MEETING OF THE BOARD OF THE COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Meeting Schedule

Board Meeting (Public)
Thursday, June 18, 2026 | 9:00 – 4:15 p.m.

Board Meeting (Public)
Friday, June 19, 2026 | 9:00 – 2:15 p.m.

Commitment to the Public Interest

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

Conflict of Interest and Bias

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

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

BOARD MEETING AGENDA

Thursday, June 18, 2026				
Item	**Time**	**Topic**	**Page**	**Purpose**
*	9:00 a.m.	**Welcome and Call to Order** *(K. Schulz)* • Roll Call • Territory Acknowledgement	N/A	N/A
1.	9:02 a.m.	**Review and Approval of the Agenda** *(K. Schulz)*	2-8	Decision
2.	9:05 a.m.	**Declaration of Conflicts of Interest** *(K. Schulz)* Following approval of the Agenda, Directors are being asked to declare any known conflicts of interest with the Agenda.	9	Discussion
3.	9:07 a.m.	**Approval of the Consent Agenda** *(K. Schulz)* • Approval of March 26-27, 2026 Board Meeting Minutes • Approval of the March 26-27, 2026 In Camera Board Meeting Minutes • Executive Committee Report • Risk, Audit and Finance Committee Report • Key Conference Learning Reports CPA • Annual Committee Reports	10-63	Decision
4.	9:10 a.m.	**Strategic Plan – Education Session** *(C. Roxborough & J. Huang)* The Board will be provided with an overview of the College's current strategic plan.	64	Education

5.	9:55 a.m.	**Dashboard Refresh** *(C. Roxborough & J. Huang)* The Board will be engaged in a discussion about updates to the Board Dashboards.	65-71	Discussion
*	10:25 a.m.	**Break (15 Minutes)**	N/A	N/A
6.	10:40 a.m.	**Risk Register Refresh** *(J. Huang & C. Roxborough)* The Board will be asked to approve updates to the College's Risk Register.	72-86	Discussion
7.	11:10 a.m.	**Chair's Report** *(K. Schulz)* The Board is provided with an update regarding key activities and initiatives.	87-91	Information
8.	11:20 a.m.	**Registrar's Report** *(C. Roxborough)* The Board is provided with an overview and update regarding key activities and initiatives.	92-123	Information
*	12:15 p.m.	**Lunch (45 Minutes)**	N/A	N/A
9.	1:00 p.m.	**Motion to go in camera pursuant to section 7.2(d) of the Health Professions Procedural Code** *(K. Schulz)* The Board will be asked to move in camera as personnel matters or property acquisitions will be discussed.	124	Decision

10.	2:00 p.m.	**Final Review of Controlled Acts Standard for Approval** *(E. Ermakova)* The Board is being asked to approve the Controlled Acts Standard following the consultation.	125-137	Decision
*	2:30 p.m.	**Break (15 Minutes)**	N/A	N/A
11.	2:45 p.m.	**Ordering Diagnostics Guidance - Draft for Review** *(F. Campbell & C. Roxborough)* The Board will be provided with an update on draft guidance for ordering diagnostics in preparation for potential scope changes.	138-155	Information
12.	3:15 p.m.	**Artificial Intelligence (AI) Guidance Refresh** *(F. Campbell & C. Roxborough)* The Board will be provided with a chance to reflect on the College's AI guidance.	156-171	Information
13.	3:45 p.m.	**Exam Transition Update** *(C. Roxborough & A. Ashton)* The Board will be provided with an update regarding the transition to the new Canadian Physiotherapy Exam.	172-174	Information
*	4:15 p.m.	**Adjournment of Day One**		

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

Friday, June 19, 2026				
Item	**Time**	**Topic**	**Page**	**Purpose**
14.	9:00 a.m.	**Finance Education Series: Introduction to Financial Oversight** *(Jeff Bouman)* The Board will be provided with an introduction to financial oversight and the stewardship role of the Board.	175	Education
15.	10:30 a.m.	**Fiscal Year 2026 Q4 and Year End Report** *(M. Catalfo)* The Board will be provided with an update on the College's Q4 financial performance.	176-200	Information
*	10:40 a.m.	**Break (15 Minutes)**	N/A	N/A
16.	10:55 a.m.	**Principles for Setting Fees** *(C. Roxborough & M. Catalfo)* The Board will be asked to consider fee principles recommended by the Risk, Audit and Finance Committee.	201-211	Decision
17.	11:25 a.m.	**Executive Committee Election** *(C. Roxborough)* The Board will elect a Member-at-Large to the Executive Committee for the 2026-2027 Board year.	212-221	Decision
18.	11:45 a.m.	**2026-2027 Committee Slate** *(C. O'Kelly)* The Board is being asked to approve the committee slate for 2026-2027.	222-240	Decision
*	12:00 p.m.	**Lunch (45 Minutes)**	N/A	N/A

19.	12:45 p.m.	**Board Composition: Terms Limits and Cooling Off Periods** *(M. Berger)* The Board will be provided with information to anchor a discussion about the current term limits and cooling off periods for Board and Committee members.	241-248	Discussion
20.	1:30 p.m.	**Governance Structure Review and the Role of Board Committees** *(C. O'Kelly)* The Board will be provided with information to anchor a discussion about the role of the Executive Committee and considerations for a potential Governance Committee.	249-260	Discussion
*	2:15 p.m.	**Adjournment of Meeting**		

Meeting Norms

Use Zoom and keep your cameras on.

Proactively declare and manage any conflicts of interest.

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

Be present during Board meetings and refrain from sidebar conversations.

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

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

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

Assume everyone has a positive intent.

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

Motion No.: 1.0

Board Meeting
June 18-19, 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

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

Motion No.: 3.0

Board Meeting
June 18-19, 2026

Agenda #3.0: Consent Agenda

It is moved by

_____,

and seconded by

_____,

that:

The following items be approved by the Board:

- March 26-27, 2026 Board Meeting Minutes
- March 26-27, 2026 In Camera Board Meeting Minutes

June 2026
Agenda Item: 3.0

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

Thursday, March 26 and Friday, March 27, 2026
The College Boardroom & Virtually via Zoom

Public Director Attendees:
Carole Baxter
Jesse Finn
Mark Heller
Frank Massey
Richard O'Brien
Christopher Warren
John Belyea

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

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
Mary-Catherine Fraser Saxena, Manager, Practice Advice

Recorder:
Caitlin O'Kelly, Governance Specialist

Guests:
Nancy Tran, College of Midwives of Ontario
Sue Eckenswiller, Indigenous Advanced Education & Skills Council
Dave Clements, CEO, Canadian Alliance of Physiotherapy Regulators (CAPR)

Thursday, March 26, 2026

Welcome and Call to Order

K. Schulz, Board Chair, called the meeting to order at 10:50 a.m. and welcomed Directors and staff, before inviting M. Vanwart to provide the Territory Acknowledgement. K. Schulz confirmed the College's ongoing commitment to the Public Interest mandate.

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1.0 Review and Approval of the Agenda

Motion 1.0

It was moved by F. Massey and seconded by K. Pavelich 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.

S. Hazlewood declared a conflict with item *10. Ratification of Academic Director.*

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 H. Weber and seconded by M. Vanwart 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

CARRIED.

4.0 Chair's Report

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

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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 was advised that the *As of Right* framework is now in effect and operational. The College has completed the required system and process changes and is administering applications under the framework. Early experience indicates that applications can be processed efficiently, and implementation will continue to be monitored.

The Board received an update on the Ministry's proposed expansion of physiotherapists' scope of practice to include certain diagnostic imaging procedures. The College is undertaking internal operational planning to support implementation, should the necessary regulatory amendments proceed.

The Board discussed the current rostering framework, including considerations related to practitioner judgment and the public interest. It was noted that any broader changes to rostering requirements would be considered as part of future quality assurance and continuing professional development work, rather than in advance of scope implementation.

The Board also received an overview of the College's current use of artificial intelligence tools in a limited, internal capacity, with appropriate safeguards for data security and human accountability. The Board discussed expectations regarding the use of artificial intelligence in relation to Board and committee materials and directed the Registrar to communicate interim guidance to Board and committee members and to bring forward proposed formal guidance or policy for future consideration.

6.0 Governance Practices Review Refresh Update

C. Roxborough provided an update on the governance practices review refresh, including a proposed roadmap reflecting the priority areas identified through discussions at the December 2025 Board meeting.

The Board provided feedback on the proposed roadmap, including the identified focus areas and sequencing of discussions, and confirmed that the priorities accurately reflect the feedback previously provided. The Board expressed support for the roadmap as a framework for future discussion.

J. Finn left at 12:00 p.m.

DRAFT

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

Motion 7.0

It was moved by R. O'Brien and seconded by J. Belyea 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 1:00 p.m. and returned to the open session at 1:27 p.m. It was noted that there were no decision items to be recorded publicly.

8.0 General Regulation Modernization: Retired Class Update

M. Berger, Director Policy, Governance & General Counsel and E. Ermakova, Policy Analyst, presented an update on potential draft amendments to *O. Reg. 532/98 General* to establish a Retired Class. The item was before the Board to determine whether to pursue the establishment of a retired class for consultation.

The Board discussed the proposed retired class in the context of the College's public interest mandate, including considerations related to use of title, maintenance of competence, public understanding of regulated status, and potential risks to public safety. The Board noted that registrants in a retired class would not be required to meet ongoing currency, standards, or quality assurance requirements, and expressed concern that this could create confusion for the public and undermine the assurance associated with the protected title of physiotherapist. The Board also noted that alternative avenues exist for retired individuals to maintain a sense of professional identity and connection to the profession outside of College registration.

Following discussion, the Board determined that establishing a retired class would not be in the public interest and decided not to pursue it further. The Board approved the proposed amendments to *O. Reg. 532/98 General*, as previously reviewed, for submission to the Ministry of Health, without provisions to establish a retired class.

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Motion 8.0

It was moved by C. Baxter and seconded by G. Rehan that:

The Board approves the proposed amendments to the General Regulation, Ontario Regulation 532/98, under the Physiotherapy Act, 1991 for submission to the Ministry of Health."

CARRIED.

Professional Members in favour: 9
Public Members in favour: 6

9.0 Chair, Vice-Chair and Executive Committee Election

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

Election of the Chair:

The following nominations for Chair were received:

- K. Schulz (Professional Director)

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

K. Schulz was acclaimed Chair.

Election of the Vice-Chair:

The following nominations for Vice-Chair were received:

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

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

G. Rehan was elected Vice-Chair.

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Election of the Executive Committee: Members-at-Large

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

- Mark Heller (Public Director)
- Carole Baxter (Public Director)
- Frank DePalma (Professional Director)
- Frank Massey (Public Director)
- Kirsten Pavelich (Professional Director)
- Heather Weber (Professional Director)

C. Roxborough called for additional nominations from the floor:

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

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

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

The following Directors will make up the Executive Committee for the 2026-2027 year:

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

S. Hazlewood left the meeting.

10.0 Ratification of Academic Director

Motion 10.0

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

The Board appoints Susie Renaud as an Academic Director from the University of Ottawa to the Board, effective to June 18, 2026 – June 2029.

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CARRIED.

S. Hazlewood returned to the meeting.

11.0 Committee Slate Amendment

Motion 11.0

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

The Committee Slate be amended by appointing John Belyea to, and removing Mark Heller from, the Inquiries, Complaints and Reports Committee.

CARRIED.

12.0 Introduction to the Indigenous Registration Pathway of the College of Midwives

The Board heard a presentation on the new Indigenous Registration Pathway at the College of Midwives of Ontario (CMO). Presenters Sue Eckenswiller, Director of Regulatory and Strategic Partnership at the Indigenous Advanced Education & Skills Council and Nancy Tran, CMO Director of Registration, explained how the pathway works, background on how it was created, and its benefits for Indigenous learners and communities.

The Board recessed for the day at 4:10 p.m.

Friday, March 27, 2026

K. Schulz reconvened the meeting at 9:00 a.m. on March 27, 2026.

13.0 Canadian Alliance of Physiotherapy Regulators Update

Dave Clements, CEO of the Canadian Alliance of Physiotherapy Regulators, provided the Board with an update on the organization's activities, including recent developments in examinations and credentialling.

F. Massey left the meeting.

14.0 Controlled Acts Primer

M. Berger and Mary Catherine Fraser Saxena, Manager, Practice Advice, provided a primer on the controlled acts that physiotherapists may perform, including the legislative framework under the *Regulated Health Professions Act, 1991.*

The Board discussed registrant awareness of controlled acts and the current rostering model, including the self-attestation process and the College's role in setting standards rather than approving or auditing individual training programs. It was noted that the model is intended to provide flexibility while placing responsibility on registrants to assess their own competence and training, with attestations retained on file and competency subject to review through quality assurance, complaints, or investigations, as appropriate.

F. Massey returned to the meeting.

15.0 Approval of Controlled Acts Standard for Consultation

E. Ermakova, Policy Analyst, presented the draft Controlled Acts Standard for the Board's consideration and approval to proceed with consultation.

The Board discussed several aspects of the draft standard, including proposed expectations related to diagnostic activities, documentation, and communication, as well as the use of terminology such as adverse events and adverse outcomes. Members also raised questions regarding expectations for registrant currency and clarity of language, noting challenges in defining time-based requirements across diverse practice contexts. The Board further discussed how the draft standard addresses delegation and supervision, including the performance of controlled acts by students, and the extent to which safeguards can be reinforced through standards versus guidance, given the legislative framework. Staff confirmed that more detailed information regarding the performance of controlled acts by students would be provided to the Board together with the consultation feedback to enable the Board to make an informed decision regarding next steps.

The Board also discussed the current rostering model, including self-attestation of competence, and emphasized the importance of effective communication to registrants regarding their responsibilities when rostering for controlled acts.

Motion 15.0

It was moved by K. Moffett and seconded by S. Hazlewood that:

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

CARRIED.

16.0 FY2026 Q3 Financial Report

M. Catalfo, Director Finance, provided the Board with an update on the College's Q3 financial report.

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J. Finn left the meeting.

17.0 Approval of the 2026-2027 Budget

C. Roxborough and M. Catalfo, following introductory remarks by F. Massey, Chair of the Risk, Audit and Finance Committee (RAFC), presented the proposed 2026-2027 budget. It was noted that the RAFC had reviewed the draft budget in detail and was recommending the budget to the Board.

The Board reviewed the proposed budget and discussed several matters, including anticipated costs associated with the office relocation, the College's current reserve position, and longer-term financial planning. The Board also discussed the importance of continued transparency and consistency in fee-setting practices, including consideration of administrative fees and the application of an equity, diversity and inclusion lens to fee design.

Motion 17.0

It was moved by G. Rehan and seconded by H. Weber that:

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

CARRIED.

J. Finn returned to the meeting.

18.0 Discussion: Board Meeting Structure

C. O'Kelly, Governance Specialist, presented information to support a Board discussion on meeting structure and whether any refinements to the current approach should be considered. The Board discussed the current Board meeting structure, including meeting length, agenda design, education delivery, and attendance format.

The Board indicated that the current model of quarterly two-day meetings remains appropriate. It was noted that agendas should continue to be planned based on business needs, without extending them unnecessarily to fill scheduled time, which may result in shorter second days where feasible.

The Board identified opportunities to explore more flexible approaches to education delivery, including sessions outside regular meetings, while maintaining the value of in-person education and engagement. It was noted that no single approach should be adopted exclusively and that a flexible model should be maintained.

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The Board confirmed support for maintaining a hybrid attendance model, with in-person attendance strongly encouraged and virtual participation retained to support accessibility.

The Board requested that staff continue to monitor and refine meeting practices over time and consider opportunities for further exploration, including the potential role of committees or working groups in supporting governance work.

19.0 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.

20.0 Adjournment of Meeting

C. Warren moved that the meeting be adjourned. The meeting was adjourned at 2:02 p.m.

_____

Katie Schulz, Chair

DRAFT

EXECUTIVE COMMITTEE REPORT

Meetings

Date:	May 22, 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:

- Term Limits and Cooling Off Periods: The Committee reviewed materials to support a Board discussion regarding current term limits and cooling off periods for Board and Committee members and provided feedback to staff to support refinement of the materials and how the topic could be presented to the Board.

- Governance Structure - Role of the Executive Committee: The Committee reviewed materials to support a Board discussion regarding the role of the Executive Committee and considerations for a potential Governance Committee and provided feedback to staff to support refinement of the materials and how the topic could be presented to the Board.

- The committee reviewed draft materials intended to support a future board discussion regarding the role of the executive committee and considerations for a potential governance committee and provided feedback to staff to refine the materials and support board consideration of the topic

- Final Review of Controlled Acts Standard for Approval: The Committee provided feedback to staff on materials regarding the Controlled Acts Standard following the consultation and the feedback received before they are presented to the Board for final approval.

- Ordering Diagnostics Guidance - Draft for Review: The Committee provided feedback to staff on the draft guidance for ordering diagnostics in preparation for potential scope changes.

- Artificial Intelligence (AI) Guidance – Update: The Committee was provided with an update on the College's AI guidance.

- Exam Update: The Committee was provided with an update regarding the transition to the new Canadian Physiotherapy Exam and expansion of the Ontario Clinical Exam capacity.

Recommendations to the Board:

- 2026-2027 Committee Slate: The Committee reviewed the proposed composition for each committee and made a recommendation for the Board to approve the 2026-2027 Committee Slate.

Decisions made within Executive Committee's authority:

- Conference Attendance: Following a call for interest, the Executive Committee approved the attendance of Mark Heller and Richa Rehan at the October 2026 Canadian Network of Associations of Regulators (CNAR) Conference.

Other:

- Chairs's Report: Received for information.
- Registrar's Report: Received for information.
- Confidential Discussion: Registrar's Performance Goal Setting

Executive Committee Acting on behalf of the Board:

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

June 2026
Agenda Item: 3.0

RISK, AUDIT AND FINANCE COMMITTEE REPORT

Meetings:

Date:	May 12, 2026
Meeting Purpose	Special meeting with the auditors.
Chaired By:	Frank Massey

Summary of Discussions and Decisions:

Other:

- The Risk, Audit and Finance Committee met with the auditors from Hilborn LLP who presented an overview of the audit plan for the fiscal year ending March 31, 2026.

Date:	May 27, 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.

- Risk Register Refresh: The Committee provided feedback on the draft refreshed risk register prior to presentation at the Board.

- Q4 Financial Report: The Committee reviewed the pre-audit, draft financial statements for fiscal year 2026, prior to presentation at the Board.

Recommendations to the Board:

- Principles for Setting Fees – Draft Guidance for Recommendation: The Committee reviewed the *Governance Principles for Assessing Registrant Fee* and provided feedback to refine the document to support flexible decision-making. Following those revisions, the Committee recommended that the Board approve the principles.

Other:

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

- Internal Controls Review: Kim Smith from Hilborn LLP presented the results of the Internal Controls review to the Committee. A summary of key findings will be reported to the Board through the Registrar's Report.

Conference Report to the Board of Directors

Director's Name:	Heather Weber
Name of Conference:	CPA National Congress May 2026
Link to Conference Agenda:	https://physiotherapy.ca/wp-content/uploads/2026/05/C26_Program-at-a-Glance.pdf
Location of Conference:	Halifax, NS
Date of Conference:	May 29-30, 2026

Briefly summarize the nature of the conference:

CPA National Congress brings together physiotherapists from all of Canada's provinces and territories. The different Divisions have their annual meetings, there is an exhibit hall for vendors to display their products and services, and a poster display and presentation area for current research.

Over both days there is a varied agenda consisting of panel presentations/discussions, 10 min. quick topic summaries, research in new/emerging areas, and each area of physiotherapy practice (orthopaedics, neuroscience, private practice, cardiorespiratory, pelvic health, senior's health) are covered and there are social connection gatherings for students and many of the divisions.

