

MEETING OF THE BOARD OF THE COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Meeting Schedule

Education Session (Closed)

Thursday, March 26, 2026 | 9:00 – 10:30 a.m.

Board Meeting (Public)

Thursday, March 26, 2026 | 10:45 – 4:00 p.m.

Board Meeting (Public)

Friday, March 27, 2026 | 9:00 – 2:30 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.	<p>Introduction to Neurodiversity <i>(Louise Gleeson)</i></p> <p>The Board and Committee members will be provided with an introduction to neurodiversity, why it is important and how it intersects with their work.</p>
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Thursday, March 26, 2026

Item	Time	Topic	Page	Purpose
*	10:45 a.m.	<p>Welcome and Call to Order <i>(K. Schulz)</i></p> <ul style="list-style-type: none"> • Roll Call • Territory Acknowledgement 	N/A	N/A
1.	10:50 a.m.	<p>Review and Approval of the Agenda <i>(K. Schulz)</i></p>	1-7	Decision
2.	10:53 a.m.	<p>Declaration of Conflicts of Interest <i>(K. Schulz)</i></p> <p>Following approval of the Agenda, Directors are being asked to declare any known conflicts of interest with the Agenda.</p>	8	Discussion
3.	10:55 a.m.	<p>Approval of the Consent Agenda <i>(K. Schulz)</i></p> <ul style="list-style-type: none"> • Approval of December 8-9, 2025, Board Meeting Minutes • Executive Committee Report • Risk, Audit and Finance Committee Report • Screening Committee Report 	9-22	Decision
4.	10:57 a.m.	<p>Chair's Report <i>(K. Schulz)</i></p> <p>The Board is provided with an update regarding key activities and initiatives.</p>	23-24	Information



5.	11:05 a.m.	Registrar's Report <i>(C. Roxborough)</i> The Board is provided with an overview and update regarding key activities and initiatives.	25-47	Information
6.	11:40 a.m.	Governance Practices Review Refresh Update <i>(C. Roxborough & M. Berger)</i> The Board will be engaged in a follow-up discussion regarding the feedback received as part of the governance practices review refresh.	48-59	Discussion
*	12:15 p.m.	Lunch (45 Minutes)	N/A	N/A
7.	1:00 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.	60	Decision
8.	1:45 p.m.	General Regulation Modernization: Retired Class Update <i>(M. Berger & E. Ermakova)</i> The Board will be provided with an update regarding the potential draft amendments to the <i>O. Reg 532/98 General</i> to establish a Retired Class for consultation.	61-100	Decision
*	2:15 p.m.	Break (15 Minutes)	N/A	N/A

9.	2:30 p.m.	Chair, Vice-Chair and Executive Committee Election <i>(C. Roxborough)</i> The Board will elect their Chair, Vice-Chair and Executive Committee for the 2026-2027 Board year.	101-117	Decision
10.	3:15 p.m.	Introduction to the Indigenous Registration Pathway of the College of Midwives <i>(Nancy Tran & Sue Eckenswiler)</i> The Board will be provided with information about the new registration pathway for Indigenous midwives.	118-119	Education
*	4:00 p.m.	Adjournment of Day One		

Friday, March 27, 2026				
Item	Time	Topic	Page	Purpose
11.	9:00 a.m.	Canadian Alliance of Physiotherapy Regulators Update <i>(Dave Clements)</i> Dave Clements, CEO, will provide the Board with an update about the Canadian Alliance of Physiotherapy Regulators.	120	Information
12.	10:00 a.m.	Controlled Acts Primer <i>(M. Berger and M.C. Fraser Saxena)</i> The Board will be provided with an introduction to the Controlled Acts physiotherapists have access to, the legal framework and the practical considerations.	121-124	Information
*	10:30 a.m.	Break (15 Minutes)	N/A	N/A
13.	10:45 a.m.	Approval of Controlled Acts Standard for Consultation <i>(E. Ermakova)</i> The Board is being asked to approve the draft Controlled Acts Standard for circulation.	125-133	Decision

14.	11:15 a.m.	<p>FY2026 Q3 Financial Report <i>(M. Catalfo)</i></p> <p>The Board will be provided with an update on the College’s Q3 financial performance.</p>	134-151	Information
15.	11:30 a.m.	<p>Approval of the 2026-2027 Budget <i>(F. Massey, C. Roxborough & M. Catalfo)</i></p> <p>The Board is asked to review and approve the proposed budget for Fiscal Year 2026-2027.</p>	152-206	Decision
*	12:15 p.m.	Lunch (45 Minutes)	N/A	N/A
16.	1:00 p.m.	<p>Discussion: Board Meeting Structure <i>(C. O’Kelly)</i></p> <p>The Board will be provided with information to anchor a discussion about the Board meeting structure and whether changes should be considered.</p>	207-217	Discussion
17.	1:45 p.m.	<p>Exam Transition Update <i>(C. Roxborough & A. Ashton)</i></p> <p>The Board will be provided with an update regarding the transition to the new Canadian Physiotherapy Exam.</p>	218-220	Information
18.	2:15 p.m.	<p>Ratification of Academic Director <i>(C. O’Kelly)</i></p> <p>The Board is being asked to ratify the appointment of a new Academic Director.</p>	221-226	Decision
19.	2:25 p.m.	<p>Committee Slate Amendment <i>(C. O’Kelly)</i></p> <p>The Board will be asked to approve an amendment to the Committee Slate.</p>	227-242	Decision
*	2:30 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
March 26-27, 2026

Agenda #1.0: Review and Approval of the Agenda

It is moved by

_____ ,

and seconded by

_____ ,

that:

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

2.0 Declaration of Conflicts of Interest
Katie Schulz

Board Meeting
March 26-27, 2026

Agenda #3.0: Approval of the Consent Agenda

It is moved by

_____ ,

and seconded by

_____ ,

that:

The following items be approved by the Board:

- December 8-9, 2025 Board Meeting Minutes
- December 8-9, 2025 In Camera Board Meeting Minutes

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

Monday, December 8 and Tuesday, December 9, 2025
The College Boardroom & Virtually via Zoom

Public Director Attendees:

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

Professional Director Attendees:

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

Guests:

Tyler Graham, RBC
Jasdeep Dhir, McMaster University
Lisa Carroll, CPA
Bradley Chisholm, The Regulators
Practice

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
Fiona Campbell, Senior Physiotherapist
Advisor

Recorder:

Caitlin O'Kelly, Governance Specialist

Monday, December 8, 2025

Welcome and Call to Order

K. Schulz, Board Chair, called the meeting to order at 10:15 a.m. and welcomed Directors, staff, and invited H. Weber 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 D. Ng and seconded by F. DePalma 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.

H. Weber declared a conflict with item *14.0 Motion to go in camera pursuant to section 7.2(b) of the Health Professions Procedural Code.*

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

3.0 Approval of the Consent Agenda

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

Motion 3.0

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

The following items be approved by the Board:

- September 25-26, 2025 Board Meeting Minutes
- September 26, 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 September Board meeting, including a summary of results of the post-Board meeting survey and the mid-year Director check in calls.

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. The College has completed internal preparations, including IT changes, and is ready to implement the framework once government enacts the necessary regulatory changes.

The Board also received an update on the Ministry's consultation regarding expansion of physiotherapists' scope of practice to include certain diagnostic imaging procedures. The College has expressed broad support for the proposed changes and is preparing operational processes to enable rostering, integrate oversight into quality assurance programs, and develop guidance for registrants.

6.0 Code of Conduct Updates & Disqualification Process

M. Berger, Director Policy, Governance & General Counsel, and C. O'Kelly Governance Specialist, presented proposed revisions to the Code of Conduct and the establishment of a disqualification process for Directors and Non-Board Committee members. The purpose of these revisions is to consolidate procedural steps for addressing conduct and disqualification matters and to update the Code of Conduct to reflect clear expectations for Board and committee members.

The Board reviewed the draft revisions and discussed questions related to procedural transparency, meeting participation requirements, and alignment with equity, diversity, and inclusion principles. Staff confirmed that current requirements remain unchanged and that proceedings would occur in a public forum, subject to limited exceptions. The Board directed staff to circulate the revised Code of Conduct and disqualification procedure and obtain updated declarations from all Board and committee members.

Motion 6.0

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

CARRIED.

J. Finn left at 11:55 a.m.

7.0 Updated Strategic Plan for 2026-2030

J. Huang, Director, Strategy, presented the draft Strategic Plan for 2026–2030. The plan outlines the College’s priorities and strategic direction for the next four years, building on previous initiatives and incorporating feedback from prior consultations.

The Board discussed the language within the plan, including terminology in the equity, diversity, and inclusion section. The Board agreed to retain the term “indigenization” to reflect commitments to reconciliation, with the understanding that a definition will be provided in supporting materials.

Motion 7.0

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

The Board approve the Strategic Plan for 2026-2030.

CARRIED.

J. Finn returned to the meeting at 1:00 p.m.

8.0 Priorities and Initiatives for FY2026-2027

J. Huang and C. Roxborough presented the proposed priorities and initiatives for FY2026–2027, developed through operational planning to align with the Strategic Plan. The purpose of this item was to seek Board feedback on whether the priorities reflect strategic objectives and to identify any gaps.

The Board discussed the integration of data strategies to support risk-based regulation, including opportunities to use data to inform initiatives and improve forecasting. The Board also considered the relationship between operational planning and the risk register, noting the importance of ensuring these tools inform one another. The Board discussed approaches to supporting internationally educated physiotherapists beyond initial integration, emphasizing the need for ongoing communication and resources. Questions were raised regarding clarity in linking financial modernization initiatives to operational planning and budget forecasting. Staff confirmed that the operational plan, strategic plan, and budget are aligned for implementation beginning April 1, 2026.

Staff will incorporate feedback into the operational plan and continue to refine linkages between risk management, financial planning, and strategic priorities.

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

Motion 9.0

It was moved by G. Rehan 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 1:27 p.m. and returned to the open session at 1:42 p.m. It was noted that there were no decision items to be recorded publicly.

10.0 Committee Slate Amendment

Motion 10.0

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

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

CARRIED.

11.0 Appointment of the Auditor

Motion 11.0

It was moved by G. Rehan and seconded by F. DePalma that:

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

CARRIED.

12.0 FY2026 Q2 Financial Report

M. Catalfo, Director Finance, provided the Board with an update on the College's Q2 financial report.

J. Finn, H. Weber and S. Dufour left the meeting at 2:00PM.

13.0 Review of College Investments

The Board reviewed the College's investments as part of its ongoing financial oversight. Tyler Graham of RBC Dominion Securities presented a detailed analysis of the College's investment portfolio, which is composed entirely of fixed income instruments with the highest credit ratings. T. Graham provided an overview of the market environment, inflation trends, and interest rate movements, explaining how these factors impact the College's portfolio. The session concluded with assurances that the current portfolio is aligned with the College's financial objectives and provides a stable foundation for its reserves.

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

Motion 14.0

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

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

CARRIED.

The Board entered an in-camera session at 2:37 p.m. and then recessed for the day at 3:26 p.m., to reconvene in the open session at 9:00 a.m. on Tuesday, December 9, 2025. During the in-camera session a motion was passed related to the College's Investments Strategy Policy.

Tuesday, December 9, 2025

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

14.0 Profile of the Profession

The Board received a presentation providing information on the current profile of the physiotherapy profession and recent trends. Joyce Huang presented findings from the College's analysis of registrant demographic and practice data. Jasdeep Dhir from McMaster University shared research on representation in the profession, highlighting under-represented groups and implications for access to care. Lisa Carroll from the Canadian Physiotherapy Association provided insights from public polling on expectations for the future of physiotherapy care in Canada.

The presentations informed discussion on factors influencing supply and demand, equity considerations, and opportunities for future policy development.

15.0 Update – Guidance for Managing Boundary Challenges in Close-Knit Communities

E. Ermakova, Policy Analyst, provided an update requested at the previous meeting on the College's analysis of boundary challenges in close-knit or small communities. The update outlined guidance intended to assist physiotherapists in maintaining professional judgment and objectivity in situations where close personal relationships may be unavoidable.

The Board discussed documentation requirements in these circumstances, including informed consent and any changes to care. It was suggested that these requirements be reflected in future guidance, including with the Documentation Standard, to ensure consistency.

16.0 Final Review of Supervision Standard for Approval

E. Ermakova, Policy Analyst, presented the Supervision Standard for final review following consultation and summarized the feedback received. The Board was asked to approve the standard for implementation in Ontario, effective February 1, 2026.

The Board reviewed the draft standard and discussed questions regarding the definition of reassessment. It was confirmed that the guidance will provide clarity on what constitutes reassessment within the supervision framework, and staff noted that companion resources, including FAQs and plain-language examples, will be developed to support registrants in applying this requirement.

Motion 16.0

It was moved by G. Rehan and seconded by F. DePalma 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.

CARRIED.

17.0 Exam Transition Update

C. Roxborough, and A. Ashton, Deputy Registrar & Chief Regulatory Officer, presented an update on the transition to the new Canadian Physiotherapy Exam. The update outlined progress on key milestones, including the successful pilot administration in September

and preparations for the January and February exam administrations. No concerns were identified regarding financial viability or operational readiness, and the service agreement provides mechanisms for review if required.

The Board also considered implications for the wind-down of the Ontario Clinical Exam (OCE). The OCE will continue through 2026 to provide a buffer during the transition, with sufficient examiner capacity and increased candidate spots to meet current demand. Lessons learned have been shared with the national provider, and planning for program close-out and archival of materials is underway.

R. O'Brien left the meeting at 12:00 p.m.

18.0 Governance Practices Review Refresh

The Board welcomed Bradley Chisholm from The Regulators Practice to facilitate a refresh of the Governance Practices Review. It has been two years since the original report, and the Board has made significant progress on many of the recommendations. As the College finalizes its 2026–2030 Strategic Plan, this session provided an opportunity to revisit remaining recommendations, identify priorities for the next planning cycle, and consider which items have been completed or are no longer required. The purpose of the discussion was to provide staff with direction on areas for further exploration.

The Board received an overview of current governance practices and engaged in discussion and breakout sessions to identify priorities. While many topics were explored, key themes included fee-setting principles, Board composition and term limits, governance structure, Board support and development, and meeting structure. Directors were also invited to provide additional reflections through the post-meeting survey. Staff will incorporate these directions into planning and bring forward options for further discussion at a future meeting.

19.0 Adjournment of Meeting

G. Rehan moved that the meeting be adjourned. The meeting was adjourned at 2:28 p.m.

Katie Schulz, Chair

EXECUTIVE COMMITTEE REPORT

Meetings

Date:	February 26, 2026
Meeting Purpose	Regularly scheduled meeting to preview items that will go forward to the Board at the March Board meeting.
Chaired By:	Katie Schulz

Summary of Discussions and Decisions:

Feedback on materials to the Board:

- Governance Practices Review Refresh: The Committee was provided with an update regarding the governance practices review refresh and provided feedback to staff.
- Board Meeting Structure: The Committee was provided with materials to support a discussion regarding the current Board meeting structure and provided feedback to staff.
- General Regulation Modernization – Retired Class: The Committee provided feedback to staff on materials regarding the potential establishment of a Retired Class prior to the materials being presented to the Board for approval for consultation.
- Controlled Acts Standard: The Committee provided feedback regarding proposed updates to the Controlled Acts Standard prior to presentation to the Board for approval for consultation.
- Exam Transition 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.

Recommendations to the Board:

- Committee Slate amendment: The Committee recommended that the Board amend the Committee Slate to appoint John Belyea to the Inquiries, Complaints and Reports Committee and to remove Mark Heller.
- Annual Registrar’s Performance Assessment: The Committee recommended the Registrar’s 2025-2026 Performance Assessment report to the Board.

Decisions made within Executive Committee’s authority:

- *None.*

Other:

- Chairs's Report: Received for information.
- Registrar's Report: Received for information.
- Fiscal Year 2027 Budget: Received for information.
- Committee Slate Planning: The Committee engaged in a discussion about the development of the 2026-2027 Committee Slate and provided direction on recruitment needs and succession planning consideration to support decision-making at the May meeting.

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:	February 12, 2026
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.
- Q3 Financial Report: The Committee reviewed the financial statements for the third quarter of the fiscal year 2026, covering the period October 1, 2025 – December 31, 2025.

Recommendations to the Board:

- Fiscal Year 2027 Budget: The Committee recommended that the Board accepts the proposed FY2026-2027 budget.

Other:

- RAFC Update Report: Report received for information. The report outlined activities and initiatives underway within the finance department, including initial information regarding the forthcoming implementation of the College's recently approved investment strategy.

SCREENING COMMITTEE REPORT

Meetings:

Date:	February 23, 2026
Meeting Purpose	Regularly scheduled meeting.
Chaired By:	Theresa Stevens

Summary of Discussions and Decisions:

Other:

- **Committee Orientation:** As this was the Committee's inaugural meeting, members received an orientation to the Committee's mandate, role in the Board election process, and an overview of the applicable governance documents.
- **Candidate Eligibility Review:** The Committee reviewed candidate eligibility for the 2026 Board Elections against the applicable By-law and policy requirements, confirmed eligibility where requirements were met, and directed staff to request amendments to candidate statements where required to address issues identified by the Committee prior to further consideration.

Feedback on materials to the Board:

- None.

Recommendations to the Board:

- None.

Date:	February 27, 2026
Meeting Purpose	Follow up meeting to review revised statements.
Chaired By:	Frank DePalma

Summary of Discussions and Decisions:

Other:

Candidate Eligibility Review: The Committee reviewed amended candidate statements submitted in response to the revisions requested and confirmed candidate eligibility where the applicable By-law policy requirements were met.

Feedback on materials to the Board:

- None.

Recommendations to the Board:

- None.

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

- The College welcomed John Belyea, a new Public Director who was appointed to the Board for a 3-year term that began on January 15, 2026. This means that the College has a full slate of Public Directors.
- Quarterly Committee Chair check-in calls were conducted in March.

Partner Engagement

- The Chair, along with Board Director Kate Moffett and Registrar & CEO Craig Roxborough, participated in an Elections Webinar hosted by the College on January 28th. The session provided an opportunity to answer questions and share information about the role and commitments of Board Directors. Four attendees joined live, and a recording of the webinar has since been posted online, where it has received 25 views at the time of writing.
- The Chair and the Registrar attended the AI in Regulation 2026 Conference hosted by MDR Strategy Group on February 2-3, 2026. This event brings together regulators and policymakers to discuss how artificial intelligence is shaping regulatory practice and public-interest oversight. Key takeaways include:
 - AI is a quickly evolving area that may introduce potential risks in the regulatory space for all parties (staff, registrants, and the public) and Colleges have the opportunity to consider this when updating policies, risk registers, and guidance to the profession
 - There are safe ways to use AI to enhance efficiencies within the organisation, if proper safeguards are put in place

Feedback from the December 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 68% (11/16) completion rate.

- Overall feedback was positive. All respondents reported having sufficient time to review the Board package, felt the agenda provided an appropriate balance of items, and agreed the meeting was effectively facilitated by the Chair. Briefing Notes were seen as clear and comprehensive.
- Respondents generally felt their views were heard and that discussions allowed for a range of perspectives, though one noted limited time for deeper dialogue following presentations.
- The Chair's and Registrar's reports were considered informative and helpful for understanding governance activities, College operations, and emerging sector issues.
- Education sessions were widely regarded as useful, relevant, and informative, with several noting strong value in learning about other regulatory bodies, sector trends, and professional demographics. Some suggested education sessions should be standalone to preserve meeting focus and energy.
- Suggested future education topics included governance practices and meeting structures, competency-based appointments, cybersecurity and AI, cross-provincial comparisons, evolving models of physiotherapy practice, and content on neurodiversity and communication.
- Additional comments emphasized the meeting's efficiency and strong facilitation. Some suggested scheduling guest speakers earlier in the day, and several noted no further improvements were needed.
- Thank you to those who provided feedback. Comments are always read and considered carefully when determining where future actions can be taken.

BOARD BRIEFING NOTE
For Information

Topic:	Registrar’s Report
Public Interest Rationale:	Regular reports to the Board on College activities and performance support the Board’s oversight role to ensure the College is fulfilling its public interest mandate.
Strategic Alignment:	<i>Performance & Accountability:</i> Implementing strong governance structures and information sharing to enable informed decision-making.
Submitted By:	Craig Roxborough, Registrar & CEO
Attachments:	Appendix A: Q3 2025-2026 Dashboard Appendix B: Practice Advice Trends Report for October-December 2025 Appendix C: Risk Register

Issue

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

Decision Sought

- None, this item is for information.

Current Status

- What follows is a non-exhaustive list of relevant activities, regulatory trends, organizational risks, and/or environmental developments to support the Board in discharging their oversight responsibilities. The updates are organized in relation to each pillar or commitment within the College’s [Strategic Plan](#).

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

Implementation of “as of right” framework for physiotherapists

- The “As of Right” framework enabling physiotherapists registered in other Canadian jurisdictions to practice in Ontario while awaiting registration went into effect January 1, 2026.
- Operationally, the College was ready for this go-live date with all applications and information available on the College’s website.
- Communications material was also distributed to the profession and to employers through College newsletters notifying them of this change and identifying pertinent information for those considering hiring an “As of Right” physiotherapist.

- All physiotherapist regulators across Canada were also made aware of the pending change and communications material distributed within Ontario was shared with each College so they had the same baseline information.
- To date, only one individual has applied for licensure through the “As of Right” framework and their application was approved and paid for within days.
- It is anticipated that updated guidance from the Ministry of Health will be published in the short-term. Engagement between the Colleges and the Ministry of Health on these updates has been positive and fruitful. As a result, it is anticipated that the updated guidance will address many of the concerns raised by Colleges, including those raised by this College.

Transition to the Health Professions Discipline Tribunal (HPDT)

- The College is now actively working as a part of the HPDT, which has grown to 10 Colleges.
- The transition has focused primarily on providing training and education to the Experienced Adjudicators and to committee members. This includes conducting an education session to provide background on the profession of physiotherapy, information regarding key expectations in standards, and the College’s historical approach at discipline to the Experienced Adjudicators.
- As with any transition, there have been changes in process that require navigating to ensure smooth operations. There is good communication between the College and HPDT staff to resolve these differences in approach.
- The HPDT is also continuing to evaluate its processes, including receiving internal and external feedback or review. The Registrar of this College is helping the HPDT to develop a focus group engagement activity with the Citizen Advisory Group to elicit feedback regarding the collaborative and public perceptions of its approach to discipline.

Update on the proposal to expand scope of practice

- The Ministry consultation on expanding scope of practice for many regulated health professions closed on November 3, 2025.
 - This consultation included proposals to allow many regulated health professions to order diagnostics, but also included changes that would allow psychologists to prescribe medication in certain circumstances and optometrists to perform minor surgical procedures.
- No updates are available regarding the next steps for the Ministry of Health on these proposed changes. The College understands that *substantial* feedback was received as part of the consultation and time is required to carefully consider next steps.

- Notwithstanding the uncertainty regarding next steps, the College continues to move forward with preparations.
 - Operational kick-off meetings occurred so that all impacted departments could analyze the impacts of the change and implement workback plans to operationalize those changes once a go-live date is provided.
 - Guidance to the profession to support safe and competent roll-out of this new authority is being developed, with a draft circulating internally for initial review.

Release of New Standards and Guidance

- To support awareness of new standards and integration into practice, we promoted the new Supervision Standard before it took effect on February 1, by:
 - Highlighting the standard and the implementation date in the [December](#) and [January](#) Perspectives newsletter and in a [standalone email](#) sent to all registrants.
 - As of this writing, the Supervision Standard has been viewed by over 4,500 users.
- To support understanding and application of the Group 5 standards (Boundary Violations, Sexual Abuse, and Supervision), the College hosted a webinar on January 29 where members of the policy and practice advice teams provided an overview of the standards' content and how they apply in practice.
 - Over 100 individuals attended the webinar live, and it has been viewed over 260 times on the College's YouTube channel.

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 Q3 is attached in Appendix B.

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

Health Profession Regulators of Ontario (HPRO) Working Groups

- Recently HPRO established four working groups to support collaboration and information sharing across the health regulatory colleges relating to Equity, Diversity, Inclusion and Indigenization (EDII) initiatives.
 - The College's Director of Strategy is now a member of the HPRO working groups focused on tool development and data collection relating to registrants.

- The College's Director of Policy, Governance & General Counsel is a member of the HPRO working groups focusing on Indigenous Cultural Competence and governance through an EDI lens.

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 four PTA programs in November and February where we connected with over 130 PTA students.
 - The College continues to engage with PT students to help raise awareness and understanding about professional issues and expectations during their education.
 - In November, the Practice Advice Manager led a workshop on Professional Boundaries with Queen's University students.
 - In December, the Registrar attended an in-person session at Western University to welcome first year students and introduce them to the role of the regulator.
 - In January and February, members of the Practice Advice team led three sessions with University of Toronto students (first and second year) on the topics of Business Practices, Informed Consent and Professional Boundaries.
 - The College and Ontario Physiotherapy Association (OPA) hosted a joint webinar in January, as a virtual version of our road show event, with 70 attendees.
- The College is also working with the OPA to participate in a webinar on the use of AI in practice, to bring greater attention and awareness to the College's guidance in this regard.

Joint CAPR and College Webinar

- To support awareness and understanding regarding the transition to the Canadian Physiotherapy Exam (CPTe) and the new pathway to licensure, the College and CAPR hosted a joint webinar. A total of 168 individuals attended the session live.
- The intention was to provide general information and an opportunity to answer questions about the changes in the examination process and how the pathway to licensure looks without provisional practice. The College approached CAPR with this opportunity as we saw the need to bring greater clarity to the licensure process for those who are considering practicing in Ontario or graduating from Ontario universities in the summer/fall of 2026.

Collaboration with system partners

- The College is pursuing opportunities to collaborate with other regulators to provide learning and supports staff. This includes hosting a webinar about trauma-informed care, and conducting staff training relating to mental health and wellness.
- The College is also leveraging partnerships to support the profession through future guest blogs featuring external experts in the areas of providing culturally safe care to Indigenous patients and providing inclusive care to LGBTQ2S+ patients.

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.

Staff Engagement and Turnover

- The College's Employee Net Promoter Score is within the 'excellent' category having increased to 74 in the past quarter.
- Our staff turnover rate has remained stable for the past four quarters, the annualized turnover rate is now back to historical levels and is below 5%.

Office space update

- Significant work is underway to finalize the redesign of the existing space in order to maximize utility for the three shared Colleges. This includes scoping out furniture and technology needs.
- Construction work has begun and the project timeline continues to strive towards a summer completion with full occupancy occurring in the fall of 2026.

Retirement Program Investment Options

- The selection of investments in the College's defined contribution retirement program was recently enhanced to provide staff with new funds in keeping with our commitment to EDII. More specifically, new investment options exist that prioritize Ethical investing or that are consistent with Islamic principles.

Respect Certified

- As part of the College's commitment to psychological health and a respectful workplace, all employees completed the *Respect in the Workplace* training program, which empowers staff with the skills to prevent bullying, abuse, harassment, and discrimination.
- This achievement has resulted in the College attaining *Respect Certification*, reinforcing our leadership in fostering a safe and inclusive work environment. As the College is now certified, we are able to put the certifying body's logo on the College's career page.

Performance & Accountability: Implement strong corporate structures & systems that include effective data, technology, & processes to enable informed decision-making & progressive corporate performance to extend CPO's work & impact.

Dashboard performance

- The Q3 dashboard is attached in Appendix A. Below is commentary on dashboard metrics that had a notable change in Q3:
 - *Complaints disposition:* The complaint disposition timeline improved in Q3, helping to drive up the year-to-date performance metric.
 - The volume of decisions continues to be high following a change to a panel structure within the Inquiries, Reports, and Complaints Committee (ICRC). In Q3, 29 complaints decisions were released representing the highest output over the last four quarters.
 - It is worth emphasizing that performance on this metric has not significantly slipped despite observing increasing volumes. By Q3 of FY2026, over 300 concerns have been received and 67 complaints were resolved through the investigative process compared to 355 concerns and 45 resolved complaints for all of FY2025.
 - While the absolute numbers have increased, the ratio of concerns/investigations per registrant has remained relatively stable. The sustained increase in the number of registrants is leading to increased volume overall.
 - Changes continue to be made that are intended to, over time, positively impact this metric. For example, increasing decision-writing capacity and rolling out new internal dashboards the track each component of an investigation.
 - *Registration Application Approval/Referral timeline:* Most instances where the target timeline is missed are due to delays on the applicants' side (i.e., waiting for required documents, paying the fee) although some of the delays in the past quarter resulted from waiting on OCE date assignment prior to issuance of a provisional practice certificate.

Risk Registry

- An update to the College's risk register was prepared for the Risk, Audit, and Finance Committee (RAFC) (see Appendix C). Only one substantive change was made to the ratings associated with each risk statement.
 - Risk statement #12 pertaining to Public Member appointments saw the likelihood rating increase to 3.5 in the spring of 2025. Since then, three-year appointments have been received for each Public Member renewal, N. Madhvani's appointment has been revoked, and a new Public Member (J. Belyea) has been appointed. The next set of renewals do not occur until 2027. For these reasons, the College is experiencing a period of stability and so

the likelihood rating has been reduced to 2.5. This did not change the final rating categorization.

- Additionally, the RAFC was provided with a significant mitigation activity relating to cybersecurity that occurred since the last report.
 - The College has recently updated its cybersecurity insurance to improve coverage, increases provider responsiveness should an event occur, provide individual (not pooled) coverage, and provide insurance against long-term financial costs.
- The RAFC will be engaged in a review and update of the Risk Register in the spring/summer of 2026 to align with the new strategic plan and ensure it remains fit for purpose.

Artificial Intelligence Implementation and Governance

- The College has adopted Microsoft Copilot as its AI tool and has established a governance framework that ensures security and human accountability are maintained.
 - Microsoft Copilot is a software option within the Microsoft ecosystem that already serves the College. As a result, the tool can be implemented in a manner that preserves all security measures currently in place and that govern how the College manages and stores information.
 - For example, all College documents and data are stored within Microsoft SharePoint and/or the Dynamics CRM. These systems have been set up in a manner that preserves the College's ownership and control over the information and provides significant protection against cybersecurity risks. Within these systems, protocols are established that limit or restrict internal access on a 'need to know' basis among all employees (e.g., personnel information is highly restricted).
 - Copilot replicates these limitations and is secure from external view in precisely the same way as all other College Microsoft tools. The College's information is not 'scrubbed' or used by Microsoft, although some reports are generated, for example, to support software updates or identify causes of software failures.
 - As a result, the College has implemented AI in a manner that operates as a closed system. All College data is restricted and maintained within our system. The College does enable AI to pull information from outside the College's system to support AI analyses or outputs, but it does not permit information to leave the College's system from within the tool itself.
- From an employee perspective, the College has also established a new internal policy governing the use of AI. The policy has some core requirements that ensure the College's use of AI is responsible and secure:
 - Employees must *only* use the College provided AI tool with College information;

- Employees are responsible for reviewing and validating the information produced by the AI tool (i.e., human-in-the-loop requirement) and ultimate accountability is with the employee;
 - Employees can use AI to automate repetitive tasks, enhance productivity, and *support* decision-making; and
 - Employees must disclose the use of AI in outward facing materials where the use would be material on the outcomes or public trust in the College.
- The College has also provided base level training to support staff in utilizing the tool effectively.
 - An inventory of all use-cases to date is being developed across the organization to support oversight and learning across departments.
 - From a governance perspective, staff recognized that the use of AI by Board and Committee members is not currently addressed in the College's governance policies. As part of a review and update of the Confidentiality policy, staff will propose expectations and guidance to support Board and Committee members in this regard.

