brings practical insights from her hands-on experience as a PTA. Her involvement in PTA roles has enriched her understanding of educational dynamics and community engagement, reinforcing her commitment to supporting the well-being of healthcare professionals and aging populations. Lisa holds a Master of Science in Health Science, Technology & Policy from Carleton University, positioning her at the forefront of shaping impactful policies in a complex, evolving landscape. Lisa has been with the CPA since 2020, and leads the Professional Practice team which serves as the knowledge steward on behalf of the national association.

BOARD BRIEFING NOTE
For Information

Topic:	Update – Guidance for Managing Boundary Challenges in Close-Knit Communities
Public Interest Rationale:	The College ensures accountability, high-quality care, and equity in PT practice by regularly reviewing and updating its Standards of Practice to align with evolving practice and public expectations.
Strategic Alignment:	<i>Risk & Regulation:</i> A risk-based approach is applied to Standards development. <i>Continuous Improvement:</i> Standards are current and relevant and establish the right level of professional expectations. <i>EDI:</i> EDI principles are considered as part of the adaptation process.
Submitted By:	Evguenia Ermakova, Policy Analyst
Attachments:	N/A

Issue

- The Board has requested additional information about guidance for managing professional boundaries by healthcare providers within smaller, close-knit communities.

Decision Sought

- No decision is being sought, this update is for information only.

Background

- In [September 2025](#), the Board considered the fifth group of draft Standards for final approval, which included the draft Boundary Violations Standard and the draft Sexual Abuse Standard.
 - The two Standards were approved and took effect on November 1, 2025.
- During the discussion, the Board noted that the new **Boundary Violations Standard** no longer includes a prohibition on treating relatives or those with whom there is a close relationship, which was present in the previous Boundaries and Sexual Abuse Standard.
 - Instead, the revised Standard includes the broader provision: “Does not enter into or continue therapeutic relationships with individuals with whom professional boundaries, judgement and objectivity cannot be established and maintained.”

- This provision speaks to the underlying principle of ensuring that physiotherapists do not treat individuals with whom professional judgement could be compromised, rather than prohibiting specific relationships.
- There is also an expectation that the physiotherapist must end the therapeutic relationship where boundaries or objectivity cannot be upheld.
- These provisions aim to provide flexibility for physiotherapists to exercise their professional judgement in varied circumstances, while still holding them accountable to the standards of objectivity, ethical practice, and patient-centred care.
- The situation of a clinician treating someone as a patient that they have a personal relationship with (such as family members, friends, acquaintances, or other community members) is often referred to as a “**dual relationship**”.
 - This is common in small or close-knit communities, where alternative providers may not be available and social circles often overlap.
- Since the new Standard no longer outright prohibits dual relationships, the Board requested further information on how boundary issues in dual relationships may be managed, especially within close-knit communities, including any learnings from other regulators.
- The Board shared the following feedback related to this matter and asked staff to provide an update at the next meeting:
 - The new expectation must be workable in small/remote settings and should not impede practice in Indigenous communities.
 - Risks associated with treating close personal relationships in small communities must be considered, with safeguards to prevent misuse in contexts where alternative treatment options exist.
 - As a regulator, the goal is to support equitable access to care without undermining the public interest or trust placed in the profession.

Current Status and Analysis

Environmental Scan – Scope of Review

- Staff reviewed the standards and/or guidance of 7 national physiotherapy regulators, 12 Ontario health regulators similar to the physiotherapy profession and with equivalent guidance on boundary violations, and the 4 physician and nursing Colleges in BC and Alberta.
- The scan focused on policies or advice around the management of professional boundaries when in smaller or close-knit communities, where dual relationships may be unavoidable.

Environmental Scan – Findings

- The scan found that there is no universal regulatory approach when it comes to providing policies or guidance on treating close personal relationships in close-knit communities. Instead, individual Standards and guidance are based on different professional considerations, local community needs, and philosophical approaches.
- Nationally, all provincial physiotherapy regulators have retained the expectation in the Model National Standards that a physiotherapist must not begin or continue a therapeutic relationship if professional objectivity and judgement cannot be established or maintained.
 - The [Alberta](#) and [Nova Scotia](#) Colleges have published specific guidance around dual relationships in small communities. This guidance is overall permissive-but-cautious and offers tips on maintaining professional boundaries consistent with the themes seen below.
- Out of the 16 additional health regulators examined:
 - 5 maintain a permissive yet cautious approach towards dual relationships in general,
 - 7 generally adopt a restrictive approach regarding dual relationships, but with distinct exemptions for certain situations, such as practicing in small communities, and
 - 4 are restrictive towards dual relationships without explicitly carving out exceptions.
- Among regulators who provide advice around managing dual relationships in small or close-knit communities, several consistent themes and pieces of guidance emerge:
 - Setting out criteria for what constitutes a small community, including:
 - No other qualified provider available or within scope and virtual care not being feasible,
 - Geographic barriers or inability to travel,
 - Barriers to trust or systemic issues reasonably prevent care elsewhere (e.g., Indigenous patients and patients with a history of sexual abuse).
 - Obtaining patients' informed consent by explaining what a dual relationship involves, ensuring they understand the nature and implications before treatment proceeds.
 - Maintaining professional boundaries by not discussing patient care in public or non-clinical settings, and by distinguishing between personal and professional roles.
 - Using formal processes for communication and avoid informal consultations outside of the clinical environment.

- Adhering to all other practice standards, including ensuring privacy and confidentiality, keeping detailed records, and maintaining good billing practices.
- Developing strategies to manage dual relationships, such as agreeing on maintaining formality during clinical visits, redirecting treatment questions that arise in the community back to the clinic, and responding to boundary breaches.
- If boundaries cannot be upheld, care must be discontinued and transferred to another provider if possible.
- Some Colleges also outline prohibitions, including not treating family members for an extended duration of time, and not conducting psychotherapy or intimate examinations.
- Broad expectations are typically set out in Standards, while guidance documents provide more detailed direction on how to navigate this challenging space.

College Guidance on Managing Professional Boundaries in Close-Knit Communities

- The review highlights several key learnings regarding dual relationships and professional boundaries for physiotherapists working in small or remote communities. These learnings have helped to inform the College's guidance in support of the Boundary Violations Standard, which was published to the College website in November 2025.
- The new Boundary Violations Guide can be accessed here:
<https://collegept.org/standard/boundary-violations-standard/guide/>
- As part of the guidance, two FAQs have been drafted related to rural or close-knit practice contexts: (1) treating close personal relationships in situations with limited treatment options, and (2) maintaining professional boundaries within close-knit communities.
- The College has written its guidance in line with the above themes, emphasizing that dual relationships carry significant risk and it's best to refer out when possible; however, in unavoidable circumstances due to geographic location or lack of other options, steps must be taken to manage the associated risks.
 - The guidance aims to strike a balance by generally disallowing physiotherapists from treating people with whom they have close personal relationships, while permitting limited flexibility to avoid negatively impacting access to care in small communities.
 - This approach is supported by the findings of the research commissioned by the Board.
- The review also supports retaining the existing provision in the Boundary Violations Standard, as it reflects a principle-based approach consistent with the research findings.

Next Steps

- Feedback from the Board will be considered in further refining the guidance as needed.
- The College will continue to monitor this area to ensure its guidance remains relevant and effective.

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 any of the above information or findings?

Board Meeting
December 8-9, 2025

Agenda #15.0: Final Review of Supervision Standard for Approval

It is moved by

_____ ,

and seconded by

_____ ,

that:

The Board approves the adoption of the revised Supervision Standard, effective February 1, 2026, and rescinds the previous Supervision Standard and the Working With Physiotherapist Assistants Standard as of that date.

BOARD BRIEFING NOTE
For Decision

Topic:	Final Review of Supervision Standard for Approval
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 Alignment:	<i>Risk & Regulation:</i> A risk-based approach is applied to Standards development. <i>Continuous Improvement:</i> Standards are current and relevant and establish the right level of professional expectations. <i>EDI:</i> EDI principles are considered as part of the adaptation process.
Submitted By:	Evguenia Ermakova, Policy Analyst
Attachments:	Appendix A: Draft Standard – Supervision Appendix B: Consultation Summary – Citizens Advisory Group (CAG) Appendix C: Consultation Response Letter – Ontario Physiotherapy Association (OPA) Appendix D: Consultation Response Letter – Canadian Life & Health Insurance Association (CLHIA)

Issue

- Following consultation, the draft Supervision Standard is being considered by the Board for final approval.

Decision Sought

- The Board is being asked to approve the Supervision Standard for use, effective February 1, 2026.

Background

- The College has been working on adopting 16 of the [National Model Standards](#) for use in Ontario. The aim of this project is to be as closely aligned to the national consensus as possible, while making changes where necessary to reflect the Ontario context.
 - For additional background information, please see the [December 2023 Board materials](#).
 - The Supervision Standard is the last to be reviewed as part of this project.
- In [March 2025](#), the Board considered the draft Supervision Standard for consultation as part of the fifth batch of Standards in the College's review process.

- During this discussion, concerns were raised about the implications of the requirement to include student names on invoices. As a result, the Board determined that consultation on the Standard should be put on hold pending additional analysis and research in this area.
- At their [June 2025 meeting](#), following the presentation of the relevant research, the Board determined that the requirement to include student names on invoices should be maintained. Following the discussion, the Board approved the Standard for consultation with the College's registrants and partners.
- During the March and June meetings, the Board had identified areas for potential inclusion in the Standard and/or supplementary guidance, which are outlined below.
- The consultation was posted on the College website and shared with registrants and partners from June 24 to August 23, 2025.
- A separate, survey-based consultation was conducted with the Citizens Advisory Group (CAG), with a completion date of November 19, 2025.

Current Status and Analysis

Summary of Consultation Responses

- The College has received 27 responses from registrants, 14 responses from the CAG (Appendix B), and formal submissions from the Ontario Physiotherapy Association (OPA) (Appendix C) and the Canadian Life & Health Insurance Association (CLHIA) (Appendix D).
- The Clinical Education Team at the University of Toronto Department of Physical Therapy also reviewed the Standard and found it to be clear in guiding supervising registrants, setting expectations for students, and informing the public about what to expect from physiotherapists.
- The below tables outline where changes were made in response to the feedback received.
- The specific wording of the changes made as a result of the consultation are shown in red text in Appendix A: Draft Standard – Supervision.
- Feedback that speaks to providing more detail, examples, or elaboration will be considered for the development of guidance.
- The Executive Committee also sought clarification as to why PT students' charts require co-signatures when other supervisees' do not. This requirement exists because PT students perform activities with a higher level of risk and a broader scope of practice than PTAs. Co-signatures serve as a written confirmation that supervisors are overseeing the clinical decisions made by students, which is especially important when the supervisor is offsite.

Summary of Recommended Changes: Supervision Standard

Physiotherapists are responsible and accountable for services provided by their supervisees, and must provide appropriate supervision according to their patient's needs, the supervisee's skills and competences, and the context of their practice.

Group	Comment	Change Made
Board	Standard should clarify that supervisors must assess supervisee skills on an ongoing basis.	Added "on an ongoing basis" to the expectation around evaluating supervisees' knowledge and skills.
Registrants	Expectation around not providing supervision to "close personal relationships" may be too strict for smaller communities.	Added an exception for when no reasonable alternatives exist with a requirement to maintain objectivity and professional judgment.
CLHIA	PTA/student invoicing should explicitly include the supervisor's registration number, in addition to their name.	Added "and registration number" in the relevant provisions.
Board	Ensure that the communication plan includes offsite supervisors, as an additional safeguard for offsite supervision.	Specified that a communication plan should include how to contact offsite supervisors.
OPA*	The new Standard does not explicitly prohibit PTs from assigning "initial assessments and re-assessments" to PTAs like the current PTA Standard.	Copied from current Standard that PTAs must not be assigned "initial assessments and re-assessments."
OPA	The phrase "maintaining records to demonstrate the adequacy of their supervision" could be clarified.	Clarified that these records must be matched to the patient's care needs, identified risks, and other factors.
OPA	The definition of a PTA could further be clarified.	Clarified definition, including who is not considered a PTA.

* In their submission, the OPA expressed support for removing the existing restriction that prevents PTAs from conducting any components of an assessment or reassessment that require independent clinical reasoning, though they may perform other parts. This distinction exists to ensure that only practitioners with the necessary training and authority make decisions requiring independent clinical reasoning, which can impact patient care plans. It is important to note that this limitation is specific to PTAs and does not apply to physiotherapy students.

General comments from the CAG:

- The Standard is clear, well-structured, and appropriately detailed.

- Patients may not understand the roles, responsibilities, and qualifications of PTAs, therefore clear communication and informed consent are essential, especially if the PT is offsite.
- Questions arose about the appropriate use of offsite supervision, and the extent of risk information that the PT should share with patients.
- Supporting guidance should include examples of how supervisees might be involved in a patient's care and offer guidance for supervision in higher-risk patient situations.

Areas to consider for the development of guidance include providing advice on:

- What constitutes “adequate supervision” and the types of records that demonstrate appropriate oversight based on factors related to the practice environment.
- What factors qualify as “reasonable alternatives” in situations where a physiotherapist has a close personal relationship with a person requiring supervision.
- Supervising PTAs, including the communication of PTA roles to patients, addressing performance gaps or unauthorized actions, clarifying roles related to PTA documentation, involvement of PTAs in discharge planning, and defining assignable vs. non-assignable tasks.
- When and how to delegate controlled acts to PT students (based on Board feedback).
- When and how to discontinue services provided by PTAs and students; for example, in situations where the PT cannot provide a level of supervision according to the clinical context (based on Board feedback).
- Collaborating with non-PT employers responsible for supervisee hiring and retention.

Next Steps

- If approved, the Standard will have an effective date of **February 1, 2026**.
- If the Standard is approved, two existing College Standards will be rescinded on the effective date: the Supervision Standard, and the Working With Physiotherapist Assistants Standard.

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 Supervision Standard?

Supervision

Standard

The physiotherapist is responsible and accountable for the physiotherapy services provided by personnel working under their **supervision (supervisees)**, and for providing appropriate supervision, in accordance with the patient's needs, supervisee's skills and competencies, identified risks, and the context of practice.

Expected outcome

Patients can expect that they are informed of the roles and responsibilities of supervisees, have consented to services being provided by supervisees, and that the physiotherapy services provided by supervisees are supervised by the physiotherapist.

Performance expectations

Related to All Supervision Activities

The physiotherapist:

- Ensures, **on an ongoing basis**, that the supervisee has the knowledge, skills, and judgement to deliver safe and competent care.
- Does not assign care to or provide supervision for a person with whom they have a **close personal relationship**, **unless no reasonable alternatives are available, in which case objectivity and professional judgment must be upheld throughout**.
- Communicates to patients the roles and responsibilities of supervisees participating in the delivery of physiotherapy services.
- Obtains patients' informed consent for the delivery of physiotherapy services by supervisees.
- Uses mechanisms (e.g., introduction, name tags) so that supervisees are readily identifiable.
- Employs direct or indirect supervision strategies appropriate to the competence of the supervisee, the patient's care needs, identified risks, and **other factors** related to the practice environment.
- Establishes ongoing and timely communication with supervisees.
- Monitors and evaluates the delivery of physiotherapy services by supervisees.

- Does not delegate controlled acts that the physiotherapist is not rostered to perform.
- Reassigns the supervision of supervisees when the physiotherapist is not available to supervise.

Related to the Supervision of Physiotherapist Assistants (PTAs)

In addition to the general supervision requirements, the physiotherapist:

- Ensures that they are listed as a supervisor of PTAs on the College's Public Register.
- Assesses patients to determine those appropriate to receive physiotherapy services from PTAs.
- Assigns only those tasks/activities that the supervisor is competent to perform, and that fall within the PTA's competence.
- Is accountable for documentation prepared by PTAs, and monitors the documentation of physiotherapy services by PTAs to confirm that the documentation is consistent with the College's standards.
- Reassesses patients, adjusting or reassigning service delivery by PTAs as needed to meet patients' needs and achieve desired outcomes.
- Ensures that the PTA's name and job title appear on invoices whenever they have provided all or part of the treatment, along with the name and registration number of the supervisor.
- Maintains a written communication protocol with PTAs that states:
 - How and when they will discuss patient care with the PTA,
 - How to contact the supervising physiotherapist, including but not limited to when the supervisor is offsite, and
 - How to contact the alternate supervisor if the supervising physiotherapist cannot be reached.
- Designates an alternate physiotherapist as a contact for PTAs when the supervisor is unavailable to fulfill their usual responsibilities, ensuring that the alternate supervisor:
 - Can assume responsibility for patient care and oversight of the PTA,
 - Has the required knowledge, skills, and judgement to perform the assigned care, and
 - Is available to intervene as per the communication protocol.

- Advises PTAs that delivery of physiotherapy services must be discontinued when the physiotherapist is not available to provide a level of supervision appropriate for the clinical context.
- Must not assign the following activities to PTAs:
 - Any controlled act that has been delegated to the supervising physiotherapist by another health professional.
 - The controlled acts of acupuncture, communicating a diagnosis, spinal manipulation, or internal assessment or internal rehabilitation of pelvic musculature¹.
 - Initial assessments and re-assessments.
 - Interpretation of referrals, diagnosis, or prognosis.
 - Interpretation of assessment findings, determination of treatment procedures and treatment goals, and the planning, development or modification of treatment plans.
 - Initial discussion of treatment rationale, clinical findings, and prognosis with patients.
 - Discharge planning.
 - Any treatment that would require the PTA to employ clinical reasoning, analysis, and decision making to change the established plan of care without the input of the supervising physiotherapist.