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

I attended the breakfast rapid fire presentations (5-6 min on many topics) on both days. The main presentations I attended over 2 days:

1. **Physiotherapy Leadership Forum**: CPA staff facilitated problem solving by asking each table specific questions on problems facing the profession in order to revise their strategic planning initiatives (tech, pay, PT in primary care, making PT more accessible) – learned that PT's are passionate about contributing to positive change and that CPA is hearing PT voices
2. **The Economic Impact of PT in Canada** – Analysis of APP Model and its Impact – presented by 3 previous CPA past presidents – Regional Assessment Centres for Back and Knee Pain (using Advanced Practice Practitioner) reduced MRI usage by 31% (25 million n health care savings)

3. **"What did you say" – Navigating the Complex World of Communication in the Workplace –** presented by Nicola Robertson – Masters in Adult Education – Her objective was to help the group understand the 3 components of Connection, Culture, and Courage. Communication is verbal, non-verbal and active listening. She further broke down how to give and receive feedback that fosters better relationships and culture in the workplace.
4. **Navigating Legal Proceedings as a Physiotherapist** – presented by BMS and Gowlings (providers of malpractice insurance and legal representation for PTs – providers that are part of CPA membership) – advice for PTs around areas such as providing a report, acting as a fact witness vs. expert witness, how to ensure that you have consent to provide a report, and good examples of when to call for advice as a PT.
5. **The impact of weight bias and weight stigma/complexity of obesity as a chronic disease** – learned about how patients with obesity can be stigmatized and that there is an Anti-Fat Attitudes Questionnaire to measure this in clinicians (13 point with 10 point Likert scale) – 3 sections (dislike, fear of fat and willpower)
6. **White Supremacy and gatekeeping** – presented by a PhD candidate on the history of PT in Canada and that the first Black PT did not appear until the 1950s and that they are still in the minority.
7. **The Future of PT and Solving Current Challenges** – panel questions with panel consisting of academics, in several areas and a recent grad specializing in Pain Science. They were asked key questions by CPA staff and they responded with creative ideas/solutions. The recent grad spoke about needing to be clear about your own values as a PT and not to accept unethical and overly business focused performance evaluations.

What are your top key learnings from the conference?

1. There continue to be **significant barriers to accessing PT** for many reasons including community clinic underfunding, marginalized groups (LGBTQ2S+, indigenous, racialized, seniors, etc)
2. PTs driven by values and ethics desire to ensure **public access and safety**
3. Younger PTs need and value excellent **mentorship**
4. The Advanced Practice Practitioner Model is **saving healthcare dollars** and reducing medical workload/surgeries in Ontario
5. Research and discussion is actively progressing relating to **practitioner wellness and resiliency** as it relates to career success/longevity and ensuring patient safety (reference to College of Physicians and Surgeons website. – Physician Wellness Survey, and that lower wellness correlated to increased Discipline Cases)

Report to the CPO Board of Directors

Reflections from CPA Congress 2026 – Halifax, NS

Fellow Board Members,

I had the opportunity to attend the Canadian Physiotherapy Association (CPA) Congress 2026 in Halifax, Nova Scotia. The conference provided valuable insights into emerging trends in physiotherapy practice, professional advocacy, workforce development, and healthcare system innovation across Canada.

One of the notable developments presented was the CPA's new branding and strategic direction, which reflects a renewed focus on advancing the profession and strengthening its national presence. CPA also highlighted its commitment to developing more structured continuing professional development (CPD) opportunities for physiotherapists. In addition, CPA announced changes to its membership model, including the amalgamation of division fees into a single membership structure. This approach is intended to improve access to professional resources and communities of practice while reducing barriers to member engagement.

Several presentations focused on healthcare system optimization and innovative models of care. I was particularly interested in learning how different jurisdictions are implementing rapid access clinics to improve patient triage, reduce wait times, and ensure patients receive the right care at the right time. These models demonstrated the potential for physiotherapists to continue playing a greater role in healthcare navigation, early assessment, and system efficiency.

Clinical innovation was also a prominent theme. Presentations from Nova Scotia and Quebec highlighted the use of bedside point-of-care ultrasound (POCUS) by physiotherapists as a biofeedback tool in pelvic health practice. The technology is being used to enhance patient education, improve assessment and treatment effectiveness, and support patient engagement in rehabilitation. These examples illustrated how emerging and evidence-based technologies are being broadly incorporated into physiotherapy practice, while maintaining a patient-centred approach.

Another important area of discussion was the experience of internationally educated physiotherapists entering practice in Canada. Presenters identified ongoing challenges associated with lengthy assessment and registration processes, coupled with limited supports available to assist candidates in navigating the pathway to practice. These discussions reinforced the importance of considering how regulatory and system partners can support workforce integration while maintaining public protection.

In addition to attending educational sessions, I spent time engaging with vendors and exhibitors to learn about emerging technologies and innovations relevant to physiotherapy practice. The exhibit hall showcased developments in digital health, AI scribes, rehabilitation technologies, outcome measurement tools, and clinical education resources. These interactions provided useful perspectives on how technology continues to shape practice environments and patient care.

The conference also offered valuable opportunities to network with physiotherapists from across Canada. Conversations with frontline clinicians provided important insights into the realities of practice in a rapidly evolving healthcare system, including workforce pressures, changing patient needs, access-to-care challenges, and opportunities for innovation. These discussions complemented the formal educational programming and contributed to a broader understanding of the issues currently facing the profession.

Overall, CPA Congress 2026 provided a valuable opportunity to learn about emerging developments in physiotherapy practice, healthcare delivery, professional advocacy, and workforce development. The experience enhanced my awareness of trends and innovations that may have relevance to future discussions regarding the regulation and ongoing evolution of physiotherapy practice in Ontario.

Respectfully submitted,

Gary Rehan, PT MHM CHE
Vice Chair, Board of Directors
College of Physiotherapists of Ontario

3.0 Annual Committee Reports

DISCIPLINE COMMITTEE

(After January 1, 2026: ONTARIO PHYSIOTHERAPISTS DISCIPLINE TRIBUNAL)

Reporting period: April 1, 2025 to March 31, 2026

Committee Mandate:

The Discipline Committee shall be known as the Ontario Physiotherapists Discipline Tribunal in English and Tribunal disciplinaire des physiothérapeutes de l'Ontario in French. The role of the Discipline Committee is to, through panels, hold hearings related to specified allegations concerning a registrant's conduct or competence and to determine whether the registrant has committed an act(s) of professional misconduct or is incompetent as defined in the legislation and/or regulation.

Committee Membership:

Jim Wernham, Professional Member (Chair until December 31, 2025, Vice-Chair from January 1, 2026)
Angelo Karalekas, Professional Member (Vice-Chair until December 31, 2025)
David Wright, Adjudicator, (Chair from January 1, 2026)
Maureen Vanwart, Professional Member
Sinead Dufour, Professional Member
Gary Rehan, Professional Member
Dennis Ng, Professional Member
Theresa Stevens, Professional Member – until June 22, 2025
Jesse Finn, Public Member
Carole Baxter, Public Member
Rick O'Brien, Public Member
Daniel Negro, Professional Member – until June 22, 2025
Sue Grebe, Professional Member
Nicole Graham, Professional Member
Richa Rehan, Professional Member
Theresa Kay, Professional Member
Frank Massey, Public Member
Mark Heller, Public Member
Christopher Warren, Public Member
Trisha Lawson, Professional Member – until June 22, 2025
Frank DePalma, Professional Member
Kate Moffett , Professional Member
Kirsten Pavelich, Professional Member
Heather Weber, Professional Member – from June 23, 2025
Sarah Hazlewood , Professional Member – from December 8, 2025
Raj Anand, Adjudicator - from January 1, 2025
Sherry Liang, Adjudicator from January 1, 2025
Sophie Martel, Adjudicator - from January 1, 2025

Jennifer Scott, Adjudicator - from January 1, 2025
Jay Sengupta, Adjudicator - from January 1, 2025

Committee Work in This Period:

Discipline Hearings Pending[1] as of March 31, 2026	3
Discipline Hearings in Progress[2] as of March 31, 2026	1
Discipline Hearings Completed	
Uncontested Hearings completed	6
Contested Hearings completed	2
Adjournments Sine Die	0
Withdrawal of allegations	0
Pre-Hearing Conferences held	3
Pre-Hearing Conference Pending as of March 31, 2026	0
Hearing Days Completed as of March 31, 2026	
Uncontested Hearing Days Completed	5
Contested Hearing Days Completed	5
Hearing Days Pending as of March 31, 2026	7
Fitness to Practise Hearings Pending as of March 31, 2026	0
Fitness to Practise Hearings in Progress as of March 31, 2026	0
Decisions Released	7
Appeals	0

Hearings pending and in progress as of March 31, 2026:

- Yulia Sternin – hearing scheduled for April 21, 2026
- Matthew Aggerholm – hearing scheduled for April 27, 2026 - May 1, 2026
- Leigh de Groot – hearing scheduled for June 2, 2026
- Sujaykumar Hemachandra (Penalty) - To be determined

Hearings completed in this period:

- Patricia Vogel, April 11, 2025
- Kelly-Lynne Neale, June 5, 2025
- Sramit Basnet, June 30, 2025
- Spruha Vaishnav, June 30, 2025
- Joseph Clement, August 11, 2025
- Richard Kung, September 5, 2025

[1] Pending hearings are matters that have been referred to the Committee but hearings have not yet begun.
[2] Hearings in progress are matters for which hearings have begun but have not concluded as of the date of the report.

- Sujaykumar Hemachandra, November 3-7, 2025
- Antoine Daher, March 3, 2026

Hearings Completed by Adjourning Indefinitely (*sine die*):

- N/A

Committee Training Completed in this period:

- May 2025: HPRO Training for New Discipline Committee Member. A full-day training offered through HPRO that includes introduction to the legal framework, principles of administrative law and fitness to practice process, pre-hearing procedures and the hearings process, roles of participants, and responsibilities of panel members.

- June 2025: Gender neutral writing e-learning module, self-directed learning completed by one Committee member.

- August 2025: Panel Chair and Decision Writer Training provided to a Committee member to prepare them for this role in advance of a hearing.

- October 2024: Training for a panel of the committee in preparation for a contested hearing.

- November 2025: Health Professions Discipline Tribunal (HPDT) education day.

- March 2026: Orientation to the Health Professions Discipline Tribunal (HPDT) provided by HPDT staff.

Resources currently available to the Committee:

- Online training modules for:
  - Sexual abuse awareness training
  - Discipline Committee orientation
  - Discipline panel chair training
  - Decision writing
  - Gender neutral writing

- Recordings of lawyer-led training sessions on:
  - Committee Training: Back to Basics & Unconscious Bias
  - Pre-hearings
  - Assessing evidence, note taking, and deliberations
  - Penalties, writing decisions and reasons

- Tools and resources to support the Committee during a pre-hearing conference:
  - Pre-hearing Conference Resource Handbook
  - Pre-hearing Report template

- A set of templates and tools to support the Committee during a hearing:
  - Decision Writing Summary Sheet
  - Deliberations Template for Contested Hearings
  - Deliberations Template for Uncontested Hearings
  - Exhibit Tracker
  - Manual for Panel Chairs
  - Motion Flow Chart
  - Previous Oral Reprimands
  - Previous Decisions
  - Script for swearing of the witness
  - Rules of Procedure manual

Issues that Require Board Discussion / Decision:

- None at this time.

Committee Highlights:

- At its September 2025 meeting, the Board approved By-law and Governance Policy amendments needed to support transition to the Health Professions Discipline Tribunals (HPDT) for a one-year pilot, to come into effect on January 1, 2026.

- In December 2025, the Discipline Committee passed a motion adopting the Health Professions Discipline Tribunals' Rules of Procedure for application to any discipline matters referred to the Ontario Physiotherapists Discipline Tribunal (OPDT) effective January 1, 2026.

FITNESS TO PRACTISE COMMITTEE

Reporting period: April 1, 2025 to March 31, 2026

Committee Mandate:

The role of the Fitness to Practise Committee is, through panels, to hold hearings related to specified allegations concerning a registrant's capacity to practice the profession and to determine whether the registrant is an incapacitated member of the profession as defined in the legislation.

Committee Membership:

Jim Wernham, Professional Member (Chair)
Angelo Karalekas, Professional Member (Vice-Chair)
Maureen Vanwart, Professional Member
Sinead Dufour, Professional Member
Gary Rehan, Professional Member
Dennis Ng, Professional Member
Theresa Stevens, Professional Member – until June 22, 2025
Jesse Finn, Public Member
Carole Baxter, Public Member
Rick O'Brien, Public Member
Daniel Negro, Professional Member – until June 22, 2025
Sue Grebe, Professional Member
Nicole Graham, Professional Member
Richa Rehan, Professional Member
Theresa Kay, Professional Member
Frank Massey, Public Member
Mark Heller, Public Member
Christopher Warren, Public Member
Trisha Lawson, Professional Member – until June 22, 2025
Frank DePalma, Professional Member
Kate Moffett, Professional Member
Kirsten Pavelich, Professional Member
Heather Weber, Professional Member – from June 23, 2025
Sarah Hazlewood, Professional Member – from December 8, 2025

Committee Work in This Period:

Fitness to Practise Hearings Completed	0
Fitness to Practise Hearings Pending as of March 31, 2026	0
Fitness to Practise Hearings in Progress as of March 31, 2026	0
Decisions Released	0
Appeals	0

Hearings pending and in progress as of March 31, 2026:

- None.

Hearings completed in this period:

- None.

Committee Training Completed in this period:

- None.

Resources currently available to the Committee:

- None.

Issues that Require Board Discussion / Decision:

- None at this time.

Committee Highlights:

- None at this time.

June 2026
Agenda Item: 3.0

EXAMINATIONS COMMITTEE

Reporting period: April 1, 2025 to March 31, 2026

Committee Mandate:

The Examinations Committee is responsible for providing oversight of the development, administration and implementation of a fair, valid and reliable Ontario Clinical Exam (Exam).

Committee Membership:

Harikrishnan Gopalakrishnan Nair, Professional Member (Chair)
Alireza Mazaheri, Professional Member (Vice-Chair)
Enoch Ho, Professional Member
Lea Damata, Professional Member – until June 22, 2025
Greg Pope, Public Member
Marcos Rodrigues, Professional Member
Mira Toth, Professional Member – from September 25, 2026

Committee Work in This Period:

Candidates who sat the OCE	1220
Committee Meetings	5
Standard Setting Recommendations	5
Exam Appeals	0
Exam Policies Reviewed / Approved	14

During this reporting period, the Examinations Committee also engaged in the following activities:

- Reviewed and approved a new format for OCE which took effect starting with the October 2025 sitting.

Committee Training Completed in This Period:

- April and Novembre 2025: Orientation for new Committee members.

Resources currently available to the Committee:

- Decision template for cases where no concerns were identified following Exam Committee review

Issues that Require Board Discussion / Decision:

- None at this time.

Committee Highlights:

- None at this time.

EXECUTIVE COMMITTEE

Reporting period: April 1, 2025 to March 31, 2026

Committee Mandate:

The role of the Executive Committee is to provide leadership to the Board, to promote governance excellence at all levels, to facilitate effective functioning of the College, to act on behalf of the Board between meetings with respect to matters that, in the Committee's opinion, require immediate attention, and when required, to act as the College Privacy Committee to deal with appeals regarding the manner in which personal information is managed by the College.

Committee Membership:

Katie Schulz, Professional Member (Chair)
Gary Rehan, Professional Member (Vice-Chair)
Theresa Stevens, Professional Member – until June 22, 2025
Carole Baxter, Public Member – until June 22, 2025
Mark Heller, Public Member
Frank Massey, Public Member – from June 23, 2025

Committee Work in This Period:

Meeting Date	Work Undertaken
May 29, 2025	**Summary of Discussions and Decisions:** *Feedback on materials to the Board:* • Canadian Alliance of Physiotherapy Regulators (CAPR) Service Level Agreement (SLA): The Committee provided feedback to staff on the materials regarding the CAPR SLA, before the SLA is presented to the Board for consideration. • Registrar Performance Assessment Policy: The Committee provided feedback to staff on the materials to amend the Registrar Performance Assessment policy. • Registrar Succession Planning Policy: The Committee provided feedback to staff on the materials for a new policy outlining the College's Registrar Succession Planning. • Screening Committee: The Committee provided feedback to staff on the materials to amend the By-laws to establish a Screening Committee to support the election process.

Meeting Date	Work Undertaken
	• Returning Standards for Approval and Consultation: The Committee provided feedback on the additional information that had been requested, before the standards are presented to the Board for approval and consultation. • AI Guidance: The Committee was provided with an introduction to the College's AI guidance prior to presentation to the Board. • Ontario Clinical Exam (OCE) Capacity Management and Transition Planning: The Committee expressed support for pursuing capacity expansion. The Committee directed staff to engage the Risk, Audit, and Finance Committee and to prepare materials for the Board. *Recommendations to the Board:* • Committee slate amendment: The Committee reviewed the proposed slate for each committee and made a recommendation for the Board to consider the slate. *Decisions made within Executive Committee's authority:* • None. *Other:* • Chairs's Report – received for information • Registrar's Report – received for information *Executive Committee Acting on behalf of the Board:* • The Executive Committee did not act on behalf of the Board during this meeting.
June 11, 2025	**Summary of Discussions and Decisions:** *Other:* • Confidential Discussion: Registrar's Performance Goal Setting

Meeting Date	Work Undertaken
	Executive Committee Acting on behalf of the Board: • The Executive Committee did not act on behalf of the Board during this meeting.
August 28, 2025	**Summary of Discussions and Decisions:** *Feedback on materials to the Board:* • Health Professions Discipline Tribunals Transition: The Committee provided feedback to staff on the materials and proposed By-law and Governance Policy amendments to join the Health Professions Discipline Tribunals Pilot. • Standards – Fifth Group: The Committee provided feedback to staff on materials regarding the fifth group of revised standards following the consultation and the feedback received before they are presented to the Board for final approval. • Exam Update: The Committee was provided with an update regarding the transition to the new Canadian Physiotherapy Exam and expansion of the Ontario Clinical Exam capacity. • General Regulation: The Committee provided feedback to staff on materials prepared in response to the Board's request for additional options regarding a re-envisioned Provisional Practice class and Retired class. The Committee advised staff to refine the presentation for the Board by highlighting decision points up front, framing the discussion around public interest and clearly setting out the benefits, risks, and options. The materials will be revised and presented to the Board for further consideration and discussion • Indigenous Cultural Safety and Humility Standard: The Committee provided feedback to staff on materials about the potential development of an Indigenous Cultural Safety and Humility Standard. • Code of Conduct: The Committee provided feedback to staff on materials about a review of the Code of Conduct to

Meeting Date	Work Undertaken
	support a clear decision by the Board on whether such a review should proceed. *Recommendations to the Board:* • Committee slate amendment: The Committee recommended that the Board appoint Mira Toth to the Examinations Committee. *Decisions made within Executive Committee's authority:* • Conference Attendance: The Committee reviewed and approved expressions of interest for attendance at the 2025 CNAR conference. *Other:* • Chairs's Report – received for information • Registrar's Report – received for information *Executive Committee Acting on behalf of the Board:* • The Executive Committee did not act on behalf of the Board during this meeting.
October 29, 2025	**Summary of Discussions and Decisions:** *Executive Committee Acting on behalf of the Board:* • Scope of Practice: The Executive Committee reviewed and approved the submission prepared for the Ministry of Health's public consultation on expanding the scope of practice for physiotherapists to include ordering diagnostic imaging.
November 13, 2025	**Summary of Discussions and Decisions:** *Feedback on materials to the Board:* • Exam Update: The Committee was provided with an update regarding the transition to the new Canadian Physiotherapy Exam and expansion of the Ontario Clinical Exam capacity.

Meeting Date	Work Undertaken
	• Code of Conduct and Disqualification Process: The Committee provided feedback to staff on materials and proposed By-law amendments to update the Code of Conduct and create a procedure for disqualifying or sanctioning Directors and Non-Board Committee Members. • Supervision Standard: The Committee provided feedback to staff on materials regarding the Supervision Standard following the consultation and the feedback received before it is presented to the Board for final approval. • Managing Professional Boundaries in Close-Knit Communities: The Committee provided feedback to staff on the requested additional information about guidance for managing professional boundaries by healthcare providers within smaller, close-knit communities. • Strategic Plan: The Committee provided feedback to staff on the draft 2026-2030 Strategic Plan before it is presented to the Board for final approval. *Recommendations to the Board:* • Committee Slate amendment: The Committee recommended that the Board amend the Committee Slate to appoint members to the new Screening Committee and to update the composition of the Discipline Committee. • Investment Policy Update: The Committee recommend to the Board amendments to Policy #4.3: Investments Strategy, in principle, pending approval of a three-month capital preservation threshold recommendation by the Risk, Audit and Finance Committee. *Decisions made within Executive Committee's authority:* • Conference Attendance: The Committee reviewed and approved expressions of interest for attendance at the 2026 Canadian Physiotherapy Association conference.

Meeting Date	Work Undertaken
	• 2026-2027 Board Education Plan: The Committee approved the following education priorities for 2026-2027: Artificial Intelligence and Emerging Technologies, Governance and Board Effectiveness, with a focus on financial literacy, and Regulatory and Policy Landscape. The Committee also directed staff to budget for four members of the Board and/or Committee members to attend applicable conferences. *Other:* • Chairs's Report: Received for information • Registrar's Report: Received for information • Committee Slate Planning: The Committee engaged in a discussion about the Committee Slate development process for 2025-2026. • Confidential Discussion: Registrar's Performance Assessment Process *Executive Committee Acting on behalf of the Board:* • The Executive Committee did not act on behalf of the Board during this meeting.
February 26, 2026	**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

Meeting Date	Work Undertaken
	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.