Launching the New Strategic Plan

- Staff are in the process of developing a strategic plan roll-out to support increasing awareness among registrants, system partners, and internally with staff.
 - A promotional video is being produced for publication on the College's website and social media channels;
 - Staff training on the new plan has occurred to socialize the key concepts and provide assistance in understanding how to translate the College's program areas.

Continuous improvement initiatives

- Different teams across the College are regularly pursuing continuous improvement initiatives to improve the effectiveness and efficiency of our processes.
 - The College's finance process continued to be modernized and automated. For example, each month approximately 80 individual transactions for College Assessors are processed, requiring individual invoices to be inputted into the College's accounting software and processed for payment. A collaboration across Finance, IT, and Quality Assurance teams developed an automated process that occurs twice monthly, reducing the time taken from 5 hours to 20 minutes for each cycle.
 - The Quality Assurance Committee recently approved policies that enable staff to close assessment files in carefully circumscribed instances where no risks have been identified or the appointment of assessors. This enables the Committee to focus their attention on matters requiring judgement and for the expertise of the committee to be exercised.

- To support effective communication and continued learning among our Quality Assurance assessors, the College recently launched a dedicated Microsoft Teams messaging channel for this group. Assessors can collaborate with the QA Team and other Assessors in real time. They are encouraged to ask questions and share insights.
- Teams in the College use an issues coding taxonomy to ensure consistent and high-quality data that can be used for analysis.
 - An updated issues coding taxonomy was released in early 2026 that aligns with new standards and tracks emerging issues like AI.
 - As one of the heaviest users of the coding taxonomy, the Practice Advice team conducts a monthly exercise to ensure team members understand and apply the coding categories consistently.
- Following the business process review last year, the Professional Conduct team is continuing to implement various improvements to their processes and practices. This includes implementing specialized investigation streams within the team to manage case loads and improve standardization and conducting a compassionate language review of all templates.

College Performance Measurement Framework (CPMF)

- The CPMF is paused for the 2025 calendar year while the Ministry and representatives from the regulatory Colleges consider refreshing and updating the reporting framework and tool.
- Notwithstanding this pause, the Colleges have been asked to track their data for the calendar year should that need to be reported at a future date.
- At the same time, the College is pulling together a high-level summary of key projects or initiatives that would be relevant should we ever be required to provide responses with respect to 2025.

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:
 - College staff participated in an important educational session featuring a powerful virtual tour of the Former Mohawk Institute Indian Residential School. The experience offered staff an opportunity to gain a deeper understanding of the history and legacy of residential

schools in Canada, told through the voices of Survivors and guided by the Woodland Cultural Centre.

- College staff participated in a “Neurodiversity 101” learning session that provided baseline information regarding neurodiversity with practical application to a work environment.
- College Assessors were also provided with baseline education and training regarding neurodiversity to support their work and engagement with registrants.

Development of Indigenous Cultural Safety and Humility Standard

- At the September 2025 Board meeting, direction was given by the Board to begin undertaking work to develop a new Indigenous Cultural Safety and Humility Standard. As part of this commitment, the Board endorsed an approach that sought to collaborate across the health regulatory sector to the extent possible.
- The College continues to assess opportunities for collaboration but to date has not found an opportunity to meaningfully collaborate that aligns with this College’s commitment to targeted and meaningful engagement with Indigenous people and communities.
- Efforts to share learnings and continue open discussions will continue. This includes, as noted above, staff representation at an HPRO Working Group focused on Indigenous cultural competence.

Practice Advisor EDI Competency Framework

- The Practice Advice team has developed an EDI Competency Framework to help ensure there is a consistent baseline level of EDI competence within the team. This supports the objective of identifying and addressing sources of unintended biases in their communication.
 - The framework identifies core competency areas including foundational knowledge, self-awareness, and practical application in relation to the role.
- The intention is to assess the utility of the framework within the team and then assess whether it can be used as a template for supporting a baseline competency across the organization.

EDI Focus Groups

- In keeping with a commitment to ensuring that we include diverse voices and perspectives into the College’s work and decision-making, focus groups with key EDI partners are being established.
 - These focus groups give an opportunity to elicit input that directly informs how the College approaches issues such as demographic data collection from registrants and the development of two EDII standards.
 - They also serve as an opportunity to establish consistent processes going forward that reflect the needs and interests of those from whom we are seeking feedback. In effect, embedding these perspectives into the creation of feedback mechanisms going forward.

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

Screening Committee

- Historically the Registrar has administered all elements of the district election process including conducting eligibility checks and reviewing candidate statements. In June 2025, the Board approved By-law changes that enacted a new non-statutory committee called the Screening Committee, which would assume these responsibilities.
- The inaugural meeting of the Screening Committee occurred in February 2026 to support the election process in Districts 4, 5, and 8.
- Overall, the Committee functioned very well and reinforced the value of having a committee assist with the elections process.
 - Discussions also identified the need to continually consider how we provide guidance and supports to both candidates and the committee.
 - It was also helpful to observe the application of By-laws in practice to identify areas where additional clarity or consideration by the Board may be required.

Governance Practice Review Progress

- Historically the Registrar’s Report has included the 2023 governance review recommendations. These have now been sunset and a separate briefing note covers the results of the December 2025 Board Discussion.
- Going forward, those priority areas will be captured in the Registrar’s Report to provide an avenue for monitoring progress on these potential areas for governance reform.

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
September 25-26, 2025	Continue exploration of introducing a “retired” class and bring back for further consideration.	None specified	Completed (Materials coming to March 2026 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	None specified	In Progress

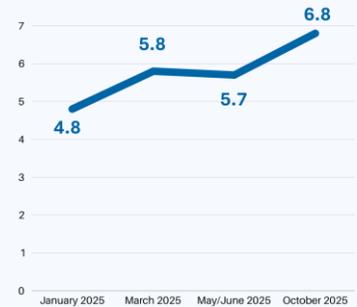
Date of Meeting	Action item description	Required by date	Current Status
	normally used for standards development.		
December 8-9, 2025	Plan and implement a rollout of the new strategic plan.	April 2026	In Progress
December 8-9, 2025	Conduct an open tender process in FY2026 for the College's auditor.	September 2026	In Progress
December 8-9, 2025	Provide an update on the outstanding governance review recommendations that have been identified for further exploration	March 2026	Completed (Materials coming to March 2026 meeting)

FY2026 Q3 Dashboard (October-December 2025)

Statutory Programs

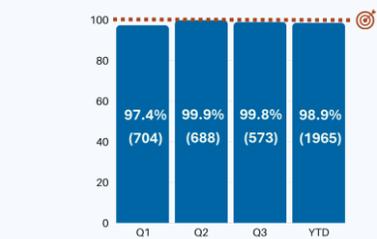
Exam

Average wait time from PPC registration to exam sitting for first-time test takers (in months)



Registration

Processing applications within 15 calendar days
Target: Meet the 15-day timeline 100% of the time



810 IPC applications received YTD

Referring/approving applications within 30 calendar days
Target: Meet the 30-day timeline 100% of the time



1136 PPC applications received YTD

Professional Conduct

Timelines

Complaints disposition timeline
Target: 70% of complaints are closed within 240 calendar days



307 # of concerns received YTD **67** # of complaints closed YTD

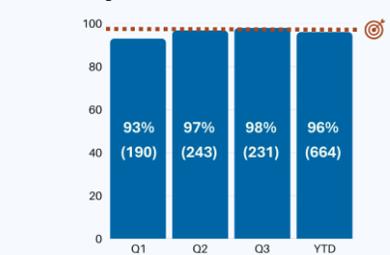
Decision Reviews

Outcomes of HPARB and judicial reviews
Target: The College's decision is upheld or confirmed in 90% of the cases

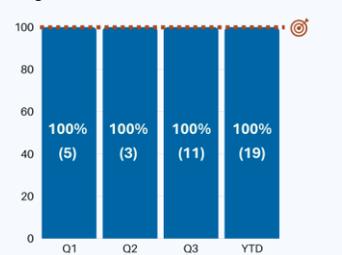


Quality Assurance

Performance against screening interview timeline
Target: Meet the timeline 97-98% of the time

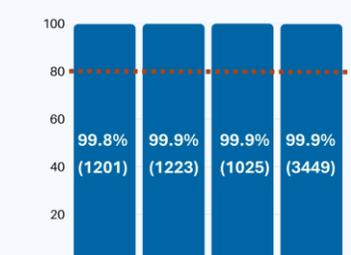


Performance against assessment timeline
Target: Meet the timeline 100% of the time



Practice Advice

Time to resolve inquiries
Target: 80% of inquiries are resolved within 2 business days



3456 # of inquiries received YTD

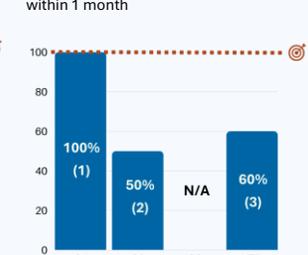
Discipline

Time from referral to hearing
Target: Hearings start within 6 months of referral



7 Hearings YTD

Time to release decisions for uncontested hearings
Target: Uncontested decisions released within 1 month



16 Meeting days YTD

Time to release decisions for contested hearings
Target: Contested decisions released within 4 months

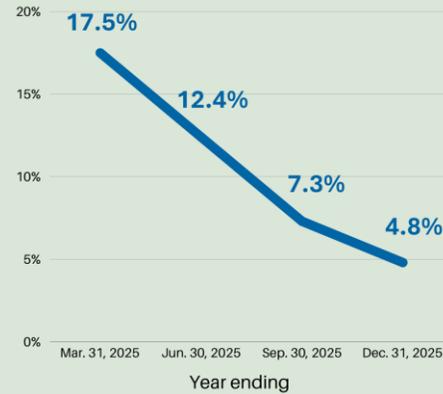


FY2026 Q3 Dashboard (October-December 2025)



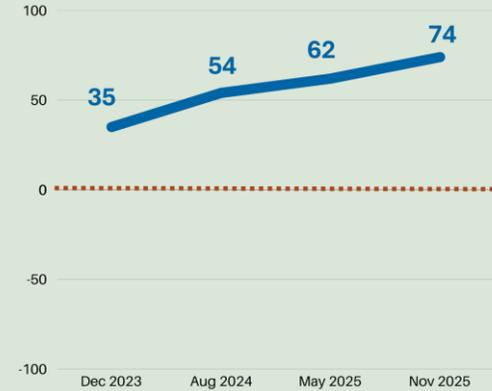
People & Culture

Staff turnover (rolling annualized rate)



Employee net promoter score

Target: A score of above 0

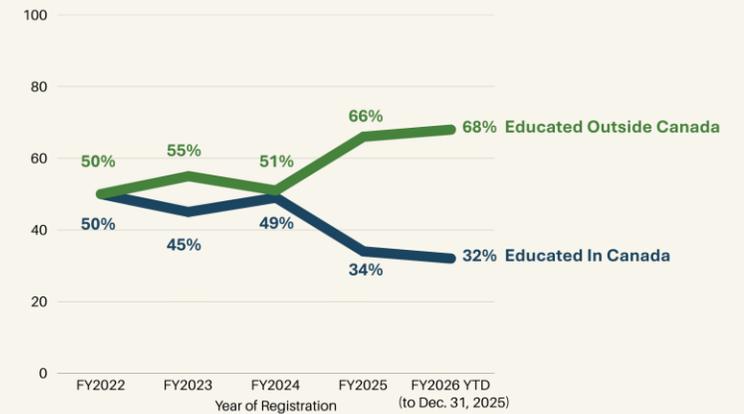


The Profession

Number of Registrants



Where Newly Registered PTs are Educated



Practice Advice Trends Report

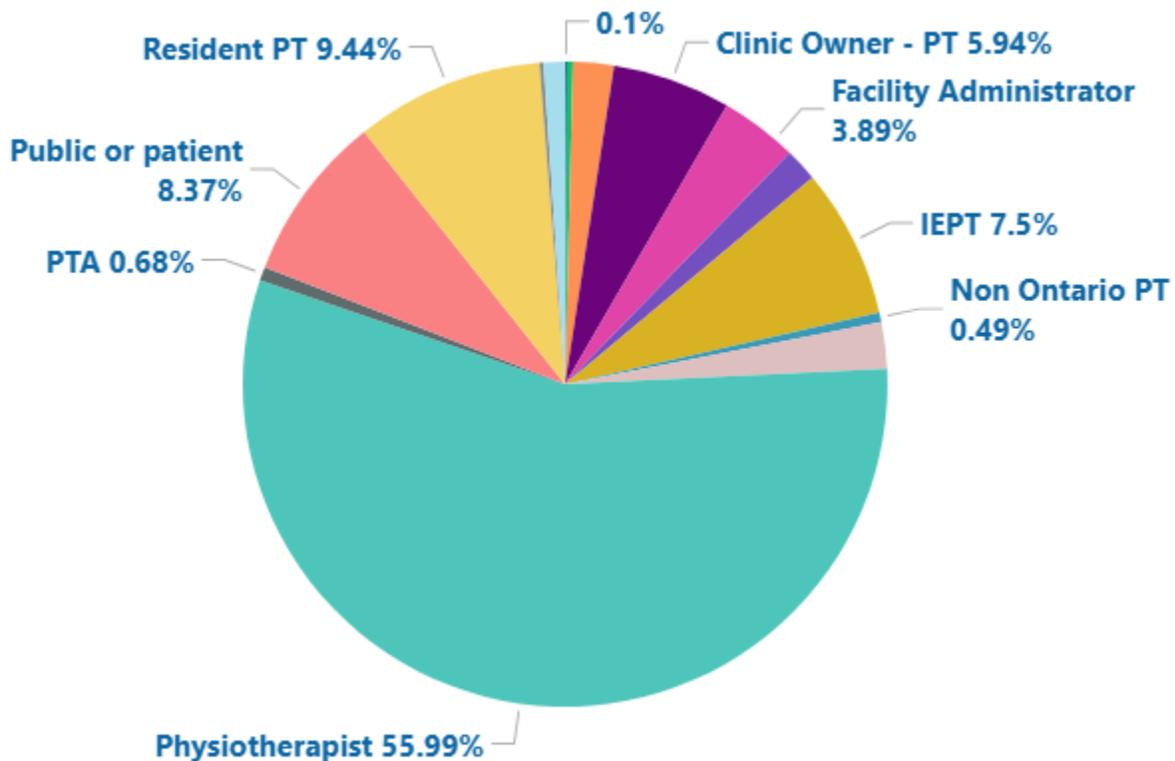
Period: October-December 2025

What is Practice Advice?

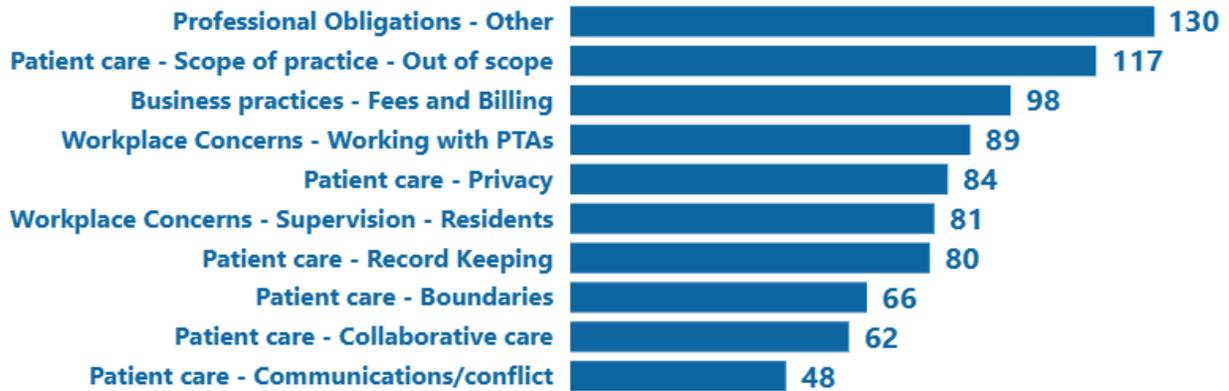
The College’s Practice Advisors are physiotherapists that anyone can contact for free and anonymous advice about matters relating to the practice of physiotherapy. Practice Advisors offer a safe space for physiotherapists, PT Residents, PT students, patients, caregivers and others to get answers to their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

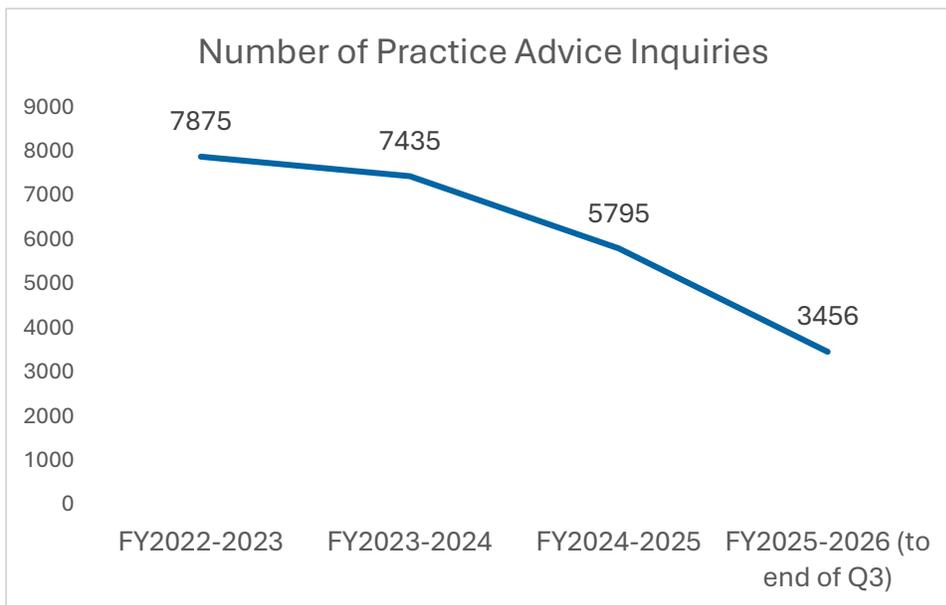


Top Themes in this Reporting Period



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:

- To support the rollout of the new Supervision Standard, the College is planning to create a consolidated resource for employers who may be supervising newer members of the profession.

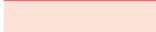
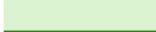
College of Physiotherapists

Risk Registry (Draft)

Date Created: 26-Jan-24

Date Updated: 28-Jan-26

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

Rating Legend	
Very High	
High	
Medium	
Low	
Very Low	

Capacity Reference

Capacity = Very Low = 5 (↑) = Increase by 1 level risk rating

Capacity = Low = 4 (↑) = Increase by 1 level risk rating

Capacity = Medium = 3 (↔) = maintain level risk rating

Capacity = High = 2 (↓) = Decrease by 1 level risk rating

Capacity = Very High = 1 (↓) = Decrease by 1 level risk rating

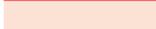
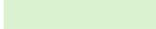
Legend of Common Acronyms Used in the Register and Heat Map			
Canadian Alliance of Physiotherapy Regulators	CAPR	Professional Competency Exam	PCE
Health Professional Appeal and Review Board	HPARB	Risk, Audit, and Finance Committee	RAFC
Health Profession Regulators of Ontario	HPRO	Regulated Health Professions Act	RHPA
Ontario Clinical Exam	OCE	Standard Operating Procedures	SOPs

#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: February 2026
1	Regulation and Compliance, Reputational	<p>The College's cyber systems are accessed by external threat actors caused by phishing attempts, malware, and other methods of breaking through the College's cyber security measures. This results in access to confidential information potentially leading to:</p> <ol style="list-style-type: none"> Registrant and Employee identity theft. Access to vendor information and confidential contracts. Employees locked out of the College's IT systems. College paying a ransom to regain access to IT systems. 	Senior Director, Organizational Effectiveness	3.4	4	3.4 x 4	3 (↔)	High	<ul style="list-style-type: none"> The College 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 	<ul style="list-style-type: none"> 'Spam' protocols have been enhanced to apply more strict rules to when emails are filtered. Mock 'phishing' attempts have been further enhanced by utilizing AI to generate organization specific testing and increase realism. The College's cybersecurity insurance policy was recently increased. Supplemental insurance was purchased to increase our total liability coverage (an additional \$1M), improve responsiveness from the insurer (from 48hrs to 8hrs), provide College specific insurance rather than accessing a shared pool, and provide new assessment coverage to mitigate long-term financial impact. The additional insurance was purchased for a modest price, aligns with recommendations from the cybersecurity simulation, and positions the College favourably relative to our peers.

College of Physiotherapists
Risk Registry (Draft)

Date Created: 26-Jan-24
Date Updated: 28-Jan-26

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

Rating Legend	
Very High	
High	
Medium	
Low	
Very Low	

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

#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: February 2026
2	Regulation and Compliance	The College must manage the transition from its Ontario Clinical Exam (OCE) to a national exam administered by the Canadian Alliance of Physiotherapy Regulators (CAPR), caused by CAPR's decision to implement a one-step exam that replaces both the written and clinical Professional Competency Exams (PCE), prior to the College being able to change regulations, which currently require separate written and clinical exams to be licensed as a physiotherapist in Ontario. This results in confusion among Registrants on the requirements to become licensed in Ontario.	Deputy Registrar	3.6	3.4	3.6 x 3.4	4 (↑)	High	<ul style="list-style-type: none"> - Registrar/CEO connects with governments - Scoping exercise undertaken to analyze regulatory changes needs. - Engage Board of Directors in key decision points. 	<ul style="list-style-type: none"> - Ongoing communication with candidates is occurring both nationally and locally. Since April 2025 the College has actively updating the our website. - OCE capacity has been increased to as much as 350 candidates per administration (up from 280). Projections indicate the OCE will be nearly fully subscribed through 2026, but will have some capacity for re-takes. - Updates regarding CAPR's administration of the CPTE are provided under separate cover.
3	Reputational, Financial, Regulation	The College's appeals of discipline decisions at HPARB or the Ontario Division Court are unsuccessful which is caused by inadequate investigations or procedural fairness and results in the loss of confidence by the Registrants and the public to regulate the profession.	Deputy Registrar	2.8	2.8	2.8 x 2.8	2 (↓)	Very Low	<ul style="list-style-type: none"> - Track and monitor appeals and outcomes; - Undertake analysis of returns to identify process and decision improvements needed; - Develop educational/decision-making/knowledge translation tools to support committee decision-making; - Develop SOPs to ensure consistency in regulatory activities. 	- No new updates.

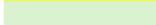
College of Physiotherapists

Risk Registry (Draft)

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Date Updated: 28-Jan-26

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Capacity = Low = 4 (↑) = Increase by 1 level risk rating

Capacity = Medium = 3 (↔) = maintain level risk rating

Capacity = High = 2 (↓) = Decrease by 1 level risk rating

Capacity = Very High = 1 (↓) = Decrease by 1 level risk rating

#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: February 2026
4	Finance, Operational	Structural and long-term annual deficits impairs the ability of the College operates its Core Statutory work is caused by registration fees not increasing to meet the financial requirements resulting in the College being unable to meet its regulatory requirements.	Director, Finance	2	3.6	2 x 3.6	1 (↓)	Low	<ul style="list-style-type: none"> - Financial results are monitored quarterly and reported to the RAFC and Board of Directors. - Financial planning includes the presentation of financial forecasts to the end of the fiscal year in the quarterly financial reports. - A financial analysis is completed segregating the Ontario Clinical Exam and the College's Core Business (e.g., regulatory and strategic work) in order to monitor the surplus or deficits related to the College's Core Business. 	<ul style="list-style-type: none"> - The FY2027 draft budget is presented under separate cover. The draft contemplates accepting a small deficit, but includes significant one-time expenditures totaling over \$400,000. - FY2026 Q3 reporting indicates that the College is on track to achieve a balanced budget (or better) for FY2026. - Following approval of the budget, staff will shift to financial forecasting to support a decision point regarding registrant fees in the summer of 2026.
5	Governance	The Board of Directors makes decisions that are perceived to be in the profession's interest instead of the public interest is caused by any real or perceived conflicts of interest that are not managed and result in loss of confidence and credibility with the public, the government, and other partners.	Board of Directors Chair	2.6	3.6	2.6 x 3.6	3 (↔)	Medium	<ul style="list-style-type: none"> - Conflicts of interest are solicited at the beginning of each meeting of Board of Directors and proactively assessed by staff in advance of meetings; - Conflicts of interest are declared and individuals are excluded from those discussions; - Briefing notes include a description of how the item serves the public interest; - Every meeting includes a reminder of the public interest as our driver 	<ul style="list-style-type: none"> - The Board approved updates to the Code of Conduct at the December 2025 meeting. The updated version has been circulated to all Board and Committee members for review and for an updated Declaration of Adherence to be provided.

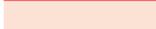
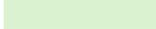
College of Physiotherapists

Risk Registry (Draft)

Date Created: 26-Jan-24

Date Updated: 28-Jan-26

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

Rating Legend	
Very High	
High	
Medium	
Low	
Very Low	

Capacity Reference

Capacity = Very Low = 5 (↑) = Increase by 1 level risk rating

Capacity = Low = 4 (↑) = Increase by 1 level risk rating

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#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: February 2026
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	- Committee slate planning is currently underway with the Executive Committee providing input and direction at their February 2026 meeting. - The FY2026 draft budget continues to allocate resources to training and support for Chair and Vice-Chairs. - Significant training is being undertaken as part of the transition to the Health Professions Discipline Tribunal.
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 went into effect January 1, 2026. - All communication documents, application changes, and IT infrastructure needed was in place for the start of this new framework. - HPRO continues to engage GR support to provide a collective voice in the sector. - No further changes to the "As of Right" framework are expected at this time.

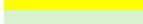
College of Physiotherapists

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#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: February 2026
8	Governance	The lack of diversity in the composition of the Board of Directors and committees caused by the composition of the Board of Directors and committees not reflecting the changing demographics in Ontario could lead decisions that do not consider the impact of these decisions on equity-seeking groups such as Indigenous people, physiotherapists who are internationally educated, disabled, or LGBTQ2IA+.	Director, Policy & Governance, General Counsel	3	3	3 x 3	3 (↔)	Medium	<ul style="list-style-type: none"> - Implemented initial Competency Framework - Revised committee composition requirements to allow for more recruitment of Non-Board Committee members with specific background/skills/expertise 	<ul style="list-style-type: none"> - The newly constituted Screening Committee has been established and provided support to the Election process in February. - The Board has indicated a desire to continue to explore changes in the constitution of the Board that support increasing diversity following the Governance Review discussion at the December 2025 meeting. The Board will be presented with a roadmap at the March meeting outlining a plan to further this conversation.
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	<ul style="list-style-type: none"> - College has created a succession plan and is working to cross train individuals to ensure critical roles can be backfilled if needed. - Have established strong relationships with vendors who could assist if staff suddenly depart 	<ul style="list-style-type: none"> - Staff engagement survey results increased to 74 in November 2025, up from 62 in May 2025. - Staff turnover continues to decrease. The Q3 annualized rate is less than 5%, down from 7% in Q2. - SOPs continue to be developed across the College to support standardization and knowledge transfer.
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	<ul style="list-style-type: none"> - The operating reserve (i.e., Unrestricted Net Assets) is monitored each quarter and reported to the RAFC and Board of Directors. - Financial plans and budgets are developed with the intent of staying within the 3 months to 6 months of annual operating budgets as defined the College's policies. 	<ul style="list-style-type: none"> - The College's operational reserve is currently healthy, fluctuating between 5 and 6 months of operating expenses.

College of Physiotherapists

Risk Registry (Draft)

Date Created: 26-Jan-24

Date Updated: 28-Jan-26

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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: February 2026
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	<ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> - Continued efforts are made to provide a comprehensive understanding of the total compensation package at the College, particularly at onboarding. - The FY2027 draft budget includes continued salary adjustments representing not just cost of living, but also increases based on experience and longevity.
12	Governance	Lack of available Public Members up for appointments leads to the Board of Directors and committees being unconstituted, resulting in Board of Directors and the committees being unable to conduct business.	Director, Policy & Governance, General Counsel	2.5	4	2.5 x 4	1 (↓)	High	<ul style="list-style-type: none"> - Registrar/CEO is in constant contact with the Public Appointments office. 	<ul style="list-style-type: none"> - The College is currently fully constituted. N. Madhvani's appointment was recently revoked and a new member, J. Belyea, has been appointed for a three-year term. - All public members currently have long-term appointments with the next renewal date not until 2027.
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	<ul style="list-style-type: none"> - Costs to decommission the current office space will be investigated and factored into future financial planning and budgeting. 	<ul style="list-style-type: none"> - 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.

BOARD BRIEFING NOTE
For Discussion

Topic:	Governance Practices Review Refresh Update
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:	<i>Performance & Accountability:</i> Ensure that the College’s governance processes are effective, efficient, and fit for purpose.
Submitted By:	Craig Roxborough, Registrar & CEO Mara Berger, Director, Policy, Governance & General Counsel
Attachments:	Appendix A: Governance Practice Review 2023 Recommendations Appendix B: Governance Practice Review: Priority Areas and Status Updates

Issue

- Establishing a roadmap for further exploration of potential updates to the College’s governance structure and processes the Board has identified as areas of interest.

Decision Sought

- While no formal decision is being sought, the Board is being asked to confirm its support for the proposed roadmap.

Background

- In [December 2025](#), the Board approved a new strategic plan for the College to take effect in April 2026. One of the strategic pillars is the continued enhancement of the College’s governance practices to support effective decision-making and foster public trust and accountability.
 - This expands on a previous commitment to governance enhancement in the [2022-2026 strategic plan](#).
- As part of the ongoing commitment to effective governance, a review of the College’s governance practices was completed in 2023 by the Regulator’s Practice.
- The review was based upon a multi-step process, including a document review, observing relevant meetings, surveying Board members and conducting interviews with the Chair, Vice-Chair, Registrar and Deputy Registrar.
- The review resulted in 23 recommendations, many of which have been implemented over the past two years, including but not limited to the development of customized Meeting Guidelines

for the Board, creating more flexibility regarding committee composition, establishing a Screening Committee, introduction of a Risk Register and the creation of a Registrar Succession Planning Policy. A comprehensive overview of all the recommendations that came out of the governance practices review can be found in Appendix A.