Related to the Supervision of Physiotherapy Students

In addition to the general supervision requirements, the physiotherapist:

- Assesses patients to determine those appropriate to receive physiotherapy services from students.
- Assigns only those tasks/activities that the supervisor is competent to perform, and that fall within the student's competence.
- Monitors documentation of physiotherapy services by students to confirm that the documentation is consistent with the College's standards.

¹ The controlled acts of administering a substance by inhalation and tracheal suctioning may be delegated provided the supervisor is rostered to perform these acts.

- Reassesses patients, adjusting or reassigning service delivery by students as needed to meet patients' needs and achieve desired outcomes.
- Ensures that the student's name and, if applicable, job title appear on invoices whenever they have provided all or part of the treatment, along with the name and **registration number** of the supervisor.
- Ensures that patient records and related documentation completed by a student include the student's name and status and the co-signature of the student's direct supervisor.
- Only delegates controlled acts with direct supervision until the student can perform the controlled act with a consistent level of competency.
- Must not delegate to physiotherapy students any controlled act that has been delegated to the supervising physiotherapist by another health professional.
- Advises students that delivery of physiotherapy services must be discontinued when the physiotherapist is not available to provide a level of supervision appropriate for the clinical context.

Related to the Supervision of Members of the College, such as Physiotherapist Residents or Other Physiotherapists

In addition to the general supervision requirements, the physiotherapist:

- Ensures that the supervised member performs only those activities that the supervisor is competent to perform and supervise.
- Maintains records that demonstrate the adequacy of their supervision **appropriate to the patient's care needs, identified risks, and other factors related to the practice environment**.

Definitions

Close personal relationship – where the physiotherapist's ability to be objective and impartial, and to fulfill their professional obligations may be impaired due to the nature of the personal relationship. Close personal relationships typically exist between an individual and their romantic or sexual partner, children, parents, and close friends, but may also exist between individuals and other relatives, business partners, past romantic partners and others.

Controlled acts are acts which may be performed only by authorized regulated health professionals under the *Regulated Health Professions Act*, 1991 (RHPA). Controlled acts are considered potentially harmful if performed by someone who does not have the required knowledge, skill and judgment.

The *Physiotherapy Act*, 1991 authorizes physiotherapists to perform specific controlled acts when providing services to patients. Physiotherapists who perform controlled acts under their own authority must roster for each of these activities with the College. These include:

- tracheal suctioning
- spinal manipulation
- acupuncture (including dry needling)
- treating a wound below the dermis
- pelvic internal exams (this includes putting an instrument, hand or finger, beyond the labia majora, or beyond the anal verge)
- administering a substance by inhalation

Other factors refer to additional considerations that may influence the level of supervision required in the practice environment, including factors that relate to:

- The patient, such as their needs, best interests, ability to communicate, and any relevant physical, health, mental, and social aspects,
- The environment, such as the availability of resources and workload demands, Physiotherapy treatment, such as the level of technical skill required, complexity of tasks, and potential risk of harm related to the intervention, and
- The physiotherapist, such as the ability to provide supervision, their scope of practice, and their individual sphere of competence.

Physiotherapist Assistant (PTA) – an individual who provides care on behalf of or under the direction of a registered physiotherapist. PTAs may have diverse educational backgrounds and levels of experience. In Ontario, there is no specific educational or licensing requirement for this role, and PTAs are not regulated as a distinct health profession. **A PTA's scope of practice remains unchanged regardless of their educational or professional background.**

This definition does not include physiotherapy students, Physiotherapist Residents, or other registered physiotherapists.

Supervisees are individuals working under the supervision of a physiotherapist. This includes physiotherapist assistants (PTAs), physiotherapy students, physiotherapist

residents, and other physiotherapists under supervision, who provide physiotherapy services within the scope of their competence.

Supervision refers to the oversight provided by a physiotherapist, who remains accountable and responsible for the care being delivered. Supervision may be direct or indirect, and involves guiding, monitoring, and ensuring appropriate patient care.

Citizens Advisory Group (CAG) Feedback Summary – Supervision Standard

Total number of responses = 14

Domain	Summary of Strengths	Summary of Improvement Areas
Clarity of Standard	- Standard is very clear, appropriately detailed, and well-organized. - Definitions are clear and helpful.	- Unclear what is meant by “activities the supervisor is not competent to perform”. - Add examples to enhance clarity.
Ensures patient informed consent for supervisee involvement	- Supports patient transparency through consent, ongoing communication, documentation, and monitoring. - Standard includes the need to clearly explain roles to patients.	- Questions about how patients are informed about supervisee involvement. - Patients should know how to refuse treatment from supervisees. - Consent should be ongoing.
Ensures patient safety and quality care when supervisees provide care	- Addresses most, if not all, aspects of patient safety. - Service exclusions are clearly listed. - Adjusting supervision based on level of risk is a particularly strong safeguard.	- Patients should receive the same standard of care, irrespective of supervisee type. - Concerns about the quality of care provided by unregulated PTAs under indirect supervision. - More direction should be provided for high-risk or complex cases.
Responsibility of PT for their supervisees	- Strong consensus that the Standard clearly establishes the ultimate responsibility of PTs. - Reinforced through clear communication and documentation.	- Risk of being treated by supervisees should be communicated more to patients, even if the PT is ultimately responsible. - Unclear at which points the PT needs to be physically present.

General Comments

- Like with other Standards, ensure the Supervision Standard is easily accessible to patients so that they are aware of physiotherapists’ responsibilities.
- Consider opportunities to enhance the overall readability and clarity of the Standard.
- The Standard must be communicated to physiotherapists in a manner that promotes compliance, as the Standard on its own may not fully ensure patient safety.
- Patients may not understand who PTAs are, their training, competencies, or roles in patient care.

August 15, 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 Draft Supervision Standard

Dear Ms. Schulz and Dr. Roxborough,

Thank you for the opportunity to provide input on the proposed Supervision Standard.

In reviewing the draft standard, and the current Supervision and Working with PTAs Standards, OPA has developed the following points for consideration by CPO.

The amalgamation of the two current standards is helpful to streamline and consolidate all information in one place, as well as highlight the key differences that exist between the different groups of “supervisees.”

The definition of supervisees provides the most relevant examples but should also explicitly state who can or cannot be considered a PTA, or if others can be supervised, such as family members, non-regulated health professionals (e.g., personal support workers or kinesiologists who are not registered with their College). Furthermore, these populations should be specifically outlined in the Standard, in the “Performance Expectations” section, rather than in the definitions, to enhance clarity.

In the sections “Related to the Supervision of PTAs” and “Related to the Supervision of Physiotherapy Students,” greater clarity on what is intended by “assesses” and “reassesses” patients “to determine those appropriate to receive physiotherapy services from” PTAs and students or to adjust or reassign service delivery. Specifically, it is not clear if the intent is that the supervisor conducts the initial assessment and a later reassessment, which is a significant change to current practice both in relation to PTAs and students.

- The current Standard on Working with Physiotherapist Assistants specifically states that assessments and re-assessments cannot be assigned, but this restriction is not stated in the Supervision Standard, which applies to physiotherapy students as well



- Students are required in clinical placements to demonstrate physiotherapy assessment skills, and must be able to continue to do so with the current model of supervision

In this context, it is important to distinguish between the physiotherapy assessment, and the supervisor's assessment of the student's or PTA's competencies, patient's informed consent, and the appropriateness of the patient for working with the student or PTA. OPA does not recommend limiting the physiotherapy assessment and reassessment to being performed by the physiotherapist only, as that is a significant and detrimental limitation on student learning and the model of clinical placements. OPA does support the removal of the limitation on assigning assessment or reassessment components to a PTA, given that the proposed standard clearly specifies that it is the interpretation of assessment findings and the communication of a diagnosis that is restricted and cannot be assigned to a PTA.

In the section "Related to Supervision of Members of the College" it is not clear how a supervisor should maintain records that demonstrate the adequacy of their supervision. For example, a supervising physiotherapist does not have to sign off on documentation of a Resident Physiotherapist, nor may that be appropriate. Please clarify or provide examples of appropriate documentation of supervision, and if this is a separate record maintained by the supervisor, separate from patient records.

In the Definitions section, the expanded definition of a close personal relationship is helpful and applies a more inclusive lens on this issue.

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

Sincerely,

Sarah Hutchison, MHSc., LL.M., ICD.D
shutchison@opa.on.ca
Chief Executive Officer
Ontario Physiotherapy Association

Amy Hondronicols, PT, PhD
ahondronicols@opa.on.ca
Director, Practice, Policy & Member Services
Ontario Physiotherapy Association



August 20, 2025

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

Sent via email to: consultation@collegept.org

We would like to thank you for the opportunity to provide feedback on the proposed supervision standard for Ontario physiotherapists.

The CLHIA is the national trade association for life and health insurers in Canada. Our members account for 99 per cent of Canada's life and health insurance business. The industry provides a wide range of financial security products such as life insurance, annuities, and supplementary health insurance. Canadian life insurers operate in more than 20 countries and three of our members rank among the top 15 largest life insurers in the world by market capitalization.

Life and health insurers play a key role in providing benefit plans to Ontarians, typically through the employer. In 2023, the industry provided supplementary health insurance coverage to 11.1 million Ontarians and paid out over \$ 320 million in benefits for physiotherapy coverage in the province. Our industry plays a significant role in ensuring physiotherapy claims are paid timely and appropriately, thereby assuring plan sustainability for the employer and employees. It is with this context in mind that we appreciate the opportunity to provide some comments regarding the proposed supervision standard for physiotherapists in Ontario for your consideration.

Overall, the CLHIA supports the changes of you have made to create the new Supervision Standard in order to amalgamate and replace the existing Supervision Standard and Working with Physiotherapist Assistants Standard.

We note that you have added that the name of the supervisor should appear on invoices along with the name and job title of the physiotherapist assistant or student. We recommend that you include the supervisor's registration number with their name. This aligns with the CLHIA's document: [Service and Supply Provider Receipt Best Practices for Group Benefit Reimbursement](#) (see Field 6 – Provider name).

Thank you for the opportunity to share our input as you consider this Standard. Please do not hesitate to reach out to sburns@clhia.ca with any questions or feedback you may have.

Yours sincerely,

Sheila Burns
Director, Health and Disability Policy, CLHIA

Board Meeting
December 8-9, 2025

Agenda #16.0: Appointment of the Auditor

It is moved by

_____ ,

and seconded by

_____ ,

that:

The Board appoints Hilborn LLP as the Auditor for the College of Physiotherapists of Ontario for the fiscal year 2026.

BOARD BRIEFING NOTE
For Decision

Topic:	Appointment of the Auditor
Public Interest Rationale:	Ensuring a qualified auditor is appointed annually supports the College in producing financial statements that are fair and objective.
Strategic Alignment:	<i>Performance and Accountability:</i> The Board has a fiduciary responsibility provide financial oversight and the external financial audit is a requirement to have independent accountants review the College’s financial statements to verify the College’s financial statements are free from material mistakes due to fraud or misstatements.
Submitted By:	Craig Roxborough, Registrar & CEO Mary Catalfo, Director of Finance
Attachments:	N/A

Issue

- Each year, the College is required to conduct an annual external audit of its financial statements completed by an external auditor.

Decision Sought

- The Board is being asked to appoint Hilborn LLP as the Auditor for the College of Physiotherapists of Ontario for the fiscal year 2026, following a recommendation from the Risk, Audit and Finance Committee (RAFC).

Background

- The College by-laws, section 2.7 (“Audit”), requires the College to conduct an annual external audit of its financial statements completed by an external auditor (“Auditor”) appointed by the Board. The Auditor is required to be licensed under the *Public Accounting Act, 2004* and is appointed annually.
- The College conducted an open tender for an Auditor in Fiscal Year 2021 to conduct the College’s annual audit for a 5-year period beginning in Fiscal Year 2022. The successful bid was provided by Hilborn LLP, who completed the audits of the College’s annual financial statements for the years ending March 31, 2022, March 31, 2023, March 31, 2024, and March 31, 2025.
- Fiscal Year 2026, ending March 31, 2026, would be Hilborn’s fifth (5th) year of the current agreement and their 10th year conducting the audit.

Current Status and Analysis

- The RAFC engaged in a review of the FY2025 audit and the services provided by the Auditor.
- In keeping with guidance provided by the Chartered Professional Accountants (CPA) Canada, College staff provided the RAFC with a completed debrief of the audit process. Key findings are highlighted for the Board:
 - College Staff and Hilborn continue to have strong lines of communication that support resolutions of issues that arise in the context of the audit;
 - The Auditor is very familiar with the health regulatory sector, providing similar services to many organizations within our sector;
 - Issues identified during the audit were professionally resolved with expert advice provided by Hilborn in order to ensure the College's finances were in good order; and
 - The Auditor made themselves available for several meetings with Senior Management and the Chair of the RAFC to review the audited statements and support a presentation to the Board.
- Having and considered the report, RAFC passed the following motion:
 - *The Risk, Audit and Finance Committee recommends that the Board appoint Hilborn LLP as the Auditor for the College of Physiotherapists of Ontario for the fiscal year 2026.*

Next Steps

- Should the Board endorse the RAFC's recommendation to appoint Hilborn as the Auditor for FY2026, Hilborn will be engaged in early 2026 to plan for the upcoming audit.
- The College will execute an open tender process in FY2026 as the current agreement with Hilborn LLP is coming to an end.

Questions for the Board

- Do you have any questions about the performance of Hilborn in the most recent audit?
- Is there any further information the Board requires prior to making a decision?

BOARD BRIEFING NOTE
For Information

Topic:	FY2026 Q2 Financial Report
Public Interest Rationale:	Financial planning will ensure the programs and services provided by the College are properly financially supported to protect and serve the public interest in each of the identified areas.
Strategic Alignment:	<i>Performance and Accountability:</i> Monitoring the College's financial resources ensures the finances are available to deliver on the College's public interest responsibilities and strategic priorities.
Submitted By:	Mary Catalfo, Director of Finance
Attachments:	Appendix A: Statement of Operations – Budget vs Actuals Appendix B: Statement of Operations – Previous year comparison Appendix C: Statement of Financial Position Appendix D: Statement of Cash Flows

Issue

- The Board is provided with, financial statements for Q2 for fiscal year 2026 (FY26), covering the period July 1, 2025 – September 30, 2025.

Decision Sought

- The Q2 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.

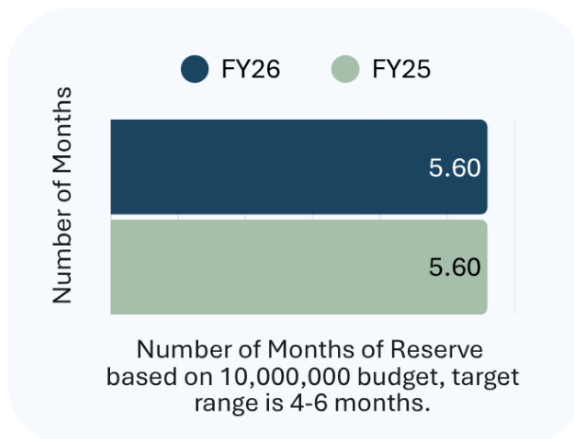
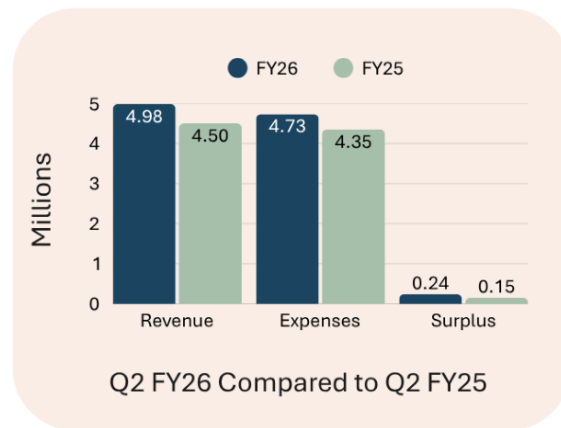
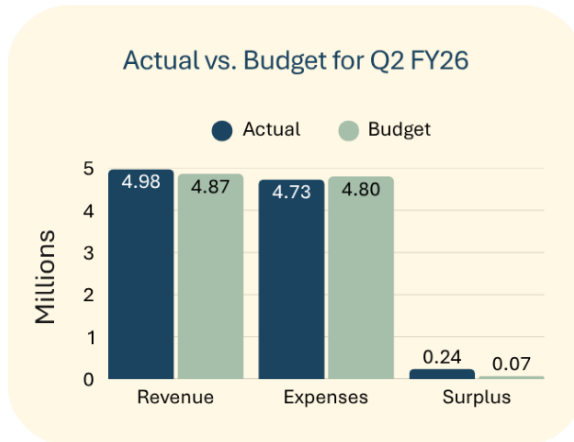
Executive Summary

- At the November RAFC meeting the committee reviewed the Q2 financials.
- In Q2, we continue to see the benefit of new processes that have improved reliability of reporting now that departments are reviewing their financial reports monthly.

Financial Performance

Summary of Overall Financial Performance for Q2 Fiscal Year 2026

Financial Dashboard Q2 FY26



Q2 FY26 Core vs Exam

	Core	Exam	Total
Revenue	4,444,875	535,965	4,980,840
Expenses	4,138,098	598,135	4,736,233
Surplus /Deficit	306,877	-62,170	244,607

- Overall, Q2 results are with no material variance. Overall revenue is over budget by 2% with expenses under budget by 1%.
 - Core Business revenue was \$123,400 over budget and expenses were \$100,308 under budget for a Core surplus of \$306,777
 - Ontario Clinical Exam (OCE) revenue was \$19,835 under budget with expenses over budget by \$30,058 for a deficit of \$62,170. Technology costs for exam in October were accrued to

each month rather than the months the exam took place. There were no exams in Q2. This will be offset in Q3. There was also an additional contract hire that was not budgeted for due to high volume of activity.