Meeting Date	Work Undertaken
	Executive Committee Acting on behalf of the Board: • The Executive Committee did not act on behalf of the Board during this meeting.

Committee Training Completed in This Period:

- None.

Resources currently available to the Committee:

- None at this time.

Issues that Require Board Discussion / Decision:

- None at this time.

Committee Highlights:

- In this past year, The Executive Committee has focused on supporting continuous improvement in how materials are presented to the Board.

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

Reporting period: April 1, 2025 to March 31, 2026

Committee Mandate:

The role of the Inquiries, Complaints and Reports Committee (ICRC) is to investigate complaints and consider reports as per section 79 of the Code related to the conduct or action, competencies or capacity of registrants as it relates to their practicing the profession.

Committee Membership:

Gary Rehan, Professional Member (Chair)
Greg Heikoop, Professional Member (Vice-Chair)
Theresa Stevens, Professional Member – until June 22, 2025
Carole Baxter, Public Member
Tammy Morrisey, Professional Member
Mark Heller, Public Member- from June 23, 2025
Christopher Warren, Public Member
Diana Hatzoglou, Professional Member
Christine Morris-Bolton, Professional Member
Frank DePalma, Professional Member – from June 23, 2025
Amanda Perieria, Professional Member – from June 23, 2025
John Belyea, Public Member – from March 26, 2026

Committee Work in This Period:

Committee Meetings	23
Complaints Cases Considered	104
Registrar's Inquiries Considered	29
Appointments of Investigator Made (75a)	33
Appointments of Investigator Made (75b)	0
Appointments of Investigator Made (75c)	7
Decisions Made Regarding Complaints	
No action	29
Frivolous & Vexatious	3
Advice & Recommendations	31
Caution	0
SCERP	2
SCERP & Caution	5
Undertaking	24
Undertaking & Advice and Recommendations	1

Undertaking – Resign	0
Referral to Discipline	3
Referral to Fitness to Practise	0
Interim Order	2
Withdrawal	1
Decisions Made Regarding Registrar's Inquiries	
No action	3
Advice & Recommendation	8
Caution	0
Caution & Advice and Recommendation	
SCERP	1
SCERP & Caution	2
Undertaking	9
Undertaking – Resign	0
Referral to Discipline	3
Referral to Fitness to Practise	0
Interim Order	0
Cases at HPARB as of March 31, 2026	14
Decisions Appealed	12
Decisions Upheld	0
Decisions Returned	0

Committee Training Completed in This Period:

- August 2025: Committee orientation over three sessions, including a general overview of the ICRC and review of two sample cases.

- February 2026: ICRC Education covering a variety of topics, including Committee tools, remediation options, new standards, perspective from defense counsel, and environmental trends .

Resources currently available to the Committee:

- Online training modules:

    - New Committee Member Orientation Module: A general orientation for all new Committee members, that contains information about eligibility requirements; the role of the College; the core functions of the College; general understanding of College Committees; structure of Committees; and becoming a Committee member.

- Learning module: ICRC Member: Getting Familiar with Your Role (e-learning module): Provides information to help better understanding the role as an ICRC member. Topics covered include key things to know about being an ICRC member; how the College receives complaints and concerns; the role of an ICRC member; information available to help the Committee make decisions; decision options; decision reasons; conflict of interest; confidentiality; and preparing for a meeting.

- Sexual Abuse Awareness training module: which covers topics such as sexual abuse and the RHPA; rates of sexual abuse and barriers to reporting; what constitutes "sexual abuse" of a patient; treatment of spouses; and what happens when the College receives a sexual abuse complaint or report. The module also links to a sexual assault learning module created by the Women's College Hospital.

- Copies of the presentations used for the August 2025 orientation for new members, the October 2024 Education Day and the February 2026 Education Day.

- Deliberation worksheet template, instructions, and sample: To assist the case lead to highlight pertinent issues for discussion and consider disposition options.

- ICRC Policies: Policies for appointing an investigator, cautions, complaint confirmation, frivolous & vexatious matters, and interim orders.

- How to Build a Remediation Program: Outlines options for remediation activities for different types of practice concerns.

- List of acronyms used in physiotherapy practice and regulation: To assist with reading and understanding case materials.

- ICRC Decision-Making Tool and Risk Assessment Framework: They provide a consistent framework for the Committee to consider cases before them and to determine an appropriate outcome based on level of risk.

- ICRC Process Flow Chart: Outlines the entire complaints process, from the point that a concern is brought to the College, to the final appeal and review through the courts, and all of the possible pathways and outcomes in between.

- ICRC Panel Lead Script: A structured script to assist the case lead to provide an overview of the case to the panel.

- Undertaking vs SCERP tool: to help the Committee determine which of these remediation tools to use

Issues that Require Board Discussion / Decision:

- None at this time.

Committee Highlights:

- In August 2025, the Committee moved to a two-panel structure with a three-week alternating meeting schedule.

PATIENT RELATIONS COMMITTEE

Reporting period: April 1, 2025 to March 31, 2026

Committee Mandate:

The role of the Patient Relations Committee is to advise the Board with respect to the patient relations program and to administer the program to provide funding for therapy and counseling.

Committee Membership:

Anna Grunin, Professional Member (Chair)
Kim Westfall-Conner, Public Member (Vice-Chair)
Richard O'Brien, Public Member
Einat Mei-Dan, Professional Member
Shelley MacRae, Professional Member – from June 23, 2025

Committee Work in This Period:

The Committee met twice to make decisions regarding funding requests for counselling and therapy, one on March 10, 2026, and the second on March 26, 2026.

Committee Training Completed in This Period:

- March 10, 2026: A brief orientation to the Committee.

Resources currently available to the Committee:

- Online training modules:
    - New Committee Member Orientation Module: A general orientation for all new Committee members, that contains information about eligibility requirements; the role of the College; the core functions of the College; general understanding of College Committees; structure of Committees; and becoming a Committee member.
    - Patient Relations Committee online orientation module: which covers topics such as an overview of regulation; overview of the Patient Relations Program; the role of the Patient Relations Committee and funding for therapy and counselling; conflict of interest and confidentiality; and sample cases.
    - Sexual Abuse Awareness online training module: which covers topics such as sexual abuse and the RHPA; rates of sexual abuse and barriers to reporting; what constitutes "sexual abuse" of a patient; treatment of spouses; and what happens when the College receives a sexual abuse

complaint or report. The module also links to a sexual assault learning module created by the Women's College Hospital.

- Additional resources:
    - Committee Policy: Approval of Funding for Therapy and Counseling – Delegation of Decision Making Authority
    - Committee Policy: Defining Therapy for the purpose of Funding for Therapy and Counseling

Issues that Require Board Discussion / Decision:

- Nothing at this time

Committee Highlights:

- Nothing at this time

QUALITY ASSURANCE COMMITTEE

Reporting period: April 1, 2025 to March 31, 2026

Committee Mandate:

The role of the Quality Assurance Committee is to administer the College's Quality Assurance program as defined in section 80.1 of the Health Professions Procedural Code.

Committee Membership:

Antoinette Megens, Professional Member (Chair)
Rick O'Brien, Public Member (Vice-Chair)
Dennis Ng, Professional Member
Maureen Vanwart, Professional Member
Mark Heller, Public Member
Halak Patel, Professional Member

Committee Work in This Period:

Committee Meetings	10
Cases considered by the Committee	46
Cases closed by the Committee with no action[3]	4
Cases closed with advice and recommendations	19
Proposed SCERPs	14
Confirmed SCERPs	10
Confirmed Second SCERP	0
Cases closed by the Committee following a SCERP	1
Request for a deferral – approved by the Committee	2
Request for deferral – denied by the Committee	0
Terms, Conditions or Limitations Imposed	0
Referrals to the ICRC	1
Order completion of a second practice assessment	1

Committee Training Completed in This Period:

- May 2025: Education session about supporting PT care in Indigenous communities, provided to support the Committee's consideration of a case where the PT provides care to Indigenous patients.

[3] In October 2025, QAC approved a policy that allows the manager to close case files with no action if certain parameters are met. This count includes cases closed with no action by the committee and by the manager.

- June 2025: Overview of SCERPs, a presentation by the Senior Physiotherapy Advisor about what happens when a case goes to Compliance Monitoring and how their decisions are used.

- July and August 2025: Discussions with the Chair and Vice-Chair to provide support and resources to prepare the Vice-Chair to chair an upcoming meeting.

- September 2025: Members of the Practice Advice and Policy teams presented an overview to six of the updated standards: Assessment, Diagnosis and Treatment; Communication; Dual Practice; Duty of Care; Evidence-Informed Practice; and Risk Management and Safety.

Resources currently available to the Committee:

- Online learning modules:

    - Quality Assurance Committee Member: Getting Familiar with Your Role (e-learning module): Help committee members better understand their role. Topics covered include: components of the Quality Assurance Program; overview of regulation; types of decisions made by the Committee, conflict of interest. The module also includes knowledge-testing quizzes.

    - Sexual Abuse Awareness online training module: which covers topics such as sexual abuse and the RHPA; rates of sexual abuse and barriers to reporting; what constitutes “sexual abuse” of a patient; treatment of spouses; and what happens when the College receives a sexual abuse complaint or report. The module also links to a sexual assault learning module created by the Women’s College Hospital.

- List of abbreviations – a list of abbreviations that are commonly used in the screening interviews and assessment reports to assist with reading case files.

- QAC Decision Tool – provides a framework for assessing level of risk and suggests appropriate outcomes for each risk level.

- Sample case summaries and sample decisions.

- Committee orientation presentation – provides overview of roles in Committee work, the practice assessment process, conflict of interest, how to review the meeting materials and case files, what to expect before and during a meeting, decision options, and the QAC Decision Tool.

- Building a Remediation Program That Works presentation – describes features of a strong remediation program and key considerations when building one.

- Master Specified Continuing Education or Remediation Program (SCERP) template – containing all potential elements and relevant resources that can be used in a SCERP.

- Public Interest info-graphic – describes the six domains that may be considered when thinking about the public interest.

- Information about WSIB Specialty Programs – outlining key considerations including ownership of reports, contractual restrictions, health care provider obligations, and how patients can obtain WSIB reports.

Issues that Require Board Discussion / Decision:

- None at this time.

Committee Highlights:

- This year, the Committee reviewed five program policies:

    - A new Case Closure Policy was approved that permits the QA Manager to close certain assessments based on the outcome of the report, the PT's submission and confirmation the PT does not have a history with the College.
    - Updates to three policies were made to address different issues identified and risks: Screening Interview Policy, Eligibility and Selection Criteria Policy, and Assessor Selection Policy
    - One program policy (Refusing to Participate Policy) was rescinded because it was deemed unnecessary as the content replicated information that was already available in legislation and regulation.

- This year, 7 PT Residents were referred by the Registrar according to regulations that permitted the Registrar to do so.

- Common areas of concern identified in proposed or confirmed SCERPs include:

    - 12/14 (86%) record keeping
    - 11/14 (79%) clinical reasoning
    - 5/14 (36%) evidence informed practice
    - Other (consent, controlled acts, privacy, communication, patient safety, fees and billing)

REGISTRATION COMMITTEE

Reporting period: April 1, 2025 to March 31, 2026

Committee Mandate:

The role of the Registration Committee is to make decisions on registration applications that do not meet the criteria for issuance of a certificate of registration by the Registrar and to ensure that processes related to entry are fair, transparent and objective.

Committee Membership:

Juliana De Castro Faria, Professional Member (Chair)
Sinead Dufour, Academic Member (Vice-Chair)
Jesse Finn, Public Member
Frank Massey, Public Member – until June 22, 2025
Yee Mei Mavis Fung, Professional Member
Einat Mei-Dan, Professional Member
Carole Baxter, Public Member – From June 23, 2025

Committee Work in This Period:

Committee Meetings	7
Applications Considered	8
Applications Approved	1
Applications Approved with Terms, Conditions, and Limitations	5
Direct the Registrar to issue a Certificate if the applicant successfully completes an exam directed by the panel	1
Directed the Registrar to remove the Terms, Conditions and Limitations from a Certificate	0
Directed the Registrar to refuse to vary the Terms, Conditions and Limitations from a Certificate	0
Directed the Registrar to vary the Terms, Conditions and Limitations from a Certificate	0
Applications Denied	1
Applications Deferred Pending Additional Information	0
Cases Appealed to HPARB	0
Decisions of the Committee Upheld by HPARB	2
Decisions of the Committee Returned / Not Upheld by HPARB	0

Committee Training Completed in This Period:

- July 2025: In response to feedback from the Committee, staff presented updates related to the exam and information about reported CIHI data and how that might affect their decision making when being mindful of emerging trends.
- February 2026: Staff presented an overview of the exam transition process and upcoming changes.
- February 2026: Staff presented overviews about what happens when a case is referred to Compliance Monitoring, and interesting registration cases from other regulators.

Resources currently available to the Committee:

- Sexual Abuse Awareness online training module: which covers topics such as sexual abuse and the RHPA; rates of sexual abuse and barriers to reporting; what constitutes "sexual abuse" of a patient; treatment of spouses; and what happens when the College receives a sexual abuse complaint or report. The module also links to a sexual assault learning module created by the Women's College Hospital.
- Registration Committee Orientation Module: covers topics such as basics of being a Registration Committee member; overview of regulation; path to becoming a physiotherapist; information available to the Committee to make decisions; decision options; assessing good character; considerations when denying a certificate; the importance of committee decisions & reasons; conflict of interest and confidentiality; and preparing for a meeting.
- Decision-Making Reference: a tool to help the Committee consider cases where a PT is returning to the profession after an extended absence.

Issues that Require Board Discussion / Decision:

- None at this time.

Committee Highlights:

- In January 2026, the Committee was presented with two policies: OCE Eligibility Policy and CPO Board Accepted Entry to Practice Examinations.
- In February and March 2026, the Committee approved a Policy for Extending the Expiry Date for Courtesy Certificates. On occasion, physiotherapists come to Ontario to participate in an event that will last longer than 30 days but less than 60 days. In the typical registration process, the applicant would apply for a courtesy certificate, be granted one for 30 days and then apply for another certificate before the first one expires to ensure continuity of the certificate. This change eliminates administrative burden on the applicant and the staff who need to manage this process.

RISK, AUDIT & FINANCE COMMITTEE

Reporting period: April 1, 2025 to March 31, 2026

Committee Mandate:

The role of the Risk, Audit, and Finance Committee is to monitor financial planning, management and reporting matters, and enterprise risk management matters of the College, to make recommendations and deliver reports to the Board, and to serve as the College's Audit Committee.

Committee Membership:

Frank Massey, Public Member (Chair)
Gary Rehan, Professional Member (Vice Chair)
Katie Schulz, Professional Member
Jesse Finn, Public Member – from June 23, 2025
Kate Moffett, Professional Member

Committee Work in This Period:

Meeting Date	Work Undertaken
May 5, 2025	**Summary of Discussions and Decisions:** *Other:* • The Risk, Audit and Finance Committee met with the auditors from Hilborn LLP who presented an overview of the audit plan for the fiscal year ending March 31, 2025.
June 6, 2025	**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. • Q4 Financial Report: The Committee reviewed the pre-audit, draft financial statements for fiscal year 2025. *Recommendations to the Board:* • Ontario Clinical Exam (OCE) Capacity Management and Budget Changes: The Committee recommended that

	the Board approve the proposed budgetary expenditures to support an increase in the capacity of the Ontario Clinical Exam to 350 candidates per administration and to implement an incentive program for examiners. *Other:* • RAFC Update Report – Report received for information. The report outlined activities and initiatives underway within the finance department. • Artificial Intelligence – Integration in Operations and Policy Development: The Committee was provided with an overview of work that is underway to develop internal policies governing the use of Artificial Intelligence (AI) within the operations of the College.
August 21, 2025	**Summary of Discussions and Decisions:** *Feedback on materials to the Board:* • Risk Register Update – The Committee reviewed updates to the Risk Register. The Board will receive the Risk Register as part of the Registrar's Report. • Office Space Planning – The Committee received an update on the work underway to identify opportunities for office arrangements following the expiry of the current lease in 2027. The Committee provided feedback on the materials going forward to the Board. *Recommendations to the Board:* • FY2025 Audit – The Committee received a presentation from Hilborn LLP on the College's audited financial statements for the year ended March 31, 2025. The Committee recommends that the Board approve the audited financial statements. • Fees for FY2027 – The Committee reviewed an analysis of registration, administrative and examinations fees. The Committee recommends that the Board not

	increase registration, administrative and examination fees for FY2027. *Other:* • RAFC Update Report – Report received for information. The report outlined activities and initiatives underway within the finance department.
November 3, 2025	**Summary of Discussions and Decisions:** *Feedback on materials to the Board:* • Risk Register Update: The Committee reviewed updates to the Risk Register. The Board will receive the Risk Register as part of the Registrar's Report. • Q2 Financial Report: The Committee reviewed the financial statements for the second quarter of the fiscal year 2026, covering the period July 1, 2025 – September 30, 2025. *Recommendations to the Board:* • Approval of the Auditor: The Committee recommended that the Board approve the Hilborn LLP as the auditor for FY2026. • Investment Policy: The Committee reviewed the revised Investments Strategy Policy and recommended that the Executive Committee and the Board approve the amendments, with specific consideration for setting a preservation threshold within three to six months. The Committee noted that it required additional direction on the appropriate balance between capital preservation and market exposure and therefore sought further guidance before endorsing a specific threshold. *Other:* • RAFC Update Report: Report received for information. The report outlined activities and initiatives underway within the finance department.

	• Risk System Partners Map: The Committee was provided with a draft system partner map that focuses on enterprise risk. • Cybersecurity Simulation: The Committee was provided with an overview of a cybersecurity simulation exercise that was undertaken to assess the College's readiness for a cybersecurity breach.
November 25, 2025	**Summary of Discussions and Decisions:** *Recommendations to the Board:* • Investment Policy: The Committee further reviewed the revised Investments Strategy Policy following the Executive Committee's recommendation to establish a three-month capital preservation threshold and now recommends that the Board approve the proposed amendments, including the three-month threshold.
February 12, 2026	**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.

Committee Training Completed in This Period:

- None at this time.

Resources currently available to the Committee:

- Risk, Audit and Finance Committee Orientation Module, which covers topics such as financial governance; how the College manages its financial resources; important financial concepts; understanding financial statements; the financial audit; and conflict of interest and confidentiality.

- College By-laws document, which contains various provisions regarding the financial management of the College.

Issues that Require Board Discussion / Decision:

- None at this time.

Committee Highlights:

- None at this time.

SCRENNING COMMITTEE

Reporting period: April 1, 2025 to March 31, 2026

Committee Mandate:

The Screening Committee is responsible for conducting screening and vetting of candidates seeking election to the Board of Directors, ensuring they meet the eligibility criteria as set out in the By-laws.

Committee Membership:

Theresa Stevens, Professional Member (Chair) – from December 10, 2025
Carole Baxter, Public Member (Vice-Chair) – from December 10, 2025
Frank DePalma, Professional Member – from December 10, 2025
Shabdit Shah, Professional Member – from December 10, 2025
Danielle Elvikis, Public Member – from December 10, 2025

Committee Work in This Period:

Meeting Date	Work Undertaken
February 23, 2026	**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.
February 27, 2026	**Summary of Discussions and Decisions:** • 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.

Committee Training Completed in This Period:

- Committee members were required to complete the Board Election Module prior to participating in committee activities. This module provides foundational knowledge on eligibility requirements, governance roles, and the election process to support consistent and informed decision-making.

- Committee members also received a committee-specific orientation at the inaugural meeting, which outlined the committee's role, scope, processes, and expectations to support a shared understanding of responsibilities and approach.

Resources currently available to the Committee:

- College By-laws, including provisions related to Director eligibility and election processes.

- Governance Policies, including *Policy #2.10: Screening Committee Terms of Reference* and *Policy #7.6: Election Campaign*.

Issues that Require Board Discussion / Decision:

- None at this time.

Committee Highlights:

- In June 2025, the Board approved By-law and policy changes establishing the Screening Committee as a non-statutory committee to support the election process.

- The Committee held its inaugural meeting in February 2026 to support elections in Districts 4, 5, and 8.

- The Committee effectively fulfilled its mandate and reinforced the value of having an independent body to support eligibility review and candidate screening. The Committee's work supported transparency, consistency, and fairness in the election process.