- Since the governance practices review was completed two years ago under the current strategic plan, at its December meeting the Board was engaged in a discussion to reflect on the review and identify any outstanding recommendations that should be carried over for further exploration as the new strategic plan takes effect.
 - The discussion was facilitated by the Regulator's Practice with an aim to provide the Board with an understanding of the reasons behind the recommendations and provide an opportunity for Board members to share their thoughts and perspectives on potential next steps.
 - Following the meeting, Board members were also encouraged to further reflect on the outstanding recommendations in the post-Board survey.

Current Status and Analysis

Emerging Themes

- Following its discussion, the Board expressed continued interest in exploring the outstanding recommendations. There was a general consensus that the recommendations remained relevant as a starting point for further examination, even if not all may be found to be suitable for the College in the end.
- In particular, the Board identified a few key areas that should be prioritized for additional information gathering and discussion:
 - The College's governance structure, in particular the role of the Executive Committee and whether there are governance functions that should be supported by another committee, such as a Governance Committee.
 - Developing principles regarding how the College sets fees, including how fee increases are determined and communicated.
 - Board composition, in particular reviewing the current term limits and cooling off period to confirm whether they remain fit for purpose, as well as a continued exploration of potentially moving towards competency-based appointments and reconsidering the suitability of geographic districts.
 - Board meeting structure, including the format, length and frequency of meetings.

- There was also some interest to continue to explore how the College approaches Board evaluation and education.
- Further reflections in the post-Board survey yielded similar results, confirming that the Board is overall aligned with respect to the priority areas that were identified during the meeting.

Roadmap for Future Engagement

- Based on the feedback from the Board, staff has started to develop a roadmap to report back to the Board with more information about the priority areas that have been identified for the Board’s consideration.
- The purpose of the roadmap is to confirm the direction of the Board, and to establish an accountability structure to support continued progress in addressing potential governance initiatives.
 - Exploring a priority area further does not mean there is an obligation to implement it. The purpose is to provide the Board with additional context and information regarding potential governance initiatives, enabling the Board to have more thorough discussions before deciding whether to pursue them or not.
- The roadmap outlines the proposed timing for initial conversations with the Board. To support these conversations, staff will bring forward options for the Board to consider as well as information gleaned from environmental scans of other health Colleges, outlining best practices and regulatory trends. Additional discussions and decision-points will be required for the implementation of many of these initiatives should the Board decide to pursue them:

Anticipated Board Meeting	Priority Area(s)	Rationale for Scheduling of Priority Area(s)
March 2026	Board Meeting Structure	Board meetings are scheduled a year in advance, meaning significant lead time is required to make any changes to the structure. Additionally, changes to the Board meeting structure would likely impact budget planning and may have other downstream impacts.
June 2026	Governance Structure: <ul style="list-style-type: none"> ▪ Role of the Executive Committee ▪ Potential Governance Committee 	Similar to changes to the Board meeting structure, any interest in changes to the role of the Executive Committee and the potential

Anticipated Board Meeting	Priority Area(s)	Rationale for Scheduling of Priority Area(s)
		establishment of a Governance Committee would require long-term planning.
	Fee Principles	Provides an opportunity to consider fee principles in preparation for discussing annual fees at the September Board meeting following consultation with the Risk, Audit and Finance Committee.
	Board Composition: <ul style="list-style-type: none"> ▪ Term Limits ▪ Cooling Off Period 	Potential changes to term limits and cooling off periods could have an impact on the 2027 Board election and committee slate planning.
September 2026	Competency Profile Refresh	Allows for a review of the current Competency Profile and the implementation of potential updates in time for the 2027 Board election.
December 2026	Board Evaluation	Opportunity to reflect on effectiveness of the current Board Evaluation process after two years of using the Competency Profile as a self-reflection tool for Board members.
March 2027	Board Composition: <ul style="list-style-type: none"> ▪ Competency-Based Elections ▪ Electoral Districts 	Provides a check-in two years after the Screening Committee was established and builds upon conversations around Board composition and the Competency Profile.

- While not included as a stand-alone item in the proposed roadmap, continued conversations about Board education will be interwoven throughout, for example as part of the discussion about the Board meeting structure.

Next Steps

- Pending Board confirmation of the proposed roadmap, regular progress updates will be included in the quarterly Registrar's Report going forward.
- Staff will gather additional information regarding those priority areas 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 initiative.

Questions for the Board

- Are there any questions regarding the identified priority areas or the proposed timing for staff to report back to the Board on each?
- Is there any priority area missing from the proposed roadmap that the Board would like to capture?
- Are there any changes to the proposed roadmap that the Board would like to see implemented?

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.		Complete	Code of Conduct updated 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: <ul style="list-style-type: none"> • What it means to “regulate in the public interest” • What are the key public risks that Council and the college need to pay attention to. • What is “reasonable reliance” and how can Council develop more trust with staff and committees so as not to duplicate their work. • The appropriate role of the Executive Committee and Committee Chair in reviewing vetting meeting materials. • When it is appropriate to have discussions outside of the Council or committee meeting and when it is not. 	Yes*	Ongoing	Role clarification conversation with Executive Committee March 2024 (including relationship to Risk, Audit and Finance Committee) - Risk Register & revised Dashboard metrics introduced June 2024 - orientation includes training re: public interest and ex parte conversations; 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	<p>Develop a new Council and Committee evaluation framework over time to provide feedback to:</p> <ul style="list-style-type: none"> • Council and committees as a whole • Council and committee chairs • Council and committee members. 	Yes*	Complete	<p>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</p>
20	<p>Clearly articulate a committee that is responsible for this evaluation framework.</p>		Not started	
Diversity, Equity & Inclusion				
21	<p>Review the current election process to consider emerging regulatory election practices including:</p> <ul style="list-style-type: none"> • Elimination of geographic electoral district in favour of a single district. • Creation of a nomination process to vet or recommend candidates that meet articulated competency and diversity needs. • Creation of an independent nominations committee to lead competency and diversity needs assessment of candidates. 	Yes*	Complete	<p>By-law changes and Terms of Reference for a new Screening Committee to support the election process were approved in June 2025, recruitment will occurred in the fall, the new committee is in place for the 2026 Board election</p>

Committee Effectiveness				
22	<p>Engage in a Committee Governance Review looking at current committee governance practices, emerging governance practices, and addressing (but not limited to) the following specific issues:</p> <ul style="list-style-type: none"> • Roles, responsibilities and authority of both regulatory and governance-level committees, including the Executive Committee. • Identifying the committees that are still needed and the committees that may no longer be necessary. • Committee composition including the role of Council members on committees; role of non-Council public members; competencies and diversity requirements. • Role and competencies of Committee Chairs. • The role of an independent Nominations Committee to make committee composition recommendations based on articulated competency and diversity needs. • Committee member term limits and cooling off periods. • Reporting requirements and process. 	Yes*	Ongoing	<p>Committee composition requirements updated March 2024, Committee Chair and Vice-Chair training occurred in October 2024 and June 2025, new guidance for mentoring Vice-Chairs was rolled out in August 2025 to support succession planning</p>
23	<p>This Committee Review may result in certain recommendations to government for changes to legislation and policy that may be outdated.</p>	Yes*	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.

Governance Practices Review: Priority Areas and Status Updates

The following are the priority areas identified by the Board for further exploration:

#	Priority Areas	Status	Notes
1	Board Meeting Structure		
2	Governance Structure: <ul style="list-style-type: none"> i. Role of the Executive Committee ii. Potential Governance Committee 		
3	Fee Principles		
4	Board Composition: <ul style="list-style-type: none"> i. Term Limits ii. Cooling Off Period iii. Competency Profile Refresh iv. Competency-Based Elections v. Electoral Districts 		
5	Board Evaluation		
6	Board Education		

Board Meeting
March 26-27, 2026

Agenda #7.0: Motion to go in camera pursuant to section 7.2(d) of the Health Professions Procedural Code

It is moved by

and seconded by

that:

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

BOARD BRIEFING NOTE
For Decision

Topic:	General Regulation Modernization: Retired Class Update
Public Interest Rationale:	The College ensures that its General Regulation remains relevant, effective and responsive to public and professional needs, with appropriate safeguards to promote public safety and quality of care.
Strategic Alignment:	<p><i>Risk & Regulation:</i> A risk-based approach is used to identify areas in the regulation that require updates, enabling the creation of adaptable frameworks that can quickly respond to new risks and changes in the profession.</p> <p><i>EDI:</i> Assess the pathways to licensure to ensure that they are appropriate and fair to both Canadian trained and internationally educated physiotherapists.</p>
Submitted By:	Mara Berger, Director, Policy, Governance & General Counsel Evguenia Ermakova, Policy Analyst
Attachments:	Appendix A: Draft Regulation including Retired Class – redlined Appendix B: Draft Regulation without Retired Class - redlined

Issue

- Update on the potential establishment of a new Retired Class as part of modernizing the College’s General Regulation, including what the class would entail and the associated risks.

Decision Sought

- The Board is being asked to decide whether there is an interest in pursuing the Retired class further considering the risks that have been identified.
- If the Board determines that the Retired class should not be pursued further, the Board will be asked to approve the draft of the General Regulation that was previously circulated for consultation.

Background

Overview: General Regulation

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

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

Modernization of the General Regulation

- At its [March 2025 meeting](#), the Board decided to provisionally adopt the Canadian Physiotherapy Exam (CPTe), a new national physiotherapy exam offered by the Canadian Association of Physiotherapy Regulators (CAPR) that combines the written and practical components into a single exam.
 - A Service Level Agreement between the College and CAPR to support the transition to the new national exam was subsequently approved by the Board at the June 2025 Board meeting.
- Since Part III of the General Regulation currently assumes that there is a two-exam model, with a separate written and practical component, revisions to the General Regulation have been proposed to reflect the new one-exam model.
- Following extensive discussions at the [September 2024](#) and [December 2024](#) Board meetings, proposed updates to the General Regulation were approved by the Board for a 60-day consultation period at the March 2025 meeting. While the updates primarily focused on supporting the adoption of a single exam, additional revisions and housekeeping updates were also circulated due to the limited opportunities to submit regulation changes for government consideration.
 - The draft Regulation included transitional provisions to sunset the Provisional Practice class. The current purpose of the class is to allow candidates that have successfully completed the written component of the two-part exam to practice physiotherapy under supervision while they wait to complete the practical component of the exam, which would no longer apply if there is a single exam.
- The consultation was officially posted on the College’s website on April 6, 2025, for a 60-day consultation period, and resulted in 94 responses from physiotherapists, employers, students and other partners and a submission from the Ontario Physiotherapy Association. Most of the feedback that was received advocated strongly for maintaining the Provisional Practice class.
- The Board considered the feedback at the [June 2025 meeting](#) and determined that further information was required before it could determine whether to proceed with sunseting the Provisional Practice class. The Board also asked staff to explore a potential Retired class, which had not been part of the original consultation.

- The purpose of exploring a Retired Class would be to allow physiotherapists who are retiring and may not meet practice hour requirements to keep their registration and professional identity.
- Additional information was presented to the Board at the [September 2025 meeting](#).
 - After careful consideration, the Board reconfirmed that sunsetting the Provisional Practice class remained in the best interest of the public in the absence of a psychometrically valid exam to base the class upon.
 - With respect to establishing a Retired class, the Board directed staff to draft the necessary provisions and present them to the Board for consideration at a future meeting. While the Board expressed concern about the public benefit of a Retired class, the Board felt that additional information and clarity on the structure of the class was needed before making a final decision on whether to proceed.

Current Status and Analysis

Environmental Scan

- To inform the potential creation of a Retired class, the College considered the Retired, Inactive and Non-Practising classes of the other Ontario health colleges. The purpose of the review was to identify common features of these classes as well as any potential challenges and risks that the establishment of a Retired class may pose.
 - The environmental scan showed that currently only three other Ontario health colleges have a Retired class: the College of Chiropractors, the College of Psychologists and Behaviour Analysts and the College of Physicians and Surgeons, whose Retired class will come into effect on April 1, 2026. Notably, all three professions have access to the doctor title.
 - While Retired classes are not common, fourteen health Colleges have an Inactive class, and an additional four Colleges have a Non-Practising class, which share similar features to a Retired class even though they fulfill slightly different purposes. As such, these classes were also considered.

Implications and Risks

- While it was initially assumed that the Retired class would be straightforward to create due to existing similar classes, through the process of developing the draft provisions and in response to feedback from the Executive Committee, new and unanticipated risks were identified.
- The environmental scan revealed that a key condition for all Retired, Inactive and Non-Practising classes is that registrants within those classes are not allowed to practice the profession, usually in exchange for exemptions from certain regulatory requirements, such as meeting currency expectations, professional development, or participating in quality assurance activities.

- Consistent with the findings of the environmental scan, any Retired class developed by the College would similarly be based upon restricting the ability of individuals within the class from practising the profession in exchange for a reduced regulatory burden. This trade-off aims to maintain public safety while allowing individuals in a Retired class to retain their professional identity.
- However, there are limitations on how practising the profession may be defined for the purposes of the Retired class. Specifically, based on how the scope of practice for physiotherapy is defined in section 3 of the [Physiotherapy Act, 1991](#), individuals within the class could only be restricted from providing patient care. It would not be possible to restrict individuals from engaging in other physiotherapy-related activities such as research, consulting or academic practice, etc.
 - Currently, continued use of the professional title requires completion of 1,200 practice hours or successfully passing the licensing exam in the previous five years, as well as participating in continuing professional development, even if a registrant is not directly involved in patient care.
 - The College has broadly defined practice hours so registrants, including those not providing patient care, can meet the requirement. Since this flexibility directly benefits registrants, it does not raise the legal issues associated with broadening the definition of practising to restrict eligibility for the Retired class.
 - In contrast, if a Retired class was established, individuals within that class could engage in physiotherapy-related activities, for example research, consulting or academic practice, while having access to the Retired Physiotherapist title, without needing to maintain currency of knowledge. Extending the practice hour requirement to the Retired class is not an option, since it would contradict the condition not to practise.
- There is also a potential for public confusion since ‘retired’ usually implies that someone has stopped working. Here, individuals could identify as Retired physiotherapists while still actively participating in profession-related activities, even on a full-time basis, making it difficult for the public to understand the distinction between active and retired status.
- While the Retired class was intended to help registrants keep their professional identity post-career, these unforeseen risks that have now been identified require careful consideration as the Board determines next steps.

Draft Provisions for a Potential Retired Class

- To support the Board in its deliberations, an updated General Regulation was drafted to illustrate what the provisions for a Retired class may look like. The updated draft is attached as Appendix A. All changes that have been made to reflect a Retired class are highlighted in yellow for ease of reference.

- In line with the findings of the environmental scan, the draft provisions cover three main components: the requirements for entering the class, any conditions that apply to registrants within the class and the steps to move back into active practice if desired.
- The draft provisions are centered around a few main principles:
 - The class would support continued registration, meaning an Independent Practice certificate would be required to apply. Individuals who do not meet this requirement would be referred to the Registration Committee for consideration of an exemption.
 - The non-exemptible registration requirement for all classes regarding ethical conduct, competent practice and ability to communicate would apply. Additionally, any outstanding matters, such as disciplinary proceedings or unpaid fees, would need to be resolved before an applicant can move into the Retired class.
 - As noted above, individuals within the class would be unable to provide patient care and in return would not be subject to the currency requirements, continuing professional development or quality assurance.
 - To return to active practice, all usual requirements, such as good character, professional liability insurance for providing patient care and being legally eligible to practice in Ontario would apply. Additionally, applicants would need to demonstrate that they meet the currency requirement, or they would be referred to the Registration Committee for further consideration.
- This high-level overview is meant to outline the potential framework for the Retired class. If the Board determines that it would like to proceed with consulting on the potential class, a more in-depth conversation about the proposed provisions should occur to confirm the suitability of the proposed provisions

Next Steps

- The next steps will depend on the direction of the Board.
- If the Board determines that it is not in the public interest to explore a Retired class further, no additional consultation on the draft General Regulation would be required.
- In that case, the Board would be asked to approve the previous draft of the General Regulation, without the Retired class, for submission to the government to sunset the Provisional Practice class. The original draft that was consulted upon in 2025 is attached as Appendix B for reference.

- If the Board decides to pursue the Retired class, the draft will require approval for a 60-day consultation. The consultation feedback would then be presented to the Board at the following meeting for consideration.
- If following the consultation, the Board would like to proceed with implementing the Retired class and is satisfied with the draft General Regulation, the next step would be to submit it to the government for consideration.
- The Board would also be engaged at a future meeting in a discussion about what kind of application and renewal fees should apply to the Retired class.

Questions for the Board

- Does the Board want to proceed with consulting on the Retired class?
- Is there any information that is missing that would help support the Board in making a decision?

Physiotherapy Act, 1991
Loi de 1991 sur les physiothérapeutes

ONTARIO REGULATION 532/98

GENERAL

CURRENT

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

This Regulation is made in English only.

Legislative History

PART I
QUALITY ASSURANCE

GENERAL

1. In this Part,

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

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

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

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

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

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

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

(2) The program shall include the following components:

1. Self-assessments.

2. Continuing education or professional development designed to,

i. promote continuing competence and continuous quality improvement among the members,

ii. promote interprofessional collaboration,

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

SELF-ASSESSMENT

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

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

4. (1) Every member shall participate annually in continuing education or professional development to the extent necessary to maintain the knowledge, skill and judgment required to practise the profession. O. Reg. 378/12, s. 1.
- (2) Every member shall keep a record of ~~his or her~~their continuing education or professional development in the form and manner approved by the Committee and shall retain the record for at least five years. O. Reg. 378/12, s. 1.
- (3) At the request of the Committee, an assessor or a College employee, a member shall provide to the Committee, the assessor or the College employee, within the time period specified in the request or, where no time period is specified, within 30 days after receiving the request,
 - (a) complete and accurate information about the member's continuing education or professional development; and

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

PEER AND PRACTICE ASSESSMENT

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

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

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

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

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

(3) A peer and practice assessment may include,

(a) inspecting the premises where the member practises;

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

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

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

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

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

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

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

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

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

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

- (b) gives to the member notice of the Committee's opinion and intention to take action;
- (c) gives to the member notice of the member's right to make written submissions to the Committee within a specified time period that is not less than 14 days after receipt of the notice; and
- (d) after considering any submissions made by the member, is still of the opinion that the member's knowledge, skill or judgment is not satisfactory. O. Reg. 378/12, s. 1.

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

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

PART II FUNDING FOR THERAPY AND COUNSELLING

9. In this Part,

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

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

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

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

(f) there is a finding made by a panel of the Discipline Committee on or after December 31, 1993, that the person was sexually abused by a member before December 31, 1993, while the person was a patient of the member. O. Reg. 611/99, s. 2.

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

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

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

(a) the person submits an application for funding to the Patient Relations Committee in the form provided by the College and, in the application, the person names the member who is alleged to have sexually abused the applicant;

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

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

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

PART III **REGISTRATION**

DEFINITIONS

11. In this Part,

“degree in physiotherapy” means,

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

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

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

GENERAL

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

1. Independent practice.

~~2. Provisional practice.~~

~~3.~~ 2. Courtesy.

~~4.~~ 3. Emergency.

4. Retired.

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

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

13. A person may apply for ~~the issue of~~ a certificate of registration of any class by submitting ~~to the College~~ a completed application in a form approved by the Registrar together with any applicable fees required under the by-laws for the class of certificate for which application is made together with any applicable fees. O. Reg. 68/06, s. 1.

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

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

~~16.~~ 18. Despite any other provision in this Regulation, an applicant who, by commission or omission, makes any false or misleading representation or declaration on or in connection with an application ~~shall be~~ is deemed thereafter not to ~~meet~~ have, and not to have ~~met~~ had, the ~~qualifications—~~ registration requirements for a certificate of registration of any class. O. Reg. 68/06, s. 1.

~~17.~~ 16. (1) ~~It is a~~ The following are non-exemptible registration requirements for all classes of certificates of registration— a certificate of registration of any class:

1. that ~~I~~ the applicant’s past and present conduct affords reasonable grounds for the belief that ~~he or she~~ the applicant;

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

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

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

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

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

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

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

1. The applicant must ~~have be a~~ Canadian citizenship, permanent resident ~~status~~ or ~~an authorization~~ authorized under the *Immigration and Refugee Protection Act* (Canada) ~~consistent with the class of certificate for which application is made to engage in the practise of the profession in Ontario.~~
2. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, be able to speak and write in either French or English ~~with reasonable fluency~~. O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 2 (1).

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

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

1. The member shall maintain professional liability insurance in accordance with the College by-laws.
2. The member shall, at the request of the Registrar, provide evidence satisfactory to the Registrar that the member meets the condition required in paragraph 1, in the form and manner requested by the Registrar.
3. The member shall immediately advise the Registrar in writing in the event that the member ceases to meet the condition required in paragraph 1 and shall immediately cease to engage in the practice of physiotherapy until such time as the member meets the requirements in paragraph 1.
4. If a member to whom paragraph 3 applies subsequently attains professional liability protection in accordance with the College's by-laws, the member shall immediately advise the Registrar in writing of that fact.

18.1 (1) If the Registrar becomes aware that a member no longer maintains professional liability insurance as required in accordance with the College by-laws, the Registrar shall give the member notice of intention to suspend the member and may suspend the

member's certificate of registration for failure to provide satisfactory evidence where at least 30 days have passed after notice is given.

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

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

INDEPENDENT PRACTICE

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

1. The applicant must have received a degree in physiotherapy.
2. The applicant must have successfully completed the examination (s) at the time when the examination was approved by Council. O. Reg. 68/06, s. 1.
3. The applicant must satisfy the Registrar that:
 - (a) the applicant has successfully completed the examination within the five years immediately preceding the date of the application; or
 - (b) the applicant has practiced physiotherapy for at least 1,200 hours in the five years immediately preceding the date of application.

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

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

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

- ~~(a) is not exempted from the standards and qualifications under subsection (1) and has not successfully completed the examination within the five years immediately preceding the application; or~~
- ~~(b) is exempted from the standards and qualifications under subsection (1). O. Reg. 68/06, s. 1.~~

20. (1) ~~Where~~ In accordance with section 22.18 of the Code, an applicant for a certificate of registration authorizing independent practice who already holds an equivalent certificate of

~~registration in another province, applies to an applicant, the requirements of subsections 19 (1) and (4) are~~ is deemed to have ~~been~~ met the requirements of paragraph 1 and 2 of subsection 19 (1) by the applicant. O. Reg. 390/11, s. 4.

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

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

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

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

21. (1) ~~Subject to subsections (6), (8) and (9),~~ it is a term, condition and limitation of a certificate of registration authorizing independent practice that, five years after the date of initial registration, and every year after that, the holder satisfy the Registrar that ~~he or she~~ they have practised physiotherapy for at least 1,200 hours in the preceding five years.,

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

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

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

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

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

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

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

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

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

Transitional – Provisional Class

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

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

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

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

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

4. The certificate expires on the earlier of:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PROVISIONAL PRACTICE

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

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

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

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

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

~~1. The holder may practise physiotherapy only under the terms of a written agreement with a member holding a certificate of registration authorizing independent practice who monitors him or her in accordance with the written agreement. For the purposes of this paragraph, both the written agreement and the member must be approved by the Registrar.~~

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

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

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

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

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

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

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

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

COURTESY

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

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

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

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

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

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

~~3~~4. The applicant must certify that ~~he or she is~~they are making the application solely for reason of,

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

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

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

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

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

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

2. The certificate expires the earlier of:

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

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

~~1 is attained,~~ or

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

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

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

EMERGENCY

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

1. The Minister must have requested that the College initiate registrations under this class based on the Minister's opinion that emergency circumstances call for it or the Council must have determined, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates.
2. The applicant must satisfy the Registrar that the applicant meets at least one of the following requirements:
 - i. The applicant has a degree in physiotherapy.
 - ii. The applicant is enrolled in a program in physiotherapy described in clause (a) of the definition of "degree in physiotherapy" in section 11, and has completed at least 820 clinical practice hours associated with that program.
 - iii. The applicant was, within the five years immediately preceding the application, registered to practise physiotherapy in Ontario with a certificate of registration authorizing independent practice or is, or was, within the five years immediately preceding the application, registered or licensed to practise physiotherapy in another province or territory in Canada with a certificate or license which the Registrar is satisfied is equivalent to a certificate of registration authorizing independent practice in Ontario.
 - iv. The applicant is, or was, within the five years immediately preceding the application, registered or licenced to practise physiotherapy in a jurisdiction outside of Canada that has been approved by the Council for the purposes of this section.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~56.~~ Fifteen days after the member receives notification that the member failed ~~the practical component of~~ the examination ~~for the second time~~. O. Reg. 296/23, s. 2.

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

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

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

(8) In this section,

“Supervisor” means a member who,

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

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

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

RETIRED CLASS

26. (1) The following are the additional registration requirements for the issuance of a retired class certificate of registration:

1. The applicant is a member who holds a certificate of registration authorizing independent practice;

2. Without limiting the generality of paragraph 1 of subsection 17(1), the applicant must be a member:

(i) whose certificate of registration is not subject to any term, condition or limitation that was imposed by any committee of the College;

(ii) who is not the subject of any ongoing disciplinary or fitness to practise proceeding;

(iii) who is not subject to any order or interim order of any committee of the College; and

(iv) who is not in default of any obligation to the College, including but not limited to, the payment of any outstanding fees, penalties or any other amount owing to the College.

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

1. The member shall not engage in the practice of physiotherapy.
2. The member shall be exempt from completing the continuous professional development and self-assessment requirements set out in section 3 and section 4 of Ontario Regulation 532/98 (General).

(3) A member who holds a retired class certificate of registration may, upon application, be issued a certificate of registration authorizing independent practice, if the member fulfils all of the following requirements:

1. The member must meet the non-exemptible registration requirements prescribed in paragraphs 1 and 2 of subsection 17(1).
2. Without limiting the generality of paragraph 1 of subsection 17(1), the member must be a member:
 - (i) whose certificate of registration is not subject to any term, condition or limitation that was imposed by any committee of the College;
 - (ii) who is not the subject of any ongoing disciplinary or fitness to practise proceeding;
 - (iii) who is not subject to any order or interim order of any committee of the College; and
 - (iv) who is not in default of any obligation to the College, including but not limited to, the payment of any outstanding fees, penalties or any other amount owing to the College.
3. The member must be a Canadian citizen, permanent resident or authorized under the Immigration and Refugee Protection Act (Canada) to engage in the practice of the profession in Ontario.
4. The member must satisfy the Registrar that:
 - (a) the member successfully completed the examination within the five years immediately preceding the date of the application to transfer from the retired class certificate of registration to the independent practice class certificate or registration; or
 - (b) the member has practiced physiotherapy for at least 1,200 hours in the five years immediately preceding the date of application to transfer from the retired class

certificate of registration to the independent practice class certificate of registration.

SUSPENSIONS AND REVOCATION

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

- (a) has paid the outstanding fee;
- (b) has completed a new application form;
- (c) has provided any information requested by the College; and,
- (d) has paid any fees required under the by-laws for lifting the suspension, and any other monies owed to the College;

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

Physiotherapy Act, 1991
Loi de 1991 sur les physiothérapeutes

ONTARIO REGULATION 532/98

GENERAL

CURRENT

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

This Regulation is made in English only.

Legislative History

PART I
QUALITY ASSURANCE

GENERAL

1. In this Part,

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

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

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

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

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

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

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

(2) The program shall include the following components:

1. Self-assessments.

2. Continuing education or professional development designed to,

i. promote continuing competence and continuous quality improvement among the members,

ii. promote interprofessional collaboration,

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

SELF-ASSESSMENT

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

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

4. (1) Every member shall participate annually in continuing education or professional development to the extent necessary to maintain the knowledge, skill and judgment required to practise the profession. O. Reg. 378/12, s. 1.
- (2) Every member shall keep a record of ~~his or her~~their continuing education or professional development in the form and manner approved by the Committee and shall retain the record for at least five years. O. Reg. 378/12, s. 1.
- (3) At the request of the Committee, an assessor or a College employee, a member shall provide to the Committee, the assessor or the College employee, within the time period specified in the request or, where no time period is specified, within 30 days after receiving the request,
 - (a) complete and accurate information about the member's continuing education or professional development; and

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

PEER AND PRACTICE ASSESSMENT

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

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

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

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

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

(3) A peer and practice assessment may include,

(a) inspecting the premises where the member practises;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PART II FUNDING FOR THERAPY AND COUNSELLING

9. In this Part,

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

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

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

(a) there is a statement, contained in the written reasons of a committee of the College given after a hearing, that the person, while a patient, was sexually abused by the member;

(b) a member has been found guilty under the *Criminal Code* (Canada) of sexually assaulting the person while the person was a patient of the member;

(c) there is sufficient evidence presented to the Patient Relations Committee to support the reasonable belief that the person, while a patient, was sexually abused by a member and,

(i) the member has died or cannot be located, or

(ii) the member has been found by the Fitness to Practise Committee to be incapacitated and the Fitness to Practise Committee has directed the Registrar to suspend or revoke the member's certificate of registration;

(d) an allegation that the person, while a patient, was sexually abused by the member results in an informal resolution with the member that contemplates funding for therapy or counselling;

(e) there is an admission made by a member in a statement to the College or in an agreement with the College that ~~he or she~~they sexually abused the person while the person was a patient of the member; or

(f) there is a finding made by a panel of the Discipline Committee on or after December 31, 1993, that the person was sexually abused by a member before December 31, 1993, while the person was a patient of the member. O. Reg. 611/99, s. 2.

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

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

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

(a) the person submits an application for funding to the Patient Relations Committee in the form provided by the College and, in the application, the person names the member who is alleged to have sexually abused the applicant;

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

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

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

PART III **REGISTRATION**

DEFINITIONS

11. In this Part,

“degree in physiotherapy” means,

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

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

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

GENERAL

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

1. Independent practice.

~~2. Provisional practice.~~

~~3.~~ 2. Courtesy.

~~4.~~ 3. Emergency.

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

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

13. A person may apply for ~~the issue of~~ a certificate of registration of any class by submitting ~~to the College~~ a completed application in a form approved by the Registrar together with any applicable fees required under the by-laws for the class of certificate for which application is made together with any applicable fees. O. Reg. 68/06, s. 1.

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

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

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

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

~~1. that~~ 1. the applicant's past and present conduct affords reasonable grounds for the belief that ~~he or she~~ the applicant;

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

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

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

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

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

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

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

1. The applicant must ~~have-be a~~ Canadian citizenship, permanent resident ~~status~~ or ~~an authorization~~ authorized under the *Immigration and Refugee Protection Act* (Canada) ~~consistent with the class of certificate for which application is made to engage in the practise of the profession in Ontario.~~
2. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, be able to speak and write in either French or English ~~with reasonable fluency~~. O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 2 (1).

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

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

1. The member shall maintain professional liability insurance in accordance with the College by-laws.
2. The member shall, at the request of the Registrar, provide evidence satisfactory to the Registrar that the member meets the condition required in paragraph 1, in the form and manner requested by the Registrar.
3. The member shall immediately advise the Registrar in writing in the event that the member ceases to meet the condition required in paragraph 1 and shall immediately cease to engage in the practice of physiotherapy until such time as the member meets the requirements in paragraph 1.
4. If a member to whom paragraph 3 applies subsequently attains professional liability protection in accordance with the College's by-laws, the member shall immediately advise the Registrar in writing of that fact.