Overview of Statement of Operations and Explanatory Notes

- A brief overview of the statement of operations (Appendix A) is provided below.

Change in Statement of Operations

- The Board is being provided with an amended version of the Statement of Operations that has collapsed the sub-ledgers under some headings.
- Historically, the financial statements presented included varying levels of detail. In alignment with the College's Strategic pillar of Performance and Accountability, the finance team is starting to refine financial reporting to enhance clarity and focus to support decision-making.
- Collapsing certain lines summarizes revenue or expenses by major category rather than individual GL accounts. The detailed General Ledger data continues to be maintained, reviewed and available for audit and internal purposes.
- The summarized presentation provides a more strategic lens oversight and aligns financial reporting with best practices in governance and accountability.
- With Q2 the three categories we are collapsing include the following:
 - GL 5000 Committee Per Diem - you will now see the overall total and not the line for each committee
 - GL 5050 Committee Reimbursement – as with per diem you will see the overall total and not the line for each committee
 - GL 5915 MERCS (Mandatory Employment Related Costs – this total includes the mandatory expenses related to: Employee health and dental benefits, RRSP, CPP, EI, Employer Health Tax)
- Variance analysis will continue to be provided highlighting any specific committee that contributed to the overall variance.
- For transparency, below is a snapshot of what is being collapsed for these categories, in comparison to the current statement.

	Actual	Budget	Budget	Budget
5000 Committee Per Diem			0	
5001 Chairs Education - per diem	4,583	9,540	-4,957	48.04%
5002 ICRC - per diem	20,882	24,345	-3,464	85.77%
5003 Council - per diem	28,817	35,795	-6,978	80.51%
5005 Discipline Committee - per diem	4,474	379	4,095	1180.47%
5006 Executive - per diem	3,760	7,442	-3,682	50.52%
5010 Patient Relations - per diem	318	333	-16	95.35%
5011 QA Committee - per diem	5,442	4,681	761	116.25%
5012 Registration Com. - per diem	2,141	5,355	-3,215	39.97%
5017 Finance Committee - per diem	1,457	7,000	-5,543	20.81%
Total 5000 Committee Per Diem	\$ 71,872	\$ 94,870	-\$ 22,998	75.76%

	Actual	Budget	Budget	Budget
5050 Committee Reimbursed Expenses			0	
5051 Chairs Education- expenses	7,345	6,893	452	106.56%
5052 ICRC - expenses	3,115	9,378	-6,263	33.22%
5053 Council - expenses	26,586	28,060	-1,474	94.75%
5054 Council External Rep- Expense		0	0	
5056 Executive Committee - expenses	2,237	6,498	-4,261	34.43%
5075 Finance Committee - expenses		8,000	-8,000	0.00%
Total 5050 Committee Reimbursed Expenses	\$ 39,283	\$ 58,829	-\$ 19,546	66.78%

	Actual	Budget	Budget	Budget
5915 MERCS		421,596	-421,596	0.00%
5902 Employer Benefits	108,429		108,429	
5903 Employer RRSP Contribution	136,406		136,406	
5911 CPP - Canadian Pension Plan	101,078		101,078	
5911-01 CPP - Canadian Pension Plan - Board/Committee	3,615		3,615	
5912 EI - Employment Insurance	35,034		35,034	
5913 EHT - Employer Health Tax	49,626		49,626	
Total 5915 MERCS	\$ 434,188	\$ 421,596	\$ 12,591	102.99%

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.
 - Revenue:
 - As noted above, our overall revenue is 2% over budget.

- Expenses:

- 5000 Committee Per Diems and & 5050 Committee Reimbursed Expenses – Expenses were \$42,544 under budget. We budgeted for 20 attendees for education and later decided to include only Chair and Vice Chairs. \$12,000 of this amount is directly related to a budget for RAFC. While resources were allocated to support additional RAFC meetings if needed, the need did not materialize. A nearly full shift to virtual meetings has resulted in significant reductions in costs related to in-person meetings.
- 5100 Information Management:
 - 5102 Software – The statement shows an apparent overage of \$22,606 in this line. This variance is primarily due to an annual Zoom subscription of \$7,000 that was budgeted evenly across 12 months but recognized in full in this quarter. This timing difference will be corrected under the new process to only accrue annual costs over a certain threshold.
 - 5104 Database – This expense line in Q1 was almost three times what was budgeted for that quarter. Work budgeted in future quarters was completed earlier. In Q2 the variance is shrinking as the spending aligns with the actual budget.
- 5200 Insurance – We are over budget by \$5,747. Insurance rates have increased with one policy increasing by more than 30% due to recent claims experience and loss ratio.
- 5301 Conferences and Travel – The expenses for CNAR were processed in September. The budget was in October. This variance will even out in Q3.
- 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. There was also a membership expense that was processed in Q2 but was budgeted for in Q3.
- 5406 CAPR Fees – under budget by \$20,490. Budget was based on information that was later updated.
- 5412 Telephone & Internet – Over budget by \$7,436. We estimated a monthly cost of \$1,250. We are charged based on use and we also added some new users. We are exploring other options to ensure we are getting the best rate possible. There was also replacement of two cell phones in Q1 and Q2 that were budgeted across the whole year, but the full expense was recognized at the time it was paid.
- 5502 Strategic Operations and 5505 Policy Development – Several projects have been shifted to take place later in the year.

- 5600 Communications:
 - 5621 Online Communications – We underspent by \$22,931. Web site updates are planned for Q3 and Q4 when these funds will be spent.
 - 5622 In-Person Communications – We underspent by \$10,668. 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 and many more are hospitals where costs are greater.
 - 5707 Decision Writing – There were fewer decisions than anticipated and less activity during the summer. Additionally, the decision writer is no longer attending ICRC meetings.
 - 5708 Peer/Expert Opinions – From Q1, one single peer opinion was much higher than expected at \$20,000.
 - Legal - 5760, 5761, 5762 – Collectively for these lines, actuals were over budget by \$19,372. This variance is down from more than \$24,000 in Q1. 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. These expenses are monitored over the course of the year to alert to any additional significant activities contributing to the variance.
 - 5754/5755 – Council Advice/General Legal – There was less support needed through Q2.
- Programs:
 - 5811 QA Program Development & Evaluation – The work planned to be completed in Q1 and/or Q2 has been moved to later in the year.
 - 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 \$214,860. Fees for training were included in 5831. Ultimately, whether it's fees for the exam day or training they are still examiner fees. There was additional training for existing and new examiners.

- 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 \$32,676 and actuals are \$34,894.
- 5835 exam costs. We accrue the expenses monthly but the budget was set quarterly. this will level off in Q3. License fees increased from \$137.50 to \$146.85. This is information we did not have at the time of the budget.
- 5900 Staffing
 - 5901 Salaries – under budget by \$106,883. There were new hires budgeted for April that did not happen until later in Q1 or Q2.
 - 5904 Consultant Fees – certain planned work requiring a consultant was cancelled.
 - 5905 Staff Development – Some activities planned for Q1 or Q2 will occur at a later date.

Next Steps

- Complete first draft of a financial framework that outlines all financial policies, procedures and controls of the College.
- Budget for fiscal year 2027 to be completed.
- Select successful vendor 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. Actuals
April - September, 2025

	Total			
	Actual	Budget	over Budget	% of Budget
Income				
4001 Registration Fees			0	
4007 Registration fee credits		-19,658	19,658	0.00%
4011 Independent Practice - \$648	3,703,299	3,703,320	-21	100.00%
4012 Independent Practice - ProRated	169,688	207,927	-38,239	81.61%
4013 Prof Corp Fees \$277	47,970	66,480	-18,510	72.16%
4014 Provisional Practice Fees \$83	54,060	25,500	28,560	212.00%
Total 4001 Registration Fees	\$ 3,975,017	\$ 3,983,569	-\$ 8,552	99.79%
4002 Interest Income	199,463	142,000	57,463	140.47%
4008 Admin Fees			0	
4015 Application Fees \$114	142,500	102,486	40,014	139.04%
4016 Letter of Prof Stand / NSF \$56	11,658	7,250	4,408	160.80%
4017 Wall Certificates \$28	2,320	1,450	870	160.00%
4018 Late Fees \$254	4,495	1,270	3,225	353.92%
4019 Prof Corp Application \$774	39,822	13,850	25,972	287.52%
Total 4008 Admin Fees	\$ 200,795	\$ 126,306	\$ 74,489	158.97%
4010 Miscellaneous Income			0	
4023 Sublease Income	69,600	69,600	0	100.00%
Total 4010 Miscellaneous Income	\$ 69,600	\$ 69,600	\$ 0	100.00%
4030 ETP Assessment Fees			0	
4033 Reg Com - OCE Fee (\$1,985)	535,965	555,800	-19,835	96.43%
Total 4030 ETP Assessment Fees	\$ 535,965	\$ 555,800	-\$ 19,835	96.43%
Total Income	\$ 4,980,840	\$ 4,877,275	\$ 103,565	102.12%
Gross Profit	\$ 4,980,840	\$ 4,877,275	\$ 103,565	102.12%
Expenses				
5000 Committee Per Diem			0	
Total 5000 Committee Per Diem	\$ 71,872	\$ 94,870	-\$ 22,998	75.76%
5050 Committee Reimbursed Expenses			0	
Total 5050 Committee Reimbursed Expenses	\$ 39,283	\$ 58,829	-\$ 19,546	66.78%
5100 Information Management			0	
5101 IT Hardware	11,001	8,900	2,101	123.60%
5102 Software	131,733	109,127	22,606	120.72%
5104 IT Database	102,580	88,198	14,382	116.31%
5109 IT Implementation Costs	3,122		3,122	
Total 5100 Information Management	\$ 248,435	\$ 206,225	\$ 42,210	120.47%
5200 Insurance	11,362	5,615	5,747	202.35%
5300 Networking	850	2,350	-1,500	36.16%
5301 Conferences and Travel	13,051	8,000	5,051	163.14%

Agenda Item: 17.0
Appendix A

5400 Office and General			0	
5402 Bank & service charges	46,846	50,500	-3,654	92.76%
5403 Maintenance & repairs	349	1,200	-851	29.07%
5405 Memberships & publications	19,374	7,705	11,669	251.45%
5406 CAPR Fees	120,410	140,900	-20,490	85.46%
5407 Office & kitchen supplies	2,812	2,000	812	140.61%
5408 Postage & courier	3,064	4,300	-1,236	71.26%
5409 Rent	284,002	283,314	688	100.24%
5411 Printing, Filing & Stationery	6,812	6,400	412	106.44%
5412 Telephone & Internet	23,936	16,500	7,436	145.07%
5413 Bad Debt	-13,654	0	-13,654	
Total 5400 Office and General	\$ 493,951	\$ 512,819	-\$ 18,868	96.32%
5500 Regulatory Effectiveness			0	
5502 Strategic Operations	97,843	117,724	-19,881	83.11%
5503 Council Education	8,666	7,212	1,454	120.16%
5504 Elections		0	0	
5505 Policy Development	4,095	38,125	-34,030	10.74%
5513 Governance	147	700	-553	20.99%
Total 5500 Regulatory Effectiveness	\$ 110,751	\$ 163,761	-\$ 53,010	67.63%
5600 Communications			0	
5605 Translation Services	5,108	4,000	1,108	127.69%
5620 Print Communication	2,111	2,510	-399	84.11%
5621 Online Communication	5,769	28,700	-22,931	20.10%
5622 In-Person Communication	2,932	13,600	-10,668	21.56%
Total 5600 Communications	\$ 15,919	\$ 48,810	-\$ 32,891	32.61%
5700 Professional fees			0	
4004 Cost recovery from cost orders	-3,000	-34,500	31,500	8.70%
5701 Audit		0	0	
5702 Hearing Expenses	2,344	1,977	367	118.54%
5704 Investigation Services			0	
5711 External Investigators	79,794	41,520	38,274	192.18%
5712 PC - Chart Review	3,009	6,840	-3,831	43.99%
5713 Summons - Conduct fees		0	0	
5714 Fees to Secure Records	2,608	500	2,108	521.51%
5715 Corporate Searches		0	0	
5716 Transcripts	2,590	5,040	-2,450	51.39%
Total 5704 Investigation Services	\$ 88,001	\$ 53,900	\$ 34,101	163.27%
5705 Professional services - Other	42,539	37,350	5,189	113.89%
5706 Investigator travel		1,000	-1,000	0.00%
5707 Decision writing	22,166	27,832	-5,666	79.64%
5708 Peer / Expert opinions	21,380	10,000	11,380	213.80%
5750 Legal		0	0	
5751 Legal - QA	2,283	2,883	-600	79.19%
5752 Legal - Registration	14,054	7,350	6,704	191.22%

5753 Legal - Professional Conduct			0	
5760 General Counsel	38,187	34,371	3,816	111.10%
5761 Independent Legal Advice	27,979	22,883	5,096	122.27%
5762 Hearing Counsel	40,460	30,000	10,460	134.87%
Total 5753 Legal - Professional Conduct	\$ 106,625	\$ 87,254	\$ 19,372	122.20%
5754 Legal - Council Advice	1,089	7,000	-5,911	15.56%
5755 General Legal	2,253	10,000	-7,747	22.53%
5758 Legal - Practice Advice		0	0	
Total 5750 Legal	\$ 126,305	\$ 114,487	\$ 11,818	110.32%
Total 5700 Professional fees	\$ 299,735	\$ 212,046	\$ 87,689	141.35%
5800 Programs			0	
5810 Quality Program			0	
5811 QA Program Development & Eval.		10,170	-10,170	0.00%
5823 Assessor Training	7,272	10,314	-3,042	70.51%
5824 Assessor Onsite Assessment Fee	5,625	8,100	-2,475	69.44%
5825 Assessor Remote Assessment	102,979	100,575	2,404	102.39%
Total 5810 Quality Program	\$ 115,876	\$ 129,159	-\$ 13,283	89.72%
5830 Entry to Practice - Projects			0	
5831 OCE Examiner Exam Fee	213,487	171,600	41,887	124.41%
5832 OCE Examiner Training Fees	1,373	75,060	-73,687	1.83%
5833 OCE Staff Compensation		7,000	-7,000	0.00%
5834 Exam Committee - per diem	2,577	5,346	-2,770	48.19%
5835 Exam - Technology costs	115,110	63,955	51,155	179.99%
5836 Exam Delivery Costs	5,672	845	4,827	671.19%
5837 Exam - Admin / Misc. costs	10,914	14,224	-3,310	76.73%
5838 Exam - Consultant Fees	218	10,500	-10,282	2.07%
5839 Exam - Legal costs	2,602	3,600	-998	72.29%
5840 Exam - Development / Misc.costs	23,762	7,952	15,810	298.82%
Total 5830 Entry to Practice - Projects	\$ 375,714	\$ 360,082	\$ 15,632	104.34%
5880 Remediation			0	
5871 QA Practice Enhancement fees	4,657		4,657	
4029 QA Remediation Chargeback		-372	372	0.00%
Total 5871 QA Practice Enhancement fees	\$ 4,657	-\$ 372	\$ 5,029	-1250.16%
5881 Remediation - QA		2,417	-2,417	0.00%
5882 Remediation - ICRC	21,781	18,040	3,741	120.74%
4028 ICRC Remediation Chargeback	-21,057	-18,040	-3,017	116.72%
Total 5882 Remediation - ICRC	\$ 724	\$ 0	\$ 724	
5883 Remediation - Registration	2,226	2,868	-642	77.62%
4027 Registration Chargeback	-1,829	-2,670	841	68.49%
Total 5883 Remediation - Registration	\$ 398	\$ 198	\$ 200	200.76%
5884 Remediation - Discipline		3,744	-3,744	0.00%
4026 Discipline Chargeback		-3,744	3,744	0.00%
Total 5884 Remediation - Discipline	\$ 0	\$ 0	\$ 0	
5886 Remediation - Office+Registrar		2	-2	0.00%

5887 Coach Training	3,887	0	3,887	
Total 5880 Remediation	\$ 9,665	\$ 2,244	\$ 7,422	430.80%
5890 Therapy and Counselling Fund	30,156	23,988	6,168	125.71%
Total 5800 Programs	\$ 531,411	\$ 515,473	\$ 15,938	103.09%
5900 Staffing			0	
5901 Salaries	2,373,096	2,479,979	-106,883	95.69%
5904 Consultant fees	10,094	31,000	-20,906	32.56%
5905 Staff Development	16,322	28,496	-12,174	57.28%
5906 Recruitment	1,104	3,800	-2,696	29.05%
5907 Staff Recognition	14,629	12,813	1,816	114.17%
5915 MERCS		421,596	-421,596	0.00%
Total 5915 MERCS	\$ 434,188	\$ 421,596	\$ 12,591	102.99%
Total 5900 Staffing	\$ 2,849,432	\$ 2,977,685	-\$ 128,253	95.69%
6001 Amortization	50,146	0	50,146	
Minister of Finance Expense	0		0	
WayPay Inc (CAD)	35		35	
Total Expenses	\$ 4,736,233	\$ 4,806,482	-\$ 70,250	98.54%
Net Operating Income	\$ 244,607	\$ 70,793	\$ 173,814	345.53%
Net Income	\$ 244,607	\$ 70,793	\$ 173,814	345.53%

College of Physiotherapists of Ontario
Statement of Operations with Prior Year Comparison
April - September, 2025