- Implementation provided an opportunity to observe the application of By-laws and policies in practice, helping to identify areas for future clarification and continuous improvement.

4.0 Strategic Plan – Education Session

Craig Roxborough & Joyce Huang

June 2026
Agenda Item: 5.0

BOARD BRIEFING NOTE

For Discussion

Topic:	Dashboard Refresh
Public Interest Rationale:	Effective oversight of performance helps to ensure that the College is discharging our regulatory responsibilities in an effective and efficient way.
Strategic Alignment:	*Performance & Accountability*: The dashboard is a tool to demonstrate accountability and support the Board's oversight of the College's work.
Submitted By:	Craig Roxborough, Registrar & CEO Joyce Huang, Director, Strategy
Attachments:	Appendix A: FY2027 Dashboard Mock-Up

Issue

- The dashboard is being reviewed and updated to ensure it aligns with our current strategic plan and priorities.

Decision Sought

- The Board is asked to provide feedback to ensure that the dashboard contains the right information to support their oversight of the organization.

Background

- The dashboard is a tool that provides high-level data and information to support the Board's oversight of the organization's performance and to demonstrate accountability to our partners.
- In general, effective dashboards should contain metrics that meaningfully reflect the organization's performance and are relevant to an organization's priorities and objectives.
- The previous substantive update of the dashboard was in June 2024. Given that the College has a new strategic plan, it is necessary to review and update the dashboard to ensure it aligns with our current strategic plan and priorities.

Current Status and Analysis

- The Senior Management Team (SMT) engaged in an internal review of the dashboard. The review was guided by an understanding that the purpose of the dashboard is to:
    - Demonstrate accountability in how we are delivering on our statutory responsibilities effectively and efficiently and making progress towards strategic priorities
    - Track how the volume of regulatory obligations is trending over time

- Support risk management by using metrics as an early warning system when they are trending in the wrong direction

- The review considered:
  - What metrics meaningfully reflect performance
  - What type of data or information should be included, and at what level of detail
  - For quantitative metrics, whether a target or benchmark should be established

- Table 1 below includes a list of the metrics and data points that are proposed to be included in the dashboard, the rationale for their inclusion, and whether the metric has a benchmark or target.
  - Many of the metrics are the same as what appears in the current version of the dashboard. New metrics being added are noted in the table.

- Table 2 below includes a list of metrics and data points that appear in the current version of the dashboard but are proposed to be removed, with the rationale for their removal.

- A mock-up of a new dashboard visual is included as Appendix A. The visuals are for illustrative purposes only and do not reflect real data.

Table 1: Metrics proposed for inclusion in the FY2027 Dashboard

Metric	Rationale for inclusion	Does this metric have a benchmark or target?
Credentialling (CAPR): • Credentialing timelines for standard and pre-approved pathways (***NEW***)	Accountability of our service provider Risk monitoring	Benchmarks as established by CAPR: Standard pathway: 12 weeks Pre-approved pathway: 3 weeks
Registration: • Number of registrants as of quarter-end, with year over year comparison • Volume of applications • Year over year comparison for volume of applications (***NEW***) • Application processing and approval timelines	Tracking growth of our regulatory obligations Monitor process efficiency Risk monitoring	Application processing timeline: 100% of applications processed within 15 days Application approval/referral: 100% of applications approved/referred within 30 days

Metric	Rationale for inclusion	Does this metric have a benchmark or target?
Quality Assurance: • Number of screening interviews completed year to date compared to target • Screening interview and assessment completion timelines	Monitor process efficiency Risk monitoring	Screening interviews Meet the timeline 95% of the time Assessments: Meet the timeline 100% of the time
Decision reviews: How many College decisions are upheld or confirmed in HPARB and court decisions	Demonstrating effectiveness of regulatory decision-making Risk monitoring	The College's decision is upheld or confirmed in 90% of the cases
Professional Conduct: • Number of concerns received year to date • Number of concerns received year over year comparison (***NEW***) • Number of complaints closed year to date • Number of complaints closed year over year comparison (***NEW***) • Complaints disposition timeline • Number of Registrar's Inquiries closed year to date, with year over year comparison (***NEW***) • Registrar's Inquiries disposition timeline (***NEW***)	Tracking growth of our regulatory obligations Monitor process efficiency Risk monitoring	Complaints: 70% of complaints are closed within 240 calendar days Registrar's Inquiries: 40% of Registrar's Inquiries are closed within 365 days
Practice Advice: • Inquiries received year to date • Inquiries received year over year comparison (***NEW***) • Users of the Practice Advice service (***NEW***) • Time to resolve inquiries	Demonstrate responsive support for registrants and partners	Time to resolve inquiries: 80% of inquiries are resolved within 2 business days

Metric	Rationale for inclusion	Does this metric have a benchmark or target?
Engagement: • *Perspectives* newsletter open and click through rates (***NEW***)	Monitor level of engagement with registrants Risk monitoring	Open rate and click through rate: compare to industry averages for government and public sector organizations
People and Culture: • Employee Net Promoter Score	Demonstrate effectiveness of our People & Culture strategy Risk monitoring	A score above 0
Finance: ○ Financial performance: Actuals to budget (***NEW***) ○ Reserve level, with comparison to previous year (***NEW***)	Support financial accountability Risk monitoring	Reserve level: target range of 4-6 months
Strategic initiatives: • Statuses of FY2027 strategic initiatives (***NEW***)	Track progress towards strategic objectives	No

Table 2: Metrics proposed to be removed from the dashboard

Metric	Rationale for removal
Exam: • Average wait time from PPC registration to exam sitting for first-time test takers (in months)	OCE applicants were placed into the next available exam date based on available capacity. We were monitoring the "wait time" metric to ensure exam capacity did not become a bottleneck in the licensure process. The application process for the new national exam is very different from the OCE. The exam is being offered six times a year, candidates are able to register well in advance for the exam date of their choice. To date the demand for any given exam sitting has not exceeded the available capacity. Therefore, unlike the OCE, there is effectively no "wait time" for the national exam.
Discipline: • Number of hearings completed • Number of meeting days • Time from referral to hearing • Time to release decisions for uncontested hearings • Time to release decisions for contested hearings	These metrics reflect the College's process for managing discipline hearings. During the Health Professions Discipline Tribunal (HPDT) pilot period, these metrics will not appear in the dashboard. Instead, similar metrics for the HPDT process will be shared in separate updates specifically about the HPDT pilot. In the current quarter, this information is provided as part of the Registrar's Report as the sample size is small. As the sample size grows, we will provide the information in a more familiar dashboard format.

Metric	Rationale for removal
People & Culture • Staff turnover rate	Over the past year, the staff turnover rate has returned to a historical baseline level after a period of unusually high turnover. The College is now in a position of maintaining the improvements we have made in our organizational health and culture. The Net Employee Promoter Score is a better metric to monitor that performance.
Data about the profession • Where newly registered PTs are educated (inside Canada or outside of Canada)	The quarterly trends in this metric are not as meaningful as the year over year trends. Instead of including this in the quarterly dashboard, it will be shared once a year as part of the Profile of the Profession dataset.

Next Steps

- Pending the Board's feedback, the content and design of the dashboard will be finalized.
- The new dashboard will be used starting in September 2026 (which will show Q1 data).

Questions for the Board

- Does the dashboard include the relevant metrics and data points to effectively support oversight of the organization's performance?
- Does the dashboard design present information in a way that supports clarity and understanding?

FY2027 Dashboard Mock-Up *(For illustrative purposes. Does not reflect real data.)*

Credentialing

Ensure accountability of our service provider

Standard pathway

Pre-approved pathway

Registration

Track growth of regulatory obligations and monitor process efficiency

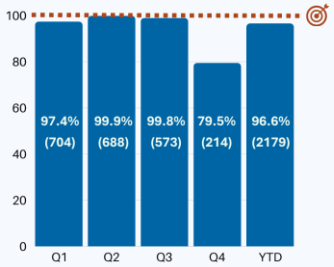
13306 Registrants (at quarter-end)

▲ **10%** from last year

1047 Applications received YTD

▲ **10%** from last year

Application Processing:
Target: 100% of applications are processed within 15 days



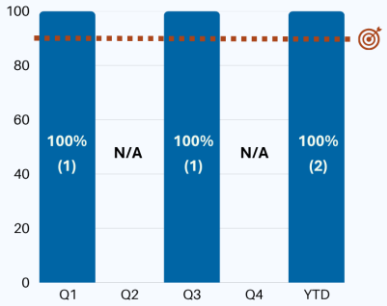
Approval/Referral:
Target: 100% of applications are approved/referred within 30 days

Decision Reviews

Demonstrate effectiveness of regulatory decision-making

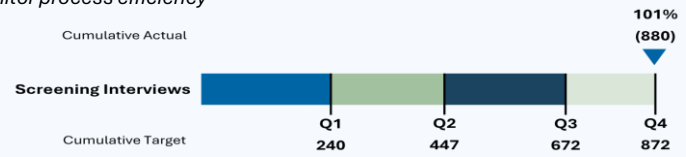
Outcomes of HPARB and judicial reviews
Target: The College's decision is upheld or confirmed in 90% of the cases

2 Decisions received YTD

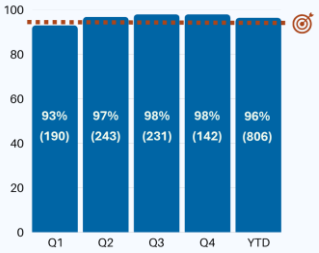


Quality Assurance

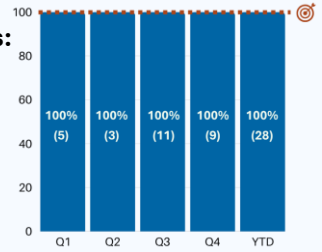
Monitor process efficiency



Screening interviews:
Target: Meet the timeline 95% of the time



Assessments:
Target: Meet the timeline 100% of the time



Professional Conduct

Track growth of regulatory obligations and monitor process efficiency

435 concerns received YTD

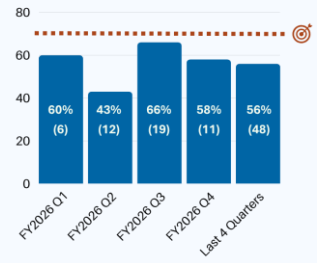
▲ **10%** from last year

Complaints

86 Complaints closed YTD

▲ **10%** from last year

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

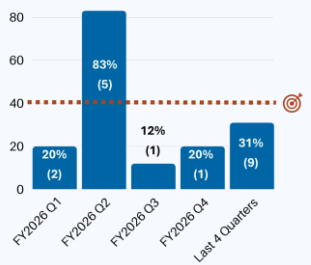


Registrar's Inquiries

30 Registrar's Inquiries closed YTD

▲ **10%** from last year

Registrar's Inquiries timeline
Target: 40% of RIs are closed within 365 calendar days



FY2027 Dashboard Mock-Up *(For illustrative purposes. Does not reflect real data.)*

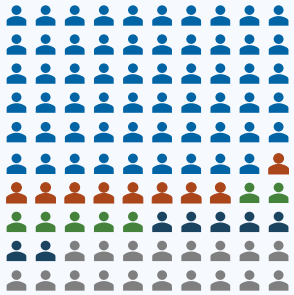
Practice Advice

Demonstrate responsive support for registrants and partners

4666 Inquiries received YTD

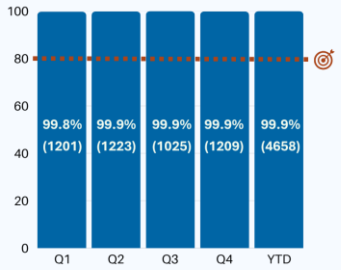
▼ **10%** from last year

Who Used the Advisory Service (This Period)



Time to resolve inquiries

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

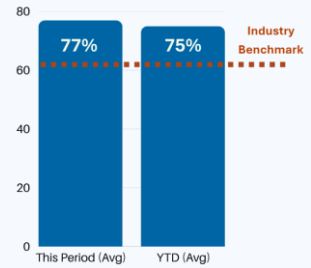


Engagement

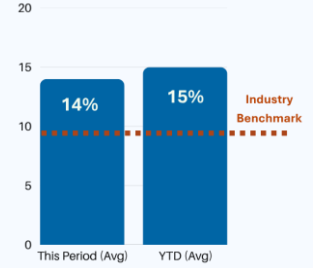
Monitor level of engagement with registrants

***Perspectives* Newsletter**

Open rate



Click-through rate

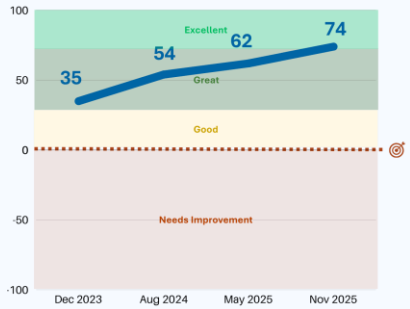


People & Culture

Monitor effectiveness of our people & culture strategy

Employee net promoter score

Target: A score of above 0

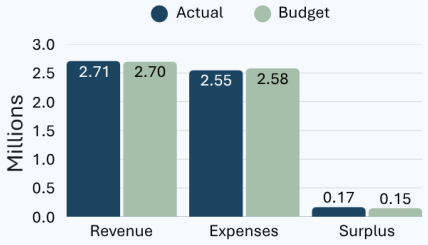


Finance

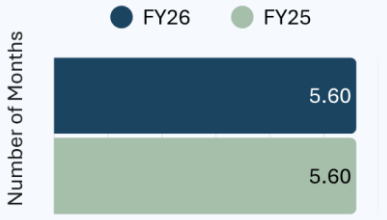
Support financial accountability

Financial Performance

Actual vs Budget Q1 FY26



Reserve Level



Number of Months of Reserve based on 10,000,000 budget, target range is 4-6 months.

Strategic Initiatives

Track progress towards strategic objectives

Number of Strategic Initiatives **24**

June 2026
Agenda Item: 6.0

BOARD BRIEFING NOTE

For Discussion

Topic:	Risk Register Refresh
Public Interest Rationale:	Managing enterprise risk ensures the College can anticipate opportunities and barriers that may impact the ability of the College to fulfill its public interest mandate.
Strategic Alignment:	*Performance & Accountability:* Managing enterprise risk is an important task that enables us to mitigate risks and cease opportunities to strengthen the College's ability to fulfill its regulatory responsibilities and strategic priorities.
Submitted By:	Joyce Huang, Director, Strategy Craig Roxborough, Registrar & CEO
Attachments:	Appendix A: Risks identified for potential inclusion in risk register Appendix B: Mock-up of new risk register report format Appendix C: List of risks in current risk register and how they map to new risk register

Issue

- The risk register is being reviewed and updated to ensure it aligns with the new strategic plan and reflects our current environment and operational reality.

Decision Sought

- The Board is asked to provide feedback on the draft refreshed risk register and to accept it for use.

Background

- The Board approved the Enterprise Risk Management (ERM) policy in September 2023.
    - The ERM policy provides the framework needed to support a uniform process for identifying, measuring, mitigating, and reporting on key organizational risks. This includes, but is not limited to, strategic, public interest, and operational risks.
    - The College's risk management approach is guided by the Strategic Plan, annual operational budget, governance policies, College by-laws, and relevant legislation. It is through these foundational resources and frameworks that key risks will be identified and managed.
    - The Risk, Audit, and Finance Committee's role and responsibility is to support the development of enterprise risk management related tools, including the risk registry, and to receive and review risk management reports.

- The role of the Board is to receive reports and to monitor the College's risk management practices.

- The risk register is a key tool for monitoring and reporting about risks.
  - As per the ERM policy, risk register(s) will be developed reflecting the risk appetite and tolerance articulated by the Board and to support risk assessments throughout the organization. Risk registers will identify the risk, the likelihood and impact of the risk, and controls in place to mitigate the risk.
  - Currently we use a single risk register to track and report about risks.
  - A draft of the current risk register was presented to the Board in June 2024 for feedback.
  - The risk register was finalized and has been in use since September 2024. The content and format have not changed since then.

Current Status and Analysis

- There have been a few changes since the risk register was first developed in 2024:
  - The Board recently approved a new strategic plan.
  - The practice environment has changed. For example, the use of technologies like AI were not contemplated back in 2024.
  - The operational environment of the College is also undergoing change. For example, the Ontario Clinical Exam (OCE) will soon be sunset.
- For these reasons, there is a need now to refresh the risk register tool so that it reflects the current environment, operational reality and aligns with the new strategic plan.
- The Senior Management Team (SMT) undertook a brainstorming process to support the development of a refreshed risk register.
  - The SMT reviewed an environmental scan that identified what other health regulators track and report in their risk registers.
  - The SMT identified an initial list of risks that are relevant and meaningful today given our current environment, operational reality and new strategic plan.
  - The SMT assessed each risk identified to determine which ones are strategically important (as determined by the Board or by SMT), and to assign preliminary ratings for likelihood and impact.

- The risks were prioritized based on strategic importance:
    - Risks that were identified as strategically important: it is proposed that these risks be included in the risk register and will be regularly reported to the Board.
    - Risks that are relevant but not strategically important: they will be monitored internally by staff, and any significant change or event will be reported to the Board.
- Positive and negative risks: Previously, risks in the risk register were only framed as negative risks. The new risk register will include both negative and positive risks. This is a novel approach being proposed to shift our focus from strictly managing negative risk to also strategically pursuing opportunities.
    - Negative risks are those that, if they were to occur, would have negative impact. In other words, they are threats.
        - Our response would be to mitigate and/or manage the risk and potential impacts.
        - Threats with higher likelihood and impact would get the most attention.
    - Positive risks are those that, if they were to occur, could have positive impact. In other words, they are opportunities.
        - Our response would be to take action to try to realize the positive impacts.
        - Opportunities with bigger impact and where the College has higher influence would get the most attention.
    - During the SMT brainstorming process, all risks were initially framed as negative risks. From there, negative risks that were assessed as having low likelihood of occurring were re-framed as positive risks.
        - This is to signal that in those areas our focus will shift from mitigating *negative* outcomes to reinforcing and amplifying *positive* outcomes.
        - Based on feedback from the RAFC, the risk areas related to cybersecurity and AI governance will remain as threats even though they are currently assessed at “low” risk, due to the evolving risk landscape in those areas.
    - As a result of this shift, we will go from tracking 13 risk statements in the current risk register format to tracking 12 threat statements and 10 opportunity statements in the new format.
- The table below lists the risks that are being proposed to be included in the refreshed risk register. Negative risks are listed as threats, positive risks are listed as opportunities.

Strategic Area	Threats	Opportunities
Regulation & Risk	1. New registrants are not prepared to practice competently because: • The Essential Competencies do not reflect current practice • The entry-to-practice standard is changed by government in response to a health human resource (HHR) crisis • Training programs are not effective • The credentialling and entry to practice exams are not effective in screening who is competent to practice and who is not • Candidates pass the entry to practice assessments by engaging in misconduct 2. The College fails to respond appropriately to emerging practices or technologies that introduce new risks to patients. 3. The College fails to respond appropriately to evidence of risk or harm in practice. 4. Our practices and decisions are no longer credible and support public trust because they are not proportionate, consistent, targeted, transparent, accountable, or responsive.	1. CAPR remains operationally stable and can continue to deliver credentialling and exam services. 2. The College ensures ongoing competence of physiotherapists resulting in patients receiving safe, competent and ethical care. 3. The College effectively anticipates and prepares for changes in professional oversight or regulation (such as shifts in regulatory structures or legislative amendments) to avoid disruptions to our operations, governance, and resources.
Partnership & Engagement	n/a	4. The profession is engaged with the College, making our outreach and communications more effective, which supports the

Strategic Area	Threats	Opportunities
		profession's awareness of and compliance with expectations.
People & Culture	5. Board and Committee members do not have the necessary knowledge, skills or competencies to perform effectively in their roles.	5. The College has an up-to-date succession plan for key staff ensuring continuity of knowledge and operations in the event of an unexpected departure. 6. The College has an organizational culture that supports effective performance.
Performance & Accountability	6. The College has insufficient financial resources to meet its mandate and strategic objectives due to an unexpected increase in expenses, decrease in revenue, or rising regulatory costs. 7. A successful cyber attack on the College results in unauthorized access of confidential information, potential identify theft, and/or possible loss of access to IT systems, leading to requests for ransom payments and/or disruptions to College operations. 8. IT needs are not being addressed in a timely way leading to our systems becoming outdated and no longer meeting our needs and/or introducing risks and/or we experience catastrophic failure. 9. AI is used inappropriately and/or without sufficient oversight, safeguards, or disclosure,	7. The College has strong and effective financial management (including investments), internal controls and oversight leading to continued financial and operational health. 8. The College has a robust business continuity plan so that when a disaster or emergency occurs College operation is not disrupted.