18.1 (1) If the Registrar becomes aware that a member no longer maintains professional liability insurance as required in accordance with the College by-laws, the Registrar shall give the member notice of intention to suspend the member and may suspend the member's certificate of registration for failure to provide satisfactory evidence where at least 30 days have passed after notice is given.

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

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

INDEPENDENT PRACTICE

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

1. The applicant must have received a degree in physiotherapy.
2. The applicant must have successfully completed the examination(s) at the time when the examination was approved by Council. O. Reg. 68/06, s. 1.
3. The applicant must satisfy the Registrar that:
 - (a) the applicant has successfully completed the examination within the five years immediately preceding the date of the application; or
 - (b) the applicant has practiced physiotherapy for at least 1,200 hours in the five years immediately preceding the date of application.

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

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

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

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

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

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

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

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

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

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

21. (1) ~~Subject to subsections (6), (8) and (9),~~ it is a term, condition and limitation of a certificate of registration authorizing independent practice that, five years after the date of initial registration, and every year after that, the holder satisfy the Registrar that ~~he or she~~ they have practised physiotherapy for at least 1,200 hours in the preceding five years.,

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

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

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

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

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

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

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

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

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

Transitional – Provisional Class

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

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

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

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

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

4. The certificate expires on the earlier of:

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

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

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

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

~~(4) If a holder of a certificate of registration authorizing independent practice ceases or fails to hold professional liability insurance in accordance with the College by laws, his or her certificate of registration is deemed to be suspended until the Registrar is satisfied that he~~

~~or she has acquired the professional liability insurance. O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 5 (2).~~

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

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

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

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

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

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

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

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

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

PROVISIONAL PRACTICE

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

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

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

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

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

~~1. The holder may practise physiotherapy only under the terms of a written agreement with a member holding a certificate of registration authorizing independent practice who monitors him or her in accordance with the written agreement. For the purposes of this paragraph, both the written agreement and the member must be approved by the Registrar.~~

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

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

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

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

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

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

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

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

COURTESY

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

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

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

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

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

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

~~3~~4. The applicant must certify that ~~he or she is~~they are making the application solely for reason of,

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

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

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

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

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

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

2. The certificate expires the earlier of:

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

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

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

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

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

EMERGENCY

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

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

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

i. The applicant has a degree in physiotherapy.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) In this section,

“Supervisor” means a member who,

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

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

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

SUSPENSIONS AND REVOCATION

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

(a) has paid the outstanding fee;

(b) has completed a new application form;

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

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

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

BOARD BRIEFING NOTE
For Decision

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

Issue

- There are upcoming openings for the Chair, Vice-Chair and Members at Large positions on the Executive Committee for 2026-2027. A vote will take place at the March 2026 Board meeting to fill these positions.

Background

- The Executive Committee consists of the Chair, Vice-Chair, and three Members at Large. The Committee should be composed of at least three Professional Directors and two Public Directors, unless only one Public Director stands for election, in which case one Public Director shall be sufficient.
- The new Executive Committee will assume its role at the June 18-19th Board meeting.
- The term for Executive Committee members is one year.
- The Executive Committee's current 2026-2025 composition includes:
 - Katie Schulz, Chair
 - Gary Rehan, Vice-Chair
 - Mark Heller, Member at Large
 - Frank Massey, Member at Large
 - Kirsten Pavelich, Member at Large

Current Status and Analysis

- The following are accepted nominations that were received prior to the deadline of Wednesday March 11th:

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

2026-2027 Executive Committee Candidate Statement



Katie Schulz
District 2 Central Western

Nominated for:
Chair

Elected Board Terms:
2019 - 2022
2022 – 2025
2025 – 2028

CPO Committees:

Executive Committee	June 2021 – June 2022, June 2023 – June 2026
ICRC	June 2022 – December 2024
Discipline and Fitness to Practice Committees	June 2019 – December 2024
Registration Committee	June 2019 – June 2024
Risk, Audit and Finance Committee	June 2024 – June 2026

Candidate Statement:

Over the past year, I have continued to lead the Board with steadiness, professionalism, and a strong commitment to our mandate. We have been challenged to make important decisions around the national exam, changes to our regulation, and updating our standards, among others. In a year marked by increased Board stability, I have focused on fostering thoughtful discussion, supporting effective decision-making, and ensuring that our work remains aligned with our mission to protect the public interest by ensuring physiotherapists provide competent, safe, and ethical care.

Since joining the Board in 2019, I have progressively taken on greater responsibility, serving on Executive Committee for several years, as Chair of the Registration Committee, Vice-Chair of the ICRC, and Panel Chair for Discipline Hearings. I am highly organized, maintain a strong work ethic, and have demonstrated excellent accountability in these roles over the past seven years.

I take my position on the Board seriously and strive to represent myself in a professional yet welcoming manner. I seek out feedback from the Board regularly and strive to address any concerns in a timely and thoughtful manner. I have continued to develop my facilitation skills and have supported the Board through complex and sometimes emotional decisions with clarity and care.

I would be honoured to continue serving as Chair of the Board for a second year, and I thank you sincerely for your support.

2026-2027 Executive Committee Candidate Statement



Mark Heller
Public Director

Nominated for:
Vice-Chair
Member at Large

Appointed Board Terms:
September 7, 2023 – September 6, 2024
September 7, 2024 – September 6, 2025
September 7, 2025 – September 6, 2028

CPO Committees:

Discipline Tribunal and Fitness to Practice Committee	September 2023 – June 2026
Quality Assurance Committee	December 2024 – June 2026
Inquiries, Complaints and Reports Committee	September 2023 – June 2024, June 2025 – June 2026
Executive Committee	January 2025 – June 2026

Candidate Statement:

I am honoured to accept the nomination for Vice-Chair of the College of Physiotherapists of Ontario (CPO). With extensive experience in regulatory governance and healthcare leadership, I will help the Board deliver clear, fair, and timely decisions that strengthen public confidence and protect patients.

For over 2.5 years on the CPO Board, I have contributed to key committees, including Discipline, ICRC, Quality Assurance, and, most recently, the Executive Committee. As a public member Vice-Chair, I will bring a strong public-interest lens alongside professional member leadership supporting evidence-based deliberation, respectful challenge, and clear communication.

With an MBA from Queen’s University, I bring an operator’s discipline to governance: measurable objectives, risk-based oversight, and follow-through that translate strategy into improved regulatory effectiveness.

I also bring proven leadership across regulated health professions. I have served on numerous healthcare and regulatory bodies, including four years on an executive committee and three years as President of the College of Homeopaths of Ontario. This experience underscores the importance of balanced, inclusive leadership and consistent, defensible decision-making in a rapidly evolving regulatory environment.

Patient safety is a core strength I offer to the CPO. Nationally, I have led environmental infection prevention and control programs supporting clinical and non-clinical services in more than 650 healthcare facilities across Canada. As national Chair of the CSA Z316.16 Technical Subcommittee (cleaning and disinfection standards in healthcare), my focus is evidence, accountability, and systems that prevent harm – which align with the CPO’s public protection mandate.

Finally, I will champion diversity of ideas and perspectives, collaboration, and continuous improvement within the Board and the college’s sector partners to ensure the CPO remains progressive and responsive.

I am ready to serve. I respectfully request your support.

2026-2027 Executive Committee Candidate Statement



Gary Rehan
District 4 Eastern

Nominated for:
Vice-Chair

Elected Board Terms:
2014 – 2017
2017 – 2020
2023 – 2026

CPO Committees:

Discipline Tribunal and Fitness to Practice Committee	June 2014 – June 2016, June 2023 – June 2026
Quality Assurance Committee	June 2012 – June 2016
Executive Committee	June 2015 – September 2020, June 2024 – June 2026
Inquiries, Complaints and Reports Committee	June 2011 – June 2012, June 2016 – June 2026
Registration Committee	June 2016 – June 2017
Risk, Audit and Finance Committee	June 2016 – September 2020, June 2023 – June 2026

Candidate Statement:

I am honoured to be nominated by our peers to continue as Vice-Chair of the Board. It has been a privilege to work alongside Katie, Craig, and the entire leadership team in advancing the College’s public-protection mandate. In the coming year, the priority is to continue fostering strong collaboration, effective governance, and a forward-looking approach that ensures Ontarians have sustained and equitable access to high-quality physiotherapy services.

Our Board has made significant progress in strengthening proactive risk management and modernizing our governance framework. Throughout this work, I have contributed by promoting clarity in decision-making, supporting improvements in committee functions, and encouraging transparent, accountable processes. These efforts reflect my commitment to ensuring that self-regulation remains responsive, trusted, and aligned with evolving public needs and expectations.

As the sector prepares for regulatory change, we must position the College to navigate new opportunities with confidence and agility. I am committed to supporting a culture where staff and committees feel empowered to innovate, while upholding the integrity of our regulatory

responsibilities. My goal is to help the Board maintain readiness for change, ensuring we remain adaptable, without losing sight of our core mandate.

My career experiences as a Physiotherapy Assistant and Internationally-Educated Physiotherapist, progressing towards earning a Master's degree in Health Management from the DeGroote School of Business and Certified Health Executive designation, equips me to make thoughtful and informed decisions towards furthering our organization's mandate.

Over the past 15 years, I have gained extensive experience across nearly all College committees, including Chairing the Registration, ICRC, RAFC, and Executive Committees. These roles, combined with leadership experience in municipal, provincial, and federal government organizations have strengthened my ability to guide organizations through complex change with innovation.

I respectfully ask for your support to continue serving as Vice-Chair and advancing our shared commitment towards public protection.



Gary Rehan, PT CHE

2026-2027 Executive Committee Candidate Statement



Carole Baxter
Public Member

Nominated for:
Member at Large

Appointed Board Terms:
May 13, 2021 - May 12, 2022
May 13, 2022 - May 12, 2025
May 29, 2025 – May 28, 2028

CPO Committees:

Inquiries, Complaints and Reports Committee	2021-2026
Executive Committee	2022-2025
Discipline Tribunal and Fitness to Practice Committee	2021-2026
Registration Committee	2022-2023, 2025-2026
Quality Assurance Committee	2021-2022
Screening Committee	2025-2026

Candidate Statement:

I am honoured to be nominated for a position on this year’s Executive Committee and respectfully seek your support to serve again in this important role.

As a member of the Executive Committee for three years, I had the privilege to be part of a team of leaders guiding the College through a challenging and transformational period. With a dedicated, courageous and diverse Board of Directors and a talented and passionate staff team, the CPO has met and exceeded public expectations of transparency and innovation. With the return to a national licensing exam and a regulatory landscape that continues to change, the next year promises to be one of continued evolution. We are fortunate to sit together at this table during what I see as a time of opportunity for enhancing patient care while maintaining the highest standards of public protection.

I believe that I bring a valuable combination of experience, perspective and dedication to the essential work that the Executive Committee does in between Board meetings, and I would be honoured to have your support to serve the Board in the capacity of a Member at Large.

Thank you,
Carole

2026-2027 Executive Committee Candidate Statement



Frank DePalma
District 6 Toronto West

Nominated for:
Member at Large

Elected Board Terms:
2024-2027

CPO Committees:

Discipline Tribunal and Fitness to Practice Committee	June 2024 – June 2026
Inquiries, Complaints and Reports Committee	June 2025 – June 2026
Screening Committee	December 2025 – June 2026

Candidate Statement:

It is an honour to be nominated for the position of Member-At-Large on the Executive Committee.

I have been a Physiotherapist since 1995, practicing in many areas of the profession, treating a multitude of patient types suffering from a variety of conditions. I possess extensive clinical experience in the hospital and private clinic settings within all physiotherapy specialities from inpatient medical, surgical, cardiorespiratory, neurology and intensive care to the outpatient clinical setting. My most recent position involved supervising a multi-disciplinary clinical team consisting of Physiotherapists, Occupational Therapists, Pharmacists, Kinesiologists and Psychologists focused on chronic pain management.

In addition to working as a practitioner, I have also held positions as a Clinic Coordinator, Education Coordination, Union Steward, Union Negotiations Committee member and a Clinical Practice Leader.

I have served as a Board Member for the CPO since 2024 and have well-rounded experience across multiple committees. I am an active member on the Discipline Committee, now the Health Professionals Discipline Tribunal (HPDT), the Inquiries, Complaints and Reports Committee (ICRC) and most recently, the Screening Committee.

As the College moves to develop and implement standards for some of the most important factors potentially affecting patient safety, such as artificial intelligence and an expanded scope of physiotherapy practice, I would bring foresight and thoughtful discussion to the Executive Committee. I have a great deal of time available to devote to the Board as I wind down my clinical practice hours. In all of my previous roles, including my work with the CPO as a Board member, I have always strived to work with the utmost in collaboration, innovation and insight. If elected to serve on the Executive Committee, I would bring these qualities, as well as my extensive clinical experience, to the table.

2026-2027 Executive Committee Candidate Statement



Frank Massey
Public Member

Nominated for:
Member at Large

Appointed Board Terms:
August 17, 2023 – August 16, 2025
August 17, 2025 – August 16, 2028

CPO Committees:

Executive Committee	June 2025 – June 2026
Risk, Audit and Finance Committee	December 2023 – June 2026
Discipline Tribunal and Fitness to Practice Committees	September 2023 – June 2026
Registration Committee	September 2023 – June 2025
Quality Assurance Committee	March 2024 – June 2024

Candidate Statement:

I have served on the Registration and Quality Assurance Committees. I currently serve on the Discipline and Fitness to Practice Committee as part of the Health Professions Discipline Tribunal. I also add value to the College by serving as Chair of the Risk, Audit and Finance Committee. I would feel honored to continue serving as a Member at Large on the Executive Committee.

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

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

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

2026-2027 Executive Committee Candidate Statement



Kirsten Pavelich
District 5 Northern

Nominated for:
Member at Large

Elected Board Terms:
2024-2026

CPO Committees:

Discipline Tribunal and Fitness to Practice Committee	2024-2026
Executive Committee	2025-2026

Candidate Statement:

Over the past two years, including a recent term on the Executive Committee, I have been honoured to work with fellow directors to advance the College’s mandate in the public interest. This experience has strengthened my belief that strong governance relies on diverse perspectives, thoughtful inquiry, and evidence-informed decision making that reflects risk awareness and the realities of physiotherapy practice across Ontario.

Following a period of significant challenge, the College is in a more stable phase and is well positioned to strengthen its role as an effective regulator. I value engaging in constructive dialogue with fellow directors to support forward momentum of the College’s strategic plan and ongoing regulatory excellence. I am particularly interested in how the organization continues to identify and mitigate emerging risks, leverage strategic partnerships, honour commitments to equity, diversity, inclusion, belonging, and reconciliation, and remain adaptive as healthcare and regulatory environments evolve.

My perspective is informed by a range of experiences, including clinical practice in hospital, private, and community settings including a remote First Nation; leadership roles with the Northwestern Ontario District of the OPA; Practice Advisor and practice enhancement coaching roles with the College; and academic and interprofessional education leadership serving Northern Ontario. I have also contributed to the University of Toronto’s bridging program for internationally educated physiotherapists and to initiatives aimed at improving access to rehabilitative care in rural, remote, and Indigenous communities.

This past year, I have appreciated working closely with Executive Committee colleagues on time-sensitive matters, including the College’s submission to the Ministry of Health on proposed scope changes, the Registrar’s performance evaluation, and supporting effective Board meetings.

I would welcome the opportunity to continue serving, bringing a collaborative approach, governance experience, and a commitment to thoughtful, forward-looking decision making in support of safe, competent, and ethical physiotherapy care for Ontarians.

2026-2027 Executive Committee Candidate Statement



Heather Weber
District 1 South Western

Nominated for:
Member at Large

Elected Board Terms:
2025 – 2028

CPO Committees:

Discipline Tribunal and Fitness to Practice Committee	October 2018 – February 2020, June 2025- June 2026
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Candidate Statement:

It is my intention to utilize my almost 37 years of Canadian physiotherapy practice wisdom to guide me in contributing to the ongoing success that our Executive Committee has demonstrated this year; and in the challenging times that transpired in the past 6 years. Specifically, my experience in growing a private practice to succession over a 20-year period and leading in one of Canada’s largest healthcare companies has grown my proficiency in understanding finance, managing change, navigating unexpected circumstances, and balancing opposing needs while keeping a clear head to set an example for others. Given the Executive Committee’s key roles in guiding the Registrar, responding to time sensitive issues, and preparing the Board for its efficacy in meetings; I feel that I am fulsomely prepared from a time perspective to meet this need, and with the requisite experience to be an effective team player on the Committee.

With the public interest as our compass, I have seen through my varied career experiences how patient safety can be affected by changes in hospital, homecare, private practice and student placement settings, as well as government legislation to advance Physiotherapy Scope of Practice in Ontario. My lived experience recovering from serious injuries, as well as caring for my aging parents in their later years further illuminated the deep importance of our regulatory responsibility.

Finally, I am committed to listening to all perspectives at the table, practicing due diligence, and communicating with other Executive Committee members to meet the demands of the ever-changing landscape in which we operate. I thank all of you for your consideration.

Part 6 — Election of Executive Committee

Election of Chair and Vice-Chair

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

- (6) The Board shall fill any vacancy in the office of Vice-Chair at a special meeting that the Chair shall call for that purpose as soon as possible after the vacancy is declared.
- (7) The office of Chair or Vice-Chair becomes vacant if the holder of the office dies, resigns, ceases to be a Director, or is removed from office.
- (8) If the Chair or Vice-Chair who is elected fails to be re-elected or appointed to the Board and is therefore unable to serve as Chair or Vice-Chair, their position will be declared vacant and be filled at the first successive meeting of the Board in a manner consistent with the College By-laws.

Election of Remaining Executive Committee Members

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

candidates who tied. In the event of a tie following a second vote, the Registrar shall determine the election by a random draw from the names of the candidates who tied for lowest total score.

- (2) If a member of the Executive Committee who is elected fails to be re-elected or appointed to the Board and is therefore unable to serve as a member of the Executive Committee, their position will be declared vacant and be filled at the first successive meeting of the Board in a manner consistent with the College By-laws.

Duties and Powers of Chair and Vice-Chair

- 6.3. (1) The duties of the Chair are to:
 - (a) be cognisant of the affairs of the College;
 - (b) give or cause to be given notice of all meetings of the Board and the Executive Committee;
 - (c) preside or ensure that a designate presides at all meetings of the Board and meetings of the Executive Committee;
 - (d) ensure that the College is represented at all relevant meetings;
 - (e) oversee the implementation of all orders and resolutions of the Executive Committee and the Board;
 - (f) act as a liaison between the College and other professional organizations as appropriate; and
 - (g) perform other duties as outlined in the College's governance policies as approved by the Board.
- (2) The duties of the Vice-Chair are to,
 - (a) act on behalf of the Chair in the Chair's absence; and
 - (b) perform other duties as outlined in the College's governance policies as approved by the Board.
- (3) The Chair is the most senior official and representative of the College and the Vice-Chair shall assist the Chair in the discharge of the Chair's duties.

EDUCATION PRIMER

Topic:	Introduction to the Indigenous Registration Pathway of the College of Midwives
Presenters:	Nancy Tran, Director of Registration, College of Midwives of Ontario Sue Eckenswiler, Director of Regulatory and Strategic Partnership, Indigenous Advanced Education & Skills Council
Learning Objectives:	Introduction to the College of Midwives registration pathway for Indigenous Midwives and the work of the Indigenous Advanced Education & Skills Council.
Submitted By:	Mara Berger, Director, Policy, Governance & General Counsel

Background

- The [College of Midwives of Ontario](#) is the regulatory body for more than 1,000 midwives in the province.
- On June 25, 2025, the College’s Board of Directors approved the [Indigenous Advanced Education & Skills Council \(IAESC\)](#) as a designated body entrusted with the responsibility of recognizing Indigenous midwifery post-secondary education programs offered at Indigenous Institutes that will be considered to meet the education requirement for registration with the College.
- IAESC is an Indigenous controlled and governed not-for-profit organization that provides quality assurance for Indigenous Institutes in Ontario. By setting culturally grounded standards, IAESC supports the strengthening of Indigenous education and helps ensure that programs meet both Indigenous and academic benchmarks.
- The approval of IAESC is an important step towards creating a new registration pathway for Indigenous midwives. Currently, there is no direct entry point for Indigenous midwives that have completed an Indigenous midwifery program, meaning that graduates would be required to completed additional education if they are interested in registering with the College.
- IAESC is working with an Indigenous Institute that is developing an Honours Bachelor of Science in Indigenous Midwifery. Once established, graduates of the program will be able to meet the education requirements for registration with the College. This provides the opportunity for Indigenous midwives to complete their education through an Indigenous Institution offering a program designed by and for Indigenous midwives and have that education recognized by the College.
- Establishing this pathway is aligned with the Truth and Reconciliation Commission Calls to Action by supporting Indigenous controlled education systems that allow for culturally appropriate training and respecting Indigenous authority over health.

- The new pathway also recognizes the valuable contribution Indigenous midwives make to the profession and their communities. Additionally, it may also help increase the number of Indigenous midwives and support retention.
- While Indigenous midwives currently can practice and use the title within their community without registering with the College, due an exception under the [Midwifery Act, 1991](#). Registration with the College under the new pathway would remain completely optional, but for Indigenous midwives that choose to register, it would provide additional opportunities to practise outside of their communities and to contribute to non-clinical roles, such as research.

11.0 Canadian Alliance of Physiotherapy Regulators Update
Dave Clements, CEO, CAPR

EDUCATION PRIMER

Topic:	Controlled Acts Primer
Presenters:	Mara Berger, Director, Policy, Governance & General Counsel Mary-Catherine Fraser Saxena, Manager, Practice Advice
Learning Objectives:	Introduction to controlled acts, including legislative context and their use in physiotherapy practice, to support the Board in their review of the updated Controlled Acts Standard.
Submitted By:	Mara Berger, Director, Policy, Governance & General Counsel Mary-Catherine Fraser Saxena, Manager, Practice Advice Evguenia Ermakova, Policy Analyst

Background

- In light of proposed updates to the Controlled Acts Standard, the purpose of this primer to introduce what controlled acts are, the legislative framework and how controlled acts may show up in practice.

Legislative Framework

- Controlled acts are a subset of healthcare activities that may only be performed by authorized regulated health professionals due to their inherent risks. In total, there are 14 controlled acts that can be found in [sections 27-29 of the *Regulated Health Professions Act, 1991*](#) (RHPA).
- Under the RHPA, there are a few ways in which health care professionals may be authorized to perform a controlled act:
 - **Legislation:** profession-specific acts may outline certain controlled acts members of the profession are able to perform. Additionally, exemptions may also be granted via legislation.
 - **Delegation:** a health care professional who has the authority to perform a controlled act may delegate it to another health care professional who otherwise would not have access to that controlled act.
 - Health care professionals who have been authorized to perform a controlled act via delegation cannot delegate that authority to anyone else.
 - **Exceptions:** in certain circumstances, controlled acts may be performed based on exceptions outlined in the RHPA. Students fulfilling the requirements to become a member of the profession would fall within this category.

- For physiotherapists specifically, section 4 of the [Physiotherapy Act, 1991](#) grants the profession the ability to perform seven controlled acts:
 1. communicating a diagnosis identifying a disease or disorder as the cause of a person's symptoms,
 2. spinal manipulation,
 3. tracheal suctioning,
 4. treating a wound below the dermis,
 5. pelvic internal exams (this includes putting an instrument, hand or finger, beyond the labia majora, or beyond the anal verge),
 6. ordering the application of a prescribed form of energy (such as diagnostic imaging), and
 7. administering a substance by inhalation.
- Physiotherapists are also authorized to perform acupuncture, but through a slightly different mechanism. Under [O.Reg 107/96](#), physiotherapists are exempted from the restriction on the performance of acupuncture, provided it is within the scope of practice of physiotherapy.

Controlled Acts in Physiotherapy Practice

- Even though physiotherapists have access to these controlled acts, not all physiotherapists are authorized to perform them.
- In accordance with the College's Controlled Acts and Restricted Activities Standard, physiotherapists need to roster with the College for every controlled act they perform under their own authority, with the exception of communicating a diagnosis, which is considered an essential entry-to-practice competency.
 - Rostering is the process through which physiotherapists add their names to a list maintained by the College to indicate that they have the necessary training, education, and competence to safely perform the controlled act, and to confirm that they will maintain this competence the entire time they remain on the roster.
 - Rostering information appears on a physiotherapist's profile on the Public Register.
- Physiotherapists may roster for any number of controlled acts, depending on their area of work and the needs of the patient population they serve. Not all physiotherapists perform all controlled acts.
- Rostering is not required for controlled acts that a physiotherapist performs via delegation. Delegation also allows physiotherapists to perform controlled acts that they otherwise would not be authorized to perform, such as ordering diagnostics.
 - Delegation is commonly used in hospitals to support efficient patient care but may also occur in other practice settings.

- Performing a controlled act via delegation does not absolve the physiotherapist from their professional responsibilities. To perform any controlled act, either by rostering or through delegation, the physiotherapist must have the necessary knowledge, skills and competency to perform the act safely.
 - Similarly, when a physiotherapist delegates a controlled act themselves, they must ensure that both they and the health professional receiving the delegation are competent to perform the controlled act.
- Any controlled act performed by a physiotherapist, whether independently or through delegation, must be within the scope of practice of physiotherapy if the protected PT title is being used.
 - Physiotherapists may be delegated controlled acts that are not within scope. In those situations, the physiotherapists may accept the delegation and perform the controlled act if they have the necessary competence, but they would not be providing physiotherapy care.

Examples of how Controlled Acts may be Integrated into Practice

- **Direct authorization via legislation– Tracheal Suctioning:** A physiotherapist works in an acute care hospital with a patient with a spinal cord injury in their upper neck. This means the patient can no longer breathe or clear mucus on their own effectively. The physiotherapist provides care that improves the patient’s ability to breathe, including exercises to help recruit the diaphragm and manual techniques to help clear secretions. The physiotherapist can also insert a suction catheter to remove secretions from the upper chest (trachea) to assist with airflow and breathing.
- **Delegation to Physiotherapist – Administering Substance by Injection:** In an orthopedic surgeon-led Rapid Access Hip and Knee Osteoarthritis Clinic, the surgeon assesses patients and confirms the need for intra-articular corticosteroid injection. The surgeon may delegate this controlled act to a physiotherapist via a written medical directive. The surgeon remains accountable. A physiotherapist may administer cortisone injections under direct order or medical directive if:
 - It is within the treatment scope of physiotherapy.
 - The physiotherapist has documented training and competency in injections.
 - Competence has been demonstrated under supervision.
 - There is a written plan for adverse events.
 - Appropriate Communication with the surgeon is in place.
 - The physiotherapist explains their authority and answers patient questions before obtaining consent.

- **Delegation by Physiotherapist – Administering Substance by Inhalation:** A patient hospitalized for worsening lung disease requires oxygen therapy to maintain blood oxygen levels between 88%-92%. After assessment, the physiotherapist plans early mobilization and endurance training, identifying the need for supplemental oxygen during activity. Following a medical order, the physiotherapist decides when and how to administer oxygen as part of treatment. A Physiotherapist Assistant helps with the walking program; the physiotherapist sets all oxygen parameters and may delegate oxygen flow adjustment to the assistant to meet targeted blood oxygen levels during exercise.

Board Meeting
March 26-27, 2026

Agenda #13.0: Approval of Controlled Acts Standard for Consultation

It is moved by

_____ ,

and seconded by

_____ ,

that:

The Board approves the draft Controlled Acts Standard for a 60-day consultation.

BOARD BRIEFING NOTE
For Decision

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

Issue

- Updates to the Controlled Acts Standard are now being considered by the Board for approval for consultation with the College’s registrants and partners.

Decision Sought

- The Board is being asked to approve the draft Standard for consultation.

Background

- Following the adoption of the 16 national Model Standards for use in Ontario, the College is now in the process of updating its [Controlled Acts and Restricted Activities Standard](#).
- The Controlled Acts and Restricted Activities Standard has been in effect since June 29, 2016, and has not been revisited since.
- The objectives of this review are as follows:
 - 1) Align the formatting with the newly-adopted national standards,
 - 2) Ensure that the Standard accounts for the Ontario Ministry of Health’s potential scope of practice changes related to ordering imaging investigations,
 - 3) Reinforce the provisions related to risk mitigation and the public interest, and
 - 4) Address any identified gaps, inconsistencies, or outdated terminology to ensure the Standard remains relevant and comprehensive.

- Since all Canadian provinces have different regulatory frameworks surrounding controlled acts, national alignment is not among the goals of review for this Standard.
- The Standard is now being considered for approval of a 60-day consultation period with registrants, members of the public, and other partners.

Current Status and Analysis

- Below is an overview of the draft Standard and initial changes being proposed.
- Material changes from the current version are highlighted in red in Appendix A: Draft Standard – Controlled Acts.

Overview: Controlled Acts Standard

- Physiotherapists carry out controlled acts safely, competently, with the proper authority, and in accordance with legislation, regulation, and scope of practice.
- Key provisions include:
 - *Authority and Accountability:* PTs must be authorized to perform the controlled act and ensure it falls within the PT scope of practice. They are responsible for both the decision to perform the act and for how it is carried out.
 - *Competence, Training, and Currency:* PTs must complete appropriate training and demonstrate up-to-date knowledge, judgement, and practical skills for each controlled act they perform, and roster with the College if performing the act on their own authority.
 - *Risk Management:* PTs must maintain a written adverse event plan, document patient safety incidents or near misses, and communicate with other healthcare providers when a controlled act may impact a shared plan of care.
 - *Delegation:* PTs must delegate only to authorized and competent personnel, ensure patient consent, and review protocols for adverse outcomes with the person being delegated to.
- Key changes being proposed include:
 - Added a Standard and Expected Outcome statement to align with how the national standards are structured, and reorganized the content according to that structure.
 - Added “Optional Wording” boxes in advance of possible changes to the physiotherapy scope of practice. These sections are meant to only go into effect when/if the government permits physiotherapists to order imaging investigations.

- Added provisions to ensure currency of knowledge, judgement, and practical skills for each controlled act a physiotherapist is rostered for and performs under delegation.
- Added/expanded on the definitions for controlled acts, currency, delegation, and rostering for greater clarity as to what these terms mean.

Implications of the “As of Right” Registration Pathway

- The College is assessing the potential impact of the expanded [“As of Right” registration pathway](#) on the Controlled Acts Standard.
- At this time, no corresponding changes to the Standard are required. While the pathway allows practitioners to carry out controlled acts they are authorized to perform in their home jurisdiction (if permitted in Ontario and within Ontario scope), physiotherapists must be registered with the College before becoming eligible for rostering.
- The Ministry is developing formal guidance to support the implementation of the pathway, which is expected to include the performance of controlled acts.
- Following Board approval of the Standard, staff will also be developing guidance in this area.