	Total		
	Apr - Sep., 2025	Apr - Sep., 2024 (PY)	% Change
INCOME			
4001 Registration Fees			
4007 Registration fee credits		-27,143.21	100.00%
4011 Independent Practice - \$648	3,703,299.19	3,511,886.52	5.45%
4012 Independent Practice - ProRated	169,687.93	177,484.29	-4.39%
4013 Prof Corp Fees \$277	47,970.00	60,940.00	-21.28%
4014 Provisional Practice Fees \$83	54,060.00	43,519.00	24.22%
Total 4001 Registration Fees	\$ 3,975,017.12	\$ 3,766,686.60	5.53%
4002 Interest Income	199,462.76	152,971.94	30.39%
4008 Admin Fees			
4015 Application Fees \$114	142,500.00	119,010.00	19.74%
4016 Letter of Prof Stand / NSF \$56	11,658.00	8,344.00	39.72%
4017 Wall Certificates \$28	2,320.00	2,047.00	13.34%
4018 Late Fees \$254	4,494.86	4,064.00	10.60%
4019 Prof Corp Application \$774	39,822.00	27,090.00	47.00%
Total 4008 Admin Fees	\$ 200,794.86	\$ 160,555.00	25.06%
4010 Miscellaneous Income			
4023 Sublease Income	69,600.00	69,600.00	0.00%
Total 4010 Miscellaneous Income	\$ 69,600.00	\$ 69,600.00	0.00%
4030 ETP Assessment Fees			
4033 Reg Com - OCE Fee (\$1,985)	535,965.00	359,285.00	49.18%
Total 4030 ETP Assessment Fees	\$ 535,965.00	\$ 359,285.00	49.18%
Total Income	\$ 4,980,839.74	\$ 4,509,098.54	10.46%
GROSS PROFIT	\$ 4,980,839.74	\$ 4,509,098.54	10.46%
EXPENSES			
0051 do not use GST Expenses	0.00	-3,526.14	100.00%
5000 Committee Per Diem			
Total 5000 Committee Per Diem	\$ 71,872.25	\$ 53,450.00	34.47%
5050 Committee Reimbursed Expenses			
Total 5050 Committee Reimbursed Expenses	\$ 39,283.26	\$ 31,398.73	25.11%
5100 Information Management			
5101 IT Hardware	11,000.51	16,038.88	-31.41%
5102 Software	131,733.15	76,792.75	71.54%
5103 IT Maintenance		9,215.84	-100.00%
5104 IT Database	102,579.55	130,940.70	-21.66%
5109 IT Implementation Costs	3,121.62	3,121.62	0.00%
Total 5100 Information Management	\$ 248,434.83	\$ 236,109.79	5.22%
5200 Insurance	11,361.87	10,295.01	10.36%

5300 Networking	849.68	218.69	288.53%
5301 Conferences and Travel	13,051.43	16,878.27	-22.67%
5400 Office and General			
5402 Bank & service charges	46,845.51	51,154.46	-8.42%
5403 Maintenance & repairs	348.84	213.14	63.67%
5405 Memberships & publications	19,373.92	19,333.63	0.21%
5406 CAPR Fees	120,409.62	129,317.70	-6.89%
5407 Office & kitchen supplies	2,812.16	3,574.44	-21.33%
5408 Postage & courier	3,064.38	2,829.59	8.30%
5409 Rent	284,002.36	271,031.08	4.79%
5411 Printing, Filing & Stationery	6,812.31	2,685.93	153.63%
5412 Telephone & Internet	23,935.98	19,808.42	20.84%
5413 Bad Debt	-13,654.44	-503.75	-2610.56%
Total 5400 Office and General	\$ 493,950.64	\$ 499,444.64	-1.10%
5500 Regulatory Effectiveness			
5502 Strategic Operations	97,842.56	10,847.43	801.99%
5503 Council Education	8,666.25	-306.00	2932.11%
5505 Policy Development	4,095.12	6,277.50	-34.77%
5513 Governance	146.90	240.00	-38.79%
Total 5500 Regulatory Effectiveness	\$ 110,750.83	\$ 17,058.93	549.22%
5600 Communications			
5605 Translation Services	5,107.60	7,439.07	-31.34%
5620 Print Communication	2,111.14		
5621 Online Communication	5,768.51	41,133.56	-85.98%
5622 In-Person Communication	2,931.99	2,214.18	32.42%
Total 5600 Communications	\$ 15,919.24	\$ 50,786.81	-68.65%
5700 Professional fees			
4004 Cost recovery from cost orders	-3,000.00	-5,101.17	41.19%
5701 Audit		113.00	-100.00%
5702 Hearing Expenses	2,344.20	416.86	462.35%
5704 Investigation Services			
5711 External Investigators	79,794.14	29,040.97	174.76%
5712 PC - Chart Review	3,009.00	12,825.00	-76.54%
5714 Fees to Secure Records	2,607.57	992.82	162.64%
5716 Transcripts	2,590.18	3,267.61	-20.73%
Total 5704 Investigation Services	\$ 88,000.89	\$ 46,126.40	90.78%
5705 Professional services - Other	42,538.70	4,395.70	867.73%
5707 Decision writing	22,166.14	12,521.75	77.02%
5708 Peer / Expert opinions	21,380.00	9,555.00	123.76%
5750 Legal			
5751 Legal - QA	2,283.17	1,988.80	14.80%
5752 Legal - Registration	14,054.38	17,504.27	-19.71%
5753 Legal - Professional Conduct			
5760 General Counsel	38,186.81	12,336.21	209.55%

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Appendix B

5761 Independent Legal Advice	27,978.80	6,873.81	307.03%
5762 Hearing Counsel	40,459.54	35,469.57	14.07%
5763 Court Proceedings & Appeals		19,605.51	-100.00%
Total 5753 Legal - Professional Conduct	\$ 106,625.15	\$ 74,285.10	43.54%
5754 Legal - Council Advice	1,089.32	6,053.98	-82.01%
5755 General Legal	2,252.94	19,976.83	-88.72%
5756 C & D Accrual Expense		-29,210.94	100.00%
Total 5750 Legal	\$ 126,304.96	\$ 90,598.04	39.41%
Total 5700 Professional fees	\$ 299,734.89	\$ 158,625.58	88.96%
5800 Programs			
5802 Jurisprudence		2,816.01	-100.00%
5810 Quality Program			
5823 Assessor Training	7,272.00	2,543.50	185.91%
5824 Assessor Onsite Assessment Fee	5,625.00	7,200.00	-21.88%
5825 Assessor Remote Assessment	102,979.00	66,038.63	55.94%
Total 5810 Quality Program	\$ 115,876.00	\$ 75,782.13	52.91%
5830 Entry to Practice - Projects		0.00	
5831 OCE Examiner Exam Fee	213,487.00	165,828.91	28.74%
5832 OCE Examiner Training Fees	1,372.75	7,044.05	-80.51%
5834 Exam Committee - per diem	2,576.50	525.00	390.76%
5835 Exam - Technology costs	115,109.60	82,231.50	39.98%
5836 Exam Delivery Costs	5,671.56	13,483.86	-57.94%
5837 Exam - Admin / Misc. costs	10,914.28	630.54	1630.94%
5838 Exam - Consultant Fees	217.53	0.00	
5839 Exam - Legal costs	2,602.40		
5840 Exam - Development / Misc.costs	23,762.25	38,852.24	-38.84%
Total 5830 Entry to Practice - Projects	\$ 375,713.87	\$ 308,596.10	21.75%
5880 Remediation			
5871 QA Practice Enhancement fees	4,656.60	1,088.75	327.70%
4029 QA Remediation Chargeback		-828.75	100.00%
Total 5871 QA Practice Enhancement fees	\$ 4,656.60	\$ 260.00	1691.00%
5882 Remediation - ICRC	21,780.96	24,375.08	-10.64%
4028 ICRC Remediation Chargeback	-21,056.76	-34,498.38	38.96%
Total 5882 Remediation - ICRC	\$ 724.20	-\$ 10,123.30	107.15%
5883 Remediation - Registration	2,226.25	4,855.50	-54.15%
4027 Registration Chargeback	-1,828.75	-7,380.75	75.22%
Total 5883 Remediation - Registration	\$ 397.50	-\$ 2,525.25	115.74%
5884 Remediation - Discipline		6,680.70	-100.00%
4026 Discipline Chargeback		-10,517.00	100.00%
Total 5884 Remediation - Discipline	\$ 0.00	-\$ 3,836.30	100.00%
5887 Coach Training	3,886.79	2,307.50	68.44%
Total 5880 Remediation	\$ 9,665.09	-\$ 13,917.35	169.45%
5890 Therapy and Counselling Fund	30,156.00	38,607.16	-21.89%
Total 5800 Programs	\$ 531,410.96	\$ 411,884.05	29.02%

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Appendix B

5900 Staffing			
5901 Salaries	2,373,095.74	2,276,295.33	4.25%
5904 Consultant fees	10,094.08	80,307.13	-87.43%
5905 Staff Development	16,321.93	36,989.41	-55.87%
5906 Recruitment	1,103.95	6,003.50	-81.61%
5907 Staff Recognition	14,628.53	14,749.22	-0.82%
5915 MERCS			
Total 5915 MERCS	\$ 434,187.61	\$ 398,929.28	8.84%
Total 5900 Staffing	\$ 2,849,431.84	\$ 2,813,273.87	1.29%
6001 Amortization	50,146.26	58,024.35	-13.58%
Minister of Finance Expense	0.00	0.00	
WayPay Inc (CAD)	35.00		
Total Expenses	\$ 4,736,232.98	\$ 4,353,922.58	8.78%
PROFIT	\$ 244,606.76	\$ 155,175.96	57.63%

Thursday, Oct. 16, 2025 05:13:47 a.m. GMT-7 - Accrual Basis

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

	Total
Assets	
Current Assets	
Cash and Cash Equivalent	
1000 Cash on Hand	0
Total 1000 Cash on Hand	\$ 7,754,052
1100 Investments	
1102 Investments - Short Term	1,215,091
1104 Investments - Long Term	4,283,619
1105 RBC Investments - cash balance	3,981
1106 Accrued Interest - Short Term	36,509
1107 Accrued interest - Long Term	180,323
Total 1100 Investments	\$ 5,719,524
Virtual Wallet (CAD)	100,283
WayPay Clearing Account (CAD)	0
1205 Undeposited Funds	-873
Total Cash and Cash Equivalent	\$ 13,572,986
Accounts Receivable (A/R)	
1200 Accounts Receivable	41,429
1207 Employer Health Tax Receivable	0
Total 1200 Accounts Receivable	\$ 41,429
Total Accounts Receivable (A/R)	\$ 41,429
1201 Allowance for Doubtful Accounts	-14,130
1206 Accrued Receivable	-21,000
1400 Prepaid Expenses	5,364
1401 Prepaid Software	6,072
1403 Prepaid IT services	0
1405 Prepaid Insurance	2,170
1406 Prepaid Membership	67,824
1408 Prepaid staff development	0
1409 Prepaid Salary - COLA	0
1410 Prepaid meetings	0
1411 Prepaid Rent	22,939
1412 Prepaid OCE	-8,252
Total 1400 Prepaid Expenses	\$ 96,118
Total Current Assets	\$ 13,675,403
Non-current Assets	
Property, plant and equipment	
1301 Computer equipment	164,556
1302 Computer Software	110,740

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Appendix C

1305 Computer equipment - Acc dep	-150,418
1306 Computer Software - Acc Dep	-110,740
1310 Furniture and Equipment	377,049
1312 Furniture & Equipment -Acc Dep	-377,049
1320 Leasehold Improvements	793,263
1322 Leasehold Improvments -Acc dep	-667,154
1325 Construction Work In Progress	0
Total Property, plant and equipment	\$ 140,247
1399 Suspense	0
Total Non Current Assets	\$ 140,247
Total Assets	\$ 13,815,649
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable (A/P)	
2000 Accounts Payable	71,703
Total Accounts Payable (A/P)	\$ 71,703
Credit Card	
2000-01 VISA Corporate Credit Card (All)	40,364
2001 RBC VISA 9421/4129	0
2003 RBC VISA 2808/2195	0
2004 RBC VISA 9044/3707	0
Total Credit Card	\$ 40,364
2010 Accrued Liabilities	46,905
2011 Vacation Accrual	243,378
2012 C&D accrual	191,591
2015 Sexual Abuse Fund	0
2100 Deferred Revenue	0
2101 Deferred Registration Fees	0
2102 Deferred Full Fee Revenue	3,703,488
2103 Deferred Pro-Rated Fee Revenue	229,192
2107 Deferred Reg Com Exemption Fee	0
2108 Deferred Revenue - OCE Fee	2,361,443
Total 2101 Deferred Registration Fees	\$ 6,294,122
2105 Deferred credit card charges	0
2110 Banked refunds	40,706
Total 2100 Deferred Revenue	\$ 6,334,828
2150 Other Payables	
2151 Due to Canada Life/Sunlife	0
2152 Due to Manulife (RRSP)	35,078
2153 Due to Allstate (CI)	0
2154 Citizen's Advisory Group	0
Total 2150 Other Payables	\$ 35,078
24000 Payroll Liabilities	0

25530 GST/QST Payable	0
Total Current Liabilities	\$ 6,963,848
Non-current Liabilities	
2125 Deferred Rent - Tenant Incentiv	42,920
2190 Lease Inducements	0
Total Non-current Liabilities	\$ 42,920
Total Liabilities	\$ 7,006,768
Equity	
3000 Unrestricted Net Assets	4,660,809
3001 Invested in Capital Assets	208,089
3010 Restricted Reserves	0
3011 Contingency Reserve / C&D	1,000,000
3012 Fee Stab / Sex Abuse Therapy	100,000
3013 Strategic Initiatives	0
3014 IT Improvements	0
Total 3010 Restricted Reserves	\$ 1,100,000
Retained Earnings	595,377
Profit for the year	244,607
Total Equity	\$ 6,808,882
Total Liabilities and Equity	\$ 13,815,649

Statement of Cash Flows
College of Physiotherapists of Ontario
April 1-September 30, 2025

FULL NAME	TOTAL
OPERATING ACTIVITIES	
Net Income	244,606.76
Adjustments to reconcile Net Income to Net Cash provided by operations:	
1200 Accounts Receivable	-13,644.67
1201 Allowance for Doubtful Accounts	-13,654.44
1206 Accrued Receivable	21,000.00
1400 Prepaid Expenses	-5,364.42
1401 Prepaid Expenses:Prepaid Software	26,760.30
1403 Prepaid Expenses:Prepaid IT services	3,121.62
1405 Prepaid Expenses:Prepaid Insurance	3,345.03
1406 Prepaid Expenses:Prepaid Membership	124,112.81
1411 Prepaid Expenses:Prepaid Rent	7,864.80
1412 Prepaid Expenses:Prepaid OCE	49,510.56
2000-01 VISA Corporate Credit Card (All)	23,628.53
2000 Accounts Payable	-362,000.78
2001 RBC VISA 9421/4129	-1,893.77
2003 RBC VISA 2808/2195	-32,038.59
2004 RBC VISA 9044/3707	-2,430.35
2010 Accrued Liabilities	-229,777.95
2102 Deferred Revenue:Deferred Registration Fees:Deferred Full Fee Revenue	-3,690,339.19
2103 Deferred Revenue:Deferred Registration Fees:Deferred Pro-Rated Fee Revenue	229,192.08
2108 Deferred Revenue:Deferred Registration Fees:Deferred Revenue - OCE Fee	1,242,895.00
2151 Other Payables:Due to Canada Life/Sunlife	0.00
2152 Other Payables:Due to Manulife (RRSP)	35,077.58
2153 Other Payables:Due to Allstate (CI)	0.00
Total for Adjustments to reconcile Net Income to Net Cash provided by operations:	-\$2,584,635.85
Net cash provided by operating activities	-\$2,340,029.09
INVESTING ACTIVITIES	
1301 Computer equipment	313.42
1305 Computer equipment - Acc dep	9,472.60
1312 Furniture & Equipment -Acc Dep	531.92
1322 Leasehold Improvments -Acc dep	40,141.74
Net cash provided by investing activities	\$50,459.68
FINANCING ACTIVITIES	
2125 Deferred Rent - Tenant Incentiv	-13,553.70
Net cash provided by financing activities	-\$13,553.70
NET CASH INCREASE FOR PERIOD	-\$2,303,123.11
Cash at beginning of period	\$15,876,108.74
CASH AT END OF PERIOD	\$13,572,985.63

BOARD BRIEFING NOTE
For Discussion

Topic:	Governance Practices Review Refresh
Public Interest Rationale:	Having an effective governance model ensures sound policies and processes are in place to support effective decision-making in the public interest at all levels of the College.
Strategic Alignment:	Performance & Accountability: Ensure that the College's governance processes are effective, efficient, and fit for purpose.
Submitted By:	Mara Berger, Director, Policy, Governance & General Counsel
Attachments:	Appendix A: Governance Practices Review - Report Appendix B: Governance Practice Review Recommendations & Progress

Issue

- Comprehensive review of outstanding recommendations from the governance practices review to provide guidance and potential priorities for future action.

Decision Sought

- No decision is being sought.
- The Board is being asked to consider remaining recommendations of the governance practices review and to provide some initial direction regarding next steps in relation to the areas of improvement that have been identified.