Strategic Area	Threats	Opportunities
	resulting in the profession and the public losing trust in the information and decisions from the College.	
Effective Governance	10. Conflicts of interest that are undeclared or poorly managed or breaches of fiduciary duty could result in decisions being vulnerable to challenge and loss of public confidence. 11. Conscious or unconscious biases in processes and decision-making may result in outcomes that are not transparent, objective, impartial and fair.	9. The Board, committee or staff operate within the College's mandate, resulting in decisions that are in the public interest and that foster continued trust and confidence in the College. 10. The College fills vacancies on the Board and/or Committees in a timely way, which supports operational effectiveness, succession planning, and business continuity.
Equity, Diversity, Inclusion & Indigenization	12. Our efforts to advance equity, diversity, inclusion and Indigenization are ineffective or lack credibility because: • We failed to include the relevant voices and perspectives to inform those initiatives • The profession is not ready to adopt it • Lack of investment of resources • Lack of expertise • Shift in the external environment	n/a

- A full list of risks identified and assessed by SMT are included as appendix A.
    - The appendix has two sections. The first section lists risks that were identified as strategically important and will be included in the risk register. The second section lists risks that were not identified as strategically important which will be monitored internally.

  - For risks that were assessed as low risk, which indicate they are areas of opportunity, the corresponding opportunity statement is also shown.
  - An earlier version of this list was shared with the RAFC for feedback, their suggested revisions are reflected in this version.

- To help the Board provide feedback on the new format, a mock-up of the new risk register report is attached as Appendix B. The mock-up is for illustrative purposes only, it does not reflect the final report design and does not contain real information.
- To help the Board track the shift from the current risk register format to the new one, Appendix C shows a list of risks in current risk register and how they map to the new risk register.
- It is anticipated that the risk register will be reviewed and re-assessed annually to ensure it continues to align with the strategic plan and operational environment.

Next Steps

- Pending feedback from the Board, the content of the risk register will be confirmed.
- Risk reports will be re-designed to reflect the new risk register content and to improve the format and presentation.
- Internal processes will be set up to maintain the risk register and support risk monitoring.

Questions for the Board

- Do the risks in the refreshed risk register align with the new strategic plan?
- Does the refreshed risk register capture risks that are strategically important?

Section 1: Risks identified for inclusion in risk register

Risk description	Likelihood	Impact	Type (Threat or Opportunity)	Risk statement re-framed as opportunity statement
Regulation & Risk				
New registrants are not prepared to practice competently because: •The Essential Competencies do not reflect current practice •The entry-to-practice standard is changed by government in response to a health human resource (HHR) crisis •Training programs are not effective •The credentialling and entry to practice exams are not effective in screening who is competent to practice and who is not •Candidates pass the entry to practice assessments by engaging in misconduct	Medium	High	Threat	
CAPR is no longer able to deliver credentialling and exam services.	Low	High	Opportunity	CAPR remains operationally stable and can continue to deliver credentialling and exam services.
The College fails to ensure ongoing competence of physiotherapists resulting in patients receiving unsafe, incompetent or unethical care.	Low	Medium	Opportunity	The College ensures ongoing competence of physiotherapists resulting in patients receiving safe, competent and ethical care.
The College fails to respond appropriately to emerging practices or technologies that introduce new risks to patients.	Medium	Medium	Threat	
The College fails to respond appropriately to evidence of risk or harm in practice.	Medium	Medium	Threat	
Our practices and decisions are no longer credible and support public trust because they are not proportionate, consistent, targeted, transparent, accountable, or responsive.	Medium	Medium	Threat	
Changes in professional oversight or regulation, such as shifts in regulatory structures or legislative amendments, if not monitored and addressed may negatively impact the College's operations, governance, and resources.	Low	High	Opportunity	The College effectively anticipates and prepares for changes in professional oversight or regulation (such as shifts in regulatory structures or legislative amendments) to avoid disruptions to our operations, governance, and resources.
Partnership & engagement				
The profession is disengaged from the College, making our outreach and communications less effective, which over time reduces the profession's awareness of and compliance to expectations.	Low	Medium	Opportunity	The profession is engaged with the College, making our outreach and communications more effective, which supports the profession's awareness of and compliance with expectations.
People & culture				
The College does not have an up-to-date succession plan for key staff causing disruption in the event of an unexpected departure.	Low	Medium	Opportunity	The College has an up-to-date succession plan for key staff ensuring continuity of knowledge and operations in the event of an unexpected departure.
Organizational culture issues that impact performance (e.g. staff morale, interpersonal conflicts, high turnover, etc.)	Low	High	Opportunity	The College has an organizational culture that supports effective performance.

Risk description	Likelihood	Impact	Type (Threat or Opportunity)	Risk statement re-framed as opportunity statement
Board and Committee members do no thave the necessary knowledge, skills or competencies to perform effectively in their roles.	Medium	Medium	Threat	
Performance & accountability				
The College has insufficient financial resources to meet its mandate and strategic objectives due to an unexpected increase in expenses, decrease in revenue, rising regulatory costs.	Medium	Medium	Threat	
Weak or ineffective financial management (including investments) and internal controls may result in financial loss due to gaps in oversight, causing both operational and reputational damage.	Low	High	Opportunity	The College has strong and effective financial management (including investments), internal controls and oversight leading to continued financial and operational health.
A successful cyber attack on the College results in unauthorized access of confidential information, potential identify theft, and/or possible loss of access to IT systems, leading to requests for ransom payments and/or disruptions to College operations.	Low	High	Threat	
IT needs are not being addressed in a timely way leading to our systems becoming outdated and no longer meeting our needs and/or introducing risks and/or we experience catastrophic failure.	Medium	Medium	Threat	
AI is used inappropriately and/or without sufficient oversight, safeguards, or disclosure, resulting in the profession and the public losing trust in the information and decisions from the College.	Low	Medium	Threat	
Not having a robust business continuity plan such that when a disaster or emergency occurs College operation is significantly disrupted.	Low	Low	Opportunity	The College has a robust business continuity plan so that when a disaster or emergency occurs College operation is not disrupted.
Effective Governance				
The Board, committee or staff operate outside of the College's mandate, resulting in decisions that are not in the public interest and that could potentially lead to government intervention.	Low	High	Opportunity	The Board, committee or staff operate within the College's mandate, resulting in decisions that are in the public interest and that foster continued trust and confidence in the College.
The College faces challenges in filling vacancies on the Board and/or Committees, which affects operational effectiveness, succession planning, and may result in the Board or Committee being unconstituted.	Low	Medium	Opportunity	The College fills vacancies on the Board and/or Committees in a timely way, which supports operational effectiveness, succession planning, and business continuity.
Conflicts of interest that are undeclared or poorly managed or breaches of fiduciary duty could result in decisions being vulnerable to challenge and loss of public confidence.	Medium	Medium	Threat	

Risk description	Likelihood	Impact	Type (Threat or Opportunity)	Risk statement re-framed as opportunity statement
Conscious or unconscious biases in processes and decision-making may result in outcomes that are not transparent, objective, impartial and fair.	Medium	Medium	Threat	
Equity, Diversity, Inclusion and Indigenization				
Our efforts to advance equity, diversity, inclusion and Indigenization are ineffective or lack credibility because: - We failed to include the relevant voices and perspectives to inform those initiatives - The profession is not ready to adopt it - Lack of investment of resources - Lack of expertise - Shift in the external environment	Medium	Medium	Threat	

Section 2: Risks to be monitored internally

Risk description	Likelihood	Impact	Type (Threat or Opportunity)	Risk statement re-framed as opportunity statement
Regulation & Risk				
The College fails to meet expectations of external oversight bodies: - Ministry (as reflected in the College Performance Measurement Framework or CPMF) - Ontario Fairness Commissioner (OFC) - Health Professional Appeals and Review Board (HPARB) and Courts - Human Rights Tribunal of Ontario (HRTO)	Low	High	Opportunity	The College continues to meet expectations of external oversight bodies: - Ministry (as reflected in the College Performance Measurement Framework or CPMF) - Ontario Fairness Commissioner (OFC) - Health Professional Appeals and Review Board (HPARB) and Courts - Human Rights Tribunal of Ontario (HRTO)
Partnership & engagement				
The public, the profession and/or our partners have a negative opinion of the College and/or our work	Low	Medium	Opportunity	The public, the profession and/or our partners have a favourable opinion of the College and/or our work.
People & culture				
Our people do not receive adequate training to ensure they are performing effectively in their roles given the changing nature of regulatory work	Low	Medium	Opportunity	Our people receive adequate training to ensure they are performing effectively in their roles given the changing nature of regulatory work.
Workload demands are higher than Board and/or Committee members can accommodate, resulting in operational challenges.	Low	High	Opportunity	Workload demands on Board and/or Committee members are well-managed, supporting effective operations.
Performance & accountability				
A significant privacy breach results in unauthorized access to sensitive information, resulting in reputational harm and loss of trust in the College among the profession and the public.	Low	Medium	Opportunity	The College avoids significant privacy breaches, safeguarding sensitive information and avoiding reputational harm and loss of trust.
The office relocation is not managed effectively leading to higher than expected expenditures and/or disruptions to College operations.	Low	Medium	Opportunity	The office relocation is planned and managed effectively to keep expenditures within budget and minimize disruption to College operations.

Mock-up of new risk register format

Threats

Threat Statement	Likelihood	Impact	Priority Level	Ongoing activities to mitigate threat	Updates or change for current reporting period
Regulation & Risk					
2. The College fails to respond appropriately to emerging practices or technologies that introduce new risks to patients.	Medium	Medium	Medium	- Analysis of College data to identify emerging practice and areas of risk - Regular environmental scans - Regular assessment to determine regulatory response	- Working with other provincial regulators to develop consistent guidance regarding use of robotics in physiotherapy care
Performance & Accountability					
7. A successful cyber attack on the College results in unauthorized access of confidential information, potential identify theft, and/or possible loss of access to IT systems, leading to requests for ransom payments and/or disruptions to College operations.	Low	High	Medium	- Regular security updates for all IT systems - Cybersecurity audit every two years - Regular cybersecurity awareness training for all staff and simulated attacks testing	- Provide cybersecurity awareness training to independent contractors who use College systems

Opportunities

Opportunity Statement	Level of influence	Impact	Priority Level	Ongoing activities to pursue opportunity	Updates or change for current reporting period
Regulation & Risk					
3. The College effectively anticipates and prepares for changes in professional oversight or regulation (such as shifts in regulatory structures or legislative amendments) to avoid disruptions to our operations, governance, and resources.	Medium	High	High	- Regular engagement with Minister's Office and Ministry straff through HPRO government relations consultant - Regular correspondence between Registrar and Ministry staff	- Provided submission on consultation regarding regulation of pharmacy preferred provider networks regarding its relavance to physiotherapy
Performance & Accountability					
7. The College has strong and effective financial management (including investments), internal controls and oversight leading to continued financial and operational health.	High	High	High	- Internal control procedures aligned with industry best practice - Regular reports to RAFC and Board - Ongoing monitoring of investment portfolio	- Incorporated information about investment performance into regular financial reports to RAFC and the Board

Appendix C: List of risks in current risk register and how they map to new risk register

Current Risk Statement	How it maps to new risk register
1. **Cybersecurity:** The College's cyber systems are accessed by external threat actors caused by phishing attempts, malware, and other methods of breaking through the College's cyber security measures. This results in access to confidential information potentially leading to: a. Registrant and Employee identity theft. b. Access to vendor information and confidential contracts. c. Employees locked out of the College's IT systems. d. College paying a ransom to regain access to IT systems.	Corresponds to Threat #7: A successful cyber attack on the College results in unauthorized access of confidential information, potential identify theft, and/or possible loss of access to IT systems, leading to requests for ransom payments and/or disruptions to College operations.
2. **Winding down the Ontario Clinical Exam (OCE):** The College must manage the transition from its Ontario Clinical Exam (OCE) to a national exam administered by the Canadian Alliance of Physiotherapy Regulators (CAPR), caused by CAPR's decision to implement a one-step exam that replaces both the written and clinical Professional Competency Exams (PCE), prior to the College being able to change regulations, which currently require separate written and clinical exams to be licensed as a physiotherapist in Ontario. This results in confusion among Registrants on the requirements to become licensed in Ontario.	This risk statement will no longer be tracked in the new risk register.
3. **Appeals of HPARB Decisions:** The College's appeals of discipline decisions at HPARB or the Ontario	This risk statement will not appear in the new risk register but is one of the areas of opportunity being monitored internally.

Current Risk Statement	How it maps to new risk register
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.	
4. **Structural and long-term financial deficits:** Structural and long-term annual deficits impairs the ability of the College operates its Core Statutory work is caused by registration fees not increasing to meet the financial requirements resulting in the College being unable to meet its regulatory requirements.	Corresponds to Threat #6: The College has insufficient financial resources to meet its mandate and strategic objectives due to an unexpected increase in expenses, decrease in revenue, or rising regulatory costs.
5. **Impact on Public Interest from real or perceived conflicts of interest:** The Board of Directors makes decisions that are perceived to be in the profession's interest instead of the public interest is caused by any real or perceived conflicts of interest that are not managed and result in loss of confidence and credibility with the public, the government, and other partners.	Corresponds to Threat #10: Conflicts of interest that are undeclared or poorly managed or breaches of fiduciary duty could result in decisions being vulnerable to challenge and loss of public confidence.
6. **Knowledge level of Board members appointed as Chair to a committee**: Board of Directors members are elected as the Board Chair or appointed as a Committee Chair without sufficient experience with the Board or the Committee, lack of context of the issues managed by the Board or the Committee, or a lack knowledge caused by a lack of training resulting in disruptions to the Board of Directors or committee's work.	Corresponds to Threat #5: Board and Committee members do not have the necessary knowledge, skills or competencies to perform effectively in their roles.
7. **Changes to the RHPA or Physiotherapy Act**: Changes to the Regulated Health Professions Act (RHPA) or the Physiotherapy Act (PA) are made by the	Corresponds to Opportunity #3: The College effectively anticipates and prepares for changes in professional oversight or regulation (such as shifts in

Current Risk Statement	How it maps to new risk register
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.	regulatory structures or legislative amendments) to avoid disruptions to our operations, governance, and resources.
8. **Lack of diversity on the Board of Directors and committees**: The lack of diversity in the composition of the Board of Directors and committees caused by the composition of the Board of Directors and committees not reflecting the changing demographics in Ontario could lead decisions that do not consider the impact of these decisions on equity-seeking groups such as Indigenous people, physiotherapists who are internationally educated, disabled, or LGBTQ2IA+.	Corresponds to Threat #11: Conscious or unconscious biases in processes and decision-making may result in outcomes that are not transparent, objective, impartial and fair.
9. **Unexpected turnover of staff and the impact on loss of institutional knowledge**: Staff members unexpectedly and quickly change which may result the loss of specialized skills, disruptions to operational oversight and management, additional work shifted to other employees leading to increased stress and potential burnout, and the loss of institutional knowledge when changes of leadership happen quickly.	Corresponds to Opportunity #5: The College has an up-to-date succession plan for key staff ensuring continuity of knowledge and operations in the event of an unexpected departure.
10. **The College's operating reserve dropping too low:** The College's operating reserve (i.e., Unrestricted Net Assets) drops below the College's minimum level required for the operating reserve and results in the possibility of the College being unable to meet its short and long term financial obligations.	Corresponds to Threat #6: The College has insufficient financial resources to meet its mandate and strategic objectives due to an unexpected increase in expenses, decrease in revenue, or rising regulatory costs.

Current Risk Statement	How it maps to new risk register
11. **College is unable to recruit, retain, and hire talent with the required skills**: The College is unable to recruit, retain, and hire talent with the required skills, knowledge, and experience which is caused by the College's compensation packages being below the market for RHPA colleges, results in the College's performance being negatively impacted.	This risk statement will no longer be tracked in the new risk register.
12. **Lack of availability of Public Members for appointment to the Board of Directors**: Lack of available Public Members up for appointments leads to the Board of Directors and committees being unconstituted, resulting in Board of Directors and the committees being unable to conduct business.	Corresponds to Opportunity #10: The College fills vacancies on the Board and/or Committees in a timely way, which supports operational effectiveness, succession planning, and business continuity.
13. **Moving the College's office**: The College will move office locations caused by the end or termination of a lease and results in a significant expenditure of cash to manage the move and reduces the College's operating reserve.	This risk statement will not appear in the new risk register but is one of the areas of opportunity being monitored internally.

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

June 2026
Agenda Item: 7.0

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:	*Performance & Accountability:* Reflects and reports on the activities undertaken by the Chair and fosters transparency.
Submitted By:	Katie Schulz, Board Chair
Attachments:	N/A

Governance

- The District 8 Central election resulted in a tie, and the College has conducted a by-election between the tied candidates. The by-election concluded on June 3, 2026, and Harikrishnan (Hari) Gopalakrishnan Nair was elected.

- New Board Director orientation will take place on June 10, 2025, and will include the newly Elected Director, Nicole Graham, Academic Director Susie Renaud and Harikrishnan (Hari) Gopalakrishnan Nair.

- An email was circulated to the Board informing of an upcoming election, to take place during the June Board meeting, for a Member-at-Large position on the Executive Committee. The election is required as a result of the recent Board election, which created a vacancy for a Professional Director position.

- The Annual Board Operations Evaluation was circulated in May, results are reported below.

Partner Engagement

- The Canadian Physiotherapy Association (CPA) Congress was held on May 29-30. The Chair, Vice-Chair, Gary Rehan, and Director, Heather Weber, will be in attendance. Key learnings:

    - Session on Supporting Integration into the Canadian Workforce for individual trained outside Canada

        - Takeaway: continued collaboration between key system partners (Regulators, CAPR, CPA) to improve the quality, fulsomeness, and accessibility of the information shared with those trained in other countries is key to improving integration into the Canadian healthcare system. For example, having website links available at entry points for individuals considering coming to Canada, documents in a variety of languages, access to communities of support, etc.

    - Session on Indigenous Cultural Safety in PT academic programs

    - Takeaway: When considering work in this area, organizations should ensure that the appropriate voices are invited to the table and that they are appropriately compensated for their time. Materials created for use may look very different than other similar documents. Individuals should be prepared to both learn and unlearn together, collaborate openly, and not be afraid to take the first step towards change.

  - Session on Physiotherapy post critical illness

    - Takeaway: A need for greater community PT presence/resources post-discharge was identified so that patients can return to their baseline strength/function. As Regulators, we should be aware of any trends in the evolution of PT practice and ensure that our guidance remains fit for purpose.

- The Chair attended a Governance Workshop hosted by HPRO on May 1st. Key learnings:

  - When considering the non-exemptible requirement to practice with decency, integrity and honesty, must look beyond specific factors (e.g., nature of misconduct, remorse, passage of time, etc.) and consider them within the broader context of public trust, confidence, and safety

  - When amending by-laws, always consider public interest at the forefront

  - Consider that discipline panels are not properly constituted unless you have both public and professional representation and this this requirement is rooted in the public interest

  - Session on the importance of active listening when making Board-level decisions to increase both group understanding of the issues and problem-solving efforts; the Chair and all Board members have a pivotal role to play here, and must actively listen with an open mind to all perspectives

Feedback from the March 2026 Board Meeting

- Directors were asked to complete a post-Board evaluation survey that assessed the effectiveness of the meeting and materials, education sessions and overall satisfaction with the meeting. There was an 71% (12/17) 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.

- 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 broadly viewed as valuable and impactful, with particularly strong positive feedback on the neurodiversity session. Directors noted the session increased awareness, validation, and understanding, reinforced the Board's EDI priorities, and prompted meaningful reflection on accessibility for Board processes, registrants, and public protection. Several highlighted the benefit of linking education content directly to the Board's regulatory mandate and decision-making role.

- Perspectives on the Indigenous midwifery education session were mixed but constructive. While many found the session interesting and informative, particularly in demonstrating how regulators can respond to Truth and Reconciliation Commission calls to action, some Directors expressed a desire for clearer connections to the College's mandate, additional time for questions, and more explicit discussion of regulatory implications and potential applicability to physiotherapy in the future.

- Future education suggestions included strategic topics, such as support for new initiatives and standards, governance practices and Board competency models, cross-jurisdictional regulatory reforms, expanded scopes of practice, artificial intelligence, continued education in equity, diversity, and inclusion and comparative analysis of complaints, discipline, and quality assurance across regulated health professions and registration models.