Next Steps

- If approved, the consultation will be posted to the website for a 60-day period.
- The Standard is expected to return for Board approval in June 2026.
- The College will continue to monitor for legislative and/or regulatory changes to the physiotherapy scope of practice, as well as “As of Right” guidance from the government.

Questions for the Board

- Do you feel that anything in the materials requires further clarification?
- Do you need any additional background or information to determine whether to approve the Controlled Acts Standard for consultation?

Controlled Acts

Standard

The physiotherapist only performs controlled acts that they are competent and authorized to perform, and ensures that all controlled acts performed within the context of physiotherapy practice are safe, within physiotherapy scope, and compliant with regulatory and legislative requirements.

Expected outcome

Patients can expect that the physiotherapist performs controlled acts safely, competently, and with the required legal authority and training, and keeps them informed about all aspects of their care involving those acts.

Performance expectations

Related to the Performance of All Controlled Acts

The physiotherapist:

- Is authorized to perform a **controlled act** based on legislation or **delegation**.
- Ensures they are listed on the College **roster** for the controlled act being performed, except if:
 - Performing the controlled act of communicating a diagnosis, or
 - Performing an activity that is delegated by another health professional, in which case, they can agree to perform it under the conditions outlined in this Standard.
- Is able to demonstrate that they have successfully completed training for the controlled acts they perform, which may include formal education or training delivered on the job, and completes the following as part of their training:
 - Learns the indications, contraindications, adverse outcomes, and risks associated with performing the controlled act, **as well as the management of those risks**.
 - Practices the controlled act under supervision of a person who is authorized to perform it.
 - Is evaluated on the knowledge, judgement, and practical skills needed to perform the controlled act.

- Demonstrates an ability to safely and competently perform the controlled act.
- Demonstrates **currency** of knowledge, judgement, and practical skills for each controlled act they are rostered for or perform through delegation.
- Is accountable both for deciding to carry out the controlled act, and for performing it.
- Ensures the controlled act is within the scope of practice of physiotherapy, **as defined under section 3 of the *Physiotherapy Act, 1991*, and does not use the Physiotherapist title when performing a delegated controlled act outside of that scope.**
- Maintains and follows a written plan for managing any reasonably foreseeable adverse outcomes arising from the controlled act, and knows what to do in the event of an adverse outcome.
 - **OPTIONAL WORDING:** Provides their emergency contact information on all imaging orders requisitioned to facilitate timely communication in the event that imaging reveals an urgent concern.
- Documents any patient safety incidents or near misses related to the controlled act.
- Communicates in a timely manner with other healthcare providers when performing controlled acts that may impact the care patients receive from those providers.

Related to Receiving Delegation of Controlled Acts

When agreeing to perform a delegated controlled act, the physiotherapist:

- **Must possess the currency of knowledge, judgement, and practical skills necessary to accept the delegation.**
- Is satisfied that the delegation is provided by a legally authorized source.
- **Can reasonably assume** that the delegating health professional **has the knowledge, skills, and judgement to** perform the controlled act safely, competently, and ethically.
- **Ensures that they fully understand** the circumstances under which they are authorized to perform the controlled act, including which patients they may treat and any other limitations, as communicated by the delegating professional.
- Explains to patients **the source and scope of their authority** to perform the controlled act.
- Does not delegate the controlled act to anyone else, **including a Physiotherapist Assistant (PTA) or physiotherapy student.**

Related to the Delegation of Controlled Acts to Another Person

When delegating a controlled act, the physiotherapist:

- Understands that they are responsible for deciding to delegate the controlled act.
- Must not delegate the following:
 - Acupuncture,
 - Communicating a diagnosis,
 - Spinal manipulation,
 - Internal assessment or internal rehabilitation of pelvic musculature.
- **OPTIONAL WORDING: Orders for imaging investigations.**
- Must have the knowledge, skills, and judgement to perform the controlled act safely, competently, and ethically **before delegating the act.**
- Ensures that the person who will be performing the controlled act has the knowledge, skills, and judgement to do so safely, competently, and ethically.
- **Reviews with the person** how to manage any adverse outcome that can reasonably be foreseen and **provides them with** a written protocol for doing this.
- **Explains to the person** that they must not delegate the controlled act to anyone else.
- Explains to patients the circumstances in which the person can perform the controlled act, including any limitations.
- Must document that each of the above requirements has been fulfilled.

Definitions

Controlled acts are acts which may be performed only by authorized regulated health professionals under **section 27** of the *Regulated Health Professions Act, 1991* (RHPA). Controlled acts are considered **particularly** harmful if performed by someone who does not have the required knowledge, skill and judgement. **There are 14 controlled acts in total.**

Section 4: Authorized Acts of the *Physiotherapy Act, 1991* authorizes physiotherapists to perform **seven** controlled acts when providing services to patients:

1. **communicating a diagnosis,**

2. spinal manipulation,
3. tracheal suctioning,
4. treating a wound below the dermis,
5. pelvic internal exams (this includes putting an instrument, hand or finger, beyond the labia majora, or beyond the anal verge),
6. ordering the application of a prescribed form of energy, and
7. administering a substance by inhalation.

For the purposes of this Standard, this also includes acupuncture, which is a component of the controlled act of performing a procedure on tissue below the dermis. Under O.Reg 107/96: Controlled Acts, physiotherapists are exempted from the restriction on the performance of acupuncture, provided it is within the scope of practice of physiotherapy.

OPTIONAL WORDING: This also includes the authority to order imaging investigations as permitted by applicable legislation or regulation, so long as these investigations fall within the physiotherapy scope of practice.

Currency refers to a physiotherapist's ongoing and up-to-date competence in performing controlled acts. It means that the physiotherapist maintains the necessary skills, knowledge, and judgement, such as through regular training, education, and practice, to safely and effectively carry out these higher-risk activities.

Delegation is the process by which one or more regulated health professionals grant someone the authority to perform a controlled act that they are authorized to perform, that the recipient is not normally permitted to carry out on their own. Delegation may be provided through direct orders (for an individual patient) or medical directives (pre-authorized instructions for designated professionals to carry out specified procedures under defined conditions).

Physiotherapy students who perform controlled acts as part of their clinical education are not normally considered recipients of delegation. Instead, section 29(b) of the *Regulated Health Professions Act, 1991* (RHPA) explicitly authorizes students to carry out controlled acts under supervision while fulfilling the requirements to become a member of a regulated health profession, as long as that act is within their professional scope.

Rostering for a controlled act is a process where physiotherapists add their names to the College's list indicating they have the necessary training, education, and competence to safely perform the act. By rostering with the College, physiotherapists confirm that they are currently competent and will maintain their skills for as long as they remain on the roster. Rostering information appears on a physiotherapist's profile on the Public Register.

Physiotherapists who perform the following activities under their own authority must roster for each of these activities with the College:

- tracheal suctioning
- spinal manipulation
- acupuncture (including dry needling)
- treating a wound below the dermis
- pelvic internal exams
- administering a substance by inhalation

BOARD BRIEFING NOTE
For Information

Topic:	FY2026 Q3 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 at Q3 for fiscal year 2026 (FY26), covering the period April 1, 2025 – December 31, 2025.

Decision Sought

- The Q3 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 Board is provided with quarterly statements. This is an opportunity for Management to provide analysis on variances, trends, comparative and forecasts.

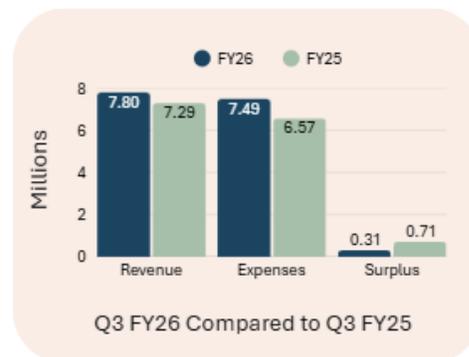
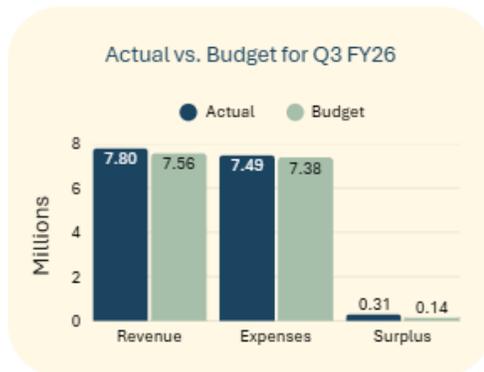
Executive Summary

- At the February 12, 2026 RAFC meeting the committee reviewed the Q3 financials.
- In Q3, 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 Q3 Fiscal Year 2026

Financial Dashboard Q3 FY26



Q3 FY26 Core vs Exam

	Core	Exam	Total
Revenue	6,706,501.31	1,097,820.00	7,804,321.31
Expenses	6,217,840.10	1,275,696.55	7,493,536.65
Surplus /Deficit	488,661.21	-177,876.55	310,784.86

- Overall, Q3 results are with no material variance. Overall revenue is over budget by 3.69% with expenses over budget by 1.45%.
 - Core Business revenue was \$291,559 over budget and expenses were \$126,944 under budget for a Core surplus of \$418,503.
 - Ontario Clinical Exam (OCE) revenue was \$13,780 under budget with expenses over budget by \$234,193, for a deficit of \$177,877. The larger than expected deficit is mostly due to recognizing 50% of the incentive provided to Examiners to be able to accommodate greater capacity. There are additional costs associated with the contract staff person that was hired following the Board decision to significantly increase capacity within the OCE. These costs will be offset by OCE revenue through Q4.

Overview of Statement of Operations and Explanatory Notes

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 3.69% over budget. This positive variance is driven primarily by higher-than-expected demand for the OCE, which in turn has increased revenue from new application fees, Independent Practice Certificates (IPC) and Provisional Practice Certificates that later convert to IPC. In addition, Interest income exceeded budget by \$78,000, largely because we had more cash on hand than anticipated. The budget assumed a more conservative interest rate trends based on last year's outlook.
 - Expenses:
 - 5050 Committee Reimbursed Expenses – Expenses were \$27,439 under budget. The underspending was primarily driven by reduced attendance at certain educational events with some due to intentional limits on participation, other due to lower-than-expected turnout, as well as instances where anticipated committee meetings were not needed.
 - 5405 Memberships & Publications – The actuals appear to be double the amount we budgeted for. However, the full Health Profession Regulators of Ontario (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.
 - 5406 CAPR Fees – under budget by \$30,285. This line item included costs associated with supporting the new national regulatory group the Canadian Physiotherapy Regulators (CPTR). That group continues to operate in an informal manner as foundational work is undertaken and as a result, expenses have not yet been incurred in support of this group's work.
 - 5412 Telephone & Internet – Over budget by \$9,776. We estimated a monthly cost of \$1,250. We are charged based on usage. Usage is coming in at approximately \$1,800/month.
 - 5502 Strategic Operations and 5505 Policy Development – Both are under budget with several projects that have been shifted to take place in Q4 or later due to competing priorities.

- 5600 Communications:
 - 5621 Online Communications – We underspent by \$30,130 so far for FY2026, however, website updates and video production are planned for Q4 and so it is anticipated that these funds will be spent.
 - 5622 In-Person Communications – We underspent by \$12,291. These are visits to universities, timing of which can be difficult to predict. Additional in person communications are planned for Q4.
- 5700 – Professional Fees
 - 5711 External Investigations – External investigations costs have been higher than anticipated. When charts are required as part of an investigation this work is outsourced as it requires both travel and specific skills to navigate the in-person challenges that arise when engaging with a registrant under investigation. Additionally, when undercover work is conducted, this work is outsourced. As a result, the core investigative work is still primarily conducted in-house, while these complementary elements of the work are supported by external expertise.
 - 5714 Fees to Secure Records – Greater need than anticipated and many are hospitals where costs are greater.
 - 5707 Decision Writing – Expenses are currently lower than anticipated due to a slow down over the summer months, but case volume trends suggest this line will be closer to budget by the end of Q4. At the same time, a supplementary decision-writer has been contracted and bills at a higher rate than budgeted.
 - 5708 Peer/Expert Opinions – From Q1, one single peer opinion was much higher than expected.
 - Legal - 5760, 5761, 5762 – Collectively these lines were over budget by \$43,852. Budgets for legal fees are estimated for the whole year, and at the time of budgeting there is typically insufficient information to accurately forecast the timing of expenditures. For example, this year additional legal support has been required as we transition to the national exam and sunset the Provisional Practice Class. These expenses continue to be monitored throughout the year to identify any significant activities contributing to the variance.
 - 5754/5755 – Council Advice/General Legal – There was less support needed through Q3.

- Programs:
 - 5830 – Entry to Practice (OCE):
 - 5831, 5832 (Examiner Fee/Examiner training fee) should be considered combined as ultimately the total cost across these two lines represents the Examiner costs associated with the exam. Budget for these two lines total \$493,320 and Actuals total \$628,133. Fees for training were included in 5831.

These costs were over budget by \$134,813 of which \$132,750 relates to the examiner incentive fee. 50% of the incentive is recognized in FY26 and 50% will be accrued for FY27.
 - Similarly, grouping lines 5837, 5838 and 5840 provide a better summary since consultant fee budget was actually in development/miscellaneous costs. Total budget for these three lines is \$76,690 and actuals are \$89,903.
 - 5835 exam costs. These costs were \$61,506 over budget due to higher participation in the exam driven primarily by higher technology costs as a result of higher participation.
 - 5900 Staffing
 - 5901 Salaries –under budget by \$106,865. 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 earlier in the year will occur in Q4.

Next Steps

- FY27 Budget approval by the Board
- Internal controls review taking place in March 2026
- Audit taking place in May 2026
- Auditor RFP in April/May 2026

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 - December, 2025

	Total			
	Actual	Budget	over Budget	% of Budget
Income				
4001 Registration Fees			0	
4007 Registration fee credits		-29,487	29,487	0.00%
4011 Independent Practice - \$648	5,555,043	5,554,980	63	100.00%
4012 Independent Practice - ProRated	297,149	244,620	52,529	121.47%
4013 Prof Corp Fees \$277	76,357	99,720	-23,363	76.57%
4014 Provisional Practice Fees \$83	83,130	38,250	44,880	217.33%
Total 4001 Registration Fees	\$ 6,011,679	\$ 5,908,083	\$ 103,596	101.75%
4002 Interest Income	291,212	213,000	78,212	136.72%
4008 Admin Fees			0	
4015 Application Fees \$114	215,574	153,729	61,845	140.23%
4016 Letter of Prof Stand / NSF \$56	16,704	10,875	5,829	153.60%
4017 Wall Certificates \$28	3,132	2,175	957	144.00%
4018 Late Fees \$254	4,495	1,905	2,590	235.95%
4019 Prof Corp Application \$774	59,305	20,775	38,530	285.46%
Total 4008 Admin Fees	\$ 299,210	\$ 189,459	\$ 109,751	157.93%
4010 Miscellaneous Income			0	
4023 Sublease Income	104,400	104,400	0	100.00%
Total 4010 Miscellaneous Income	\$ 104,400	\$ 104,400	\$ 0	100.00%
4030 ETP Assessment Fees			0	
4033 Reg Com - OCE Fee (\$1,985)	1,097,820	1,111,600	-13,780	98.76%
Total 4030 ETP Assessment Fees	\$ 1,097,820	\$ 1,111,600	-\$ 13,780	98.76%
Total Income	\$ 7,804,321	\$ 7,526,542	\$ 277,779	103.69%
Gross Profit	\$ 7,804,321	\$ 7,526,542	\$ 277,779	103.69%
Expenses				
0051 do not use GST Expenses	0		0	
5000 Committee Per Diem			0	
Total 5000 Committee Per Diem	\$ 140,883	\$ 136,158	\$ 4,725	103.47%
5050 Committee Reimbursed Expenses			0	
Total 5050 Committee Reimbursed Expenses	\$ 62,474	\$ 89,913	-\$ 27,439	69.48%
5100 Information Management			0	
5101 IT Hardware	11,587	8,900	2,687	130.19%
5102 Software	197,591	195,039	2,552	101.31%
5104 IT Database	124,897	121,147	3,750	103.10%
5109 IT Implementation Costs	3,122		3,122	
Total 5100 Information Management	\$ 337,196	\$ 325,086	\$ 12,110	103.73%
5200 Insurance	18,795	14,465	4,330	129.93%
5300 Networking	5,345	4,700	645	113.72%

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Appendix A

5301 Conferences and Travel	18,148	22,000	-3,853	82.49%
5400 Office and General			0	
5402 Bank & service charges	71,783	70,000	1,783	102.55%
5403 Maintenance & repairs	1,038	1,800	-762	57.67%
5405 Memberships & publications	27,875	8,380	19,495	332.64%
5406 CAPR Fees	180,614	210,899	-30,285	85.64%
5407 Office & kitchen supplies	2,637	3,000	-363	87.91%
5408 Postage & courier	4,409	5,620	-1,211	78.44%
5409 Rent	425,896	424,971	925	100.22%
5411 Printing, Filing & Stationery	7,882	7,450	432	105.80%
5412 Telephone & Internet	34,526	24,750	9,776	139.50%
5413 Bad Debt	-13,570	0	-13,570	
Total 5400 Office and General	\$ 743,091	\$ 756,870	-\$ 13,779	98.18%
5500 Regulatory Effectiveness			0	
5502 Strategic Operations	99,031	155,550	-56,519	63.67%
5503 Council Education	19,899	16,822	3,077	118.29%
5504 Elections	3,700	3,700	0	100.00%
5505 Policy Development	8,362	50,250	-41,888	16.64%
5513 Governance	147	700	-553	20.99%
Total 5500 Regulatory Effectiveness	\$ 131,139	\$ 227,022	-\$ 95,883	57.76%
5600 Communications			0	
5605 Translation Services	9,263	7,100	2,163	130.46%
5620 Print Communication	2,111	2,660	-549	79.37%
5621 Online Communication	12,670	42,800	-30,130	29.60%
5622 In-Person Communication	7,009	19,300	-12,291	36.32%
Total 5600 Communications	\$ 31,053	\$ 71,860	-\$ 40,807	43.21%
5700 Professional fees			0	
4004 Cost recovery from cost orders	-3,500	-51,750	48,250	6.76%
5701 Audit	18,080	23,000	-4,920	78.61%
5702 Hearing Expenses	9,113	2,966	6,147	307.22%
5704 Investigation Services			0	
5711 External Investigators	120,678	62,280	58,398	193.77%
5712 PC - Chart Review	3,658	10,260	-6,602	35.65%
5713 Summons - Conduct fees		0	0	
5714 Fees to Secure Records	2,650	750	1,900	353.28%
5715 Corporate Searches		0	0	
5716 Transcripts	5,609	7,560	-1,951	74.19%
Total 5704 Investigation Services	\$ 132,594	\$ 80,850	\$ 51,744	164.00%
5705 Professional services - Other	59,052	50,475	8,577	116.99%
5706 Investigator travel	432	1,500	-1,068	28.79%
5707 Decision writing	30,477	41,748	-11,271	73.00%
5708 Peer / Expert opinions	26,804	15,000	11,804	178.69%
5750 Legal		0	0	
5751 Legal - QA	3,820	3,844	-24	99.38%
5752 Legal - Registration	17,117	13,650	3,467	125.40%
5753 Legal - Professional Conduct			0	

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5760 General Counsel	56,872	49,992	6,880	113.76%
5761 Independent Legal Advice	44,793	34,324	10,469	130.50%
5762 Hearing Counsel	71,502	45,000	26,502	158.89%
Total 5753 Legal - Professional Conduct	\$ 173,167	\$ 129,316	\$ 43,852	133.91%
5754 Legal - Council Advice	1,089	10,500	-9,411	10.37%
5755 General Legal	6,297	15,000	-8,703	41.98%
5758 Legal - Practice Advice		1,975	-1,975	0.00%
Total 5750 Legal	\$ 201,490	\$ 174,285	\$ 27,206	115.61%
Total 5700 Professional fees	\$ 474,542	\$ 338,074	\$ 136,468	140.37%
5800 Programs			0	
5810 Quality Program			0	
5811 QA Program Development & Eval.		10,170	-10,170	0.00%
5823 Assessor Training	9,918	12,123	-2,205	81.81%
5824 Assessor Onsite Assessment Fee	10,125	11,700	-1,575	86.54%
5825 Assessor Remote Assessment	160,258	151,200	9,058	105.99%
Total 5810 Quality Program	\$ 180,301	\$ 185,193	-\$ 4,892	97.36%
5830 Entry to Practice - Projects			0	
5831 OCE Examiner Exam Fee	613,544	343,200	270,344	178.77%
5832 OCE Examiner Training Fees	14,589	150,120	-135,531	9.72%
5833 OCE Staff Compensation		14,000	-14,000	0.00%
5834 Exam Committee - per diem	4,142	8,019	-3,877	51.66%
5835 Exam - Technology costs	189,416	127,910	61,506	148.09%
5836 Exam Delivery Costs	7,163	1,268	5,896	565.14%
5837 Exam - Admin / Misc. costs	24,354	29,771	-5,417	81.81%
5838 Exam - Consultant Fees	24,682	21,000	3,682	117.53%
5839 Exam - Legal costs	3,449	7,200	-3,751	47.90%
5840 Exam - Development / Misc.costs	40,867	25,919	14,948	157.67%
Total 5830 Entry to Practice - Projects	\$ 922,206	\$ 728,407	\$ 193,799	126.61%
5880 Remediation			0	
5871 QA Practice Enhancement fees	7,255		7,255	
4029 QA Remediation Chargeback		-559	559	0.00%
Total 5871 QA Practice Enhancement fees	\$ 7,255	-\$ 559	\$ 7,813	-1298.44%
5881 Remediation - QA		3,625	-3,625	0.00%
5882 Remediation - ICRC	30,505	27,060	3,445	112.73%
4028 ICRC Remediation Chargeback	-26,544	-27,060	516	98.09%
Total 5882 Remediation - ICRC	\$ 3,961	\$ 0	\$ 3,961	
5883 Remediation - Registration	3,689	4,302	-613	85.75%
4027 Registration Chargeback	-1,829	-4,005	2,176	45.66%
Total 5883 Remediation - Registration	\$ 1,860	\$ 297	\$ 1,563	626.26%
5884 Remediation - Discipline	553	5,615	-5,063	9.84%
4026 Discipline Chargeback	-553	-5,615	5,063	9.84%
Total 5884 Remediation - Discipline	\$ 0	\$ 0	\$ 0	
5886 Remediation - Office+Registrar		2	-2	0.00%
5887 Coach Training	5,219	0	5,219	
Total 5880 Remediation	\$ 18,295	\$ 3,365	\$ 14,929	543.63%
5890 Therapy and Counselling Fund	44,906	35,983	8,923	124.80%

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Total 5800 Programs	\$ 1,165,708	\$ 952,948	\$ 212,760	122.33%
5900 Staffing			0	
5901 Salaries	3,595,853	3,702,718	-106,865	97.11%
5904 Consultant fees	12,283	34,000	-21,717	36.13%
5905 Staff Development	38,287	48,746	-10,459	78.54%
5906 Recruitment	1,104	4,400	-3,296	25.09%
5907 Staff Recognition	28,016	27,866	150	100.54%
5915 MERCS		629,462	-629,462	0.00%
Total 5915 MERCS (Mandatory Employment Related Costs)	\$ 615,885	\$ 629,462	-\$ 13,577	97.84%
Total 5900 Staffing	\$ 4,291,427	\$ 4,447,192	-\$ 155,765	96.50%
6001 Amortization	73,656	0	73,656	
Minister of Finance Expense	0		0	
WayPay Inc (CAD)	80		80	
Total Expenses	\$ 7,493,537	\$ 7,386,287	\$ 107,249	101.45%
Net Operating Income	\$ 310,785	\$ 140,255	\$ 170,530	221.59%
Net Income	\$ 310,785	\$ 140,255	\$ 170,530	221.59%

Monday, Jan. 26, 2026 07:36:11 a.m. GMT-8 - Accrual Basis

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

	Total		
	Apr - Dec., 2025	Apr - Dec., 2024 (PY)	% Change
INCOME			
4001 Registration Fees			
4007 Registration fee credits		-32,672.63	100.00%
4011 Independent Practice - \$648	5,555,043.04	5,241,631.70	5.98%
4012 Independent Practice - ProRated	297,149.02	312,960.37	-5.05%
4013 Prof Corp Fees \$277	76,357.00	93,961.00	-18.74%
4014 Provisional Practice Fees \$83	83,130.00	69,700.00	19.27%
4021 Misc Fee \$113 and \$300		339.00	-100.00%
Total 4001 Registration Fees	\$ 6,011,679.06	\$ 5,685,919.44	5.73%
4002 Interest Income	291,212.39	296,446.29	-1.77%
4008 Admin Fees			
4015 Application Fees \$114	215,574.00	186,459.18	15.61%
4016 Letter of Prof Stand / NSF \$56	16,704.00	12,272.00	36.11%
4017 Wall Certificates \$28	3,132.00	3,000.00	4.40%
4018 Late Fees \$254	4,494.86	4,064.00	10.60%
4019 Prof Corp Application \$774	59,305.00	39,474.00	50.24%
Total 4008 Admin Fees	\$ 299,209.86	\$ 245,269.18	21.99%
4010 Miscellaneous Income		24,375.00	-100.00%
4023 Sublease Income	104,400.00	104,400.00	0.00%
Total 4010 Miscellaneous Income	\$ 104,400.00	\$ 128,775.00	-18.93%
4030 ETP Assessment Fees			
4033 Reg Com - OCE Fee (\$1,985)	1,097,820.00	938,327.50	17.00%
Total 4030 ETP Assessment Fees	\$ 1,097,820.00	\$ 938,327.50	17.00%
Total Income	\$ 7,804,321.31	\$ 7,294,737.41	6.99%
GROSS PROFIT	\$ 7,804,321.31	\$ 7,294,737.41	6.99%
EXPENSES			
0051 do not use GST Expenses	0.00	0.00	
5000 Committee Per Diem			
Total 5000 Committee Per Diem	\$ 140,882.60	\$ 88,312.00	59.53%
5050 Committee Reimbursed Expenses			
Total 5050 Committee Reimbursed Expenses	\$ 62,473.56	\$ 45,165.84	38.32%
5100 Information Management			
5101 IT Hardware	11,586.94	17,308.80	-33.06%
5102 Software	197,590.53	106,141.10	86.16%
5103 IT Maintenance		9,215.84	-100.00%
5104 IT Database	124,897.05	196,989.20	-36.60%
5109 IT Implementation Costs	3,121.62	6,243.24	-50.00%
Total 5100 Information Management	\$ 337,196.14	\$ 335,898.18	0.39%

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5200 Insurance	18,794.89	15,129.00	24.23%
5300 Networking	5,345.04	582.85	817.05%
5301 Conferences and Travel	18,147.50	25,380.97	-28.50%
5400 Office and General			
5402 Bank & service charges	71,782.92	70,347.19	2.04%
5403 Maintenance & repairs	1,038.11	213.14	387.06%
5405 Memberships & publications	27,875.41	28,895.74	-3.53%
5406 CAPR Fees	180,614.44	193,976.55	-6.89%
5407 Office & kitchen supplies	2,637.32	3,574.44	-26.22%
5408 Postage & courier	4,408.53	2,829.59	55.80%
5409 Rent	425,895.70	401,107.74	6.18%
5411 Printing, Filing & Stationery	7,882.40	3,148.95	150.32%
5412 Telephone & Internet	34,526.27	19,808.42	74.30%
5413 Bad Debt	-13,569.99	-503.75	-2593.79%
Total 5400 Office and General	\$ 743,091.11	\$ 723,398.01	2.72%
5500 Regulatory Effectiveness			
5502 Strategic Operations	99,031.28	19,204.75	415.66%
5503 Council Education	19,899.38	2,688.08	640.28%
5504 Elections	3,700.00	3,200.00	15.63%
5505 Policy Development	8,361.57	17,201.95	-51.39%
5513 Governance	146.90	240.00	-38.79%
Total 5500 Regulatory Effectiveness	\$ 131,139.13	\$ 42,534.78	208.31%
5600 Communications			
5605 Translation Services	9,262.61	10,100.22	-8.29%
5620 Print Communication	2,111.14		
5621 Online Communication	12,670.31	69,273.63	-81.71%
5622 In-Person Communication	7,009.25	3,336.69	110.07%
Total 5600 Communications	\$ 31,053.31	\$ 82,710.54	-62.46%
5700 Professional fees			
4004 Cost recovery from cost orders	-3,500.00	-6,945.08	49.60%
5701 Audit	18,080.00	113.00	15900.00%
5702 Hearing Expenses	9,112.90	2,797.44	225.76%
5704 Investigation Services		10,962.54	-100.00%
5711 External Investigators	120,677.95	35,586.71	239.11%
5712 PC - Chart Review	3,658.00	12,825.00	-71.48%
5714 Fees to Secure Records	2,649.57	1,086.24	143.92%
5716 Transcripts	5,608.66	5,574.16	0.62%
Total 5704 Investigation Services	\$ 132,594.18	\$ 66,034.65	100.79%
5705 Professional services - Other	59,051.80	23,097.20	155.67%
5706 Investigator travel	431.90	263.63	63.83%
5707 Decision writing	30,477.29	18,058.75	68.77%
5708 Peer / Expert opinions	26,804.00	10,395.00	157.85%
5750 Legal			
5751 Legal - QA	3,819.98	2,621.60	45.71%
5752 Legal - Registration	17,116.68	18,159.67	-5.74%
5753 Legal - Professional Conduct			