Background

- One of the pillars of the College's [2022-2026 strategic plan](#) has been to enhance the College's governance processes. To support this goal, a third-party governance review to assess the College's current governance policies and practices was conducted by the Regulator's Practice in 2023.
- The Regulator's Practice followed a multi-step process as part of its review of the College's governance practices, including:
 - Document review, with a focus on the College's By-laws and Governance Policies, as well as the College's Competency Profile, Briefing Note template and Post-Board Meeting Survey Results
 - Observance of a joint Executive Committee and Finance Committee meeting in August 2023
 - Observance of a Board meeting in September 2023
 - Survey of outgoing and current Board members

- Focus Groups with outgoing and current Board members and staff members engaged in Board support
- Individual interviews with the President, Vice President, Registrar & CEO and Deputy Registrar & CRO
- The Regulator's Practice also conducted an education session with Board at the September meeting regarding governance trends emerging from other governance reviews that have been conducted across Canada.
- At the [December 2023 Board meeting](#), the Regulator's Practice presented its findings and potential areas for improvement to the Board and engaged the Board in a discussion to identify which suggestions should be prioritized for further exploration. Feedback from the session was then incorporated into the final report from the Regulator's Practice, which is attached as Appendix A.
 - While the Board identified certain recommendations as priorities, this was purely meant as guidance. Staff were tasked with gathering more information about the identified priorities to support future Board discussion about which recommendations to potentially action.
- Since 2023, several of the recommendations have been considered and actioned by the Board, including but not limited to the following:
 - Customized Meeting Guidelines were developed that are specific to the needs of the Board and easier to understand and follow.
 - The By-laws were revised to allow for more flexibility regarding committee composition to support a mix of Board and non-Board Committee members.
 - A Screening Committee has been established to support the Board election process.
 - A strategy refresh session was held and updates regarding performance against the strategic plan have been incorporated into the Registrar's Report for each regular Board meeting.
 - A risk register was introduced in June 2024 and is being updated on an ongoing basis.
 - An updated Registrar's Performance Assessment and a new Registrar Succession Planning policy were approved in June 2025.
 - A new skills assessment was rolled out this fall as part of the Board evaluation process.
- A comprehensive overview of all the recommendations that came out of the governance practices review and their current status can be found in Appendix B.

Current Status and Analysis

- The College is updating its strategic plan for 2026-2030, following Board direction. Since the governance practices review was completed two years ago under the current plan, now seems like an appropriate time to revisit the report and address any remaining recommendations.
- The Regulator's Practice has been retained to facilitate a discussion of the remaining recommendations. The discussion aims to give the Board an understanding of the reasons behind the recommendations, helping guide their decisions about future actions. It also allows Board members to share thoughts and perspectives, and to start identifying which recommendations the Board would like to maintain for future consideration, as well as those that the Board deems unnecessary at this time.
- Following the discussion, as part of the post-Board survey, Directors will be asked to further reflect on the outstanding recommendations.
- The discussion at the Board and any further reflections shared in the post-Board survey will help staff determine which recommendations the Board overall would like the College to explore in more detail.
- Exploring a recommendation further does not mean there is an obligation to implement it. Staff will continue providing the Board with updates on recommendations that seem worthwhile to examine, enabling the Board to have more thorough discussions before deciding whether to pursue them further.

Next Steps

- At the March 2026 Board meeting, the Board will receive an update on the outstanding recommendations that have been identified for further exploration.
- Staff will gather additional information regarding those recommendations and report back to the Board at future meetings.
- Based on the additional information, the Board can then decide whether to proceed with pursuing any specific recommendation.

Questions for the Board

- Is there anything in the report that surprised you?
- Among the remaining recommendations, are there any you'd like to know more about?
- Is there anything else related to the College's governance practices that you would like to highlight?



Governance Practice Review

Final Report

College of Physiotherapists of Ontario

December 19, 2023

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Introduction

The *Governance Practice Review* was developed and facilitated for the College of Physiotherapists of Ontario by **Harry Cayton**, **Deanna Williams** and **Bradley Chisholm** and The Regulator's Practice team.

A draft of this report was presented to Council for discussion at their December 14, 2023 Council meeting. In that meeting, Council had an opportunity to ask questions, articulate the findings that were most noteworthy to them at this time and identify the recommendations that need priority consideration.

Throughout the report we have identified the input(s) from which the particular finding emerged, including:

Observation – our observations of Council and committee meetings.

Focus Groups – the feedback from Council and staff focus groups and 1:1 interviews.

Survey – results from the survey.

Doc Review – review of CPO governance documents.

Council Debrief – the priorities and recommendations identified in the December 14, 2023 Council session (marked down with a red asterisk "*").

Process Overview

GOVERNANCE PRACTICE REVIEW INPUTS	TIMELINE
1. Introductory Session with Council & Senior Leadership	June 2023
2. Council Members Feedback Survey (including 4 outgoing Members)	July 2023
3. Focus Group (Outgoing Council Members)	June 2023
4. Review of governance documents	July – September 2023
5. Observation of Executive Committee Meeting, Finance Committee Meeting and September Council Meeting	August – September 2023
6. Council Learning Session and Discussion – <i>What can be learned from recent regulatory governance reviews?</i>	September 2023
7. Focus Groups (Council & Staff)	October – November 2023
8. 1:1 Interviews with the President, Vice President, Registrar & Deputy Registrar	November 2023
9. Council Debrief Session	December 14, 2023
10. Final Report	December 19, 2023

Scope of Review

The CPO Governance Practice Review seeks to assess the effectiveness of the specific aspects of governance which Council has control over – what we call “**governance practice**”.

Unlike a more fulsome governance review, this process does not dig into the elements of governance that Council may not have the authority to change – what we call the “**governance structure**”.

This process assesses the elements of governance practice that we believe are essential to support the ability of the regulator to achieve its public interest mandate, which includes all the areas represented in the graphic on the right.



General Themes / Context

The regulatory context is shifting.

The public, and government as agents of the public, are paying attention to professional regulators now more than ever to ensure that they are upholding their commitment to protect the public.

Across the country this has included (both voluntary and involuntary) reviews of regulatory governance to ensure that the governance structures and practices foster decision making in the public interest.

Any regulatory body looking at its own governance must not think about itself in a silo but think about itself as part of the broader system of professional regulators – understanding the shifting public expectations, considering the changes other regulators are making, and predicting where government may move in the future to stay “ahead of the curve”.

At the September 2023 governance education session, Deanna Williams and Harry Cayton walked through some of the most critical shifts in regulatory governance, referencing recent governance reviews and regulatory governance changes. Some of these critical shifts include:

- Changes to governance structures moving away from traditional association governance towards structures and practices that reinforce the public interest mandate including (some of which CPO has already done):
 - Repositioning the President role as the Board Chair and allowing public members to serve as Board Chair;
 - 50% public members on boards;
 - Elimination of elections in favour of competency-based appointments or the creation of more competency-based election processes;
 - Elimination of the ability for registrants to overturn public interest board decisions; and
 - Increased conflict of interest guidelines and restrictions; and meaningful evaluation of governors.

General Themes / Context

- Incorporating emerging governance practices from the broader corporate and not-for-profit environment, including smaller governing bodies, simplifying the committee structures and ensuring all committees have terms of reference that are reviewed on a regular basis; and robust processes to recruit for more diversity and develop inclusive environments where diverse perspectives are heard and able to make an impact.
- Focusing the governing body's role on governance and away from regulatory operations through more governance education and removing governors from regulatory and operational committees;
- Stronger oversight of regulators to ensure consistent protection of the public, including creating regulatory oversight bodies; creation of mandatory reporting requirements and standards for regulators; and
- Creating more consistency and ensuring capacity to meet mounting regulatory demands through increased collaboration, shared services and voluntary or mandated amalgamation.

CPO and its Council have navigated a difficult five years, including a global health pandemic, the sudden death of its Registrar, a national exam crisis, and significant culture and relationship issues. Participants in this review believe that capacity and relationships have been improving over the last year and that there is optimism and hope for the future. New Council and organizational leadership, new Council members, new dedicated governance support and a strategic plan that both Council and staff are getting behind have all contributed to this sense of optimism for the future.

In July 2023, a survey was conducted (the results attached as Appendix A), including all outgoing and active Council members at that time. You will see that the survey results are positive – reflecting Council's view that governance practices are strong and improving. We found that our observation of Council and committee meetings, the focus groups and interviews raised issues and concerns not addressed in the survey – highlighting the importance of, at times, combining internal self-assessment with an external objective perspective.

Findings & Recommendations



Human Dynamics

Human Dynamics

Governance is a human endeavour. For governance to function in any environment, there needs to be strong, trusted relationships between the various actors.

FINDINGS

- **Focus Groups** – There have been lots of challenges over the last few years with respect to relationships. Now it feels like relationships are strengthening and things are improving. Council feels “new” to some, and this is a good thing as it allows for fresh perspectives as the college moves into its next chapter.
- **Survey** – Wordclouds created in response to questions about Council relationship and Council-staff relationship [Appendix A pg. 45/46] are primarily positive but there are some descriptors that Council needs to pay attention to, including “factions, strained, adversarial, clique.”
- **Observation / Focus Groups** – Most Council members are engaged and contribute – some however are less engaged and this can cause issues for Council, committees and staff support.
- **Focus Groups** – Relationships have been strengthening post Covid. Some participants like hybrid meetings because personal connection has been important to build trust, however, for those that cannot attend in person it can feel like “some are on the outside of the circle”.
- **Observation / Focus Groups** – Council needs to ensure that longstanding members are making room for new voices. New, fresh perspectives are important to ensure that all perspectives are being considered, that “group think” is being challenged and that the college does not always rely on “the way we have always done things”.
- *** Council Debrief / Observation / Focus Groups** – Some participants note that there needs to be strict adherence to term limit rules as they have not always been enforced in the past. Further, some participants suggest that these term limits should be reviewed, and compared against best practice, to ensure that Council and committees are benefiting from diversity and renewal.
- **Focus Groups** - Because of Council turnover recently, some feel it would be valuable to establish clear “cultural norms” – clear expectations of how Council and committee members are expected to conduct themselves and work together.
- **Observation / Focus Groups** – Relationship with staff is improving and developing. The new Registrar and Director, Policy and Governance have already made a positive impact on these relationships. The Registrar is already comfortable “pushing back” when Council gets into operations.

Human Dynamics

FINDINGS

- **Doc Review / Focus Groups** – The Code of Conduct is not a “meaningful document” – it exists but is not seen to be referenced, and not used to hold people accountable for working outside the agreed upon expectations.
- **Doc Review / Focus Groups** – Participants noted that the framework outlining how public members are compensated creates barriers for in-person participation. Governments across the country have been reviewing and updating their own public remuneration frameworks and it may be another opportunity for Ontario’s health colleges to work collaboratively with government to provide feedback and identify potential changes.
- **Observation** – There is an openness to try new ways of doing things, even if there might be improvement needed over time. This dedication to experimentation, innovation and continuous improvement is not often observed in the regulatory space.



Human Dynamics

RECOMMENDATIONS

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.
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.
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.
4. * Continue to work with government to provide feedback regarding the current Remuneration Framework and recommendations for continuous improvement.

Findings & Recommendations

2 Role Clarity

Role Clarity

Good regulatory governance requires that those involved with the governance of the organization be unambiguous about the public interest mandate and the role they play in executing the mandate.

FINDINGS

- **Survey** – A high-degree of role clarity exists among Council members however some responses suggest areas of improvement. We believe the observation and focus groups identify some of these issues.
- **Observation / Focus Groups** – All participants note a high level of commitment and engagement amongst Council and committee members and staff. It was also observed by some that respective roles between and amongst committee members and the staff are clear and respected. Council members ask tough questions and do not seem to “blindly rely” on recommendations – but are willing to engage in discussions about issues.
- **Observation / Focus Groups** – On the other hand, there is a tendency for Council to get into operations at times and not trust the recommendations coming from committees or staff. One Council member stated in a focus group: “Council tends to rehash the recommendations from committees, which makes me wonder why we have some of these committees to begin with”.
- *** Council Debrief / Observation / Focus Groups** - At times the public interest mandate, or more specifically the perspectives of patients and the risk of harm to patients, is not central to the discussion. Even though the phrase “public interest” is heard often during Council and committee meetings there was a disproportionate amount of time spent on issues without a clear connection to the public interest mandate (e.g. the impact of a relatively small fee increase, how new competency requirements might impact one’s ability to be re-elected, scopes of practice advocacy, changing the name of the Finance committee). This dynamic was reiterated in focus groups as some registrant participants articulated it being difficult at times to “take the professional hat off” to focus on regulatory issues.
- *** Council Debrief** – Council agrees that it needs to devote time to ensuring current processes and practices center around the public interest. Council also believes that more needs to be done to increase engagement with the public to understand the diverse perspectives of the public and communicate to the public so they understand how the college can support them.

Role Clarity

FINDINGS

- **Focus Groups** – Some concerns emerged regarding discussions that happen outside of Council or committee meetings that may be inappropriate with respect to strategizing about or biasing Council or committee decision-making.
- *** Council Debrief / Focus Groups** – Some concerns emerged regarding the tendency of Committee Chairs and the Executive Committee to “vet” materials before these materials are allowed to go to a committee or Council. At times this feels like more than just “guidance” but rather that the substance of the advice is being changed. The Executive Committee meeting materials articulated three good questions regarding the role of the Executive Committee in reviewing materials:
 - Do you feel anything requires further clarification before it goes to Council?
 - Might Council need more or different information?
 - What questions do we anticipate Council might ask?

These questions should never be interpreted to allow a Chair or the Executive Committee to change the substance of the committee or staff's recommendations but merely to provide advice and guidance. Council deserves the objective views, information and perspectives from its regulatory staff and committees.

- *** Council Debrief / Doc Review** – Generally the governance documents are clear, simple and easy to follow. However, some of the documents do not foster clarity regarding roles either because they still reference practices rooted in association governance or do not reiterate the College's role to protect people. Two examples include:
 - Role of Council does not clearly state the role of the college to protect people from the risks associated with physiotherapy care. The responsibilities of Council are very operational in nature, and do not connect the role of Council to its public protection mandate.
 - Significant operational responsibilities of the President still incorporated into the President role description. Some examples include:
 - “Act as a key spokesperson of the College...”
 - Solely responsible to “Develop the Council agenda...”
 - “Monitor and manage all risk-related matters and periodically reports this information to Council”



Role Clarity

RECOMMENDATIONS

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.
6. * Develop ongoing education, opportunities for discussion and clarity regarding:
 - What does it mean 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?
 - What is 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?

Findings & Recommendations



Meetings

Meetings

Meaningful, successful Council and committee meetings are a critical success factor for college governance and ultimately the ability of a college to fulfill its desired regulatory outcomes. Council and committee meetings are where information, relationships and process all come together to support robust dialogue and good decisions..

FINDINGS

- **Focus Groups / Observation / Survey** – Generally meetings and meeting materials receive strong scores from Council members. Staff and Council members generally believe the materials are comprehensive, include good information “at the right level” of detail. The improvements in materials (new Briefing Note template, risk register and dashboard) were complimented as strong improvements.
- *** Council Debrief / Doc review / Focus Groups** – The rules of order that are used by Council are not easily accessible, not available online, and are seen by some as intimidating or irrelevant. Many Council members do not remember ever seeing the rules that are supposed to guide their deliberations. Some comment that “member motions” are not clear and wish there was a less adversarial process to ensure Council issues and questions are addressed.
- **Focus Groups** – Participants spoke of the value of offering ongoing learning to committee and Council chairs and vice chairs. Some participants spoke of having a “public” chair for the first time, how this aligns with best practice but that it is still uncomfortable for some.
- **Observation / Focus Groups** – At times the most amount of time is not spent on the most important issues. There were examples within both committee and Council meetings where the topics being discussed were not clearly focused on regulatory or public-protection issues or were not as ‘strategic’ as other issues that were deferred. Ongoing chair learning is required to support chairs to work collaboratively with staff to develop agendas that prioritize the most important issues and facilitate discussions that ensure the most important issues get the most amount of time and attention.
- **Observation / Focus Groups** – Some participants believe that meetings could be shorter. From observation however we sense there is a good balance of decision-making, learning and contextual information required to make good decisions in a rapidly changing and complex regulatory environment.
- **Observation** – Use of consent agenda was appropriate, could potentially be expanded if required. There was a very good briefing of the role of the consent agenda and the authority of any Council member to ask that items be taken off the agenda – which is critical to ensure it is never used, or seen to be used, to avoid Council deliberation or dissent.



Meetings

RECOMMENDATIONS

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.
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.

Findings & Recommendations

4

Oversight

Council has a number of critical oversight responsibilities. Oversight is what allows Council to be accountable for the effectiveness and sustainability of the college without working in the college day to day. Proper oversight and monitoring require the Council to be involved in the right discussions, with the right information in the right way.

1. Strategy Oversight

FINDINGS

Council and senior staff need to feel that the strategic plan and planning process is relevant and meaningful. Council needs to see good monitoring in place that allows them to have line of sight into the progress towards strategic priorities.

- **Survey** – One question asked on the survey is to name the college's three top priorities – responses illustrate that there is misalignment with respect to the top priorities of the college. [Appendix A p. 55]
- **Survey** – Some concerns evident with respect to the "monitoring" of the strategic priorities. The new Registrar has stepped into the strategic plan, is ensuring that his work and reporting is tied to the strategic plan and ensuring that the staff see the strategic plan as core in their work. The issue of monitoring was not raised in the focus group discussions.
- **Survey / Focus Groups** – Some concern that Council does not spend enough time on the big strategic issues that could impact the organization, profession or broader system, instead focuses on the operations of the college within the current context.
- *** Council Debrief / Focus Groups** – Some new Council members do not feel "ownership" of the strategic plan, understandably, and wonder how they can become more familiar with the plan and the rationale for the priorities articulated.

RECOMMENDATIONS

9. *** Host a "strategy refresh" session** for Council where the current strategic plan can be reviewed 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.
10. Include strategy progress updates in the Dashboard that is being developed.

2. Risk Oversight

FINDINGS

Council needs to be paying attention to two types of risk: risks to patients and enterprise risks. Overseeing “risk to the public,” begins to blur into the “regulatory oversight” function as it relates to the role that the college plays in identifying and managing the risks of harm to patients associated with the practice of physiotherapy in Ontario. Enterprise risks are the risks that could get in the way of the college fulfilling its mandate (e.g. financial, environmental, reputational, etc.). Enterprise risk oversight involves ensuring there is a strong enterprise risk management framework in place and having a way to monitor, as Council, the most strategic risks to the college and how they are being managed.