- Thank you to those who provided feedback. Comments are always read and considered carefully when determining where future actions can be taken.

Feedback from the 2025-2026 Annual Board Evaluations

- Directors were asked to complete the 2025-2026 Annual Board Operations Evaluation. There was a 82% (14/17) completion rate.

- Overall, the evaluation reflects a positive perception of the Board's effectiveness, with strong ratings across the majority of categories related to Board activity, governance, meetings, staff support, and alignment with the College's mission and mandate.

Board Activity

- There was strong agreement in most categories regarding the Board's familiarity with policies and procedures, the inclusion of learning opportunities in Board meetings, support for the strategic planning process, the timely provision of meeting materials, financial oversight, and the leadership of Board meetings by the Board Chair. Across all Board Activity categories responses were overwhelmingly positive with a small number of neutral responses.

- Open-ended comments were generally positive, with respondents describing Board meetings as informative and productive and noting improvement in financial oversight. One respondent also expressed interest in receiving more detailed information regarding Executive Committee discussions.

Mission and Mandate

- There was strong agreement that Board meetings and discussions consistently reflect the public interest. Responses were overwhelmingly positive, with no respondents disagreeing and only one neutral response recorded.

- Open-ended Comments reflected support for the Board's continued focus on the public interest. One respondent commented on the importance of ensuring discussions appropriately consider issues affecting registrants when assessing potential risks to the public.

Governance / Partnership Alignment

- There was strong agreement that the Board fulfills its governance role and supports the College's mission and core values, with only one neutral response recorded. There was similarly strong agreement that the Board is actively engaged in the Board development process. Responses regarding the Board's review of its own performance and effectiveness were generally positive although this question received slightly more varied responses with one neutral response and one disagree response recorded.

- Open-ended comments reflected generally positive views regarding Board effectiveness. One respondent suggested opportunities to further strengthen Board effectiveness through increased focus on strategic discussion, governance oversight, and active director engagement.

Meetings

- There was unanimous agreement that staff provide adequate information to support effective governance and decision-making, that meetings are held frequently enough to support effective governance, and that meetings provide sufficient time to accomplish the Board's work.

- Open-ended comments reflected positive views regarding the current meeting structure and format. Several respondents indicated that the current meeting schedule, preparation time, and overall approach are working well and do not require significant change at this time. One respondent suggested opportunities to further improve meeting effectiveness through agenda management, reduced passive reporting, and increased time for strategic discussion. One respondent also commented positively on the Chair's ability to facilitate discussion and balance perspectives during meetings.

Board Membership

- Responses regarding whether the Board uses its members' talents and skills effectively were generally positive, although this question received more varied responses than other areas of the evaluation. Most respondents agreed that members' skills and experience are being

utilized effectively, while three respondents selected either Neither Agree nor Disagree and two selecting Disagree.

- Open-ended comments reflected appreciation for the breadth of professional and governance experience represented on the Board and the respectful and inclusive atmosphere of Board discussions. One respondent suggested additional governance education and professional development opportunities to support a common understanding of governance roles and responsibilities. Two respondents commented on the visibility of Board members skills and experience, noting that additional information regarding director's background and expertise may help the Board better understand how Board member skills are being utilized.

Administration and Staff Support

- There was unanimous agreement regarding communication between Board members and staff, as well as the quality of staff support provided before, during, and after Board meetings.

- Open-ended comments described staff as knowledgeable, responsive, and supportive of the Board's work.

June 2026
Agenda Item: 8.0

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:	*Performance & Accountability*: Implementing strong governance structures and information sharing to enable informed decision-making.
Submitted By:	Craig Roxborough, Registrar & CEO
Attachments:	Appendix A: Q4 2025-2026 Dashboard Appendix B: Practice Advice Trends Report for January-March 2026 Appendix C: 2025 HPDT Annual Report Appendix D: HPDT CAG Report Appendix E: Risk Register Appendix F: Governance Practices Review Priority Areas and Status Updates

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 through a risk-based, proactive, and compassionate approach that ensures competent practice.

"As of Right" Legislation

- There have been no new "As of Right" registrants since the last update. Staff will continue to track and monitor how this new pathway is used and provide information to the Ministry as requested.

- No additional signals have been provided by the government indicating a desire to expand this framework any further.

Scope of Practice

- On May 11th, the government signaled an intention to proceed with enabling physiotherapists to order diagnostics. The initial next step contemplates only permitting the ordering of x-ray and ultrasound, with MRI and CT scans being paused until further notice.

- In anticipation of this change proceeding, Staff have been working to support a timely transition to ensure the College was not a barrier to next steps.
    - Draft guidelines have been developed to support the roll-out and are provided under separate cover for review and input.
    - Potential updates to the College's *Controlled Acts* standard have been circulating for feedback and included optional language in anticipation of this change.

- Discussions between the Ministry of Health and College staff have been initiated to further understand next steps, what is required from the College as the Ministry makes the necessary regulatory changes, and timelines.

Monitoring Regulatory Governance Changes

- The regulatory overhaul and amalgamation project transpiring in British Columbia has now officially come to a close.
    - Following an external review and subsequent Ministry of Health decision, British Columbia introduced legislation reducing the number of Colleges from 16 to 6. The intention of the amalgamation was to improve regulatory consistency across professions and to reduce duplication and administrative overhead.
    - Subsequently, legislation was also introduced to establish a new and independent Health Professions and Occupations Regulatory Oversight Office along with a single and independent Health Professions Discipline Tribunal.

- Manitoba has now introduced legislation that, if approved, would enable health regulatory Colleges to voluntarily amalgamate or do so under Ministerial direction (e.g., a College is not functioning properly, public protection concerns are identified, or consolidation is necessary for regulatory efficiency or sustainability).

Transition to the Health Professions Discipline Tribunal (HPDT)

- The College is now actively working as apart of the HPDT, which has grown to 10 Colleges.
    - To date, 3 hearings have been managed through the tribunal (2 uncontested and 1 contested hearing). Another uncontested hearing is scheduled for June 2026.
    - There continues to be adjustment to new processes or approaches on both sides, but lines of communication are strong and College staff have provided positive feedback to date.

  - Some efficiencies are being achieved as the College's historical practice was for uncontested hearings to be a full day, whereas the HPDT's approach of increasing upstream preparation has enabled these hearings to be reduce to half-day.

- Both the College and the HPDT track various metrics with respect to timelines associated with the discipline process. Data comparisons are challenging as the metrics and/or benchmarks are not entirely aligned and we have a small sample size given how few hearings have gone through the HPDT process to date. Notwithstanding the above, to date:

  - 4 hearings have been managed by the HPDT.

  - The average time from referral to hearing is 219 days. The College's historical benchmark was 6 months, which was only met 50% of the time over the last year.

  - 2 uncontested decisions have been released, both were released within the HPDT benchmark of 84 days, but both were just days shy of meeting the College's benchmark of 1 month (which the College met 60% of the time in the past year).

  - Financial data is also being tracked. To date the actuals in relation to hearings costs are aligned with the budget. Education and training costs are anticipated to be higher than previous years and are being closely monitored. To date there is too little data available to anticipate precisely how these expenditures will track over the year, but they will be closely monitored.

  - Additional analysis will be provided in future reports. Careful consideration needs to be given when interpreting performance and financial data given the different operational model and cost structure between the College's discipline process and the HPDT.

- The HPDT has also released its annual report (see Appendix C or click here). Highlights include:

  - A quote from Harry Cayton applauding the HPDT as an "outstanding example of regulatory innovation and represents current best practice in disciplinary proceedings."

  - The development and roll-out of a new self-representation guide for defendants.

  - Strong performance reporting with 80% of cases *concluding* within 318 days of referral and 80% of contested decisions being released within 55 days.

- Following feedback from the Board, the HPDT also engaged the Citizen Advisory Group (CAG) in a discussion about the tribunal model.

  - As noted in the report (see Appendix D), patients and caregivers participating in the focus group were less interested in the specific changes made through the HPDT and were more concerned with broader issues regarding transparency, fairness, and justice throughout the complaints and discipline process.

- Notwithstanding the above, the principles identified by the CAG aligned with the commitments of the HDPT and where specific features were highlighted for the CAG members generally saw the HPDT as a positive move even if their full expectations have not been met.

- Over the summer, Staff will begin surveying tribunal members regarding their experiences more generally and on specific panels to support an evaluation of the transition and the tribunal. Information will be provided to the Board in September to support a decision about whether to continue the pilot, formally transition to the HPDT, or return these responsibilities to the College.

Release of New Standards and Guidance

- Adoption of the national model standards is now complete as per our original commitment to implement a select number of standards.

  - The *Controlled Acts* standard is presented for final approval under separate cover, and work remains to develop the *Indigenous Cultural Humility and Safety* and *Health Equity and Anti-Discrimination* standards.

- Companion resources for approved standards continue to be developed and rolled out to support understanding and implementation of the new standards. Awareness of the new standards is routinely supported through articles and information published in *Perspectives*.

- The controlled acts chart that accompanied the Board's primer at the March 2026 meeting has been posted on the College's website as a resource alongside the controlled acts standard.

Compassionate Regulation

- The Registration team has continued to incorporate compassionate and plain language practices in their communications (e.g., retirement/resignation emails, Committee referral notices, etc.).

- The Professional Conduct team has now completed a full review of all communications from a compassionate and plain language perspective. Alongside this, new templates have been developed to standardize language and process (to the extent possible) to ensure all participants in our regulatory processes have similar experiences.

- The Deputy Registrar led a training session with QA assessors regarding compassionate regulation and employing a culturally competent approach to screening interviews and assessments.

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 Q4 is attached in Appendix B.

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

Health Profession Regulators of Ontario (HPRO)

- The College's Registrar was re-elected as Vice-Chair of HPRO at the June HPRO Board meeting.

- The Registrar will also continue to support the Citizen Advisory Group Committee of HPRO, while building capacity and experience in others to support succession planning and eventual departure from this Committee.

- Minister Jones attended HPRO's annual general meeting for the third year in a row, sharing a message emphasizing the need to continue to make progress in improving access and addressing issues facing the entire health system.

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.

    - The joint OPA/College session in Sudbury was converted to virtual for the College staff due to a flight being re-routed back to Toronto. Notwithstanding this, the event was engaging and the physiotherapists in attendance were very engaged on scope of practice and health human workforce challenges.

    - Novel approaches to outreach continue to be explored, including connecting with aspiring PT students at the University of Toronto's Pre-PT Conference and with PT students/employers at McMaster's Student Job fair.

- The College participated in an OPA led webinar series regarding the use of AI in practice on May 7th. Over 730 individuals registered for the event with nearly 400 attending live. As a result, this represented a significant opportunity for the College to engage with and support the profession as they seek to integrate AI into practice.

Regulator Partnerships

- The College of Massage Therapists of Ontario hosted an Investigator Panel discussion to bring together different regulators to discuss approaches, management of caseloads, and timelines. A staff investigator represented the College in this panel discussion.

Engaging with Physiotherapists Educated Outside of Canada

- The College has been actively assessing *how* to better engage with physiotherapists who are educated outside of Canada. To support purposeful progress in this area, a specific outreach strategy has been developed. This strategy includes:
    - Connecting with PTs educated outside Canada earlier in their journey and in the right spaces by sharing College information through community organizations, newcomer services, online forums, and system partners, rather than relying primarily on the College website. We'll go to the conversations instead of waiting for them to come to us.
    - Providing practical, interactive support through small-group micro webinars to promote understanding of the licensure process, regulatory requirements, and early practice. We will offer direct access to College staff and trusted voices and give PTs educated outside Canada an opportunity to access mentorship-like opportunities while keeping a regulatory focus.
    - Developing targeted, accessible resources (such as short videos and tools) to address known knowledge gaps, designed to be plain-language, mobile-friendly, and easy to use. We'll make it easier to find and digest information by using new approaches and different mediums.
- Progress updates on these and other initiatives will be routinely provided going forward.

Consent Best Practices

- The College recently released a series of videos demonstrating best practices as it relates to obtaining informed consent.
    - The videos feature College Practice Advisors simulating consent discussions, with the help of master's and internationally educated bridging program students from the University of Toronto's Physical Therapy Department.
    - In total 6 videos were released in late May 2026. As of writing, one video has been viewed over 380 times.

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.

Orientation to College Staff

- At the upcoming Board meeting, the Registrar will give an overview of the College organization chart to help orient the Board to key staff people across the organization. This is in response to feedback from Board Members and to help orient newer Board Members.

Staff Engagement

- The College's bi-annual employee engagement survey was completed in May 2026. Results are expected to be available for the June Board meeting.

- Staff turnover rates have now returned to historical levels, with the annualized turnover rate now below 5% for two consecutive quarters.

Office space update

- Progress continues to be made regarding the office move. Lease agreements are now in place between the lead College and the landlord, and License Agreements with each partner College are under development.

- Construction is also underway and design work continues to ensure the office space is outfitted with the necessary IT equipment and furniture to be both functional and future proof. Capital costs are being monitored and as of writing, these costs are aligned with the budget.

- At this time, all signs continue to point towards a Fall 2026 move-in date.

Supporting Coaches

- Additional efforts to support Coaches in their role have been rolled out. This includes implementing new "Coffee Chats" where Coaches can meet and receive information regarding changes to their portal, reminders about standards, and opportunities to ask questions of staff or each other. Longer-term planning for newsletters has also been undertaken to better structure the sustained delivery of information to Coaches throughout the year.

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

Dashboard performance

- The Q4 dashboard is attached in Appendix A. Below is commentary on dashboard metrics that had a notable change in Q4:

    - *Registration Processing:* Performance fell in Q4 due to high volumes produced by a confluence of factors (e.g., annual renewal, OCE results release, CPTE results release). Overall, performance on these metrics has been nearly 100% over the entire year.

    - *Complaints Disposition:* Timeline performance was lower in Q4 compared to Q3.

        - The volume of decisions being released each quarter continues to be high, with processing time remaining relatively flat while processing volume is increasing.

- Internal dashboards now enable greater line of sight on timelines relating to different segments of the process (e.g., time from intake to decision, time from decision-to-decision release).
    - Data indicate there are opportunities to improve the decision-to-decision release timeline. For example, 4 of the cases that missed the threshold in Q4 could have met the threshold if the decision-to-decision-release time was within the internal target. Had this occurred, 75% of the cases would have met the threshold in Q4.
    - Automations are being explored within our document management system to improve review workflows. A new in-house decision-writer will join the College in July.
- At the same time, internal dashboards are also actively tracking investigator caseloads. Currently investigators are carrying caseloads of approximately 40. As a result, an evaluation of resourcing is underway to determine if additional human resources are needed even when efficiencies in the process are implemented.
- In alignment with recommendations from the business process review, a process mapping exercise is planned for the summer to identify opportunities to streamline/standardize labour intensives processes such as the preparation of materials for committee.

Internal Controls Review

- An external review of the College's system of internal controls was conducted by Hilborn LLP, culminating in a report and presentation to the Risk, Audit, and Finance Committee (RAFC) at their May 2026 meeting.
- Overall, the report confirmed that core financial controls are in place and operating effectively, with no significant deficiencies identified. The review found that transactions are generally well-supported, appropriately approved, and that key reconciliation processes are performed accurately and on a timely basis.
    - The report highlighted some exceptions for the Committee but noted these exceptions were not material in the context of the College's size and represented opportunities for continued diligence rather than being indicative of fundamental deficiencies.
    - Of the 8 recommendations made in response to these exceptions, 5 have been implemented, 2 are in progress, and 1 requires no further action.
- The report also identified opportunities to further enhance consistency, documentation, and governance in line with leading practices for not-for-profit organizations. Key areas of focus include continuing to formalize policies and procedures, implementing a confidential reporting mechanism, introducing periodic management attestations to strengthen oversight, and further integrating risk management with control activities.

- Hilborn LLP also provided a benchmarking tool outlining 31 leading practices. Staff will use this resource to continue to evaluate our internal processes, support continuous improvement, and to support RAFC's oversight of this critical operational function.

- Going forward, the College will undertake internal controls reviews on a periodic basis or where there have been material changes requiring external confirmation that an appropriate system of internal controls is in place.

Risk Registry

- The final FY2026 Q4 Risk Register (Appendix E) was shared with the Risk, Audit, and Finance Committee (RAFC) at their May 2026 meeting.
    - No changes in the likelihood ratings were proposed although careful consideration was given to:
        - Both Risks #9 and #11 relating to staff retention and turnover given that annualized turnover is now below 5% for two quarters in a row, however, no changes were made as the overall rating remains low.
        - Risk #7 pertaining to government enacted change without notice given recent announcements regarding scope of practice and the tracking of College amalgamation outlined above, however, the likelihood rating was deemed to be sufficiently high already.
    - Specific mitigation activities were highlighted for RAFC including:
        - Risk #1 – Cybersecurity: The College continues to be vigilant in addressing cybersecurity risks. More sophisticated 'phishing' attempts are routinely implemented to strengthen Staff competency around identifying and avoiding phishing attempts and routine updates are consistently made in response to Microsoft recommendations.
        - Risk #11 – Staff Retention: Ongoing efforts to strengthen the total compensation offering at the College are made, including modest increases to the College's policy permitting some remote work outside of Ontario and the introduction of a new "volunteer day" that allows staff to dedicate time to their communities.

Lean Training

- While all management and staff have undergone LEAN training to support the implementation of continuous improvement across the organization, efforts to maintain and sustain this training were needed.

- As a result, an in-house ongoing training and refresher program was developed. This enables the College to provide a critical mass of new staff with training on a rolling basis and provide refreshers to existing staff as needed.

Artificial Intelligence Governance

- In response to Board feedback, all Board/Committee members have received interim guidance regarding the use of AI as the undertake College work.

- Similar messaging is being finalized to send to independent contractors working for the College (e.g., assessors, coaches, examiners) and this messaging will be embedded into contracts going forward.

Continuous improvement initiatives

- The Compliance Monitoring program has developed a new feedback tool to solicit feedback from physiotherapists who have participated in a remediation process with the College. To date, only a small number of responses have been received, but they offer broadly positive feedback on the process with specific reference to the quality of the coaches.

Equity, Diversity, Inclusion and Indigenization: Take meaningful action to identify and address barriers, promote inclusive practices, and advance reconciliation.

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.

- A recruitment call was issued in April and closed on May 20. We received 40 expressions of interest, we are in the process of reviewing the submissions to identify potential participants.

Citizen Advisory Group Input on EDI Work

- The College is leading a focus group session with the Citizen Advisory Group to explore patient and caregiver perspectives on three areas of the Colleges EDII work:

    - Development of a Health Equity and Anti-Discrimination Standard: Establishing clear, consistent, and enforceable expectations to ensure physiotherapy care is delivered equitably, inclusively, and free from discrimination.

    - Collection of Demographic and EDI Data: Developing policies and tools to support the collection of demographic data from individuals involved in College processes.

- Incorporating Diverse Voices into Decision-Making: Creating mechanisms to ensure diverse perspectives are meaningfully included in the College's work.

- Other health regulatory Colleges are now co-sponsoring this engagement activity, thereby distributing costs across multiple partners.

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

Governance Practices Refresh

- In March 2026, the Board committed to various governance practice priorities for further analysis and discussion. In keeping with past approaches, these priorities and the specific actions being explored are tracked in Appendix E to support ongoing monitoring and reporting on our progress.

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.