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Appendix B

5760 General Counsel	56,871.79	45,716.76	24.40%
5761 Independent Legal Advice	44,793.20	16,375.98	173.53%
5762 Hearing Counsel	71,502.36	56,293.21	27.02%
5763 Court Proceedings & Appeals		19,634.89	-100.00%
Total 5753 Legal - Professional Conduct	\$ 173,167.35	\$ 138,020.84	25.46%
5754 Legal - Council Advice	1,089.32	22,744.09	-95.21%
5755 General Legal	6,296.93	16,988.18	-62.93%
5756 C & D Accrual Expense		-15,642.34	100.00%
Total 5750 Legal	\$ 201,490.26	\$ 182,892.04	10.17%
Total 5700 Professional fees	\$ 474,542.33	\$ 296,706.63	59.94%
5800 Programs			
5802 Jurisprudence		2,816.01	-100.00%
5810 Quality Program			
5823 Assessor Training	9,918.00	3,373.59	193.99%
5824 Assessor Onsite Assessment Fee	10,125.00	9,000.00	12.50%
5825 Assessor Remote Assessment	160,258.00	111,641.13	43.55%
Total 5810 Quality Program	\$ 180,301.00	\$ 124,014.72	45.39%
5830 Entry to Practice - Projects			
		0.00	
5831 OCE Examiner Exam Fee	613,543.75	371,711.21	65.06%
5832 OCE Examiner Training Fees	14,589.25	8,318.05	75.39%
5833 OCE Staff Compensation		1,296.45	-100.00%
5834 Exam Committee - per diem	4,142.29	525.00	689.01%
5835 Exam - Technology costs	189,415.65	100,864.51	87.79%
5836 Exam Delivery Costs	7,163.16	15,140.39	-52.69%
5837 Exam - Admin / Misc. costs	24,354.20	2,284.10	966.25%
5838 Exam - Consultant Fees	24,682.03	0.00	
5839 Exam - Legal costs	3,448.77	251.43	1271.66%
5840 Exam - Development / Misc.costs	40,866.75	43,164.24	-5.32%
Total 5830 Entry to Practice - Projects	\$ 922,205.85	\$ 543,555.38	69.66%
5880 Remediation			
5871 QA Practice Enhancement fees	7,254.65	2,177.50	233.16%
4029 QA Remediation Chargeback		-828.75	100.00%
Total 5871 QA Practice Enhancement fees	\$ 7,254.65	\$ 1,348.75	437.88%
5882 Remediation - ICRC			
4028 ICRC Remediation Chargeback	-26,544.45	-35,951.13	26.17%
Total 5882 Remediation - ICRC	\$ 3,960.81	-\$ 1,736.54	328.09%
5883 Remediation - Registration			
4027 Registration Chargeback	-1,828.75	-7,143.00	74.40%
Total 5883 Remediation - Registration	\$ 1,860.00	-\$ 906.25	305.24%
5884 Remediation - Discipline			
4026 Discipline Chargeback	-552.50	-10,517.00	94.75%
Total 5884 Remediation - Discipline	\$ 0.00	-\$ 2,308.80	100.00%
5887 Coach Training	5,219.29	5,183.75	0.69%
Total 5880 Remediation	\$ 18,294.75	\$ 1,580.91	1057.23%
5890 Therapy and Counselling Fund	44,906.00	58,557.16	-23.31%
Total 5800 Programs	\$ 1,165,707.60	\$ 730,524.18	59.57%

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Appendix B

5900 Staffing			
5901 Salaries	3,595,852.77	3,406,312.60	5.56%
5904 Consultant fees	12,283.46	97,565.91	-87.41%
5905 Staff Development	38,286.68	43,359.47	-11.70%
5906 Recruitment	1,103.95	6,003.50	-81.61%
5907 Staff Recognition	28,015.57	17,437.56	60.66%
5915 MERCS			
Total 5915 MERCS (Mandatory Employment-Related Costs)	\$ 615,884.86	\$ 558,241.52	10.33%
Total 5900 Staffing	\$ 4,291,427.29	\$ 4,128,920.56	3.94%
6001 Amortization	73,656.15	58,024.35	26.94%
Minister of Finance Expense	0.00	0.00	
WayPay Inc (CAD)	80.00		
Total Expenses	\$ 7,493,536.65	\$ 6,573,287.89	14.00%
PROFIT	\$ 310,784.66	\$ 721,449.52	-56.92%

Monday, Jan. 26, 2026 07:42:00 a.m. GMT-8 - Accrual Basis

College of Physiotherapists of Ontario

Statement of Financial Position

As of December 31, 2025

	Total
Assets	
Current Assets	
Cash and Cash Equivalent	
1000 Cash on Hand	0
1001 Petty Cash	0
1003 CC Clearing - RBC - 100-999-2	0
1005 Operating - RBC - 102-953-7	521,206
1101 RBC Prime Linked GIC	0
1103 Savings - RBC - 100-663-4	5,739,685
Total 1000 Cash on Hand	\$ 6,260,891
1100 Investments	
1102 Investments - Short Term	1,115,091
1104 Investments - Long Term	4,283,619
1105 RBC Investments - cash balance	109,740
1106 Accrued Interest - Short Term	41,016
1107 Accrued interest - Long Term	214,269
Total 1100 Investments	\$ 5,763,735
Virtual Wallet (CAD)	10,320
WayPay Clearing Account (CAD)	0
1205 Undeposited Funds	-873
Total Cash and Cash Equivalent	\$ 12,034,073
Accounts Receivable (A/R)	
1200 Accounts Receivable	64,994
1207 Employer Health Tax Receivable	0
Total 1200 Accounts Receivable	\$ 64,994
Total Accounts Receivable (A/R)	\$ 64,994
1201 Allowance for Doubtful Accounts	-14,130
1206 Accrued Receivable	-49,954
1400 Prepaid Expenses	5,364
1401 Prepaid Software	36,755
1403 Prepaid IT services	0
1405 Prepaid Insurance	5,035
1406 Prepaid Membership	2,293
1408 Prepaid staff development	0
1409 Prepaid Salary - COLA	0
1410 Prepaid meetings	0
1411 Prepaid Rent	19,007
1412 Prepaid OCE	157,635
Total 1400 Prepaid Expenses	\$ 226,088

Total Current Assets	\$	12,261,072
Non-current Assets		
Property, plant and equipment		
1301 Computer equipment		164,556
1302 Computer Software		110,740
1305 Computer equipment - Acc dep		-153,857
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		-687,225
1325 Construction Work In Progress		0
Total Property, plant and equipment	\$	116,737
1399 Suspense		0
Total Non Current Assets	\$	116,737
Total Assets	\$	12,377,809
Liabilities and Equity		
Liabilities		
Current Liabilities		
Accounts Payable (A/P)		
2000 Accounts Payable		115,398
Total Accounts Payable (A/P)	\$	115,398
Credit Card		
2000-01 VISA Corporate Credit Card (All)		35,249
2001 RBC VISA 9421/4129		0
2003 RBC VISA 2808/2195		0
2004 RBC VISA 9044/3707		0
Total Credit Card	\$	35,249
2010 Accrued Liabilities		179,655
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		1,851,744
2103 Deferred Pro-Rated Fee Revenue		151,562
2107 Deferred Reg Com Exemption Fee		0
2108 Deferred Revenue - OCE Fee		2,619,223
Total 2101 Deferred Registration Fees	\$	4,622,528
2105 Deferred credit card charges		0
2110 Banked refunds		40,706
Total 2100 Deferred Revenue	\$	4,663,234
2150 Other Payables		
2151 Due to Canada Life/Sunlife		1,753
2152 Due to Manulife (RRSP)		36,347

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Appendix C

2153 Due to Allstate (CI)					0
2154 Citizen's Advisory Group					0
Total 2150 Other Payables		\$			38,100
24000 Payroll Liabilities					0
25530 GST/QST Payable					0
Total Current Liabilities		\$			5,466,606
Non-current Liabilities					
2125 Deferred Rent - Tenant Incentiv					36,143
2190 Lease Inducements					0
Total Non-current Liabilities		\$			36,143
Total Liabilities		\$			5,502,749
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
Net Income for the year					310,785
Total Equity		\$			6,875,060
Total Liabilities and Equity		\$			12,377,809

Statement of Cash Flows

College of Physiotherapists of Ontario
April-December, 2025

Full name	Total
OPERATING ACTIVITIES	
Net Income	\$310,784.66
Adjustments to reconcile Net Income to Net Cash provided by operations:	
1200 Accounts Receivable	-\$37,209.34
1201 Allowance for Doubtful Accounts	-\$13,654.44
1206 Accrued Receivable	\$49,953.71
1400 Prepaid Expenses	-\$5,364.42
1401 Prepaid Expenses:Prepaid Software	-\$3,922.82
1403 Prepaid Expenses:Prepaid IT services	\$3,121.62
1405 Prepaid Expenses:Prepaid Insurance	\$480.33
1406 Prepaid Expenses:Prepaid Membership	\$189,644.48
1411 Prepaid Expenses:Prepaid Rent	\$11,797.20
1412 Prepaid Expenses:Prepaid OCE	-\$116,376.19
2000-01 VISA Corporate Credit Card (All)	\$18,514.16
2000 Accounts Payable	-\$318,306.67
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	-\$97,027.95
2102 Deferred Revenue:Deferred Registration Fees:Deferred Full Fee Revenue	-\$5,542,083.04
2103 Deferred Revenue:Deferred Registration Fees:Deferred Pro-Rated Fee Revenue	\$151,561.95
2108 Deferred Revenue:Deferred Registration Fees:Deferred Revenue - OCE Fee	\$1,500,675.00
2151 Other Payables:Due to Canada Life/Sunlife	\$1,753.06
2152 Other Payables:Due to Manulife (RRSP)	\$36,346.92
2153 Other Payables:Due to Allstate (CI)	\$0.00
Total for Adjustments to reconcile Net Income to Net Cash provided by operations:	-\$4,206,459.15
Net cash provided by operating activities	-\$3,895,674.49
INVESTING ACTIVITIES	
1301 Computer equipment	\$313.42
1305 Computer equipment - Acc dep	\$12,911.62
1312 Furniture & Equipment -Acc Dep	\$531.92

Statement of Cash Flows

College of Physiotherapists of Ontario
April-December, 2025

Full name	Total
1322 Leasehold Improvements -Acc dep	\$60,212.61
Net cash provided by investing activities	\$73,969.57
FINANCING ACTIVITIES	
2125 Deferred Rent - Tenant Incentiv	-\$20,330.55
Net cash provided by financing activities	-\$20,330.55
NET CASH INCREASE FOR PERIOD	-\$3,842,035.47
Cash at beginning of period	\$15,876,108.74
CASH AT END OF PERIOD	\$12,034,073.27

Board Meeting
March 26-27, 2026

Agenda #15.0: Approval of the 2026-2027 Budget

It is moved by

_____ ,

and seconded by

_____ ,

that:

The Board approves the April 1, 2026 – March 31, 2027 budget.

BOARD BRIEFING NOTE
For Decision

Topic:	Approval of the 2026-2027 Budget
Public Interest Rationale:	Ensuring the College has the financial resources needed to discharge its regulatory responsibilities and advance the Strategic Plan.
Strategic Alignment:	<p><i>People and Culture:</i> Ensuring that College staff and the Board have the resources needed to do their best work.</p> <p><i>Performance and Accountability:</i> Ensuring the College is adequately resourced to support the implementation of strong corporate structures and systems.</p>
Submitted By:	Craig Roxborough, Registrar & CEO Mary Catalfo, Director of Finance
Attachments:	Appendix A: Budget Detail by GL Code Appendix B: FY2027 Operating Plan Appendix C: Strategic Initiatives and One-Time Costs

Issue

- The Board is provided with an overview of the draft FY2027 budget following review and a recommendation to accept from the Risk, Audit, and Finance Committee (RAFC).

Decision Sought

- The Board is asked whether it approves the draft FY2027 budget.

Background

- After a series of purposeful budget deficits, the College began to chart a path towards financial stability in 2023.
- To support the College in charting this path towards financial stability, the Board was provided with a full overview of the College's financial status in [June 2023](#) (see pages 105-108) and engaged in a discussion to identify key principles that should inform long-term financial planning. The result of this discussion was a commitment to:
 - Minimizing the impact of fee increases on registrants with a preference for small and gradual increases over time;
 - Returning to balanced budgets in the long-term;

- Maintaining the College's operational reserve within the 3-6 month range and giving consideration to growth over time in line with post-pandemic recommendations that 6-12 months may be reasonable;
 - Ensuring the College has the resources needed to discharge its regulatory responsibilities and meeting the requirements of the College Performance Measurement Framework (CPMF), with additional investments in strategic projects being considered individually; and
 - Continuing to modernize the College's infrastructure and ensure the College remains competitive with respect to recruitment and retention.
- In [March 2025](#) (Pages 206-258) the Board approved the FY2026 budget. The budget represented a fully funded operational plan and continued investment into strategic priorities while increasing operational capacity and an anticipated deficit of approximately \$195,000 for the College's core business along with a surplus of over \$300,000 for Ontario Clinical Exam (OCE) based on enrollment projections.
 - In June 2025 during an in-camera session, the Board approved a recommendation to implement an incentive program for examiners participating in the OCE and to increase staff support to the OCE. This was in response to a dramatic increase in OCE demand.
 - The incentive program has been implemented with approximately 175 examiners agreeing to the incentive requirements. The costs of the incentive program will be distributed across both FY2026 and FY2027. The FY2026 portion has been realized in Q3 as outlined under separate cover.
 - In [September 2025](#) (pages 225-230) the Board was presented with financial projections through 2028. The historical financial position and forecasts through FY2028 show that the College's financial position has stabilized. The Board approved no fee increase for FY2027, which marks two years in a row that fees have not increased.

Current Status and Analysis

- As we look forward to FY2027 and beyond, the draft budget and subsequent year forecasts suggest the College is shifting from a period of stability to a position of strength after years of instability through the pandemic as the College navigated a number of challenges.
- As outlined below, the draft FY2027 budget presents a balanced financial position alongside an ambitious and fully funded operational plan that makes significant investment into strategic priorities and includes many one-time costs that discharge or modernize our regulatory responsibilities or modernize elements of our organizational infrastructure.

1. Structure and Approach to Budgeting

- As with prior years, the budget process was kicked off with an operational planning activity to identify both organization-wide and department specific activities that could be undertaken in FY2027 to advance key organizational priorities.
 - The Board was provided with an overview of the key priorities and initiatives emerging from this work at the [December 2025](#) (see pages 233-237) meeting.
- To support the budgeting process many assumptions needed to be made particularly about the College's revenue sources.
 - Most of the College's revenue for core business is generated through registration and administrative fees. This requires estimates of the registrant base and utilization of administrative services for the year ahead to be made. Projections are based on
 - The number of active registrants at the time of budgeting;
 - Projected increase in registration flowing from successful completion of the OCE;
 - Natural attrition of the registrant base; and
 - Historical revenue generation of administrative costs.
 - For the OCE, the draft FY2027 budget includes exams in June and October 2026. Based on forecasting and enrollment data to date, it is anticipated that there will be approximately 750 registrations combined across these two administrations.

2. Bottom Line

- The draft budget (see Appendix A and summarized in *Table 1* below) anticipates an overall deficit for FY2027 of less than \$7,000.
 - Revenue from registration and administrative fees is anticipated to be \$9,389,468 resulting in a surplus of \$15,177 in core business.
 - Core business revenue has increased 9% between FY2026 and FY2027 driven primarily by increases in the registrant base (up approximately 10% year-over-year), while core business expenses have increased by 6% year-over-year.
 - Revenue from the OCE is anticipated to be \$1,498,675 generating an overall deficit of \$21,862. While the draft FY2027 budget anticipates a small deficit for the OCE, the OCE will winddown in a positive financial position overall, having generated substantial surpluses in previous years and is forecasted to generate a surplus in FY2026.

- The draft budget is reasonably well aligned with the forecast provided in [September 2025](#) (see pages 225-230) in support of a discussion regarding fees.
 - Previous forecasts anticipated that the College may sustain a larger deficit for FY2027 (as much as \$150,000).
 - Once the budgeting process was undertaken in earnest, revenue projections improved and the true projection of expenses based on planned work was reduced.
- The bulk of the budget reflects ongoing costs associated with delivering on the College’s regulatory functions and maintaining organizational infrastructure, however, the draft budget includes over \$900,000 of investments in strategic priorities and one-time costs.
 - This investment includes over \$200,000 to administer the upcoming Jurisprudence exam cycle, \$130,000 to modernize the College’s PT Portal, \$75,000 related to the office move and decommissioning, and \$75,000 to conduct a comprehensive review of the College’s Quality Assurance program.
 - These investments into priority areas and one-time costs are indicative of a positive financial position in future years where these costs will not be repeated.

Table 1: Draft FY2027 Budget Compared to FY2026 Forecast and Budget

	FY26 Budget			FY26 Year End Projection			Draft FY27 Budget		
	Core	Exam	Total	Core	Exam	Total	Core	Exam	Total
Revenue	8,618,488	2,223,200	10,841,688	8,834,638	2,433,725	11,268,363	9,389,468	1,498,675	10,888,143
Expenses	8,813,643	1,886,333	10,699,702	8,785,102	2,327,033	11,112,135	9,374,291	1,520,537	10,894,828
Surplus (Deficit)	-195,154	336,866	141,986	49,536	106,692	156,228	15,177	-21,862	-6,685

3. Key Changes and Projects Included in the Draft Budget

- The College’s budget process continues to be activities based, meaning departments construct their budgetary needs based on anticipated program activities and new projects.
- The full draft budget is presented as Appendix A and represents a fully funded operating plan which is included as Appendix B. Key funding commitments made in the budget that relate to strategic initiatives and one-time costs is outlined in Appendix C. What follows is a high-level overview of the budget.

Workforce Assumptions and Changes

- The draft budget includes an average 4% increase in employee compensation, split between cost-of-living (2%) and experience-based increases (2%) where expectations are met.
- The draft budget includes a proposal to increase the College's human resource base by 1 Full-Time Employee (FTE). The intention is to transition from outsourcing decision-writing to contractors, to moving this resource in-house. The costs associated with the new position will be primarily offset by reductions in contractor fees.
- At the same time, the College's workforce is set to undergo significant reductions as the OCE winds down.
- Within the mandatory employee related costs (MERCs) category, there have been two changes. This category captures health insurance benefits, employment insurance, Canadian pension plan costs, retirement plan contributions, and other mandatory costs.
 - While FY2026 saw reduced benefits costs due to a transition to a new provider, the costs for benefits are increasing by 12% in FY2027 based on historical and projected utilization rates. This increase is within the contract negotiated and is not unusual within the sector.
 - As the College's payroll and benefits have grown, we are now no longer eligible for an exemption relating to the Employer Health Tax. As a result, the draft budget includes an increase within the MERCs category totaling approximately \$15,000.

Quality Assurance Transition Planning and Modernization

- As indicated last year, the College needed to transition to a new IT platform to support the QA program in the long-term as the existing platform was being sunset. The development costs were borne in FY2026, but ongoing technology costs will be realized in FY2027 and beyond.
 - The draft budget includes \$145,000 for the new technology. In addition to addressing the long-term needs of the program, this new technology will better integrate with College IT infrastructure, addresses cybersecurity risks that existed in the old platform, and is anticipated to improve efficiency in the program which will assist in managing increasing volumes as the registrant base continues to grow.
- The QA program has an annual target of conducting screening interviews with 10% of physiotherapists eligible for selection.
 - The IT transition will require a short pausing of the program combined with a phased return to full volume to ensure the new platform is operating as planned.
 - As a result, a minimum goal of 7% is being set although efforts to achieve 10% will be made should the transition go smoothly and quickly.

- The College is also planning an overhaul of the QA program in future years to ensure that it meets the needs of the profession and meaningfully supports the profession. To support a review and development of recommendations for a modernized program, the draft budget includes an allocation for consultant support (\$75,000).

Governance Assumptions

- A 2% increase in Board and Committee per diems has been included in the budget, mirroring the cost-of-living increases planned for employees.
- All Board and Committee meeting planning has mirrored the approach adopted in FY2026 with the exception that all committee meetings are virtual with some in-person training days accounted for. It is assumed that the Board and Executive Committee will continue to meet in person for full-day meetings.
- The budget continues to include funds for Board/Committee member attendance at select and relevant conferences, and to support the Registrar Performance Evaluation process with an external consultant.

Canadian Alliance of Physiotherapy Regulator and Canadian Physiotherapy Regulator Fees

- The CAPR line item is now a historical code that has been repurposed to support the Canadian Physiotherapy Regulators (CPTR). The line will be renamed in due course. The budget includes annual fee of \$60,000 anticipating that CPTR work will begin in earnest in the next year.

Outreach and Engagement

- The College continues to make significant investment in connecting with the profession, physiotherapy students, and physiotherapist assistant students (\$27,000 has been allocated to these activities).
- The College also continues to remain committed to supporting physiotherapists educated outside of Canada as they transition to practice. Most notably, in FY2027 the College intends to develop and launch a targeted engagement strategy specific to this population to enhance engagement with existing content and guidance (\$14,000 has been allocated to these activities, both for outreach and continued engagement through focus groups).

Equity, Diversity, Inclusion & Indigenization (EDII)

- Continuing from FY2026, EDII has been specifically called out as a priority within the operating plan for FY2027 and many of the activities planned require financial support to action. In total, approximately \$100,000 is allocated to these activities.
 - Initiatives include: EDII training and education at all levels of the organization and with the profession; 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 EDII work; creating an internal tool to incorporate EDII considerations into our operations; and increasing the usability and accessibility of the PT Portal.

IT Enhancements and Implementation

- IT development is an essential component of implementing process improvements across the organization, by adopting automation, centralizing information in databases, and enhancing the functionality of the College's ATLAS database.
 - For FY2027 a total of approximately \$180,000 is planned, with \$130,000 allocated specifically to modernizing the PT Portal to improve functionality, security, and integration into the College's database.
 - The PT portal upgrades will modernize our underlying technology and ensure the portal can adapt with future organizational needs. Improvements include making the portal more mobile-friendly and enhancing self-service options. The upgrades will also enable future changes to be implemented by our in-house developer rather than relying on external support.

Jurisprudence

- It is a condition of registration set out in the regulation that physiotherapists must complete the College's jurisprudence program once every five years.
 - The jurisprudence program is comprised of a module made up of approximately 60 multiple choice questions. The module tests physiotherapists' understanding and application of practice standards, legislation and rules related to practice in Ontario.
- The College must develop and administer the program in FY2027 and has allocated \$55,000 for the development and validation of the content and \$195,000 for the cost of administering the program through an IT platform (this works out to \$15 per registrant).

Hearings Costs and Transition to the Health Professions Discipline Tribunal

- The transition to the Health Professions Discipline Tribunal (HPDT) has led to a change in the cost structure within the budget, consolidating nearly all hearing related expenses into the Hearings budget line (5702), rather than distributing those costs across multiple line items. Additionally, anticipated costs for the HPDT are higher than initially anticipated.
 - The increase in the Hearings budget in FY2027 compared to FY2026 is partially offset by more than \$40,000 in savings in Independent Legal Counsel (5761), as HPDT's experienced adjudicators now take on this work.

- The annual HPDT fee to participate in the cost-sharing operational model they provide has also risen to \$13,000 (up from \$12,000).
- Education and training costs are higher than originally expected. FY2027 estimates are approximately \$50,000, covering a range of activities including adjudicator and committee member onboarding, the annual in-person education day for all committee members, and Vice-Chair forums.
 - These costs are higher than originally anticipated as part of the initial analysis. The HPDT has high education and training expectations of its members in order to support strong performance among all members participating in panels. While these costs are higher than recent years, they are comparable to historical years where significant training and education was provided.
- A key assumption in the [initial analysis](#) (see pages 84-138) of the opportunity the HPDT presented, was that in-house program staff would be repurposed to meet growing needs in the College's Compliance Monitoring area, eliminating the need for additional resource investments. Although this offset is not easily seen in the draft budget, it remains a real savings that prevents further staffing increases.
- For budgeting purposes, 10 hearings (including 1 contested) are anticipated for FY2027, compared with 7 hearings in FY2026, with one still underway.

Office Relocation

- The draft budget also includes \$75,000 to cover move-related cost and decommissioning the current office and set up in new office.
- There will be some capital investments required as part of the move to purchase new some new furniture and technology. These capital investments will be shared equally among the 3 partnering Colleges and the costs will be amortized across the 10 years of the planned agreement. While external advice is being sought on the best way to support accounting on this matter across multiple organizations, for the purposes of budgeting the College is planning for around \$20,000 per year in recognition of these costs.

Supporting Strategic Partnerships

- Similar to FY2026, included in the budget are ongoing costs related to various associations, organizations, or groups that the College belongs to or supports to advance our mandate and strategic goals. The key costs relating to these system partner expenses include:
 - Health Profession Regulators of Ontario (HPRO): The provincial group of health regulatory Colleges that provides sector wide support, training, information sharing, and advocacy. This cost now also includes the annual fee for being a part of the Citizen Advisory Group (CAG) which is now operated by HPRO. The total cost is approximately \$15,700.

- Canadian Network of Agencies of Regulation (CNAR): CNAR is the national body of all regulators in Canada, creating a forum for information sharing, education, and learning. There are membership fees required to support the operation of the group (approximately \$1300), which also includes access to free webinars and discounts on larger training and conferences.
- Canadian Centre for Diversity & Inclusion (CCDI): CCDI has an Employer Partner service that enables organizations to access training and educational services relating to EDI issues (approximately \$3000).

Next Steps

- Should the Board approve the budget, it will go into effect April 1, 2026.

Questions for the Board

- What questions does the Board have regarding the budget?
- Does the Board approve the draft budget?



BUDGET FY 27

All Departments

	Budget FY2026 Total	Budget FY2027 Total	FY27 vs FY26 \$ variance	CORE FY27	EXAM FY27
REVENUE					
4007 Registration fee credits	(39,316)	(40,000)	(684)	(40,000)	
4011 Independent Practice - \$648	7,406,640	8,250,336	843,696	8,250,336	
4012 Independent Practice - ProRated	391,392	446,904	55,512	446,904	
4013 Prof Corp Fees \$277	132,960	165,838	32,878	165,838	
4014 Provisional Practice Fees \$83	51,000	-	(51,000)	-	
4021 Misc Fee \$113 and \$300	-	-	-	-	
Total Registration Fees	7,942,676	8,823,078	880,402	8,823,078	
4002 Interest Income	284,000	300,000	16,000	300,000	
Total Interest Income	284,000	300,000	16,000	300,000	
4015 Application Fees \$114	204,972	114,000	(90,972)	114,000	
4016 Letter of Prof Stand / NSF \$56	14,500	14,000	(500)	14,000	
4017 Wall Certificates \$28	2,900	3,080	180	3,080	
4018 Late Fees \$254	2,540	3,810	1,270	3,810	
4019 Prof Corp Application \$774	27,700	38,700	11,000	38,700	
Total Administration Fees	252,612	173,590	(79,022)	173,590	
4023 Sublease Income	139,200	92,800	(46,400)	92,800	
4024 Contribution funding	-	-	-	-	
Total Miscellaneous Income	139,200	92,800	(46,400)	92,800	
4033 Reg Com - OCE Fee (\$1,985)	2,223,200	1,498,675	(724,525)	-	1,498,675
Total OCE Fee	2,223,200	1,498,675	(724,525)	-	1,498,675
TOTAL REVENUE	10,841,688	10,888,143	46,455	9,389,468	1,498,675
EXPENSES					
5001 Chairs Education - per diem	9,540	10,760	1,220	10,760	
5002 ICRC - per diem	48,690	52,842	4,152	52,842	
5003 Council - per diem	67,417	66,755	(663)	66,755	
5005 Discipline Committee - per diem	28,110	36,289	8,179	36,289	
5006 Executive - per diem	14,442	16,148	1,706	16,148	
5010 Patient Relations - per diem	993	849	(144)	849	
5011 QA Committee - per diem	9,651	11,931	2,280	11,931	
5012 Registration Com. - per diem	10,671	11,063	392	11,063	

	Budget FY2026 Total	Budget FY2027 Total	FY27 vs FY26 \$ variance	CORE FY27	EXAM FY27
5017 Finance Committee - per diem	10,000	7,824	(2,176)	7,824	
5018 Exam Committee - per diem	-	3,602	-	-	3,602
Total Committee Per Diem	199,514	218,063	14,947	214,461	3,602
5051 Chairs Education- expenses	20,321	22,235	1,914	22,235	
5052 ICRC - expenses	18,756	8,133	(10,623)	8,133	
5053 Council - expenses	56,120	56,660	540	56,660	
5055 Discipline Committee - expenses	-	6,864	-	6,864	
5056 Executive Committee - expenses	12,996	13,876	880	13,876	
5075 Finance Committee - expenses	12,000	-	(12,000)	-	
Total Committee Expenses	120,193	107,768	(19,289)	107,768	
5101 IT Hardware	8,900	23,560	14,660	23,560	
5102 Software	425,751	537,750	111,999	537,750	
5103 IT Maintenance	-	9,000	-	9,000	
5104 IT Database	160,096	210,400	50,304	210,400	
5109 IT Implementation Costs	-	-	-	-	
Total Information Technology	594,747	780,710	176,963	780,710	
5200 Insurance	14,465	24,000	9,535	24,000	
5300 Networking	5,800	6,000	200	6,000	
5301 Conferences and Travel	22,900	32,200	9,300	32,200	
5402 Bank & service charges	270,000	273,000	3,000	273,000	
5403 Maintenance & repairs	2,400	79,125	76,725	79,125	
5405 Memberships & publications	32,445	15,520	(16,925)	15,520	
5406 CAPR/CPTR Fees	230,901	75,696	(155,205)	75,696	
5407 Office & kitchen supplies	4,000	4,400	400	4,400	
5408 Postage & courier	7,100	6,500	(600)	6,500	
5409 Rent	566,628	523,333	(43,295)	523,333	
5411 Printing, Filing & Stationery	7,850	7,900	50	7,900	
5412 Telephone & Internet	33,000	35,700	2,700	35,700	
5413 Bad Debt	17,250	15,000	(2,250)	15,000	
Total Office and General Expenses	1,214,739	1,098,374	(116,365)	1,098,374	
5502 Strategic Operations	186,478	121,038	(65,440)	121,038	
5503 Council Education	23,094	32,136	9,042	32,136	
5504 Elections	3,700	3,800	100	3,800	
5505 Policy Development	78,625	91,600	12,975	91,600	
5513 Governance	950	700	(250)	700	
Total Regulatory Effectiveness	292,847	249,274	(43,573)	249,274	
5605 Translation Services	12,000	24,600	12,600	24,600	
5620 Print Communication	2,760	5,600	2,840	5,600	
5621 Online Communication	56,900	79,100	22,200	79,100	

	Budget FY2026 Total	Budget FY2027 Total	FY27 vs FY26 \$ variance	CORE FY27	EXAM FY27
5622 In-Person Communication	20,100	21,500	1,400	21,500	
Total Communications	91,760	130,800	39,040	130,800	
4004 Cost recovery from cost orders	(69,000)	(106,000)	(37,000)	(106,000)	
5700 Professional fees	-	-	-	-	
5701 Audit	23,000	30,000	7,000	30,000	
5702 Hearing Expenses	3,955	123,856	119,901	123,856	
5704 Investigation Services	-	-	-	-	
5705 Professional services - Other	64,700	81,200	16,500	81,200	
5706 Investigator travel	2,000	2,000	-	2,000	
5707 Decision writing	56,037	19,310	(36,727)	19,310	
5708 Peer / Expert opinions	20,000	38,400	18,400	38,400	
5711 External Investigators	83,040	120,000	36,960	120,000	
5712 PC - Chart Review	13,680	23,940	10,260	23,940	
5713 Summons - Conduct fees	300	300	-	300	
5714 Fees to Secure Records	1,000	4,000	3,000	4,000	
5715 Corporate Searches	200	200	-	200	
5716 Transcripts	10,080	10,080	-	10,080	
5751 Legal - QA	4,805	5,280	475	5,280	
5752 Legal - Registration	14,700	14,700	-	14,700	
5754 Legal - Council Advice	14,000	14,000	-	14,000	
5755 General Legal	20,000	23,000	3,000	23,000	
5756 C & D Accrual Expense	-	-	-	-	
5758 Legal - Practice Advice	1,975	2,230	255	2,230	
5760 General Counsel	65,613	75,600	9,987	75,600	
5761 Independent Legal Advice	45,765	2,260	(43,505)	2,260	
5762 Hearing Counsel	60,000	78,975	18,975	78,975	
5763 Court Proceedings & Appeals	-	-	-	-	
Total Professional Fees	435,850	563,331	127,481	563,331	
5802 Jurisprudence	-	-	-	-	
5811 QA Program Development & Eval.	10,170	75,000	64,830	75,000	
5823 Assessor Training	25,812	26,460	648	26,460	
5824 Assessor Onsite Assessment Fee	15,750	9,450	(6,300)	9,450	
5825 Assessor Remote Assessment	197,895	146,250	(51,645)	146,250	
5831 OCE Examiner Exam Fee	686,400	602,750	(83,650)	-	602,750
5832 OCE Examiner Training Fees	300,240	171,000	(129,240)	-	171,000
5833 OCE Staff Compensation	28,000	20,000	(8,000)	-	20,000
5834 Exam Committee - per diem	10,692	3,602	(7,090)	-	3,602
5835 Exam - Technology costs	255,820	189,000	(66,820)	-	189,000
5836 Exam Delivery Costs	1,690	4,800	3,110	-	4,800
5837 Exam - Admin / Misc. costs	65,865	32,000	(33,865)	-	32,000
5838 Exam - Consultant Fees	48,057	28,000	(20,057)	-	28,000
5839 Exam - Legal costs	14,400	7,200	(7,200)	-	7,200

	Budget FY2026 Total	Budget FY2027 Total	FY27 vs FY26 \$ variance	CORE FY27	EXAM FY27
5840 Exam - Development / Misc.costs	56,971	32,160	(24,811)	-	32,160
5871 QA Practice Enhancement fees	-	-	-	-	
5881 Remediation - QA	4,833	8,400	3,567	8,400	
4029 QA Remediation Chargeback	(745)	(1,000)	(255)	(1,000)	
5882 Remediation - ICRC	36,080	48,000	11,920	48,000	
4028 ICRC Remediation Chargeback	(36,080)	(48,000)	(11,920)	(48,000)	
5883 Remediation - Registration	5,736	6,000	264	6,000	
4027 Registration Chargeback	(5,340)	(6,000)	(660)	(6,000)	
5884 Remediation - Discipline	7,487	8,568	1,081	8,568	
4026 Discipline Chargeback	(7,487)	(8,568)	(1,081)	(8,568)	
5887 Coach Training	14,815	8,720	(6,095)	8,720	
5890 Therapy and Counselling Fund	47,977	60,000	12,023	60,000	
Total Programs	1,785,038	1,423,792	(361,246)	333,280	1,090,512
5901 Salaries	4,876,521	5,140,395	263,874	4,779,020	361,375
5914 Vacation Pay Adjustment	-	-	-	-	
5915 MERCS	829,009	925,271	96,262	860,224	65,048
5904 Consultant fees	37,025	40,200	3,175	40,200	
5905 Staff Development	59,996	70,000	10,004	70,000	
5906 Recruitment	5,000	2,400	(2,600)	2,400	
5907 Staff Recognition	37,025	58,050	21,025	58,050	
Total Staffing	5,844,576	6,236,316	391,740	5,809,893	426,423
6001 Amortization	120,000	86,400	(33,600)	86,400	
Total Amortization	120,000	86,400	(33,600)	86,400	
TOTAL EXPENSES	10,699,264	10,894,828	176,098	9,374,291	1,520,537
6005 Gain/Loss Fixed Assets					
Surplus (Deficit)	142,424	(6,685)	(129,643)	15,177	(21,862)



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

Fiscal Year 2026–2027 Operating Plan

Executive Summary

The College's operating plan is anchored by the College's mandate and strategic plan. It has four related components.