- **Observation / Focus Group** – significant work has gone into the development of a risk register to monitor enterprise risk. Additionally, Council received education regarding enterprise risk management at the September Council meeting. Although informative, some participants questioned the applicability to Council and still have questions about their role in oversight of enterprise risk.
- **Focus Groups** – When asked the question ‘what are the most important risks of harm to the public that the college is paying attention to’ there was no clear, consistent response from participants.

RECOMMENDATIONS

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.

3. Regulatory Oversight

FINDINGS

Council needs to know that the regulatory programs they have in place are effective, are addressing the identified risks of harm to the public, are a proportionate and appropriate way to manage the risk, and there are no unintended consequences associated with the programs.

- *** Council Debrief / Observation** – Council relies heavily on having Council members on its regulatory committees as a way of “monitoring the effectiveness of the committees”. Annual committee reports are another mechanism referenced with respect to regulatory committee effectiveness. Committees play only a small role in the overall regulatory “programs” and Council needs to ensure it is overseeing the program, not just the work of the committee. Additionally, Council member involvement in regulatory committees reinforces the tendency of Council members to get “into the operational weeds” instead of staying at the oversight level.
- **Observation** – New dashboard is an excellent tool for Council to monitor regulatory programs if the key performance indicators being measured align with the regulatory outcomes – managing the risks of harm to the public.
- **Focus Groups** – Some participants question the effectiveness of some of the current regulatory programs and do not believe they have the information to justify whether it makes sense to continue to engage in the work or not.

RECOMMENDATIONS

12. Continue to develop the Dashboard ensuring that what is being measured with respect to regulatory programs aligns with regulatory outcomes.

4. Registrar Oversight

FINDINGS

One of Council's most important responsibilities is to ensure that the organization has the leader it needs to fulfill its mandate and execute its strategic priorities. Once the Registrar is in place the Council has a responsibility to monitor the Registrar's performance and provide the feedback and support the Registrar needs to be successful.

- **Doc Review / Focus Groups** – The college has a good Performance Review Process for the Registrar outlined in policy. However, to date there has not been a consistent external HR resource retained to support the President, Council and the Registrar in navigating this process in a consistent, reliable and professional manner. It is expected that the President can manage a process like this themselves or seek out their own resource to support them in this work. Council members are unclear when or how the process works and how their feedback of the Registrar will be collected and synthesized.
- **Focus Groups** – Some participants question whether the Registrar performance review process should be tied to Registrar compensation as is the case in many colleges.
- **Survey / Focus Groups** – Participants do not understand what process is in place to deal with an unexpected event in which the Registrar is unable to fulfill his duties.

RECOMMENDATIONS

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.
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.

5. Financial Oversight

Findings

Council needs to ensure that the college has the resources, controls and processes to sustainably fulfill its public protection mandate. This includes ensuring it has the resources, systems, and controls to manage financial risk, to develop and monitor a budget, and to set fees. Ultimately Council needs to ensure that the college is positioned, from a resourcing perspective, to fulfill its mandate.

- **Survey / Focus Groups** – The ratings for financial oversight were lower than other oversight responsibilities. This is not surprising as often health professional regulatory governors do not feel comfortable with the financial oversight role. Although no specific issues emerged with respect to financial reporting or access to information, there was a concern expressed by some focus group participants with regard to the reluctance of Council to increase fees, and whether the resources were in place to realistically execute the strategic plan and continue to fulfill the mandate in an increasingly expensive environment.
- **Observation / Focus Groups** – There is some confusion with respect to the process to set fees. An association bases its fees on the “value to members” and the members willingness to pay. A regulator bases its fees on the “cost of regulation” divided by the number of anticipated registrants. Although Council needs to be conscious of potential unintended

consequences of significant fee increases and ensuring that fee increases are reasonable and justified – often the impact of fees on registrants dominates fee discussions. Instead, the discussion should be focused on what resources are needed to do the regulatory work. Some participants believe that fee deliberations are not focused on the right issues.

RECOMMENDATIONS

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.

6. Stakeholder Oversight

Findings

Regulatory colleges are a part of a broader system of stakeholders. Although it is staff's responsibility to manage stakeholder relations, the Council needs to be aware of the status of key strategic relationships and ensure that these relationships align with what is required for the college to fulfill its mandate, achieve its strategic priorities and have the systemic impact it wants to have.

- **Focus Groups / Doc Review** – Not clear what the key stakeholder relationships are that the college needs to be intentional about and how Council should be monitoring these relationships.
- **Focus Groups** – Some concern expressed that currently the college is not positioned with government and other stakeholders to play an influential role with respect to health human resources discussions and policy changes being contemplated.

RECOMMENDATIONS

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.

Findings & Recommendations



Learning & Evaluation

Learning & Evaluation

Intentional learning and meaningful feedback are critical at all levels of the organization including Council and committees.

FINDINGS

- *** Council Debrief / Focus Groups / Observation** – Council members come from different backgrounds and experiences and therefore have different learning needs. Council education should appreciate these diverse, individual needs. Participants identify the following in terms of desired learning opportunities:
 - More informal learning from fellow Council members – more opportunity for “mentorship”.
 - Regular ongoing learning for Council and committee members including: governance fundamentals, physiotherapy practice and industry context, and regulatory fundamentals.
- **Focus Groups** – Some participants appreciate the current Council orientation, others believe it is like “drinking from a firehose” explaining that it’s too much information over a very short period of time.
- **Focus Groups** – Participants emphasized the importance the role that the chair (of Council or a committee) plays and believes customized chair education would impact Council and committee effectiveness, relationships, inclusion, and relationships with staff.
- *** Council Debrief / Focus Groups / Doc Review** – Currently there is no consistent governance evaluation framework in place.

Generally, participants are supportive of more feedback and improved evaluations of Council, committee, chairs and themselves. Participants reiterate that there needs to be a “safe space created” where real feedback can be communicated, and current processes don’t often result in meaningful constructive feedback or accountability if required. Currently the President holds responsibility for the performance evaluation of every Council member and committee chair – which is a significant amount of work without a developed framework to rely on.

- **Observation** – Current “meeting evaluations” provide some good information to support government operations but don’t provide high-level governance feedback to improve and refine the broader governance policies and approach.
- **Doc Review / Observation** – The Council Succession Planning Policy outlines a clear succession planning approach. Some colleges have moved away from a “single stream” of succession where the Vice Chair, or Vice President is the succession plan to a “multi-stream” approach where not only the Vice President or Vice Chair, but all chairs of “governance-level” committees (not regulatory committees) are seen to be “practicing chairship” and therefore eligible to move into the Council Chair role.



Learning & Evaluation

RECOMMENDATIONS

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.
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.
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.
20. Clearly articulate a specific committee that is responsible for this evaluation framework.

Findings & Recommendations



Diversity, Equity & Inclusion

Diversity, Equity & Inclusion

FINDINGS

The need for diversity within governing bodies is well established. However, just being diverse is not good enough, governing bodies also have to clarify behavioural expectations, develop supports and create inclusive space so the increased diversity has a positive impact.

Agenda Item: 18.0
Appendix A

- *** Council Debrief / Observation / Focus Groups**
 - The college is currently developing and defining its organization-wide approach to diversity, equity and inclusion including how it protects the diverse patients and “publics” it serves. This work needs to align with how diversity, equity and inclusion are incorporated into the college’s governance practices and structures. There was a reluctance at the committee and Council table to ask for more personal information from registrants and those interested in serving on Council and committees. Diversity is hard to measure and monitor without good demographic information. Although sensitive, if registrants and potential Council and committee members know why you are asking for the information, how it will be used and trust that you will use it accordingly, meaningful information can be collected to inform your DEI commitments.
- **Survey / Focus Groups** – More diversity is required at the Council and committee tables, including specific reference to:
 - Indigenous lived experience, Indigenous professionals;
 - Diversity re: years of experience;
 - Internally trained professionals; and
 - Increased diversity reflecting both the diversity with the public served and the profession.
- **Focus Groups / Observation** – One of the barriers to inclusivity is that dominant voices at Council table often overwhelm quieter voices. There needs to be more effort by the President, and Council as a whole, to ensure these voices are invited. There may be opportunities to step outside of the “rigid rules-based meetings” and have more engagement, more breakout sessions, utilize different practices in an attempt at getting more input from some voices.
- *** Council Debrief / Focus Groups / Observations** – There are some governance structural issues that are getting in the way of broader diversity. Currently geographic diversity is seen as more important than other types of diversity by nature of the geographic electoral districts built into the election framework. By eliminating these districts and implementing a process where elections are informed by competency and diversity needs – more diversity at Council is possible. Regulators across the country that continue to have elections, have developed nomination structures and committees to support elections and ensure the Council is getting the diversity and competencies that it needs.
- *** Council Debrief** – Council believes they can learn from what other regulators have done in the DEI space.



Diversity, Equity & Inclusion

RECOMMENDATIONS

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.

Findings & Recommendations



Committee Effectiveness

Committee Effectiveness

FINDINGS

Committees are critical both for the functioning of governance and regulatory programs within a college. A college's committee framework must evolve as a college and the internal capacity of college staff evolve. Council needs to ensure that committees are still relevant, and have the mandate clarity, composition and staff resources to operate effectively. Council must also have proper reporting in place from committees to ensure they are making good, public-interest decisions.

- **Survey** – No critical issues are flagged in the survey with respect to committee performance.
- *** Council Debrief / Observation / Focus Groups** – Council members have a significant commitment not just with respect to their Council responsibilities but also regulatory and “governance-level” committee responsibilities. Participants seem to be divided on this – some participants wish they could focus on their Council role and not have to serve on statutory committees, and further believe that having Council members on the regulatory committees makes it much easier for Council to dive into regulatory operations. On the other hand, some Council members believe that serving on regulatory committees fosters a deeper understanding of the regulatory work and allows an “oversight link” from Council to the committees. The emerging practice for regulators is to separate governance from regulatory operations and create more formalized reporting of regulatory programs (not just committees) into Council. In some provinces legislation prohibits “board” members from serving on regulatory committees to ensure the separation of governance and operations.
- **Focus Groups** – Some participants would like to see briefing notes and reporting from committees align with the briefing note and reporting formats from staff.
- *** Council Debrief / Focus Groups / Doc Review / Observation** – The college is making progress in developing a competency-based framework for both Council and committees. Generally, Council members are supportive. Some believe that it should move faster and that more should be done to influence Council elections. Other Council members are still concerned how this change might deter front line professionals from running for election if the requirements are too stringent. Some participants expressed concern that, currently, committee appointments are not based on competencies but preference and relationships with Executive Committee members. Some participants support a “nominations committee” that is separate from the Executive Committee, to make competency-based committee recommendations to Council. Council agreed that a more intentional, proactive recruitment process will be needed.

Committee Effectiveness

FINDINGS

- * Council Debrief / Focus Groups / Observation
 - With the reduced size of governing bodies and the ability to meet virtually in case of emergencies, many colleges have eliminated Executive Committees. In the Ontario context, Executive Committees are a legislative requirement. The Executive Committee must ensure that it is not working outside its mandate and Council must regularly review the mandate of the Executive Committee to ensure it is appropriate. Some participants are concerned that the Executive Committee's mandate and how they work may no longer be appropriate. Other participants believe that the Executive Committee currently plays an important role.
- * Council Debrief– Council strongly supports looking at the composition of committees and developing a plan to increase public membership (non-Council members) on these committees.



Committee Effectiveness

RECOMMENDATIONS

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.
23. * This Committee Review may result in certain recommendations to government for changes to legislation and policy that may be outdated.

Summary of Recommendations

The following is a summary of the recommendations incorporated within the report. The recommendations which Council identified as potential priorities at its December 14 debrief session are marked with a red asterisk. Council 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.

Human Dynamics

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.
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.
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.

4. * Continue to work with government to provide feedback regarding the current Remuneration Framework and recommendations for continuous improvement.

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.
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.

Summary of Recommendations

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.
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.

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.
10. Include strategy progress updates in the Dashboard that is being developed.

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.

Regulatory Oversight

12. Continue to develop the Dashboard ensuring that what is being measured with respect to regulatory programs aligns with regulatory outcomes.

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.
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.

Summary of Recommendations

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.

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.

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.
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.

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.
20. Clearly articulate a committee that is responsible for this evaluation framework.

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.

Summary of Recommendations

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.
23. * This Committee Review may result in certain recommendations to government for changes to legislation and policy that may be outdated.



Appendix A





GOVERNANCE PRACTICE REVIEW SURVEY RESULTS



College of Physiotherapists of Ontario

 August 2023

Introduction

This summary report includes the survey results of the **2023 CPO Governance Practice Review**.

Organization of the Survey Results

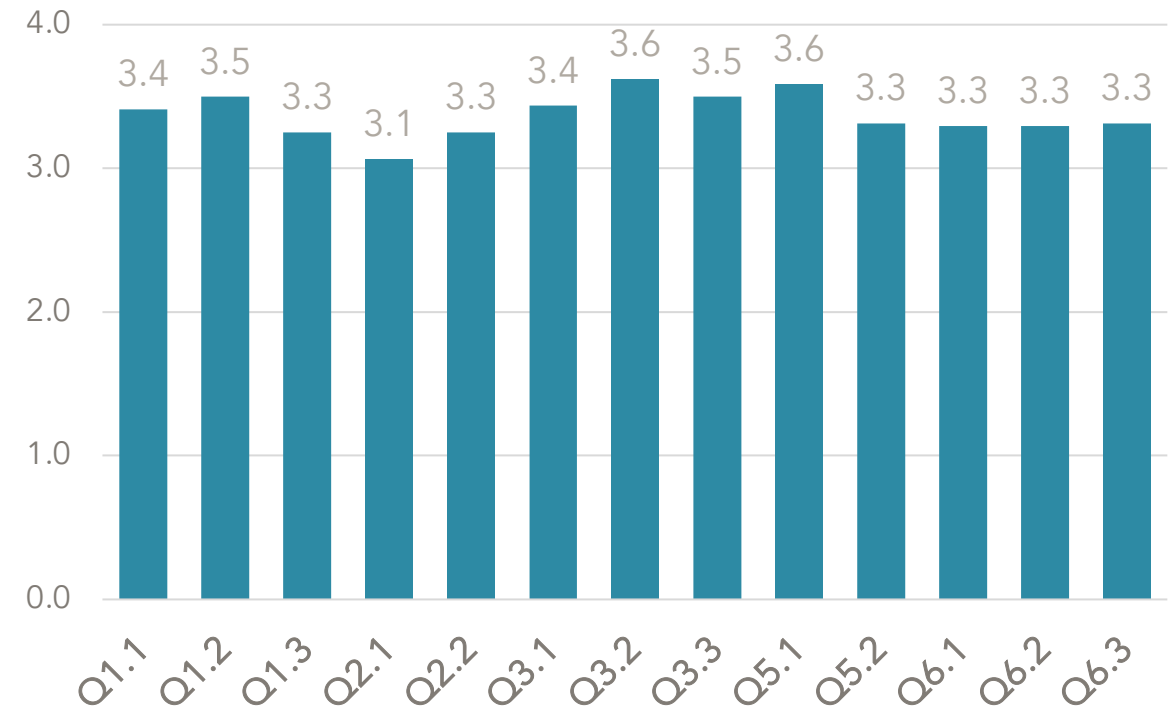
You will see a summary for the results of each quantitative question organized by category and displayed through both numerical **Heat Maps** and visual bar graphs. We have also included a summarized version of the group feedback from any qualitative areas of inquiry.