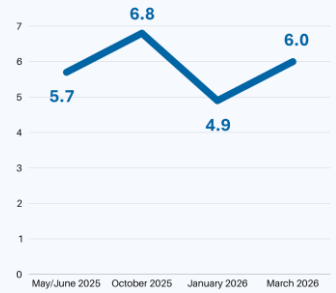
Date of Meeting	Action item description	Required by date	Current Status
September 25-26, 2025	Develop an Indigenous cultural safety and humility standard with the understanding that it's a large and long-term project and requires the College to follow a different process than what's normally used for standards development.	None specified	In Progress
December 8-9, 2025	Plan and implement a rollout of the new strategic plan.	April 2026	Completed
December 8-9, 2025	Conduct an open tender process in FY2026 for the College's auditor.	September 2026	In Progress
March 26-27, 2026	Submit the proposed amendments to the General Regulation, Ontario Regulation 532/98, under the Physiotherapy Act, 1991 to the Ministry of Health.	None specified	In Progress
March 26-27, 2026	Circulate the draft Controlled Acts Standard for a 60-day consultation.	June 2026	Completed

FY2026 Q4 Dashboard (January-March 2026)

Statutory Programs

Exam

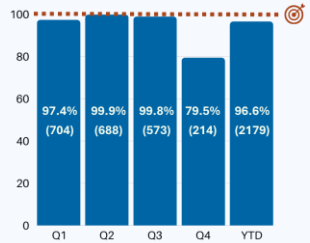
Average wait time from PPC registration to exam sitting for first-time test takers (in months)



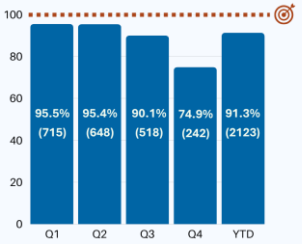
Registration

Timelines

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



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



Volume

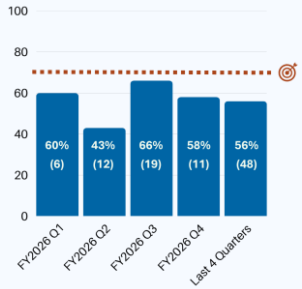
1047 **IPC** applications received YTD

1223 **PPC** applications received YTD

Professional Conduct

Timelines

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



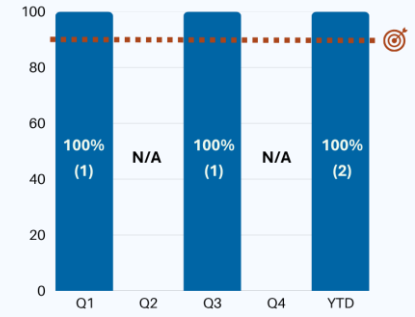
Volume

435 # of concerns received YTD

86 # of complaints closed YTD

Decision Reviews

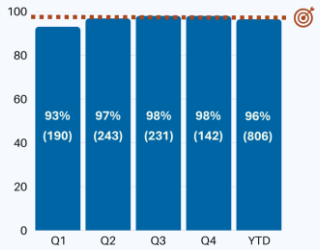
Outcomes of HPARB and judicial reviews
Target: The College's decision is upheld or confirmed in 90% of the cases



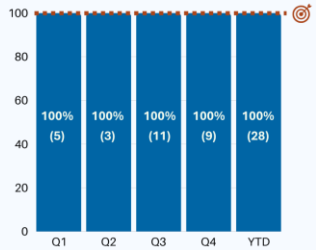
Quality Assurance

Timelines

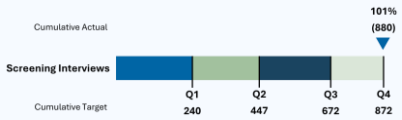
Performance against screening interview timeline
Target: Meet the timeline 97-98% of the time



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



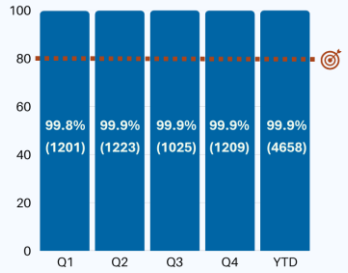
Volume



Practice Advice

Timelines

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



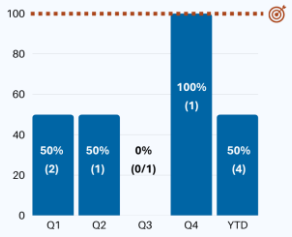
Volume

4666 # of inquiries received YTD

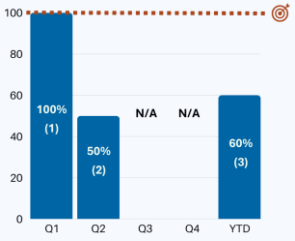
Discipline

Timelines

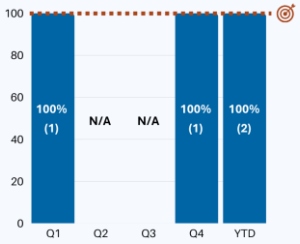
Time from referral to hearing
Target: Hearings start within 6 months of referral



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



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



Volume

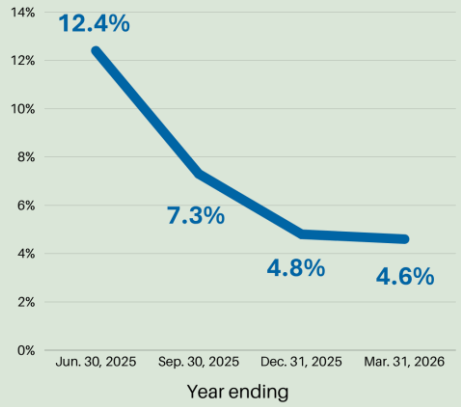
8 Hearings YTD

18 Meeting days YTD

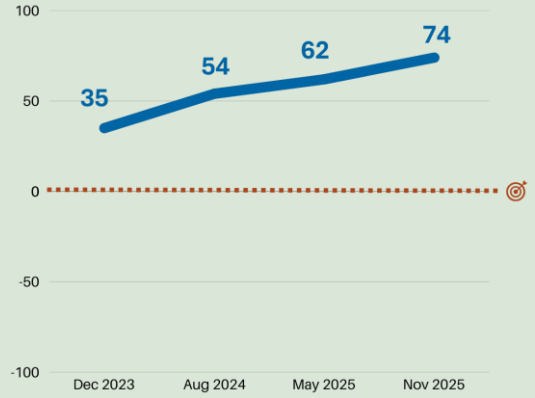
FY2026 Q4 Dashboard (January-March 2026)

People & Culture

Staff turnover (rolling annualized rate)

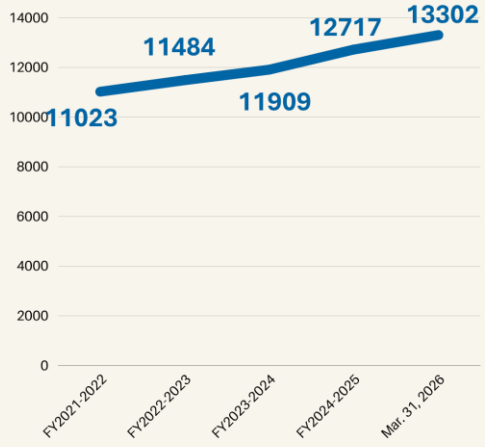


Employee net promoter score
Target: A score of above 0

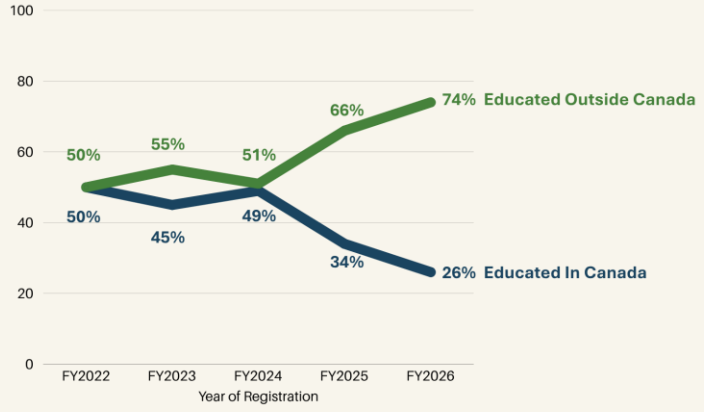


The Profession

Number of Registrants



Where Newly Registered PTs are Educated



Practice Advice Trends Report

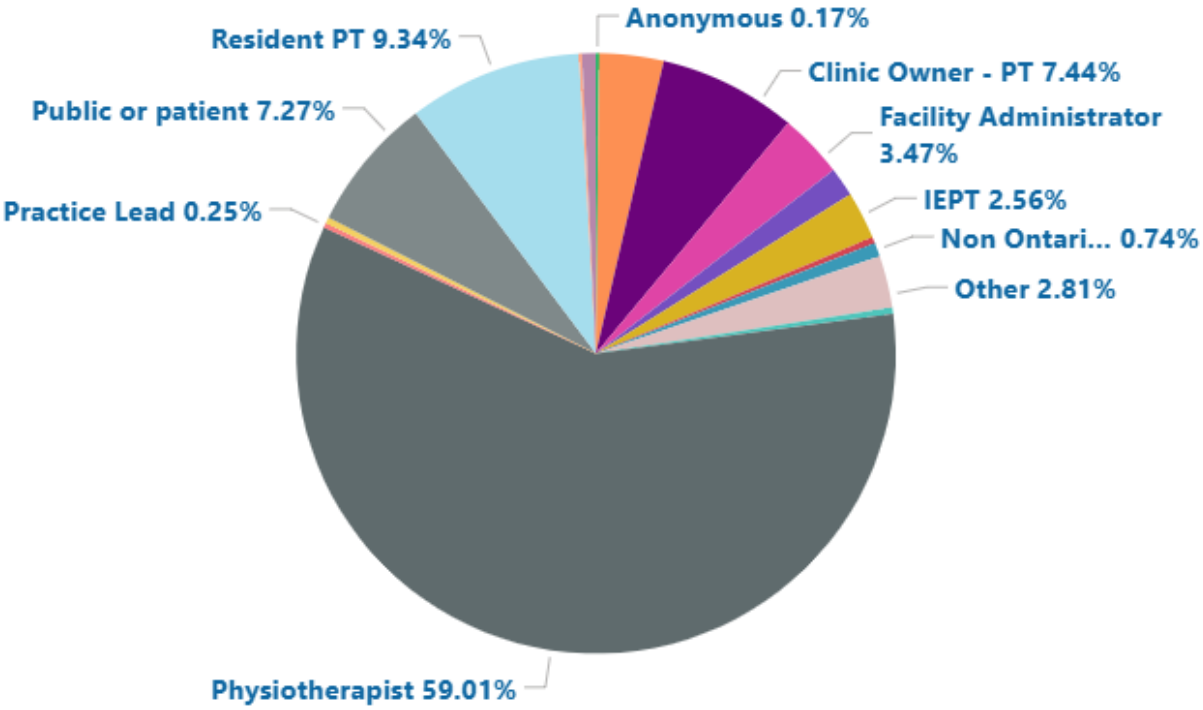
Period: January – March 2026

What is Practice Advice?

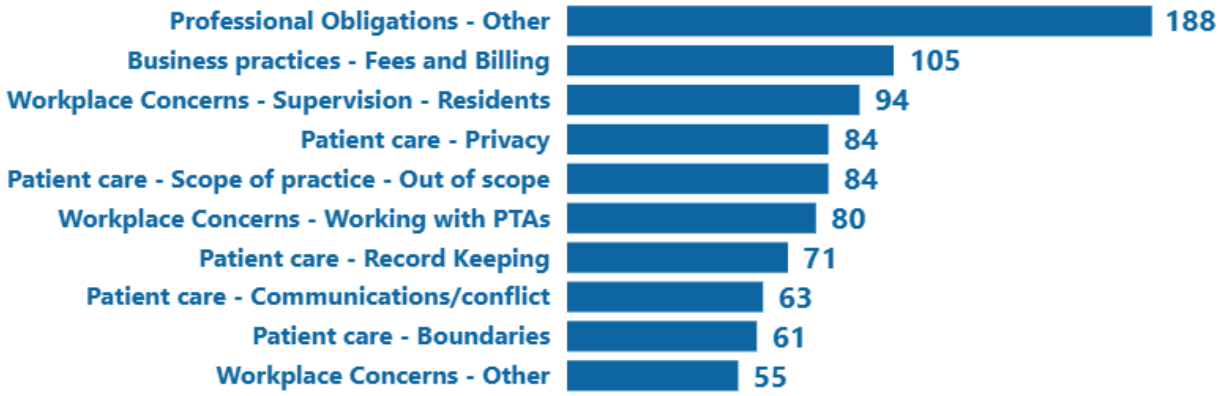
The College's Practice Advisors are physiotherapists that anyone can contact for free and anonymous advice about matters relating to the practice of physiotherapy. Practice Advisors offer a safe space for physiotherapists, PT Residents, PT students, patients, caregivers and others to get answers to their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

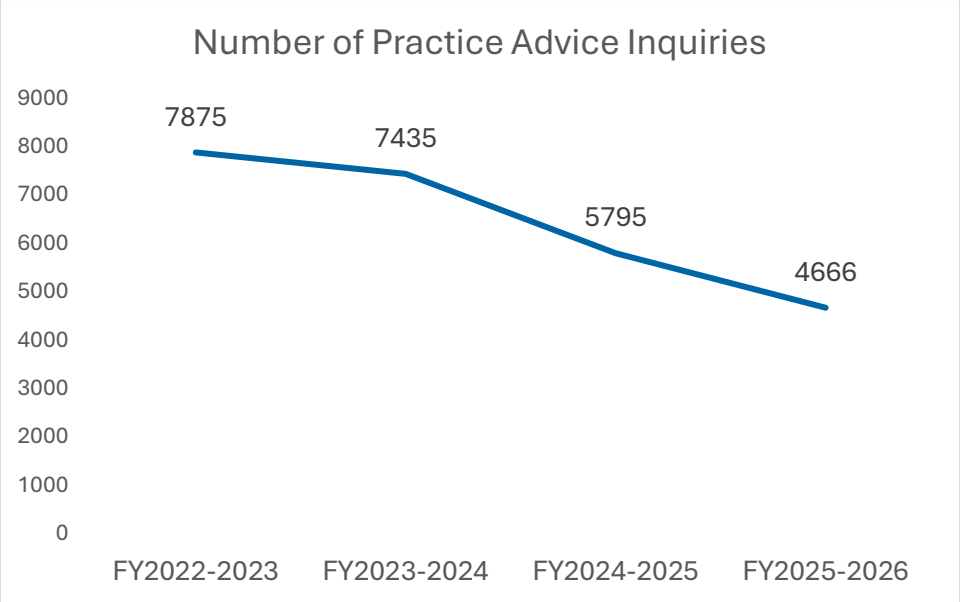


Top Themes in this Reporting Period



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:

- Updated information in the PT Portal to route calls about PT Portal support to the Registration team rather than the Practice Advice team. This is to allow Practice Advisors to spend more time responding to practice-related questions.
- Shared information in Perspectives to clarify that PTs are not required to notify the College when they go on vacation.
- In response to questions related to professional corporations, the College is exploring a joint informational webinar with another health regulator.
- The Practice Advice Team met with a privacy lawyer to discuss more complex privacy questions they have encountered so they can better provide clear guidance in the future.

HPDT TDPS
Health Professions Discipline Tribunals | Tribunaux disciplinaires des professions de la santé

Annual Report 2025

Who We Are

The HPDT is a group of administrative tribunals that hold discipline hearings for ten health colleges in Ontario.

Each HPDT Tribunal member is appointed by the Lieutenant Governor in Council for its respective College and conducts hearings panels to ensure the shared use of roles and responsibilities.

- Chiropodists and Podiatrists Discipline Tribunal (CPDT)
- Dental Hygienists Discipline Tribunal (DHDT)
- Dietitians Discipline Tribunal (DDT)
- Massage Therapists Discipline Tribunal (MTDT)
- Occupational Therapists Discipline Tribunal (OTDT)
- Physicians and Surgeons Discipline Tribunal (PSDT)
- Physiotherapists Discipline Tribunal (PHDT)
- Psychologists Discipline Tribunal (PYDT)
- Veterinary Professional Discipline Tribunal (VPDT)

Chair's Message

I am pleased to present the Health Professions Discipline Tribunals' first Annual Report.

In the last three years, the HPDT has grown, from an idea in 2022 to a mature and trusted forum for health college's 2025 to a group of tribunals that are ready for the future.

This year, the HPDT made major strides in refining the processes of an ever-participating tribunals, implementing the Rules of Practice and Procedure, and developing a comprehensive guide to the Tribunals' practices for self-represented registrants, as well as a calendar of hearings and decisions to help the public and the professions we serve. Each of these efforts is in the service of fulfilling the tribunals' mandate by making hearings more accessible and efficient, and by ensuring that the public interest is at the forefront of every decision. Each of these initiatives is the report.

The success of these and other initiatives is the hard work and support of the many people who are tribunals. In addition to the tribunal members, I would like to thank the Registrars and staff of the ten colleges and public members, the staff of the HPDT, the Chief of Adjudicative Tribunals Office, and the HPDT's dedicated Registrar and Counsel. Their collective efforts have made the HPDT a success and I look forward to the

CITIZEN ADVISORY GROUP (CAG)

CAG Meeting Report: Health Professions Discipline Tribunals (HPDT): *Public Perspectives on the Health Professions Discipline Tribunals (HPDT) and Discipline Process*

DATE:	**Monday, March 9, 2026**
TIME:	**2:00 pm—4:30 pm**
LOCATION:	Virtual (Zoom)
FACILITATOR:	Cate Creede-Desmarais, The Potential Group

INTRODUCTION:

The session started at 2:00 pm with welcomes, a land acknowledgement, and an outline of the agenda.

OVERVIEW: THE HEALTH PROFESSIONS DISCIPLINE TRIBUNAL

The Health Professions Discipline Tribunals (HPDT) met with the Citizens Advisory Group (CAG) to gather public perspectives on the discipline process used by Ontario's health regulatory colleges.

Health regulatory colleges are responsible for protecting the public by ensuring that regulated health professionals practise safely, competently, and ethically. Part of this responsibility includes receiving and investigating concerns about registrants and, where appropriate, referring matters to a discipline hearing.

HPDT represents a shared adjudicative model used by several regulatory colleges to conduct discipline hearings under common procedures and administrative supports. The model was introduced to improve consistency, independence, efficiency, and transparency in how discipline hearings are conducted while maintaining profession-specific expertise.

HPDT sought feedback from Members on their perspectives regarding the discipline process, including what is most important for the public to feel confident in how misconduct is addressed, how the HPDT model is perceived, and whether information about the tribunal and its work is clear and accessible to the public.

PART I: HPDT MODEL AND DISCIPLINE PROCESS

While the session was intended to focus on the evaluation of HPDT's model, Members frequently approached the discussion from a broader systems perspective on how Colleges manage complaints and handle allegations at a discipline committee. Throughout the discussion it was difficult for members to assess specific features of the HPDT or how the HPDT has changed the way Colleges manage discipline cases. The members were significantly more interested in how complaints and subsequent referrals to discipline were managed from a justice, fairness, and access perspective rather than from a procedural perspective.

The discussion therefore generated significant feedback on the broader discipline process. Feedback was often framed in relation to the overall complaints and discipline system, with participants emphasizing principles such as accessibility, fairness, transparency of process, and a sense of justice. These factors appeared to shape how members evaluate the system and their confidence in it.

While members did not consistently focus on the specific features of the HPDT, the priorities they identified are directly relevant to the analysis of the HPDT model.

The analysis that follows synthesizes the principles they prioritize and considers how they apply to the HPDT model. In some instances, members did not explicitly make these connections; however, their broader feedback has been interpreted in relation to the role and function of the HPDT to support a more comprehensive assessment.

QUESTION 1. As a member of the public, what is most important to you about the discipline processes that exist for registered health professionals? What needs to be in place to make you feel confident that any misconduct can be clearly, fairly and effectively dealt with?

The discussion primarily focused on what members expect from the discipline process as a whole. CAG members emphasized that the most important element of any discipline process is public trust. For the system to function effectively, members of the public must feel confident that concerns about professional conduct will be taken seriously, reviewed objectively, and addressed through a fair process. This requires clear structures that demonstrate how complaints are assessed, who is responsible for decision-making, and what steps occur after a concern is raised. When these elements are clearly explained, it reassures the public that complaints are not handled informally or arbitrarily but are instead reviewed through a structured and accountable process.

Members indicated that transparency is essential in building this trust. Members want to understand how complaints move through the system and what determines whether a matter proceeds to a discipline hearing. For example, the public should be able to easily understand the role of the initial complaint review conducted by a college committee and how more serious cases may be referred to a tribunal for a formal hearing. Without this clarity, it can be difficult for members of the public to feel confident that misconduct will be addressed appropriately. Applied to the HPDT, this suggests support for clearer communication about where the tribunal fits within the overall complaints and discipline process.

Another important factor identified by members was fairness and impartiality in decision-making. Members noted that the public may sometimes perceive discipline systems as professions reviewing the conduct of their own members. As a result, structures that demonstrate independence and balanced decision-making are particularly important. The involvement of trained adjudicators and public representatives on hearing panels was seen as one way to strengthen confidence that decisions are based on evidence and professional standards rather than professional loyalty. Applied to the HPDT, this suggests support for features that promote visible independence and balanced decision-making.

Members also discussed the challenges members of the public may face when navigating a regulatory discipline process. Unlike regulated professionals, who may have access to professional associations or legal counsel, individuals raising concerns may be unfamiliar with the process and uncertain about what to expect. Members therefore highlighted the importance of accessible guidance that explains the process in plain language. For example, clear explanations of how a hearing works, what information may be required from a complainant, and how decisions are made can help individuals feel better prepared to participate in the process. Applied to the HPDT, this suggests support for plain-language resources that explain hearings, roles, and process steps.