The work plan lays out priority areas where we intend to make progress in addition to our core work. It describes planned activities for the year, including organization-level priority initiatives and department-level activities and projects.

An action plan in support of the College's Equity, Diversity and Inclusion (EDI) strategy is also included as part of the overall plan. The initiatives are intended to drive progress towards our long-term EDI goals.



Executive Summary



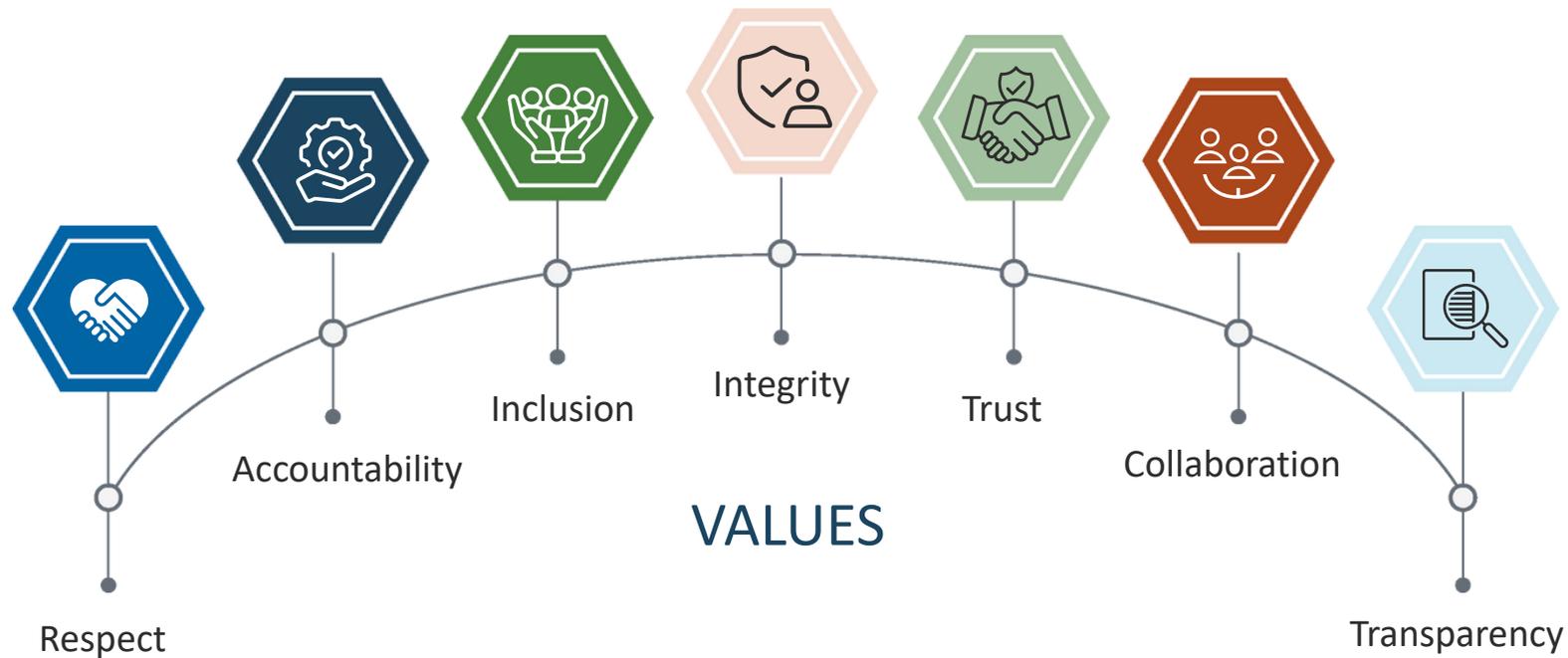
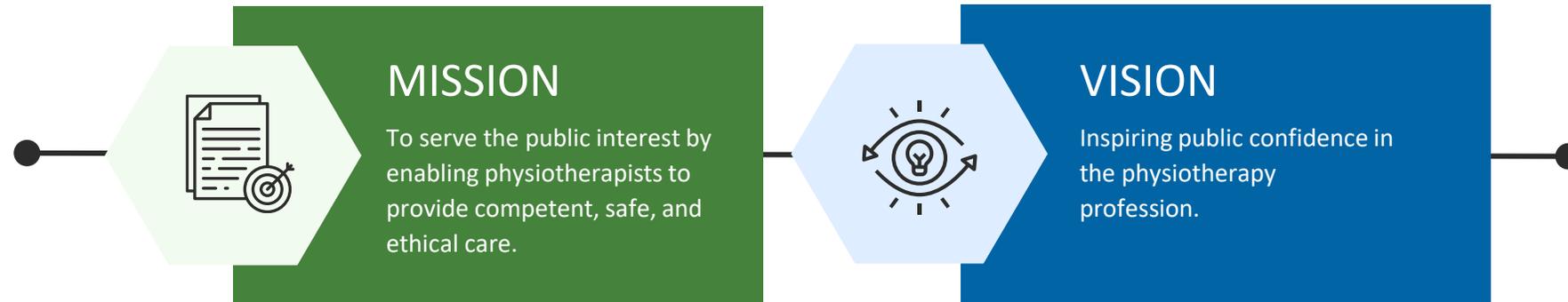
The human resource plan outlines the workforce requirements and the College's practices for talent recruitment, retention and development. There is a proposed increase of one permanent position to a total of 46 full-time staff to support our work, with additional support on a contract basis. The workforce will reduce by five full-time positions by the end of the year as the OCE is sunset.

The budget plan outlines the financial plan corresponding to the activities and workforce needs. The plan for the year includes an expected revenue of \$10,888,143 and an expected expense of \$10,894,828, which results in an expected deficit of \$6,685.

Mandate

The College has a duty to serve and protect the public interest. The College serves the public interest by regulating physiotherapists to ensure patients have access to competent, safe and ethical and physiotherapy care.

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.



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.



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.



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.

Work Plan



Work Plan Overview

This section outlines the College's work plan for fiscal year 2026-2027. The plan includes organization-level priority initiatives and department-level activities and projects.

While this plan indicates our intention to make progress on the stated priorities, it does not mean that we will necessarily complete every single activity or project listed. There will be times when competing operational needs will require reallocation of resources and trade-offs.

Should there be major changes in our environment that requires a regulatory response, that will also have impact on this plan.

Our commitment is to be transparent and keep the Board informed of our completion of planned work and any changes to the plan on an ongoing way.

Organization-Level Priority Initiatives



Supporting Competent Practice

Align the College's programs and actions with the goal of supporting competent practice throughout physiotherapists' careers.

Examples of activities:

- Prepare for comprehensive review of QA program
- Laying groundwork for potential re-design of CPD program
- Provide clear guidance and support through standards and resources
- Support PTs educated outside Canada

Strategic Alignment



Meaningful Partnerships

Engage in meaningful partnerships with registrants, the public, and system partners to advance shared goals in support of our regulatory mandate.

Examples of activities:

- Engage registrants on relevant topics
- Outreach to public, patients and other system partners
- Collaborate with system partners to support PTs educated outside Canada
- Explore collaborative initiatives

Strategic Alignment



Human Resources

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.

Examples of activities:

- Develop longer-term human resource strategy
- Ensure we offer competitive compensation
- Continue to advance EDI principles
- Maintain fair and inclusive workplace culture

Strategic Alignment



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity, Inclusion & Indigenization



Effective Governance

Organization-Level Priority Initiatives



Effective and efficient operations

Pursue a continuous improvement approach to achieve sustained effectiveness and efficiency in our processes.

Examples of activities:

- Modernize financial management framework and practices
- Create feedback mechanisms for registrants
- Implement recommendations from PC process review
- Continue to enhance IT and cybersecurity

This initiative supports all strategic areas



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.

Examples of activities:

- Continue development of internal dashboards
- Explore ways to measure and report on impact and outcomes
- Implement process to identify and respond to emerging issues and risks

Strategic Alignment



Continuous improvement of governance practices

Continually enhance our governance practices to support effective decision-making and to foster trust and accountability.

Examples of activities:

- Implement multi-year succession planning approach
- Plan for comprehensive review of by-laws and governance policies
- Continue to explore and implement governance review recommendations

Strategic Alignment





Key Objectives

- Provide clear, timely, and transparent information to candidates during exam transition
- Continue to leverage the human capital among examiners and subject-matter experts after the OCE is phased out by transitioning them to other CPO or CAPR roles as appropriate
- Completing a lessons learned activity to document the program's growth, improvements, and recommendations
- Compile and review data collected by the exam program since its inception to support future analysis

Core Activities

- Day-to-day exam administration and delivery
- Ongoing documentation of all exam procedures
- Customer service focus
- Continuous quality improvement debriefs
- Ongoing examiner training



Registration



Key Objectives

- Review registration templates and instructional text from a plain language and compassionate lens
- Conduct research to support evaluation of the definition of practice hours to ensure it is fit for purpose
- Create a new registration handbook/guide for applicants to help them navigate the registration process
- Explore the use of AI to create a “chat bot” feature that can help field simple questions and answers from applicants/registrants

Core Activities

- Process applications
- Respond to applicant inquiries
- Approve and process other registration-related requests
- Provide registration information to support other teams
- Support the Registration Committee
- Share data and reports to support system partners

Other Projects

- Develop and implement Jurisprudence module for all registrants in 2026



Practice Advice



Key Objectives

- Maintain a high level of customer service in responding to practice advice inquiries
- Support development of exam content for the OCE that's reflective of current practice expectations
- Support roll out of new standards by providing consistent messaging in various resources and materials
- Ensure College resources are relevant and useful through ongoing consultation with registrants

Core Activities

- Respond to calls and email inquiries to practice advice
- Present to Ontario PT students, PTA students, and ad hoc presentations to PT workplaces
- Support various College committees
- Partner meetings and environmental scanning



Quality Assurance



Key Objectives

- Prepare for comprehensive review of the quality assurance program (including data analysis and selecting a consultant)
- Support transition to a new technology platform that is more modern and secure to support screening interviews and assessments

Core Activities

- Administer screening interviews and assessments
- Provide technical and other support to PTs and assessors
- Maintain and update PT and assessor resources
- Ongoing assessor training
- Support the Quality Assurance Committee
- Ongoing evaluation and continuous improvement
- Maintain and update program operating procedures



Professional Conduct



Key Objectives

- Implement recommendations from business process review to improve efficiency and use of resources
- Enhance ATLAS and internal dashboards to improve monitoring of process efficiency and support reporting and analysis

Core Activities

- Conduct investigations
- Support Inquiries, Complaints and Reports Committee
- Implement recommendations from the business process review

Other Projects

- Review communication templates to ensure use of plain and compassionate language
- Formalize a triage system at intake



Compliance Monitoring



Key Objectives

- Implement tools to gather relevant input before the compliance monitoring process and meaningful feedback after the process from PTs to support effective program design and continuous improvement
- Develop and implement clinical decision-making supports and resources to address a knowledge gap identified through our data

Core Activities

- Day-to-day support for the compliance monitoring program
- Ongoing recruitment and development of coaching pool
- Develop standard operating procedures and process guidelines



Special Regulatory Projects



Projects

- Continue building a clear, data-informed profile of the profession to derive insights that can support the College's work and decision-making
- Prepare to implement a new rostering process related to the expanded scope of practice to order diagnostics to support patient access and regulatory clarity
- Analyze internal data to derive insights on how to support registrants through their career life-cycle



Policy & Governance

Strategic Alignment



Key Objectives

- Implement a multi-year succession planning approach that facilitate the preparation of anticipated incoming Committee Chairs
- Scope and plan for a comprehensive re-development of the by-laws and governance policies
- Develop an Indigenous Cultural Safety and Humility Standard that reflects the needs of the Indigenous communities with respect to safe physiotherapy care
- Re-build committee onboarding materials to support smooth onboarding of Committee members
- Complete update to Controlled Acts Standard and refresh scope of practice resource

Core Activities

- Routine governance activities
- Ad hoc governance work from Board/management direction
- Review and update By-laws and Governance Policies as needed
- Support policy development in other teams
- Support development of practice advice for registrants
- Providing legal advice (General Counsel)
- Addressing privacy breaches (Privacy Officer)

Legend



Regulation & Risk



Engagement & Partnership



People & Culture



Performance & Accountability



Equity, Diversity, Inclusion & Indigenization



Effective Governance

Business Operations



Key Objectives

- Complete move to new office with partners on time and without too much disruption

Core Activities

- Ensure smooth operations in the office space for CPO and space sharing partners
- Support in-person events
- Act as key contact for external vendors
- Manage files, records management, mail and courier packages
- Support other programs as needed



Communications



Key Objectives

- Continue outreach and engagement with partners including the public, the profession, employers, academics, other regulators
- Implement dedicated engagement and outreach strategy to support physiotherapists educated outside Canada
- Continue supporting the roll out of new standards and the plain and compassionate language review

Core Activities

- Day-to-day and annual communications activities
- Townhalls, webinars and partner events across Ontario
- Communication and collaboration with system partners
- Ongoing communications support for Ontario Clinical Exam
- Support communication and outreach activities across the organization

Other Projects

- Improve and increase French content on the website



People & Culture



Key Objectives

- Develop a human resource strategy that ensures we can meet current and future staffing needs to deliver on our commitments
- Ensure that we continue to offer competitive compensation to retain talent
- Develop and implement an equity, diversity and inclusion plan for our people with specific outcomes and goals

Core Activities

- Day-to-day management of workforce
- Support ongoing skills development for staff and leaders
- Maintain staff engagement and psychological safety through regular surveys and action planning



Information Technology



Key Objectives

- Continue to modernize current technology to ensure ease of use and access by staff and end users
- Knowledge transfer, creation of SOPs and system functionality documentation to enable business continuity and cross coverage
- Ongoing training to maintain skills and familiarity with new features and changes in technology
- Ongoing cybersecurity enhancements and cybersecurity breach planning

Core Activities

- Maintain IT systems
- Serve as IT helpdesk for staff
- Complete IT work requests for all business areas
- Education and training for staff
- Technology support for the Ontario Clinical Exam, PISA, and annual renewal





Key Objectives

- Continue to implement accounting best practices in policies and procedures
- Continue to modernize finance processes through automation
- Implement additional internal controls, if any, identified by third party review
- Execute new investment strategy to achieve the stated investment objectives
- Complete RFP process for auditor

Core Activities

- Financial planning, reporting, modeling, and forecasting
- Payments and treasury management
- Prepare for annual audit
- Maintain Enterprise Risk Management program
- Establish or update SOPs





Key Objectives

- Create processes and mechanisms to enable a proactive and responsive regulatory approach
- Provide support to physiotherapists educated outside Canada through College actions and intentional collaboration with system partners

Core Activities

- Monitor strategic and operational performance
- Ensure we meet internal and external reporting requirements
- Monitor environment and share timely updates
- Execute cross-functional projects and support others to plan and execute projects
- Engagement and communication activities to support understanding and effective execution of our strategy

Other Projects

- Refresh the Risk Register





Equity, Diversity, Inclusion & Indigenization Plan

Equity, Diversity, Inclusion & Indigeni- zation Plan Overview

The College's equity, diversity, inclusion and Indigenization (EDII) plan is anchored by the strategic goal to take meaningful action to identify and address barriers, promote inclusive practices, and advance reconciliation. It is further informed by the equity, diversity, inclusion and Indigenization strategy.

The College leveraged a toolkit developed for the Health Profession Regulators of Ontario to conduct equity impact assessments at the department level.

These departmental EDI self-assessments helped teams critically assess their work from an EDI lens to understand the current state and to plan concrete improvement actions for the future.

The EDII action plan outlines work planned for fiscal year 2026-2027 that will help make progress towards the College's long-term EDII goals.

Equity, Diversity, Inclusion & Indigenization Strategy



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

Diversity & Representation

Increasing diversity and representation among people who do work for the College so that they reflect the diversity of the profession and society at large.

Countering Bias

Empowering individuals to identify and address unconscious bias so that they don't lead to inequitable or unfair decisions.

Equitable Access & Outcomes

Designing our processes to support equitable outcomes and equitable access for all individuals.



Meaningful Engagement

Meaningfully engage with groups who are impacted by our work to understand their needs and to address them.

Supporting EDI in Care

Supporting registrants to incorporate equity, diversity and inclusion principles to advance safe, welcoming, and equitable physiotherapy care.

Incremental Improvements

Always pursuing incremental improvements, acknowledging that work towards achieving equity, diversity and inclusion is never truly done.

Equity, Diversity, Inclusion and Indigenization Initiatives



Supporting the Profession

Support the profession to develop cultural sensitivity and awareness generally and Indigenous cultural competency specifically

Examples of activities:

- Consistently highlight equity, diversity and inclusive topics in our communications and resources
- Develop Indigenous Cultural Safety and Humility Standard, including relationship building with indigenous communities
- Develop Health Equity and Anti-Discrimination Standard



Advancing Reconciliation

Make progress towards the goal of Indigenization and advancing reconciliation.

Examples of activities:

- Review of territory acknowledgement and how it is being used



Include Diverse Voices

Create mechanisms to include diverse voices and perspectives to inform our work and decision-making.

Examples of activities:

- Continue building relationships with EDI partners
- Explore mechanisms to include diverse voices and perspectives to inform decision-making
- Continue to support diversity of assessor pool
- Identify and address barriers to participating in Committees

Equity, Diversity, Inclusion and Indigenization Initiatives



Embedding EDI

Create a framework and tools to help us consistently consider equity, diversity and inclusion in all aspects of our work.

Examples of activities:

- Implement a tool to support teams to consider EDI in their operational work and projects



Continuous Learning

Continue to support equity, diversity and inclusion learning and education at all levels of the organization

Examples of activities:

- Identify and implement equity, diversity and inclusion education and training for Board and Committee members, staff, quality assurance assessors and compliance monitoring coaches
- Create an EDI training inventory across different Committees

Equity, Diversity, Inclusion and Indigenization Initiatives



Enhance the Use of Data

Enhance the use of data to support our equity, diversity and inclusion work.

Examples of activities:

- Develop data governance framework and tools to support potential collection of additional demographic data
- Create policies and procedures to support effective storage and management of equity, diversity and inclusion data



Service Improvement

Making our processes and services more equitable and inclusive.

Examples of activities:

- Re-design PT Portal to increase accessibility and usability

Human Resource Plan



Workforce

The College currently has 45 full-time employees and one part-time contract employee to support our work.

There is a proposed increase of one permanent position in fiscal year 2026-2027 to support decision-writing across the program areas.

By the end of fiscal year 2026-2027, the Ontario Clinical Exam will be sunset, along with the five full-time staff positions that currently support the OCE.

Workforce needs were assessed and identified as part of the operational planning process. Each team was asked to identify the human resource needed to support the work they plan to do for the year.

Recruitment, Retention and Development

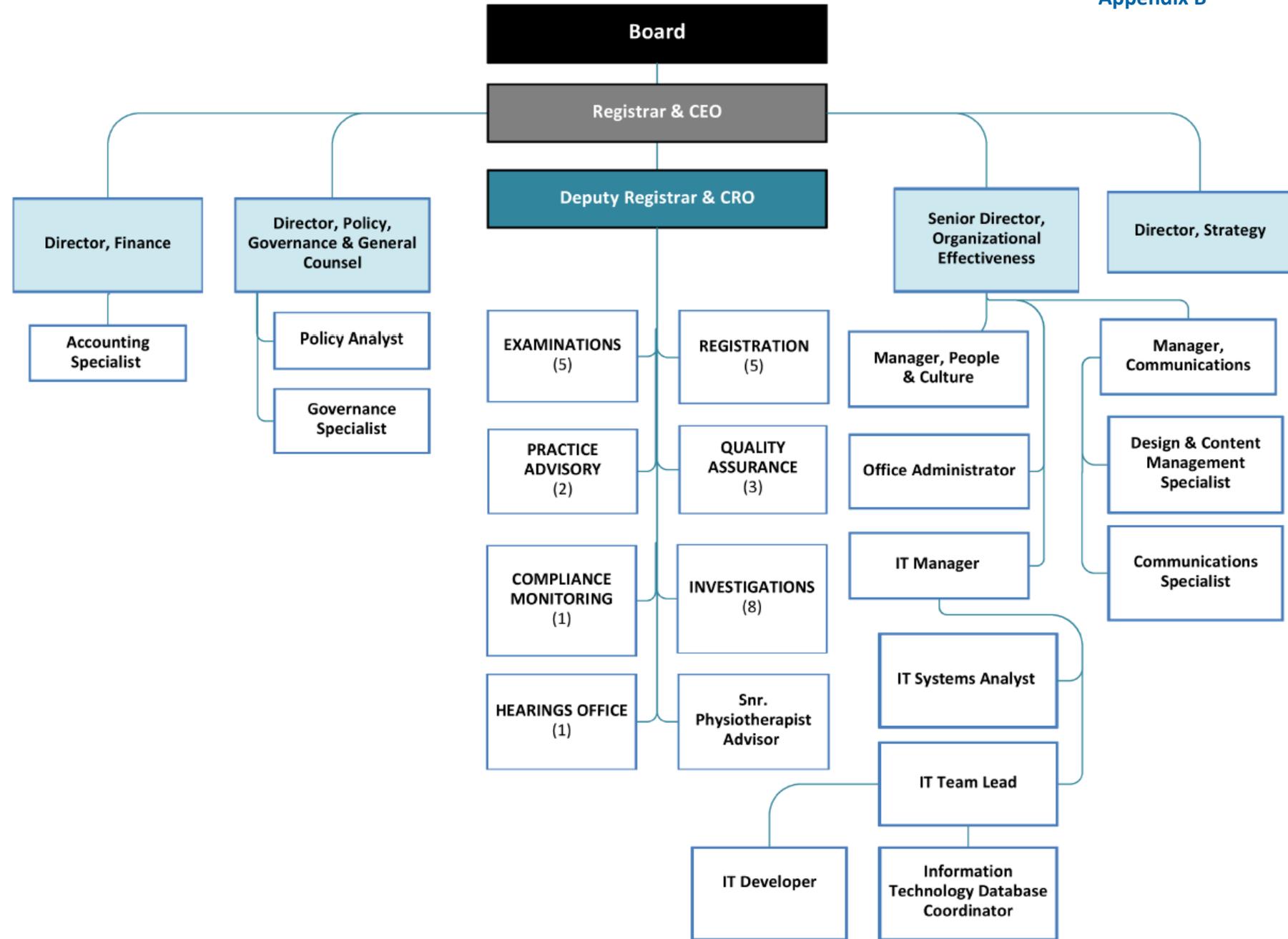
The College conducts open, fair and transparent recruitments. We post all job openings on the market. We make all efforts to identify a diverse pool of candidates. For example, we post openings on an Indigenous-focused job site where appropriate.

We provide comprehensive onboarding and training, including an organizational culture orientation, to new hires to set them up for success. We offer a comprehensive total rewards package that includes monetary compensation, benefits, flexible work arrangements, and other supports.

We support staff development at all levels of the organization, through a combination of group and individual training and learning. Areas of focus for the coming year include AI-related training (e.g., AI in investigations & AI for efficiencies across our programs) and leadership training to enhance employees' experience (e.g., psychological safety).

The College has a succession plan to ensure business continuity. The plan identifies critical roles and outlines contingency plans to temporarily fill those roles/functions should they become vacant.

Organizational Structure



Budget Plan



Budget Plan Overview

This section outlines the budget plan that corresponds to the work plan and workforce needs outlined in the previous sections. The plan for the year includes an expected revenue of \$10,888,143 and an expected expense of \$10,894,828, which results in an expected deficit of \$6,685.

The financial resources were identified through the same operational planning process, where departments identified the work they planned to do, the workforce needs, and any financial resources required. The financial components of the plan as identified by the departments, plus overhead, were then compiled into the budget.

The budget plan is presented with two components – the Ontario Clinical Exam and core business.

Overall Corporate Budget Plan

The budget plan for the College is shown below. To support the Board’s oversight of the financial performance of the Ontario Clinical Exam, the OCE revenue and expenses are presented separately from the revenue and expenses in the core business.

Fiscal Year 2025-2026 Budget			
	Core	Exam	Total
Revenue	9,389,468	1,498,675	10,888,143
Expenses	9,374,291	1,520,537	10,894,828
Surplus (Deficit)	15,177	-21,862	-6,685

Funding for priority initiatives included in FY27 budget

Initiative	Budget allocation	Associated GL Codes
<i>Supporting competent practice throughout physiotherapists' careers: Align the College's programs and actions with the goal of supporting competent practice throughout physiotherapists' careers.</i>		
Preparation for a comprehensive review of the Quality Assurance program (consultant cost)	\$75,000	5811
Scoping and planning a project to create a different kind of continuing professional development program	None (in-house)	
Continuing to provide clear guidance and support to the profession through development of standards and resources (CAG consultation, EDI focus groups)	\$8,200	5505
Implementing a strategy to support physiotherapists educated outside Canada successfully transition to practice in Ontario (IEPT focus groups and IEPT comms outreach)	\$14,000	5502 5621
Preparations to support the implementation of the proposed scope of practice expansion	None (in-house)	
<i>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.</i>		
Engaging with registrants on topics most relevant to them (roadshows, incentives for online engagement, video production)	\$27,000	5622 5621 5620
Outreach to the public and patients through a variety of methods and channels (online advertising)	\$31,600	5621
Continue pursuing outreach opportunities with employers, PTA students, and the academic community (university presentations)	\$5,000	5622
Continue collaborating with system partners to provide supports to physiotherapists educated outside Canada (strategy contingency fund for collaborative projects to support IEPTs)	\$25,000	5502
Exploring collaborative initiatives and projects with other regulators in Ontario and across Canada (policy budget collaborative projects contingency fund)	\$25,000	5505
<i>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.</i>		
Analysis and development of a longer-term human resource strategy	None (in-house)	
Ensuring that we offer competitive compensation to retain talent	Shared with HPRO	
Continuing to advance equity, diversity and inclusion principles	None (in-house)	
Maintaining a fair and inclusive workplace culture (policy review from EDIB lens, CultureAmp)	\$23,200	5904
<i>Sustaining effective and efficient operations: Pursuing a continuous improvement approach to achieve sustained effectiveness and efficiency in our processes.</i>		
Modernizing our financial management framework and practices	None (in-house)	

Initiative	Budget allocation	Associated GL Codes
Creating feedback mechanisms for physiotherapists who are participating in College processes	None (in-house)	
Implementing recommendations from the Professional Conduct business process review	None (in-house)	
Pursuing continuous process improvement initiatives into all areas of the business	None (in-house)	
Continuing to enhance our IT and cybersecurity systems and practices (knowb4, Atlas development <i>excluding portal accessibility review and redesign</i> , cybersecurity review & work)	\$70,800	5104
<i>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.</i>		
Begin to develop an organizational data strategy to support the effective use of data	None (in-house)	
Continued development of internal dashboards (consultant cost)	\$37,300	5502
Exploring ways to measure and report on impact and outcomes	None (in-house)	
Implementing processes to identify and respond to emerging issues and risks in the environment (facilitator for Board discussion)	\$2,500	5502
<i>Continuous improvement of governance practices: Continually enhance our governance practices to support effective decision-making and to foster trust and accountability.</i>		
Implementing a multi-year succession planning approach for Chairs and Vice-Chairs	None (in-house)	
Scoping and planning for a comprehensive review of our by-laws and governance policies and College calendar re-alignment	None (in-house)	
Continued exploration and implementation of the governance review recommendations	None (in-house)	
<i>Equity, Diversity, Inclusion and Indigenization: Pursuing meaningful actions to identify and address barriers, promote inclusive practices, and advance reconciliation.</i>		
Continuing to support EDI training and education at all levels of the organization and with the profession (EDIB blog/webinars for PTs, EDIB training for staff, EDI training for assessors, EDI training for Board and Committee members)	\$23,900	5621 5905 5823
Continue development of an Indigenous cultural safety and humility standard (consultant)	\$50,000	5505
Exploring mechanisms to incorporate diverse voices and perspectives into our work and decision-making (focus group)	\$14,500	5502
Enhancing the use of data in support of EDI work (focus group)	\$14,500	5502
Creating an internal tool to incorporate EDI considerations into our operations	None (in-house)	
Increasing the usability and accessibility of the PT Portal (Portal accessibility review and redesign)	\$130,000	5104

Total investment in Strategic Initiatives: \$577,500

One-Time Costs included in FY27 budget

Project	Budget allocation	Associated GL Codes
Jurisprudence Program: Develop and administer the jurisprudence exam for all 13,000 registrants over FY2027.	\$195,000 for IT platform \$55,000 for development	5102
PT Portal Modernization: Update underlying platform and modernize user interface.	\$130,000	5104
Office Decommissioning and Move	\$75,000	5403
Quality Assurance Modernization: Consultant support to review and modernize current quality assurance program.	\$75,000	5811

Total One-Time costs: \$400,000¹

Total Strategic Initiatives and One-Time Costs: \$977,500

¹ Please Note that PT Portal improvements are tracked in both tables but counted primarily as a Strategic Investment despite being a one-time cost as there are significant accessibility upgrades being made that align with the College's EDI commitments.