1. Decision-making

Question		4	3	2	1	N/A	AVG
Decisions get made & deliver on the public interest mandate.							
Q1.1	I understand my role and duties as a Council member.	7	10	0	0	0	3.4
Q1.2	The Council discusses how best to serve the public interest.	8	8	0	0	0	3.5
Q1.3	Council members openly declare and manage conflicts of interest.	6	8	2	0	1	3.3
Q2.1	The Council spends the most amount of time on the most important issues.	5	8	2	1	1	3.1
Q2.2	The Council has time to deal with the issues that need its attention.	5	10	1	0	1	3.3
Q3.1	Council members are prepared for meetings.	7	9	0	0	1	3.4
Q3.2	Council materials help me to make informed decisions.	10	6	0	0	0	3.6
Q3.3	Council-only discussions focus only on issues that should not be discussed with staff in the room.	7	7	0	0	3	3.5
Q5.1	I know what is expected of my behaviour and conduct.	10	7	0	0	0	3.6
Q5.2	We are respectful when sharing and working to understand diverse perspectives.	7	7	2	0	1	3.3
Q6.1	I understand how the role of Council is different than the role of Management.	5	12	0	0	0	3.3
Q6.2	Management is open to feedback from Council.	6	10	1	0	0	3.3
Q6.3	Council is open to feedback from Management.	6	9	1	0	1	3.3



QUESTION SCALE

4: Strongly Agree
3: Agree

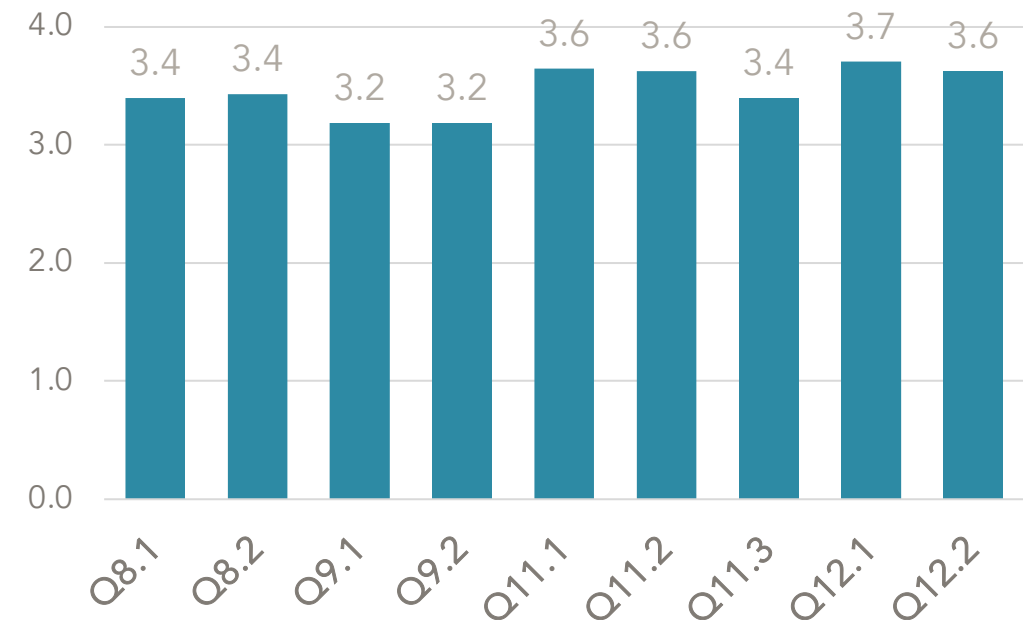
2: Strongly Disagree
1: Disagree

N/A: I don't know/No Comment



1. Decision-making (Cont'd)

Question		4	3	2	1	N/A	AVG
Decisions get made & deliver on the public interest mandate.							
Q8.1	The Council President is effective at managing meetings.	7	7	1	0	2	3.4
Q8.2	The Council President ensures that the most important work is done.	7	6	1	0	3	3.4
Q9.1	We have the diverse perspectives we need to make well informed decisions.	3	13	0	0	1	3.2
Q9.2	We seek out diverse perspectives through consultation, external advisors, or other avenues when we know we do not have that	4	11	1	0	1	3.2
Q11.1	Council decisions are clearly recorded and reported.	11	6	0	0	0	3.6
Q11.2	We are committed to transparency of decisions except those that are confidential.	11	4	1	0	1	3.6
Q11.3	Council members publicly support board decisions after they have been made.	7	7	1	0	2	3.4
Q12.1	Regulatory decisions focus on mitigating risks of harm to the public.	12	5	0	0	0	3.7
Q12.2	I am confident that our regulatory policies and practices reduce risks of harm to the public.	10	6	0	0	1	3.6



QUESTION SCALE

4: Strongly Agree
3: Agree

2: Strongly Disagree
1: Disagree

N/A: I don't know/No Comment



1 Decision-making

4

What five words would you use to describe the dynamics between Council members?





10

What perspectives do we need more of and why?

1

Decision-making

Overall:

- Patient (incl. Indigenous & marginalized communities)
- Academic
- Industry Newcomers (IEPT)
- Diversity of membership

At Council and Committee:

- Understand diversity of members and invite their viewpoints
- Increase diverse Council and Committee representation
- Use focus groups or Committees to engage specific parts of membership

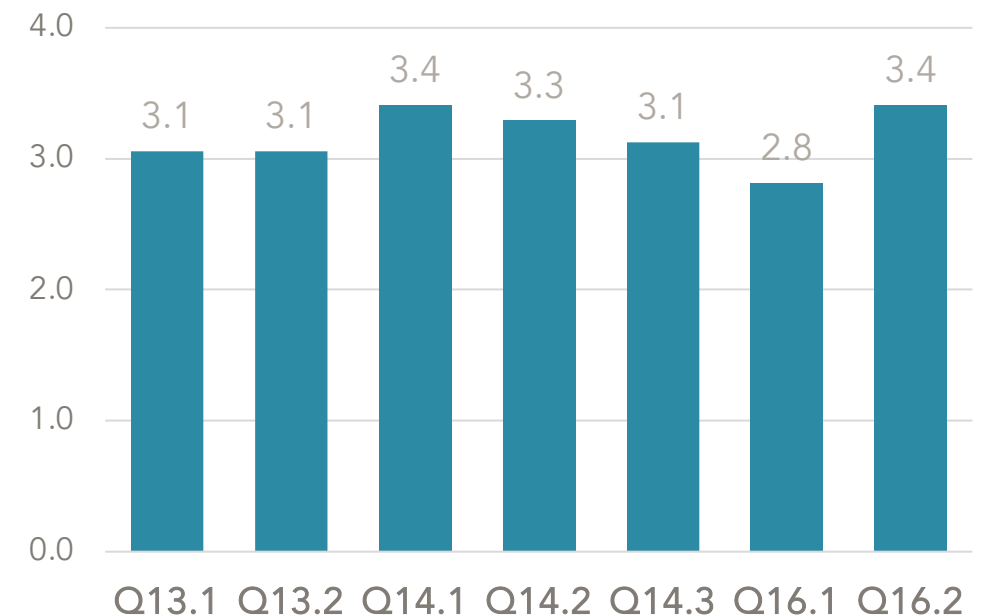
Increase in critical discussion at Council:

- Need more options for consideration, increased discussion of the options.
- Invite dissent and different perspectives from a diversity of members.



2. Strategy Oversight

Question		4	3	2	1	N/A	AVG
Clear, relevant strategy with measurable priorities.							
Q13.1	I understand the external factors that impact the organization's work.	3	12	2	0	0	3.1
Q13.2	We consider relevant external risks and factors when we make decisions.	4	10	3	0	0	3.1
Q14.1	Council is appropriately involved in strategic planning.	7	10	0	0	0	3.4
Q14.2	The strategic plan informs our decisions.	6	10	1	0	0	3.3
Q14.3	We have clear strategic priorities.	3	12	1	0	1	3.1
Q16.1	Council monitors and evaluates progress on strategic priorities.	1	11	4	0	1	2.8
Q16.2	We shift our plans as circumstances change.	7	10	0	0	0	3.4



QUESTION SCALE

4: Strongly Agree
3: Agree

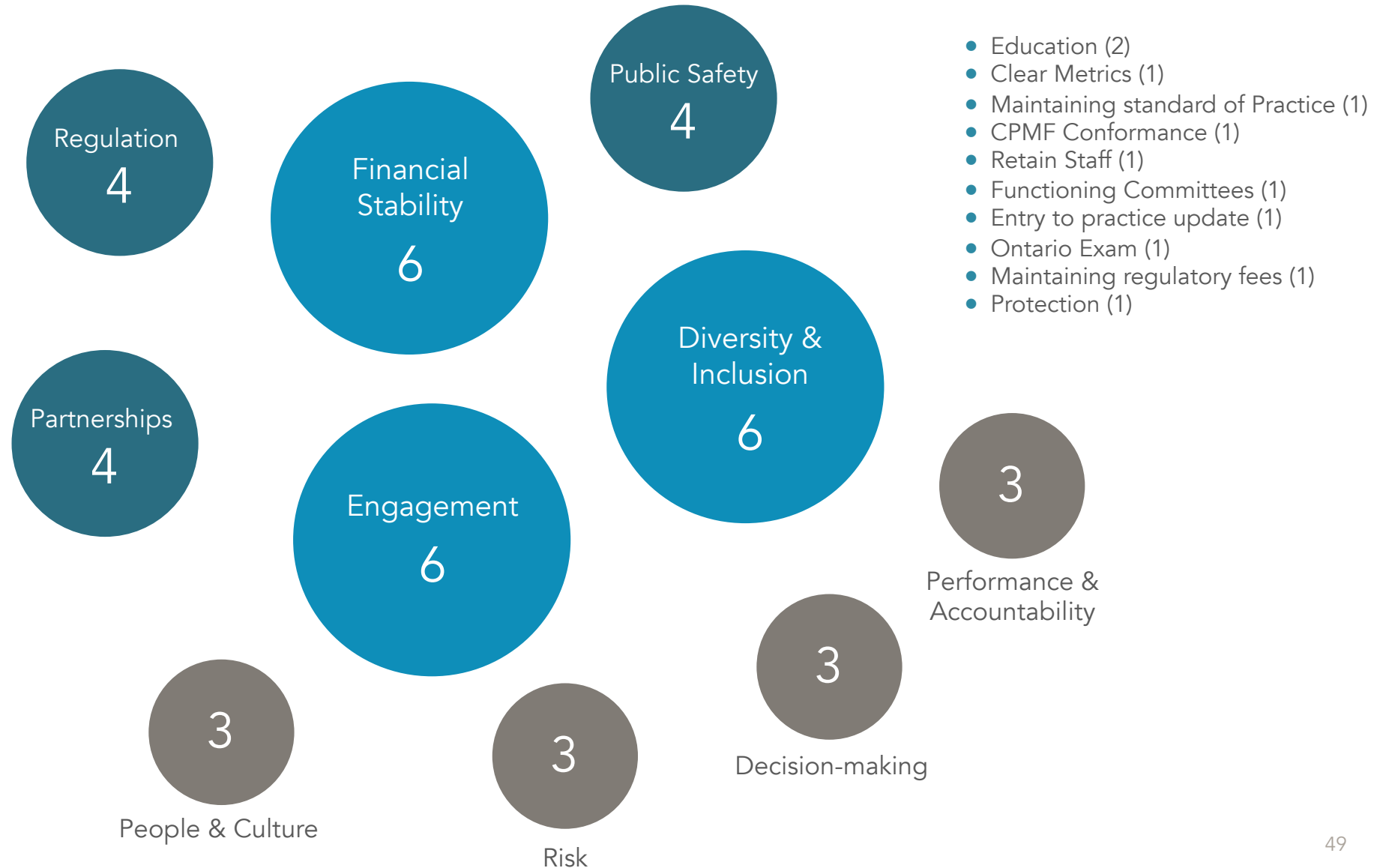
2: Strongly Disagree
1: Disagree

N/A: I don't know/No Comment



2 Strategy Oversight

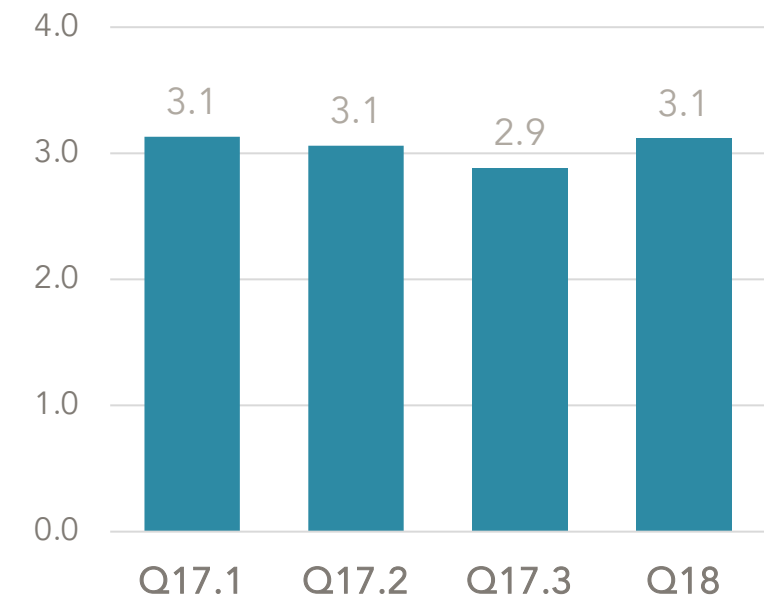
15 What are the top three strategic priorities of the College from your perspective?





3. Financial Oversight

Question		4	3	2	1	N/A	AVG
Financial sustainability & resourcing that enables regulatory work to meet public expectations.							
Q17.1	I am comfortable with my financial oversight role.	3	11	1	0	1	3.1
Q17.2	Council has the skills and experience to oversee the financial management of the organization.	4	9	3	0	0	3.1
Q17.3	The organization has the budget, controls, and processes in place to ensure it continues to be sustainable.	2	11	4	0	0	2.9
Q18	Council engages in discussion with management to approve the budget and set fees.	3	13	1	0	0	3.1



QUESTION SCALE

4: Strongly Agree
3: Agree

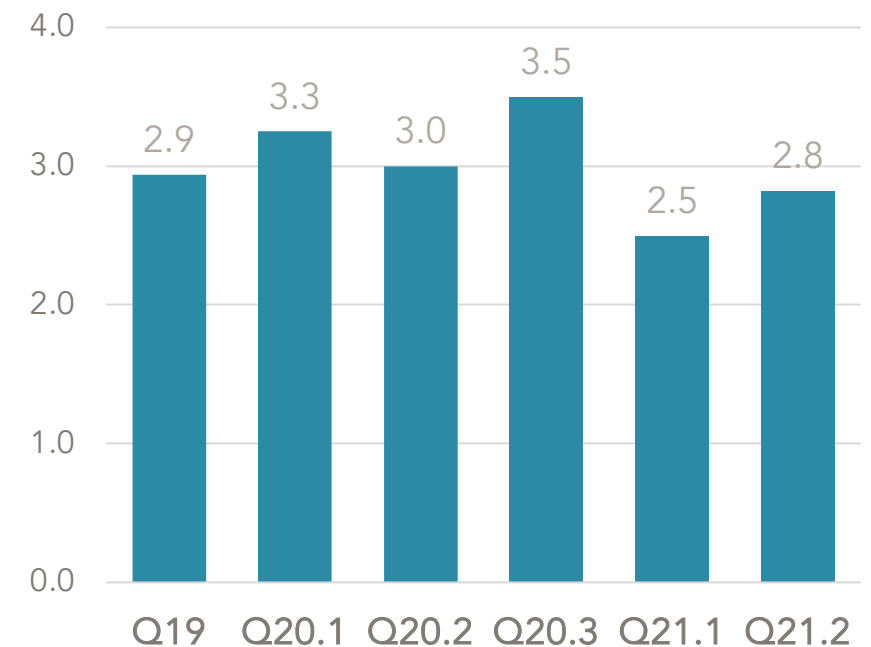
2: Strongly Disagree
1: Disagree

N/A: I don't know/No Comment



4. Leadership Oversight

Question		4	3	2	1	N/A	AVG
Consistent leadership and organizational culture that enables the work that needs to get done.							
Q19	Council receives updates and information to monitor the culture of the organization.	4	7	5	0	0	2.9
Q20.1	The Registrar and CEO's annual goals align with the goals of the organization.	3	4	1	0	9	3.3
Q20.2	I understand where the Registrar and CEO is strong and where growth is needed.	2	6	2	0	7	3.0
Q20.3	The Registrar and CEO can access the professional development they need to grow and learn.	6	6	0	0	5	3.5
Q21.1	We have a Registrar and CEO succession plan.	0	7	4	1	5	2.5
Q21.2	I am confident that succession planning takes place for key leaders.	2	5	4	0	6	2.8



QUESTION SCALE

4: Strongly Agree
3: Agree

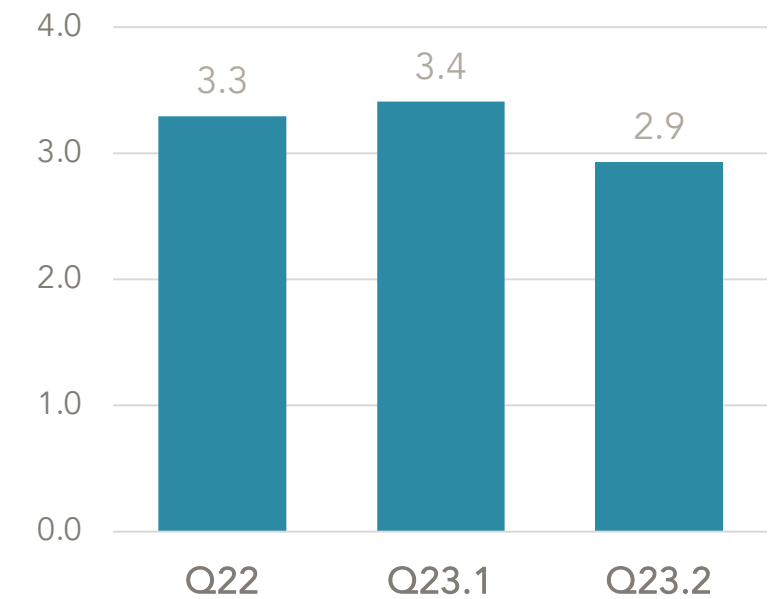
2: Strongly Disagree
1: Disagree

N/A: I don't know/No Comment

5. Risk Oversight



Question		4	3	2	1	N/A	AVG
Risks to the organization are understood and managed.							
Q22	I understand the role of Council in oversight of risk.	5	12	0	0	0	3.3
Q23.1	Risks are discussed as part of the Council's decision-making.	7	10	0	0	0	3.4
Q23.2	Risk is being properly managed throughout the organization.	1	12	2	0	2	2.9



QUESTION SCALE

4: Strongly Agree
3: Agree

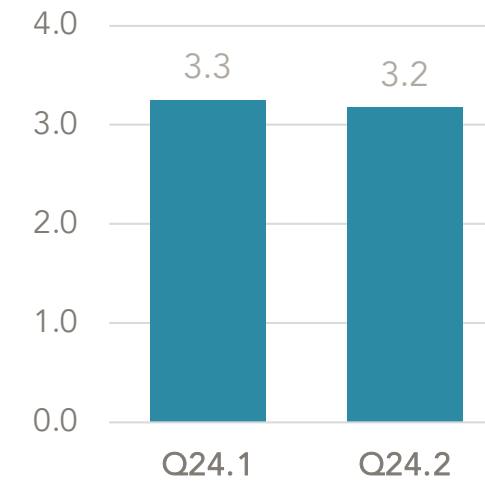
2: Strongly Disagree
1: Disagree

N/A: I don't know/No Comment



6. Committee Effectiveness

Question		4	3	2	1	N/A	AVG
Committee Effectiveness							
Q24.1	We regularly review our Committees to ensure they are relevant and valuable to Council's work.	4	12	0	0	1	3.3
Q24.2	Our Committee appointment process results in the right people being appointed to the right committees.	5	11	0	1	0	3.2