BOARD BRIEFING NOTE
For Discussion

Topic:	Discussion: Board Meeting Structure
Public Interest Rationale:	Ensuring the Board’s meeting structure aligns with sector best practices and supports effective governance. Regular meetings enable timely oversight of regulatory responsibilities, while balancing efficiency and resources.
Strategic Alignment:	<i>Performance & Accountability:</i> Ensure that the College’s governance processes are effective, efficient, and fit for purpose.
Submitted By:	Caitlin O’Kelly, Governance Specialist
Attachments:	Appendix A: Environmental Scan – Board Meeting Frequency

Issue

- At the December 2026 meeting, the Board indicated that it was interested in learning more about meeting frequency and structure at other Ontario health regulatory Colleges.
- While feedback on the College’s quarterly two-day meetings has been consistently positive, with meetings being described as effective and balanced, the Board saw value in reviewing whether the current approach remains fit-for-purpose or whether there are targeted refinements that could result in further efficiencies.
- This analysis considers current practice, sector approaches, and presents potential options and associated considerations across three related areas:
 - Meeting Structure
 - Education Delivery
 - Attendance Format

Decision Sought

- None, this is a discussion item only and does not include a recommendation to modify the current meeting structure.
- The Board may determine that:
 - The current model (status quo) remained appropriate and that no change is required, or,
 - Further explore whether refinements to meeting structure, education delivery or attendance expectations is warranted.

Background

- Ontario's health regulatory colleges are required by statute to hold regular Board meetings to fulfill their public interest mandate.

Meeting Structure– Current Approach

- The College's Board currently meets four times per year, with each meeting held over two consecutive full days. Meetings generally take place either on Monday/Tuesday or Thursday/Friday, and include a mix of decision, discussion and information items, as well as Board education.
- Board agenda planning occurs well in advance. Agendas are developed to balance:
 - Statutory and oversight requirements,
 - Anticipated discussion length,
 - Presenter availability,
 - Flexibility to address emerging issues.
- Agenda construction requires sequencing items of varying length and complexity. Some items require extended discussion, while others are shorter updates. Staff aim to prioritize decision items earlier in the day while ensuring adequate time is reserved for discussion of complex matters. Where agendas are shorter, staff aim to conclude earlier, typically scheduling a full first day and a shorter second day.

Education Delivery – Current Approach

- Board education is currently integrated into regular Board meetings, rather than scheduled as standalone education days.
- The topics of Board education is informed by multiple inputs, including:
 - Themes and suggestions identified through post-meeting survey feedback collected throughout the year,
 - Emerging regulatory issues, strategic priorities, governance needs, and
 - Anticipated upcoming decision items where targeted education would support informed discussion.
- Staff review education related feedback on an ongoing basis to identify patterns, recurring requests, and areas where additional context or learning would be beneficial to the Board.

These insights are incorporated into the annual education planning discussion with the Executive Committee each fall (e.g., November), where anticipated education priorities for the upcoming Board year (e.g., June to June). are identified.

- Key features of the current approach include:
 - Each quarterly meeting typically includes one to two education sessions, averaging 1.5 to 2 hours.
 - Education sessions are scheduled in both the morning and afternoon, depending on topic and presenter availability.
 - External presenters (e.g., other regulators, subject-matter experts, facilitators) are most often scheduled in the morning to ensure reliability and minimize disruption to the agenda. Education sessions scheduled prior to the formal start of the Board meeting provide a dedicated learning environment and allows Directors to engage with the material without the constraints associated with open meeting proceedings.
 - Internal staff-led sessions, where timing can be more easily adjusted if needed, are more commonly scheduled in the afternoon.
 - Speaker availability can limit flexibility, as some presenters are available only in the morning or only in the afternoon.
 - Post-meeting survey feedback consistently indicates that education sessions are valued by Directors. Education is regularly cited as supporting informed discussion and decision-making.
 - The approach of integrating education into regular meetings ensures a broad range of topics are covered throughout the year. This model supports ongoing Board development and avoids the need for standalone education days, which may not be practical given the typical session length.
- To provide context for how education fits within the overall Board agenda, a review of agendas from the four regular quarterly meetings held in the 2024 and 2025 calendar years provides the following breakdown of total meeting time allocated across agenda categories:

Category	2024 Hours	2025 Hours	Total/%
Education Hours	8.25	5.5	13.75%
Decision Hours	18	18	36%
Discussion Hours	5	7	12%
Information Hours	11	9	20%
Breaks/Lunch	9.75	8.5	18.25%
Total Meeting Hours	52 hours	48 hours	100%

- This data shows that education represents a modest portion of total meeting time, with the majority of time dedicated to decision-making, discussion, and oversight activities.

Attendance Format – Current Practice

- The College does not have a formal policy requiring in-person attendance at Board meetings.
- In practice, the College encourages in-person attendance, and the majority of Directors attend meetings in person. Hybrid attendance remains an important option to support accessibility, particularly given travel distances across Ontario and circumstances such as illness or weather.

Current Status and Analysis

1. Meeting Structure

- Maintaining the current meeting structure is one possible outcome of this discussion. Feedback on the College’s existing quarterly two-day Board meetings has been consistently positive, and there may be no need for change. The purpose of this discussion is to support the Board in assessing whether the current approach continues to meet its needs.
- The information below outlines current sector practices and presents potential options the Board may wish to consider if it determines that exploring refinements to the current meeting structure could be beneficial. Any changes would involve trade-offs, which are outlined below.
- To support the Board’s discussion, staff have conducted an environmental scan of the meeting frequency of Ontario’s other health regulatory colleges (Appendix A).
- As the Board reviews the sector context and options, the following questions are intended to help frame discussion and reflection on whether the current meeting structure continues to support effective governance:
 - Does the Board feel the current meeting structure supports effective governance and meaningful discussion?
 - Does the Board want to explore shorter meetings, recognizing the potential impacts on agenda capacity and discussion time?

Are there elements (e.g., consent agenda expansion) that should be explored regardless of overall meeting structure?

Sector Context and Options

- The environmental scan indicates that at a minimum all Ontario health regulatory colleges meet quarterly. Four meetings per year is the most common approach, with five colleges meeting five to six times annually.
- Meeting duration varies: many colleges hold one-day meetings per quarter, but several also schedule two-day sessions (either for business, education, or both).
 - Medium to larger colleges, with greater operational complexity, are more likely to hold longer meetings.
 - Hybrid and virtual formats are increasingly common.
- As a result, the total annual time commitment for Directors at many colleges is comparable to this College’s current model. Integrating education into a two-day Board meeting is functionally similar to models where education or training is held on a separate, adjacent day.
- The following options illustrate potential alternative meeting models and associated considerations.

Options	Key Considerations and Implications
Four 2-day meetings (current model)	Supports full agendas and extended discussion; integrates education without additional days; predictable scheduling and cost; longer individual meetings; requires two consecutive days of availability.
Four 1.5-day meetings	Slightly shorter meetings; reduced agenda capacity; less time for education and discussion; may require deferral of items or additional special meetings.
Four 1-day meetings	Easier scheduling; significantly reduced discussion time; fewer items per meeting; slower progress on work; higher likelihood of additional virtual or special meetings; education would likely need to be separated; potential loss of Board dinners.
Six 1-day meetings	More frequent touchpoints; higher travel and accommodation costs; potential barrier for individuals from remote areas; loss of multi-day efficiencies; increased staff workload and compressed preparation timelines; potential loss of Board dinners; need to reevaluate the role of the Executive Committee.

<p>Alternate Meeting Timing (evenings or weekends)</p>	<p>Evening Meetings Shorter meeting windows, resulting in limited agenda capacity and reduced discussions; loss of education during meetings; increased likelihood of additional meetings; likelihood that meetings would be held virtually.</p> <p>Weekend Meetings Potential to accommodate full-day sessions; considerations related to availability, participation, and work-life balance; potential for increased costs associated with weekend travel and accommodations; implications for staff time.</p>
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- Across all options, changes to meeting length or frequency would affect agenda capacity, education delivery, governance workflows, staff resourcing, and cost.
- The College’s operational capacity allows a significant volume of work to be completed between Board meetings, resulting in a higher number of items being brought forward for consideration. The current structure provides the agenda capacity to address the volume of work.

2. Education Delivery

- In addition to meeting length and frequency, the structure of Board meetings also affects how Board education is delivered.
- The Board currently receives education as part of its regular meetings. The information below outlines potential approaches to education delivery and associated considerations, should the Board wish to explore changes to how education fits within the overall meeting structure.
- As the Board reviews the information below, the following question is intended to help frame discussion and reflection on education delivery:
 - Does the current approach to integrating education into regular Board meetings continue to meet the Board’s needs and support effective governance?
 - Does the Board want to explore separating education from regular Board meetings, or capping education sessions per Board meeting?

Potential Changes and Considerations

- The following table outlines potential options for how Board education could be delivered and associated considerations:

Option	Key Considerations and Implications
Regular Board meetings with integrated education (current model)	Education is integrated into already scheduled meetings and can be aligned with upcoming decisions; flexibility to respond to emerging learning needs; education content may reduce time available for other agenda items.
Shorter and more limited education sessions integrated into regular Board meetings.	Limiting education to one session per meeting or capping session length; reduce learning opportunities and limit discussion time, particularly given that most education sessions already require approximately one hour for presentation alone.
Standalone in-person education sessions (one or two per year)	Requires separate scheduling, additional planning and coordination of timing and space; potential for increased travel costs; reduced ability to align education topic and upcoming Board decisions; potential impacts on attendance.
Standalone virtual education sessions (shorter sessions distributed across the year)	Greater flexibility to distribute education across the year; sessions could be scheduled during lunch hours or in the evenings depending on availability; potential for reduced engagement and attendance compared to in-person education; reduced ability to align education topic and upcoming Board decisions

3. Attendance Format

- The format in which Directors attend Board meetings is another element of meeting structure that affects how the Board conducts its work.
- The College currently operates with a hybrid attendance model, encouraging in-person participation while maintaining flexibility. The information below outlines considerations related to attendance format and potential implications of change.
- As the Board reviews the information below, the following questions are intended to help frame discussion and reflection on attendance format:
 - Does the current hybrid approach to Board meeting attendance continue to support effective participation and accessibility?

- If the Board wishes to explore changes, does it want to consider requiring in-person attendance for some Board meetings?

Potential Changes and Considerations

- A previous governance review recommended requiring some in-person Board meetings; however, no formal policy has been adopted.
- Survey feedback on the requirement of in-person attendance is mixed. Some Directors support requiring in-person attendance for certain meetings, while others emphasize the importance of maintaining flexibility to avoid unintended barriers to participation (e.g., illness, geographic distance, or other personal or professional constraints).
- Any change to attendance expectations would require consideration of accessibility and implementation implications, including clarity around when in-person attendance would be required and how exceptions would be managed.

4. Governance Workflow and Timing - Implications

- In considering any potential changes to meeting structure, education delivery, or attendance format, it is important to recognize that these elements are interconnected and have implications for governance workflows, planning timelines, and Board support processes.
- The considerations below are not specific to any one option, but apply broadly across the discussion above and are intended to support a holistic understanding of the operational and governance impacts associated with change.
- The current governance workflow assumes four Board meetings per year, with substantive materials reviewed by the Executive Committee in advance.
- Increasing meeting frequency or significantly altering meeting length would require reconsideration of:
 - The Executive Committee's role,
 - Material development timelines,
 - The feasibility of advance Executive Committee review between meetings.
- In practice, this could require a more flexible approach to Executive Committee involvement, such as limiting advance review to selected Board meetings rather than all meetings.
- Any changes to meeting frequency or structure would not be immediate. Board dates and education plans are developed well in advance, and the planning for the June 2026–June 2027

Board year is already underway. If changes were pursued, they would most likely take effect no earlier than the 2027–2028 Board year.

- The expected time commitment for Board service is communicated consistently and transparently to all Directors in advance of appointment, reappointment, or election. Any change to meeting frequency or structure would require lead time to update and communicate these expectations to prospective and returning Directors.

Next Steps

- The Board will be presented these findings for discussion and to determine if any changes to meeting frequency, structure, education session timing, or attendance format should be considered.
- Staff will continue to monitor sector practices and bring forward relevant trends or insights as appropriate.

Appendix A: Ontario Health Regulatory Colleges – Board/Council Meeting Frequency

Ontario health regulatory colleges listed below are organized from largest to smallest operational budget.

College	# of Board Meetings per Year*	Typical Length
College of Physicians and Surgeons of Ontario	4 per year	2 Days
College of Nurses of Ontario	4 per year	1 – 2 Days
Royal College of Dental Surgeons of Ontario	6 per year	1 Day
Ontario College of Pharmacists	4 per year	1 – 2 Days
College of Massage Therapists of Ontario	4 per year	1 Day
College of Physiotherapists of Ontario	4 per year	2 days
College of Registered Psychotherapists of Ontario	4 per year	1 Day
College of Psychologists & Behaviour Analysts of Ontario	4 per year	1 Day
College of Dental Hygienists of Ontario	5 per year	2 Days
College of Chiropractors of Ontario	4 per year	1 Day
College of Medical Radiation & Imaging Technologists of Ontario	4 per year	2 Days
College of Occupational Therapists of Ontario	4 per year	1 Day
College of Traditional Chinese Medicine Practitioners & Acupuncturists of Ontario	4 per year	1 Day
College of Audiologists and Speech-Language Pathologists of Ontario	4 per year	1 – 2 Days
College of Opticians of Ontario	4 per year	1-2 Days
College of Naturopaths of Ontario	6 per year	1 Day
College of Dietitians of Ontario	4 per year	1 – 2 Days
College of Optometrists of Ontario	5 per year	1 Day
College of Respiratory Therapists of Ontario	4 per year	1 Day
College of Midwives of Ontario	3 per year	1 Day
College of Medical Laboratory Technologists of Ontario	4 per year	2 Days
College of Kinesiologists of Ontario	4 per year	1 Day
College of Chiropodists of Ontario	3 per year	1 Day
College of Denturists of Ontario	4 per year	1 Day
College of Dental Technologists of Ontario	5 per year	1 – 2 Days
College of Homeopaths of Ontario	3-4 per year	1 Day

*Additional Notes:

- The number of Board meetings per year reflects the typical minimum number of regularly scheduled meetings. Boards may also convene additional special or ad hoc meetings as needed to address time-sensitive matters.

- While some Colleges hold five regular Board meetings annually, the additional meeting is often purpose-specific (for example, to conduct Executive Committee or officer elections).
- The College of Naturopaths meets six times per year. Its Executive Committee convenes only on an as-needed basis.

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.
Submitted By:	Craig Roxborough, Registrar & CEO Anita Ashton, Deputy Registrar & CRO
Attachments:	N/A

Issue

- The Board is provided with an update regarding work underway 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.
- At the same time, CAPR has been modernizing their credentialing process to reduce barriers for physiotherapists educated outside of Canada and to improve efficiency in their processes. CAPR has presented to the Board on multiple occasions to provide insight into these changes.
 - Credentialing is a process that is undertaken to evaluate the education and qualifications of physiotherapists educated outside of Canada to determine if they meet the standards required to practice in Canada.
- With approval of the move to the CPTe, the Board has committed the College to a wind-down of the OCE. At the June 2025 meeting, the Board also approved a plan to increase capacity within the OCE during this transition period to respond to the high demand currently being experienced.

Current Status and Analysis

- The Board is provided with an update on (1) CAPR Examination Development and Credentialing Modernization and (2) an update on the wind-down of the OCE.

1. CAPR Updates

- As CAPR is attending and presenting at the March Board meeting, the overview provided below is shorter than historical reports.

Examination Updates

- CAPR administered their first CPTe sitting on January 28, 2026. This was a significant milestone for CAPR and represents the end of a two-year transition as the organization shifts from building and launching an exam to administering and improving their examination services.
- The second administration was held on February 27-28, 2026 and was again a success. Over 400 candidates challenged the exam at this administration.
- Given interest in the exam, CAPR has published and will use all the original overflow dates.
- CAPR is also focused on providing a high level of service offering with a focus on continuous improvement. For example:
 - There continues to be a commitment to eight administrations over 2026;
 - There will be ongoing monitoring of candidate performance and outcomes across credentialing pathways and the CPTe to ensure both evaluation tools are functioning cohesively; and
 - There is a strong focus on building a repository of CPTe items that maintain exam security, psychometric quality, content relevance, and long-term viability of the examination.

Credentialing

- CAPR has published [information](#) regarding the redesign of the credentialing program.
 - As a reminder, the intention of this redesign is to strengthen the credentialing program to better support candidates and provide greater confidence to regulators that the credentialing program is meaningfully evaluating equivalency.
- CAPR has now formally announced that they were successful in securing Health Canada funding to support the development of the resources needed as part of the new credentialing program. This will allow for the creation of more tools and resources for individuals to understand licensure requirements and to prepare for the exam.

Engagement and Reporting to Regulators

- CAPR and the Canadian Physiotherapy Regulators (CPTR) meet monthly to ensure there are frequent touch-points and information sharing.
- With the successful launch of the examination, attention is now being paid to actioning a reporting and performance monitoring framework between CAPR and the regulators. CAPR is actively engaging regulators in this discussion.

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. Approximately 175 Examiners have signed up to participate in this program by committing to at least 3 exam sittings in 2026. The costs associated with this program will be borne over FY26 and FY27.
- The January 2026 administration of the exam took place with a total of approximately 330 registered candidates. This is the largest number of candidates the College has managed during a sitting of the exam to date.
- The College is at near capacity through until the end of 2026 with registrations now closed. It is anticipated based on current enrollment that unsuccessful candidates in the January and March administrations will most likely have an opportunity to challenge the exam one more time before it is sunset.
 - Registration is at approximately 350 for March, 330 for June, and 340 for October. It is anticipated as many as 410 individuals will be able to challenge the October sitting which will mark the final administration of 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 manage the OCE through to the end of 2026. The program wind-down will also be an opportunity to collect and synthesize the College's learnings from building and administering the OCE for the past few years.

Questions for the Board

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

Board Meeting
March 26-27, 2026

Agenda #18.0: Ratification of Academic Director

It is moved by

_____ ,

and seconded by

_____ ,

that:

The Board appoints Susie Renaud as an Academic Director from the University of Ottawa to the Board, effective from June 18, 2025 – June 2029.

BOARD OR COMMITTEE NAME] BRIEFING NOTE
For Decision

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

Issue

- The University of Ottawa has selected Susie Renaud as their university’s academic representative to the Board.

Decision Sought

- In keeping with the requirements of section 3.2 of the College’s By-laws that the Board selects Academic Directors, the Board is being asked to ratify the appointment of Susie Renaud as the Academic Director representing the University of Ottawa effective June 18, 2026.

Background

- The *Physiotherapy Act, 1991* defines that the composition of the Board must include at least seven and no more than eight elected members of the profession, at least five and no more than seven members who are appointed by the Lieutenant Governor in Council (Public Directors) and one or two members of a faculty from a Physiotherapy or Physical therapy program in Ontario.
- Additional criteria regarding the Academic Directors are set out in the College’s By-laws. The detailed eligibility criteria can be found in Appendix A.
- Academic Directors are appointed for three-year terms. The appointments are based on a rotating schedule of the five academic programs for Physiotherapy/Physical therapy in Ontario.

Current Status and Analysis

- On June 17, 2026, the term of Sinéad Dufour, the representative from McMaster University, will expire.

- In accordance with the By-laws, our next Academic Director will be from the University of Ottawa. This individual's term will run from June 18, 2026, to June 2029 (exact date to be confirmed).
- In keeping with the process outlined in the By-laws and governance policies, staff provided the University of Ottawa with information regarding the role of the Academic Director in July 2025 and again in January of this year.
- In March 2026, staff received confirmation that the academic representative selected is Susie Renaud.
- Staff confirmed Susie Renaud has met the eligibility requirements as listed in the College By-laws.
- To align more efficiently with the orientation and onboarding of new Board members in June, the Board is being asked to appoint Susie Renaud at the March meeting of the Board to ensure Susie Renaud is able to participate in upcoming onboarding and orientation activities with other new members of the Board.

Next Steps

- If the Board ratifies the academic appointment of Susie Renaud staff will inform the University of Ottawa and will ensure that Susie Renaud receives orientation for the Board prior to their first meeting.

Questions for the Board

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

Academic Directors

- 3.2. (1) For the purposes of paragraph 6 (1) (c) of the Act, two Registrants who are Registrants of a faculty of physiotherapy or physical therapy of a university in Ontario shall be selected in accordance with this section to serve on the Board as Academic Directors.
- (2) A Registrant is eligible to serve on the Board as an Academic Director if, on the day of the appointment:
- (a) the Registrant holds a certificate of registration authorizing independent practice;
 - (b) the Registrant is not in default of any obligation to the College under the Regulations or the By-laws;
 - (c) the Registrant is not the subject of a Discipline or Fitness to Practise proceedings by a body that governs a profession, inside or outside of Ontario;
 - (d) the Registrant has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated, by a body that governs a profession, inside or outside of Ontario, at any time in the six years before the date of the selection;
 - (e) the Registrant has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992* or the *Mental Health Act* and is not a person who has been declared incapable by any court in Canada or elsewhere;
 - (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.

Board Meeting
March 26-27, 2026

Agenda #19.0: Committee Slate Amendment

It is moved by

_____ ,

and seconded by

_____ ,

that:

The Committee Slate be amended by appointing John Belyea to, and removing Mark Heller from, the Inquiries, Complaints and Reports Committee.

BOARD BRIEFING NOTE
For Decision

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

Issue

- Amendments to the Committee Slate are being brought forward to update the membership of the Inquiries, Complaints and Reports Committee (ICRC).

Decision Sought

- As recommended by the Executive Committee, the Board is being asked to appoint John Belyea to the Inquiries, Complaints and Reports Committee and have Mark Heller step down from the committee.

Background

- The ICRC is a statutory committee of the College established under the *Regulated Health Professions Act, 1991*. The composition of the ICRC is set out in the College’s By-laws and governance policies and includes both Professional (at least 2) and Public Directors (at least 2).
- Mr. John Belyea was recently appointed to the Board as a Public Director. Newly appointed Directors are assigned to committees as needed to support the Board’s oversight and statutory functions.

Current Status and Analysis

- The ICRC is a high-volume committee, with alternate panels meeting every three weeks.
- Mr. Belyea has confirmed his interest and availability to serve on ICRC as a Public Director.
- In exchange, Mr. Mark Heller, Public Director, would be stepping down from the ICRC to support Public Director availability for discipline hearings and to ensure the committee workload across the Board remains balanced.

- The proposed changes would ensure the ICRC remains appropriately constituted and continues to meet its statutory requirements.
- Mr. Belyea’s appointment will maintain Public Director representation on the Committee and support continuity in the Committee’s work. The removal of Mr. Heller from the ICRC does not impact the Committee’s ability to meet quorum or composition requirements.
- An amended Committee Slate reflecting these changes is attached as Appendix A.

Next Steps

- If the Board approves the Committee Slate amendment, staff will update the Committee Slate accordingly and initiate onboarding for Mr. Belyea in relation to his role on the ICRC.

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: December 8, 2025

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

	<p><u>Public Directors (at least 2):</u></p> <ol style="list-style-type: none"> 1. Carole Baxter (Public Director of the Board) 2. Christopher Warren (Public Director of the Board) 3. John Belyea (Public Director of the Board)
<p>Discipline Committee (Minimum 10 people)</p>	<p><u>Professional Directors (at least 2):</u></p> <ol style="list-style-type: none"> 1. Maureen Vanwart (Elected Director of the Board) 2. Sinéad Dufour (Academic Director of the Board) 3. Gary Rehan (Elected Director of the Board) 4. Dennis Ng (Elected Director of the Board) 5. Kirsten Pavelich (Elected Director of the Board) 6. Frank DePalma (Elected Director of the Board) 7. Kate Moffett (Elected Director of the Board) 8. Heather Weber (Elected Director of the Board) 9. Sarah Hazlewood (Academic Director of the Board) <p><u>Public Directors (at least 3):</u></p> <ol style="list-style-type: none"> 1. Jesse Finn (Public Director of the Board) 2. Carole Baxter (Public Director of the Board) 3. Richard O'Brien (Public Director of the Board) 4. Frank Massey (Public Director of the Board) 5. Mark Heller (Public Director of the Board) 6. Christopher Warren (Public Director of the Board) <p><u>Non-Board Committee Member (at least 1):</u></p> <ol style="list-style-type: none"> 1. James Wernham, Vice-Chair (Professional Non-Board Committee Member) 2. Angelo Karalekas, (Professional Non-Board Committee Member) 3. Sue Grebe (Professional Non-Board Committee Member) 4. Nicole Graham (Professional Non-Board Committee Member) 5. Richa Rehan (Professional Non-Board Committee Member) 6. Theresa Kay (Professional Non-Board Committee Member)

	<p>Health Professions Discipline Tribunals Chair</p> <ol style="list-style-type: none"> 1. David Wright, Chair <p>Experienced Adjudicators</p> <ol style="list-style-type: none"> 1. Raj Anand 2. Sherry Liang 3. Sophie Martel 4. Jennifer Scott 5. Jay Sengupta
<p>Fitness to Practise Committee (Minimum 10 people)</p>	<p><u>Professional Directors (at least 2):</u></p> <ol style="list-style-type: none"> 1. Maureen Vanwart (Elected Director of the Board) 2. Sinéad Dufour (Academic Director of the Board) 3. Gary Rehan (Elected Director of the Board) 4. Dennis Ng (Elected Director of the Board) 5. Kirsten Pavelich (Elected Director of the Board) 6. Frank DePalma (Elected Director of the Board) 7. Kate Moffett (Elected Director of the Board) 8. Heather Weber (Elected Director of the Board) 9. Sarah Hazlewood (Academic Director of the Board) <p><u>Public Directors (at least 3):</u></p> <ol style="list-style-type: none"> 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) <p><u>Non-Board Committee Member (at least 1):</u></p>

	<ol style="list-style-type: none"> 7. James Wernham, Chair (Professional Non-Board Committee Member) 8. Angelo Karalekas, Vice-Chair (Professional Non-Board Committee Member) 9. Sue Grebe (Professional Non-Board Committee Member) 10. Nicole Graham (Professional Non-Board Committee Member) 11. Richa Rehan (Professional Non-Board Committee Member) 12. Theresa Kay (Professional Non-Board Committee Member)
<p>Quality Assurance Committee (Minimum 5 people)</p>	<p><u>Registrants (at least 2):</u></p> <ol style="list-style-type: none"> 1. Antoinette Megens, Chair (Professional Non-Board Committee Member) 2. Dennis Ng (Elected Director of the Board) 3. Maureen Vanwart (Elected Director of the Board) 4. Halak Patel (Professional Non-Board Committee Member) <p><u>Public Director or Public Non-Board Committee Member (at least 1):</u></p> <ol style="list-style-type: none"> 1. Richard O’Brien, Vice-Chair (Public Director of the Board) 2. Mark Heller (Public Director of the Board)
<p>Patient Relations Committee (Minimum 3 people)</p>	<p><u>Registrants (at least 1):</u></p> <ol style="list-style-type: none"> 1. Anna Grunin, Chair (Professional Non-Board Committee Member) 2. Einat Mei-Dan (Professional Non-Board Committee Member) 3. Shelley MacRae (Professional Non-Board Committee Member) <p><u>Public Director or Public Non-Board Committee Member (at least 1):</u></p> <ol style="list-style-type: none"> 1. Kim Westfall-Conner, Vice-Chair (Public Non-Board Committee Member)
<p>Risk, Audit, and Finance Committee (Minimum 5 people, non-statutory)</p>	<p><u>Board Chair:</u> Katie Schulz (Elected Director of the Board)</p> <p><u>Board Vice Chair:</u> Gary Rehan, Committee Vice-Chair (Elected Director of the Board)</p>

	<p><u>Directors including at least 1 Public Director (at least 3):</u></p> <ol style="list-style-type: none"> 1. Frank Massey, Committee Chair (Public Director of the Board) 2. Kate Moffett (Elected Director of the Board) 3. Jesse Finn (Public Director of the Board)
<p>Examinations Committee (Minimum of 5 people, non-statutory)</p>	<p><u>Canadian-Educated Recent Registrant (at least 1):</u></p> <ol style="list-style-type: none"> 1. Alireza Mazaheri, Vice Chair (Professional Non-Board Committee Member) <p><u>Internationally Educated Recent Registrant (at least 1):</u></p> <ol style="list-style-type: none"> 1. Hari Gopalakrishnan Nair, Chair (Professional Non-Board Committee Member) 2. Marcos Rodrigues (Professional Non-Board Committee Member) <p><u>Physiotherapy Supervisors (at least 2):</u></p> <ol style="list-style-type: none"> 1. Enoch Ho (Professional Non-Board Committee Member) 2. Mira Toth (Professional Non-Board Committee Member) <p><u>Member of the public (Testing/assessment) (at least 1):</u></p> <ol style="list-style-type: none"> 1. Greg Pope (Public Non-Board Committee Member)
<p>Screening Committee (Minimum of 5 people, non-statutory)</p>	<p><u>Board Directors (at least 2):</u></p> <ol style="list-style-type: none"> 1. <u>Carole Baxter, Vice-Chair</u> 2. <u>Frank DePalma</u> <p><u>Non-Board Committee Member (at least 2):</u></p> <ol style="list-style-type: none"> 1. <u>Theresa Stevens, Chair</u> 2. <u>Shabdit Shah</u> 3. <u>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 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 (7), 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.