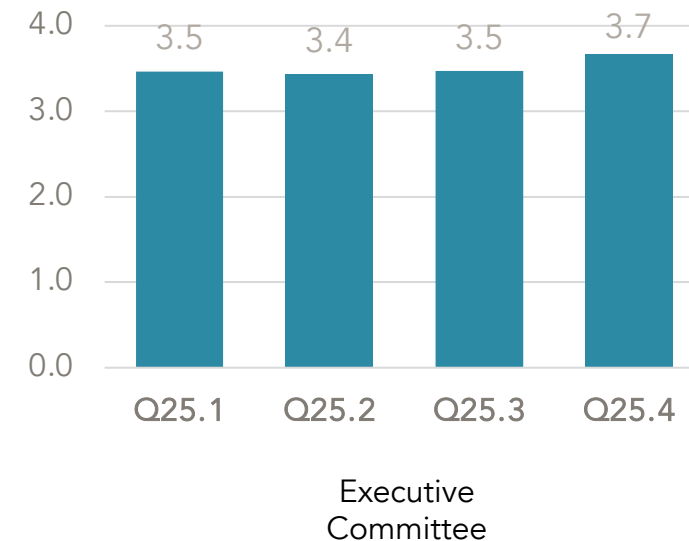


Committee Effectiveness



6. Committees Effectiveness

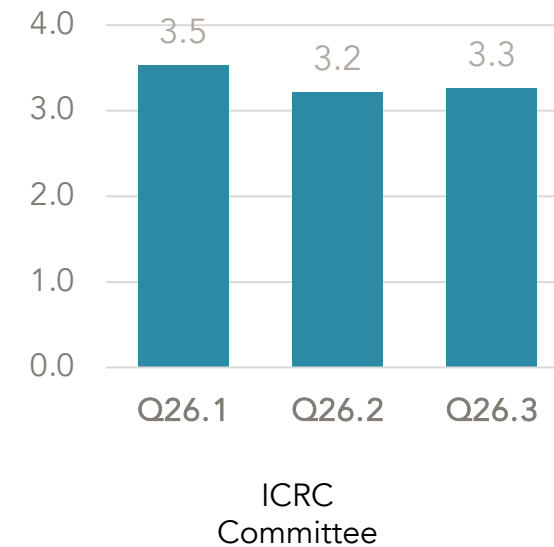
Question		4	3	2	1	N/A	AVG
1. Executive Committee							
Q25.1	This Committee is relevant, has a clear role and clear expectations for its work.	8	6	1	0	2	3.5
Q25.2	This Committee is composed of the right people to execute their responsibilities effectively.	9	6	0	1	1	3.4
Q25.3	This Committee plays a valuable role in supporting Council in its work.	9	7	1	0	0	3.5
Q25.4	The work of this Committee makes Council operate more efficiently.	10	5	0	0	2	3.7





6. Committees Effectiveness

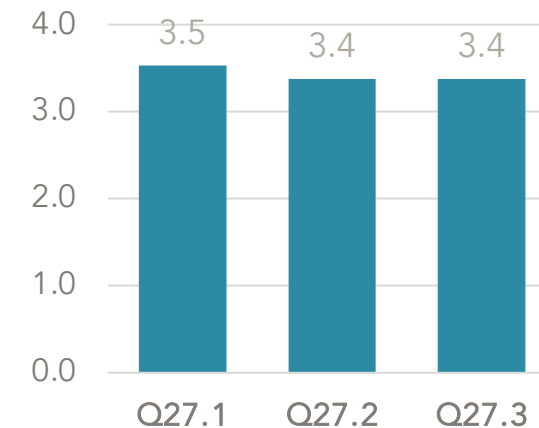
Question		4	3	2	1	N/A	AVG
2. Inquiries, Complaints and Reports (ICRC)							
Q26.1	This Committee is relevant, has a clear role and clear expectations for its work.	8	7	0	0	2	3.5
Q26.2	This Committee is composed of the right people to execute their regulatory responsibilities effectively.	5	7	2	0	3	3.2
Q26.3	This regulatory Committee executes its mandate effectively.	6	8	0	1	2	3.3





6. Committees Effectiveness

Question		4	3	2	1	N/A	AVG
3. Discipline & Fitness to Practise							
Q27.1	This Committee is relevant, has a clear role and clear expectations for its work.	9	8	0	0	0	3.5
Q27.2	This Committee is composed of the right people to execute their regulatory responsibilities effectively.	7	8	1	0	1	3.4
Q27.3	This regulatory Committee executes its mandate effectively.	7	8	1	0	1	3.4



Discipline & Fitness to
Practice Committee



6. Committee Effectiveness

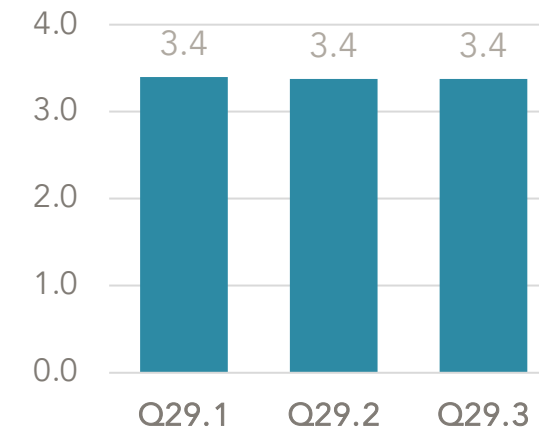
Question		4	3	2	1	N/A	AVG
4. Quality Assurance							
Q28.1	This Committee is relevant, has a clear role and clear expectations for its work.	9	7	0	0	1	3.6
Q28.2	This Committee is composed of the right people to execute their regulatory responsibilities effectively.	8	6	0	0	3	3.6
Q28.3	This regulatory Committee executes its mandate effectively.	9	7	0	0	1	3.6





6. Committee Effectiveness

Question		4	3	2	1	N/A	AVG
5. Registration							
Q29.1	This Committee is relevant, has a clear role and clear expectations for its work.	7	7	1	0	1	3.4
Q29.2	This Committee is composed of the right people to execute their regulatory responsibilities effectively.	6	6	1	0	3	3.4
Q29.3	This regulatory Committee executes its mandate effectively.	6	7	1	0	2	3.4

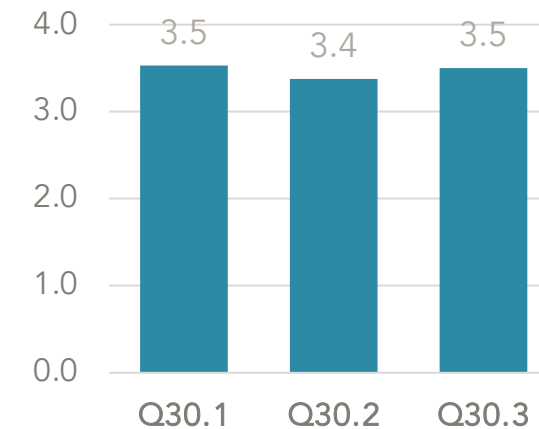


Registration
Committee



6. Committee Effectiveness

Question		4	3	2	1	N/A	AVG
6. Patient Relations							
Q30.1	This Committee is relevant, has a clear role and clear expectations for its work.	7	8	0	0	2	3.5
Q30.2	This Committee is composed of the right people to execute their regulatory responsibilities effectively.	5	8	0	0	4	3.4
Q30.3	This regulatory Committee executes its mandate effectively.	7	8	0	0	2	3.5

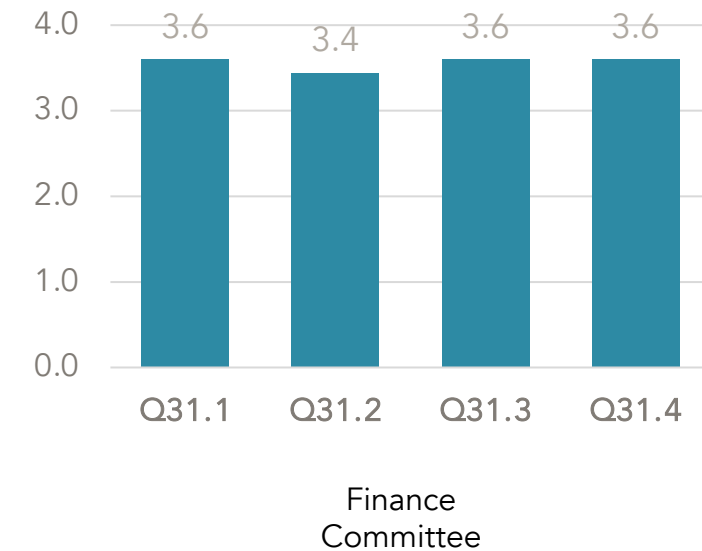


Patient Relations
Committee



6. Committees Effectiveness

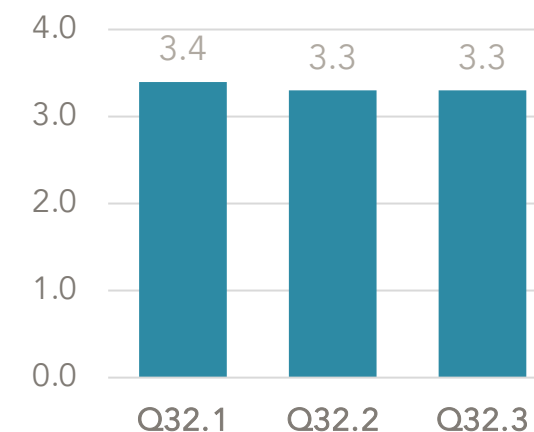
Question		4	3	2	1	N/A	AVG
7. Finance							
Q31.1	This Committee is relevant, has a clear role and clear expectations for its work.	9	7	0	0	0	3.6
Q31.2	This Committee is composed of the right people to execute their responsibilities effectively.	8	7	1	0	1	3.4
Q31.3	This Committee plays a valuable role in supporting Council in its work.	11	6	0	0	0	3.6
Q31.4	The work of this Committee makes Council operate more efficiently.	10	6	0	0	0	3.6





6. Committee Effectiveness

Question		4	3	2	1	N/A	AVG
8. Examinations							
Q32.1	This Committee is relevant, has a clear role and clear expectations for its work.	7	7	1	0	2	3.4
Q32.2	This Committee is composed of the right people to execute their regulatory responsibilities effectively.	5	6	0	1	5	3.3
Q32.3	This regulatory Committee executes its mandate effectively.	5	7	1	0	4	3.3



Examinations
Committee



Thank You

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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	Initial discussion with the Board occurred in September 2025, updates to be presented in December 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.		Complete	Optional sections have been added to BN template to be used as appropriate.

	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.		In Progress	A risk partners map has been developed.
	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.		Complete	Orientation materials were revised for new Director onboarding in June 2024; additional significant updates and streamlining was completed in 2025, and a mentoring process was put in place. Board members also participate in governance training via HRPO. There is also a mid-year check in call in the Fall with the Board Chair based on a new skills assessment that is being rolled out in October 2025 and will help inform education needs. And the annual Board evaluation now occurs at the end of the Board year.
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*	Ongoing	

* = 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 Information

Topic:	Exam Transition Update
Public Interest Rationale:	A stable and reliable examination process provides assurances to the public that physiotherapists possess the requisite knowledge and skills to provide safe, competent, and ethical care.
Strategic Alignment:	<i>Risk & Regulation:</i> Ensuring there is an appropriate and fair licensure process for both Canadian and internationally educated physiotherapists.
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Attachments:	N/A

Issue

- The Board is provided with an update regarding work underway both at the Canadian Alliance of Physiotherapy Regulators (CAPR) as they modernize credentialing services and launch the new Canadian Physiotherapy Exam (CPTE) and at the College as we seek to address capacity issues and wind-down the Ontario Clinical Exam (OCE).

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 2025, 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. As part of this, the Board has also directed that the Provisional Practice Certificate of registration be sunset in time.

Current Status and Analysis

- The Board is provided with an update on (1) CAPR Examination Development and Credentialing Modernization and (2) an update on increasing demand for the OCE.

1. CAPR Updates

Examination Updates

- In September 2025, CAPR received verbal agreement that all regulators had reviewed and agreed to a final version of the SLA. The final version of the SLA did not differ meaningfully from the version considered by the Board of this College in June 2025.
- As a result, the SLA has now been signed and officially establishes the agreement between our College (and all other regulators) and CAPR to designate CAPR as the service provider of credentialing and examination services.
- As previously noted, CAPR has made significant strides towards launching the CPTE in January.
 - A pilot of the CPTE was conducted in September 2025 to inform decision-making prior to the full launch in 2026.
 - The pilot was designed to mimic the experience of the actual exam (e.g., timing, duration, proctoring, etc.).
 - 61 candidates and 98 examiners participated in the process and feedback from both groups was collected through an online survey and additional 1:1 interviews and focus groups are being conducted.
 - The feedback is being analyzed by an external consultant to support adjustments to the exam experience in the short, medium, and long term.
 - It is anticipated that this analysis will result in changes that enhance the exam delivery and to ensure the CPTE is as fair, effective, and practice-relevant as possible.
 - That said, overall feedback indicates that the CPTE's realism, structure, and multimedia integration worked well.
 - Examiner recruitment continues to be strong, with over 500 examiners in the pool and strong interest in supporting both the January and February 2026 sittings of the exam.

- Pre-registration for the January and February 2026 sittings is strong. It is anticipated that at least 120 candidates will challenge the January sitting and over 240 have pre-registered for the February sitting. As part of this, CAPR is investing additional effort to ensure a sufficient number of Canadian trained candidates challenge these exams to support appropriate benchmarking.

Credentialing

- CAPR continues to make progress on the modernization of their credentialing program, particularly as it relates to candidates who are within the standard pathway (i.e., those not eligible for the “Pre-Approved Credentialing Pathway”).
- As the Board will recall, the standard pathway was analyzed as being both insufficient to sufficiently prepare candidates for the exam and to ensure candidates had comparable competence to graduates of a Canadian program.
 - As CAPR moves to better assess candidates and support candidates in assessing their readiness to challenge the CPTE, CAPR has committed to 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.
 - The new pathway has now been renamed the Comparability Evaluation Pathway. A key component of this new pathway is the development of resources needed to help candidates fill gaps that have been identified as part of the evaluation process.
 - CAPR is seeking to work in a staged approach, first identifying existing resources that can be relied upon to fill gaps in knowledge, and then second to build educational materials specific to the credentialing process that can be offered in a modular manner.
 - CAPR is working with bridging programs across Canada to help understand the educational needs and curriculums that exists in these programs to develop a comprehensive picture of the educational needs that may exist.
 - CAPR is also in the process of seeking government grants to help resource the development of this content.
 - Once developed, CAPR will make the educational material available at no additional cost to candidates with modest gaps in education or knowledge. In exceptional circumstances where gaps are more extensive, candidates may be directed to external programs or opportunities at the candidates’ cost and where more significant and supervised training or education is required.

- Additionally, CAPR is partnering with others in the immigration system to help reduce duplication and barriers to credentialing candidates.
 - For example, as part of or in preparation for the immigration process candidates may have already had their credentials evaluated by World Education Services (or an equivalent). CAPR is developing a partnership that allows for candidates to share the outcome of these prior evaluations directly with CAPR. This has the potential to reduce duplication in the process, potential costs to the candidate, and reduce the time it takes to complete distinct processes.
 - CAPR is also exploring becoming a preferred partner with Immigration, Refugees, and Citizenship Canada (IRCC). This would enable IRCC to directly connect individuals to CAPR, streamlining the experience and reducing barriers, duplication, and confusion.

2. OCE Management & Program Wind-down

Update on Capacity

- 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.
 - The launch of the incentive program combined with examiner recruitment has enabled the College to offer at least an additional 230 spots over what was originally planned for FY2026.
- Over the summer, close attention was paid to CAPR registration rates for the remaining sittings of the written exam. As was previously reported, there were no significant upticks in registration at the time of the last report.
- This has changed substantially in the fall as demand for the October and November 2025 written exam dates has been significant with close to 800 individuals registering for those dates and over 500 of those candidates expressing an interest in working in Ontario should they be successful in completing the written exam.
- This surge in demand is being analyzed to determine how the College can adjust or increase capacity to meet the potential demand.
 - Based on the enrollment numbers and information regarding pass rates, staff are creating forecasts to support planning and capacity adjustments.
 - At this time, it is anticipated that adjustments will be possible that enable the College to meet this increased demand through careful management of the examiner pool and the use of the planned incentive.

- Staff are monitoring the results of the November 2025 written exam and anticipate additional information on December 9th that will inform a final assessment of the total OCE demand that exists and how the College will be able to respond.
- The College has communicated that availability of re-takes will be dependent on the availability of spots in the exam. Based on initial forecasts, it is unlikely that those challenging the exam in 2026, and who are unsuccessful, will be able to re-take the OCE. The College remains committed to ensuring every successful candidate from the November 2025 written exam who registers in the Provisional Practice Class with the College by the end of January 2026 will have the opportunity to challenge the OCE once.
- At the same time, the CPTE will be offered more frequently than the OCE in 2026. CAPR is guaranteeing everyone a seat for their preferred date.
 - Given the respective availability of the CPTE and the OCE, candidates will be able to complete the licensure process faster by challenging the CPTE.
 - While the regular registration fee for the CPTE is \$2,500, CAPR is offering a reduced rate of \$1,800 throughout 2026 for candidates that have previously passed the written exam. The OCE registration fee is \$1985.
 - This may inform candidate decision-making as they contemplate their route forward coming out of the November written exam and could result in changes in demand for the OCE.

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 continue to assess capacity challenges with the OCE and keep the Board informed about our ability to manage the increasing demand.

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?