The discussion also highlighted the need to acknowledge potential power imbalances between regulated professionals and members of the public. Providing clear information and accessible resources can help reduce these barriers and ensure that complainants feel able to engage in the process. Members noted that individuals may hesitate to raise concerns if they feel the process is difficult to navigate or if they do not understand their role in it. Applied to the HPDT, this suggests that public confidence would be supported by clearer information about process expectations and available supports.

Members further emphasized the importance of meaningful public representation within disciplinary decision-making. Tribunal panels often include members of the relevant health profession, which ensures that professional standards are understood. However, public members also play a critical role in ensuring that the perspectives of patients and communities are reflected in decisions. Members expressed interest in understanding how these public representatives are selected and what perspectives they bring to the process. Applied to the HPDT, this suggests support for clearer information about who public members are,

how they are selected, and what role they play in decision-making. It also confirms that in general the members valued competency or expertise among those appointed to discipline panels.

Finally, Members noted that discipline processes should operate consistently across different health professions. When processes vary widely between professions, it can create uncertainty about how complaints are handled. A consistent approach helps ensure that concerns about misconduct are addressed using comparable procedures and standards regardless of which profession is involved. Applied to the HPDT, this suggests support for features of the HPDT itself that have been chosen specifically to promote greater consistency across participating professions.

QUESTION 2. After reviewing this material, what are your impressions of the HPDT model? How well does it achieve its goals of transparency, independence, professionalism, accountability and efficiency?

As noted above, members found it difficult to engage in the specific features of the HPDT and to assess whether these features have meaningfully improved how College's manage discipline cases. Member feedback suggests their sense of justice, fairness, and transparency is high and an overall feeling that College's, regardless of how they structure managing discipline cases, have room to improve and build trust with the public.

Notwithstanding this, members generally viewed the HPDT model more favourably than historical approaches and recognized that it represents change in the right direction in terms of improving consistency and independence in disciplinary processes.

Transparency: Members recognized that the HPDT model introduces a shared structure for disciplinary hearings across multiple health professions. This approach has the potential to make the process more transparent because procedures and hearing structures can be standardized. However, Members noted that transparency depends on how well the system is explained to the public. For example, it should be clearly communicated how cases move from a college's complaint review stage to a tribunal hearing.

Independence: Members viewed the centralized tribunal structure as a way to strengthen independence in disciplinary decision-making. By separating discipline hearings from individual colleges, the HPDT model may help address concerns that professions are solely responsible for judging the conduct of their own members. This separation can help reassure the public that disciplinary decisions are made by an independent body. At the same time, members were particularly invested in the role of screening committees and the potential for lack of independence prior to a referral to the tribunal.

Professionalism and expertise: Members also noted that a centralized tribunal can promote professionalism by creating a group of adjudicators who regularly conduct hearings and develop expertise in disciplinary matters. Rather than relying on different processes across multiple colleges, a shared tribunal can apply consistent procedures and ensure that panel members receive appropriate training. At the same time, they questioned how other members of panels were selected and what competencies they possessed to support the process.

Accountability: Members indicated that accountability is strengthened when tribunal decisions and processes are visible to the public. Access to information about hearings and decisions helps demonstrate that complaints are addressed through a structured process. However, members suggested that additional explanations of how the tribunal operates could further strengthen accountability.

Efficiency and consistency: Members recognized that a centralized tribunal may improve efficiency by creating standardized procedures and reducing variation across professions. For example, a shared tribunal can ensure that disciplinary hearings follow similar timelines, structures, and rules regardless of the profession involved. However, Members expressed interest in understanding whether the centralized model

results in faster or more predictable processes compared to previous systems. They also expressed concern with the lack of centralization that exists within the complaints process or where a single complaint against multiple professionals could lead to several discipline proceedings (i.e., separate processes for each profession involved in the incident).

QUESTION 3. From your perspective, what is most important for the public to understand about the HPDT, and is that communicated clearly? What information would you expect to be able to access about the HPDT and its work?

Members identified several types of information that the public should be able to easily understand when learning about the HPDT.

The tribunal's role within the complaints process: Members indicated that the public should clearly understand where the tribunal fits within the broader complaints process. Specifically, it should be clear that complaints are first reviewed by a college committee and that only certain cases proceed to a formal discipline hearing before the tribunal. Explaining this distinction helps prevent confusion about the responsibilities of colleges versus the tribunal.

Who participates in tribunal decision-making: Members also expressed interest in understanding who serves on tribunal panels and how these individuals are selected. Information about panel composition, such as the presence of professional members and public members, helps demonstrate that the tribunal includes both professional expertise and public oversight.

How hearings work: Members suggested that the public would benefit from clear explanations of how disciplinary hearings are conducted. This could include describing the stages of a hearing, who presents evidence, and how decisions are reached. Providing examples of how a hearing unfolds can make the process easier to understand.

Access to hearings and decisions: Members indicated that the public should be able to access information about upcoming hearings and learn how to observe proceedings. Public access to hearings helps demonstrate openness and reinforces that disciplinary processes operate transparently.

Outcomes and impact of decisions: Members also indicated that the public may expect to see information about the outcomes of disciplinary hearings and what actions result from those decisions. Understanding the consequences of disciplinary findings helps demonstrate that the system can address misconduct and protecting patients.

Clear and accessible language: Members emphasized that information about the tribunal should be written in plain language rather than technical legal terminology. This ensures that individuals who are unfamiliar with regulatory systems can still understand how the process works.

PART II: HPDT WEBSITE IMPRESSIONS

QUESTION 1. What information would you expect to see on the HPDT website and why?

Members indicated that the HPDT website should provide information that helps members of the public understand both the purpose of the tribunal and how the disciplinary process works.

Examples of information members expect to see include:

- a clear explanation of what the HPDT is and why it exists
- a visual or step-by-step overview of the discipline process
- information explaining how cases reach the tribunal
- guidance describing how hearings are conducted

- information about tribunal panel members and their roles
- access to schedules of upcoming hearings
- instructions explaining how members of the public can observe proceedings

Providing this information helps ensure that the public can understand the tribunal's role and how it contributes to patient protection.

QUESTION 2. Is there information you expected to find but could not? What would improve your understanding of or trust in the HPDT's work?

Members suggested that additional information could further improve understanding of the tribunal's role and increase confidence in the system.

Examples of information that would strengthen understanding include:

- clearer explanations of how cases are referred to the tribunal
- information about the qualifications and training of tribunal members
- explanations of expected timelines for discipline proceedings
- guidance describing how complainants are supported through the process

Providing this information would help the public understand how decisions are made and how the tribunal operates within the broader regulatory system.

QUESTION 3. Does the website make it clear how the public can access information or observe proceedings?

Members noted that the ability to observe hearings is an important element of transparency. The website should clearly explain how members of the public can attend or observe hearings and where they can find information about scheduled proceedings.

For example, individuals visiting the website should easily be able to find instructions on how to register to observe a hearing and where to access information about upcoming hearings.

Clear instructions in this area help ensure that members of the public can engage with the tribunal process and understand how disciplinary matters are addressed.

QUESTION 4. Based on what you see, does the website increase your confidence in how discipline matters are handled by the HPDT? Why or why not?

Members indicated that providing structured information about the tribunal and its processes helps increase confidence in how disciplinary matters are handled. Features such as explanations of the tribunal's role, guides describing the hearing process, and information about upcoming hearings contribute to transparency.

However, members also indicated that confidence could be further strengthened by providing more detailed explanations of how cases are referred to the tribunal, how panel members are selected, and how decisions are made.

QUESTION 5. Would you describe the website as user-friendly and easy to navigate? Why or why not?

Members emphasized that user-friendly design is essential for a public-facing regulatory website. A website that is easy to navigate helps ensure that individuals can quickly locate the information they need.

Key elements that support usability include:

- clear section headings that describe the purpose of each page
- simple navigation between sections
- plain language explanations of complex processes
- clearly labelled resources and guides

When information is organized clearly and written in accessible language, the website becomes a more effective tool for helping the public understand how the tribunal operates.

ADJOURNMENT:

Members were thanked for their input and feedback, and the meeting adjourned at 4:30 pm.

College of Physiotherapists
Risk Registry (Draft)
Date Created: 26-Jan-24
Date Updated: 11-May-26

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

Very High
High
Medium
Low
Very Low

Rating Legend

Capacity Reference
Capacity = Very Low = 5 (↑) = Increase by 1 level risk rating
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Legend of Common Acronyms Used in the Register and Heat Map			
Canadian Alliance of Physiotherapy Regulators	CAPR	Professional Competency Exam	PCE
Health Professional Appeal and Review Board	HPARB	Risk, Audit, and Finance Committee	RAFC
Health Profession Regulators of Ontario	HPRO	Regulated Health Professions Act	RHPA
Ontario Clinical Exam	OCE	Standard Operating Procedures	SOPs

#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: May 2026
1	Regulation and Compliance, Reputational	The College's cyber systems are accessed by external threat actors caused by phishing attempts, malware, and other methods of breaking through the College's cyber security measures. This results in access to confidential information potentially leading to: a. Registrant and Employee identity theft. b. Access to vendor information and confidential contracts. c. Employees locked out of the College's IT systems. d. College paying a ransom to regain access to IT systems.	Senior Director, Organizational Effectiveness	3.4	4	3.4 x 4	3 (↔)	High	- The College completed an external cyber security audit in FY25 and is implementing actions throughout FY26 to continuously improve the security of our information systems. - KnowB4 training for all staff to learn how to prevent phishing attacks. - College is developing the internal knowledge and skills to internally manage attacks to its computer systems and network. - The College is reviewing the addition of assessors and coaches contracted to perform work on behalf of the College to use CPO email addresses	- Mock 'phishing' attempts continue to be employed with more sophisticated realism. - Additional staff have been supplied VPN accounts to support offsite working. - Account audits were completed to remove old or inactive accounts, minimizing the risk of those being compromised. - Microsoft provides monthly recommended actions, which were enacted.

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2	Regulation and Compliance	The College must manage the transition from its Ontario Clinical Exam (OCE) to a national exam administered by the Canadian Alliance of Physiotherapy Regulators (CAPR), caused by CAPR's decision to implement a one-step exam that replaces both the written and clinical Professional Competency Exams (PCE), prior to the College being able to change regulations, which currently require separate written and clinical exams to be licensed as a physiotherapist in Ontario. This results in confusion among Registrants on the requirements to become licensed in Ontario.	Deputy Registrar	3.6	3.4	3.6 x 3.4	4 (↑)	High	- Registrar/CEO connects with governments - Scoping exercise undertaken to analyze regulatory changes needs. - Engage Board of Directors in key decision points.	- Ongoing communication with candidates is occurring both nationally and locally. Since April 2025 the College has actively updating the our website. - The CPTE has been administered in January and February 2026 with good success. The next administration is at the end of May and has very high enrollment. The Board was provided with an update directly from CAPR at its March 2026 meeting. - The College and CAPR hosted a joint webinar to provide information and opportunities for Q&A regarding examination and licensure changes.
3	Reputational, Financial, Regulation	The College's appeals of discipline decisions at HPARB or the Ontario Division Court are unsuccessful which is caused by inadequate investigations or procedural fairness and results in the loss of confidence by the Registrants and the public to regulate the profession.	Deputy Registrar	2.8	2.8	2.8 x 2.8	2 (↓)	Very Low	- Track and monitor appeals and outcomes; - Undertake analysis of returns to identify process and decision improvements needed; - Develop educational/decision-making/knowledge translation tools to support committee decision-making; - Develop SOPs to ensure consistency in regulatory activities.	- No new updates.

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4	Finance, Operational	Structural and long-term annual deficits impairs the ability of the College operates its Core Statutory work is caused by registration fees not increasing to meet the financial requirements resulting in the College being unable to meet its regulatory requirements.	Director, Finance	2	3.6	2 x 3.6	1 (↓)	Low	- Financial results are monitored quarterly and reported to the RAFC and Board of Directors. - Financial planning includes the presentation of financial forecasts to the end of the fiscal year in the quarterly financial reports. - A financial analysis is completed segregating the Ontario Clinical Exam and the College's Core Business (e.g., regulatory and strategic work) in order to monitor the surplus or deficits related to the College's Core Business.	- The Board approved the draft FY2027 budget at its March 2026 meeting. The budget forecasts a very small deficit. - FY2026 Q4 reporting indicates that the College is on track to achieve a strong surplus for FY2026. - The RAFC is presented with draft fee principles under separate cover to support future decision-making regarding fees over 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	- 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	No new updates.

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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	- The Executive Committee provided input and direction on the committee slate planning and recruitment process at their February 2026 meeting. - Recruitment for the Committee vacancies is underway and the Committee Chairs are being engaged in the interview and selection process. - Orientation is planned for all new Board Members. - Program staff are beginning to plan orientation for all new committee members.
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.	- New legislation has been introduced in Manitoba that would support voluntary or mandated amalgamation of Colleges. Staff will continue to assess whether the Ontario government is contemplating similar legislation. - HPRO has developed a GR framework to support the selection of a new GR consultant. The framework has tangible deliverables including improving consultation notices from the government.

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8	Governance	The lack of diversity in the composition of the Board of Directors and committees caused by the composition of the Board of Directors and committees not reflecting the changing demographics in Ontario could lead decisions that do not consider the impact of these decisions on equity-seeking groups such as Indigenous people, physiotherapists who are internationally educated, disabled, or LGBTQ2IA+.	Director, Policy & Governance, General Counsel	3	3	3 x 3	3 (↔)	Medium	- Implemented initial Competency Framework - Revised committee composition requirements to allow for more recruitment of Non-Board Committee members with specific background/skills/expertise	- The Board confirmed at its March 2026 meeting a desire to explore changes that would support increasing diversity within the Board. A roadmap to support this discussion was presented to the Board at its March 2026 meeting.
9	Operations	Staff members unexpectedly and quickly change which may result the loss of specialized skills, disruptions to operational oversight and management, additional work shifted to other employees leading to increased stress and potential burnout, and the loss of institutional knowledge when changes of leadership happen quickly.	Senior Director, Organizational Effectiveness	3	3.2	3 x 3.2	3 (↔)	Medium	- College has created a succession plan and is working to cross train individuals to ensure critical roles can be backfilled if needed. - Have established strong relationships with vendors who could assist if staff suddenly depart	- Staff turnover continues to decrease. The Q4 annualized rate is once again below 5%. - 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	- The operating reserve (i.e., Unrestricted Net Assets) is monitored each quarter and reported to the RAFC and Board of Directors. - Financial plans and budgets are developed with the intent of staying within the 3 months to 6 months of annual operating budgets as defined the College's policies.	- The College's operational reserve is currently healthy, fluctuating between 5 and 6 months of operating expenses.

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11	Operational	The College is unable to recruit, retain, and hire talent with the required skills, knowledge, and experience which is caused by the College's compensation packages being below the market for RHPA colleges, results in the College's performance being negatively impacted.	Senior Director, Organizational Effectiveness	3	2.8	4 x 2.8	3 (↔)	Medium	- The College has recruited a number of roles recently and is participating HPRO led compensation evaluation. - The College recently gave staff a Board approved 4% increase, which includes a cost-of-living increase.	- The FY2027 draft budget includes continued salary adjustments representing not just cost of living, but also increases based on experience and longevity. - Small changes in the College's 'Work From Anywhere' policy have increased staff ability to work outside of Ontario for short periods of time. - A new "volunteer day" policy has been introduced to enable staff to contribute to their communities once a year.
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	- Registrar/CEO is in constant contact with the Public Appointments office.	- The College is currently fully constituted. - 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	- Costs to decommission the current office space will be investigated and factored into future financial planning and budgeting.	- Following approval from the Board in September 2025, staff have exercised an Offer to License in support of an Offer to Lease on a new office space. License Agreements are in development and construction has begun on the new space.

Governance Practices Review: Priority Areas and Status Updates

The following priority areas were identified by the Board for further exploration and consideration. The chart will be updated quarterly to indicate progress made or the current status of the work being undertaken in relation to each priority area.

FY2027 Q1 – June 2026 Report

#	Priority Areas	Status	Notes
1	Board Meeting Structure	Complete	The Board was engaged in a discussion at the March 2026 meeting to determine whether changes to the current meeting structure and approach are warranted. Overall direction was to continue with the current approach, with a focus on efficiency and prioritizing decision items, as well as some exploration regarding the timing/placement of education. For example, piloting conducting some education outside of standard Board meetings.
2	Governance Structure: i. Role of the Executive Committee ii. Potential Governance Committee	In Progress	Supporting materials are provided under separate cover to support discussion and elicit feedback on potential directions.
3	Fee Principles	In Progress	The Risk, Audit, and Finance Committee (RAFC) will be presented with a draft "Fee Principles" guidance document at their May 2026 meeting. Pending feedback and direction, the draft will be shared with the Board in June 2026 for review and adoption.
4	Board Composition: i. Term Limits ii. Cooling Off Period	In Progress (i. and ii.)	Initial discussions regarding term limits and cooling off periods is supported by materials provided under separate cover. They are intended to support discussion and elicit feedback on potential directions.

	iii. Competency Profile Refresh iv. Competency-Based Elections v. Electoral Districts	Remaining items scheduled for future discussion	
5	Board Evaluation	TBD	
6	Board Education	TBD	

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

Motion No.: 9.0

Board Meeting
June 18-19, 2026

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

It is moved by

_____,

and seconded by

_____,

that:

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

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

Motion No.: 10.0

Board Meeting
June 18-19, 2026

Agenda #10.0: Final Review of Controlled Acts Standard for Approval

It is moved by

_____,

and seconded by

_____,

that:

The Board approves the adoption of the revised Controlled Acts Standard and rescinds the current Controlled Acts and Restricted Activities Standard, effective August 1, 2026.

June 2026
Agenda Item: 10.0

BOARD BRIEFING NOTE

For Decision

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

Issue

- Following consultation, the revised Controlled Acts Standard is being considered for final approval.

Decision Sought

- The Board is asked to approve the revised Controlled Acts Standard and rescind the current Controlled Acts and Restricted Activities Standard, effective August 1, 2026.

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.
    - This Standard was not included in the adoption process since all Canadian provinces have different regulatory frameworks surrounding controlled acts, meaning national alignment is not feasible.
- 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.

- On March 27, 2026, the Board approved an updated draft of the Standard for a 60-day consultation with registrants, members of the public, and other partners. The consultation was posted to the College website on April 1 and concluded on May 30.
- A survey-based consultation was also conducted with the Citizens Advisory Group (CAG).
- Additionally, in response to concerns raised by the Board about PT students performing certain controlled acts, the College consulted its academic partners to better understand how these activities are carried out in practice.

Current Status and Analysis

Summary of Consultation Responses

- The College received 38 responses from registrant physiotherapists, 11 responses from the CAG, and a formal submission from the Ontario Physiotherapy Association (OPA) (Appendix B).
- The below table outlines where changes were made in response to this feedback.
- The specific wording of the changes made as a result of the feedback received are shown in red text in Appendix A: Draft Standard – Controlled Acts.
- Feedback that speaks to providing more detail, examples, or elaboration will be considered for the development of guidance.
- As the Standard nears completion, five "Related Standards" have now been included: Risk Management and Safety, Supervision, Documentation, Assessment, Diagnosis, Treatment, and Collaborative Care.
    - The consultation process helped to confirm the usefulness of these Standards in interpreting the Controlled Acts Standard.

Summary of Recommended Changes: Controlled Acts Standard

Group	Comment	Change Made
Registrants, CAG	Because controlled acts carry higher risk, consent (and documentation of consent) should be explicitly included in the Standard.	Added provision about capturing consent before performing the act, and documenting consent.

Group	Comment	Change Made
Registrants	The Standard should be clearer about how adverse event plans differ across controlled acts, especially given the potential risks associated with new ability to order imaging.	Added Optional Wording about ensuring an adverse event plan for urgent imaging results.
Registrants	It is confusing that the definition for 'controlled acts' includes ordering imaging as an authorized act, but physiotherapists are currently not permitted to carry out this activity.	Clarified the acts that PTs are currently allowed to perform; moved the authorized act related to imaging to Optional Wording.
OPA	Defining "adverse event" within the context of controlled acts in physiotherapy practice may improve clarity and support College processes.	Added definition for 'adverse event', including examples specific to controlled acts.
OPA	The term "imaging investigations" in the Optional Wording is not commonly used.	Revised term to "diagnostic imaging".
Executive, CAG	Additional safeguards need to be included around delegation, such as references to the Professional Misconduct Regulation.	Revised the definition of 'delegation' to include references to the Regulation.

<u>General comments from the CAG:</u>

- The Standard is well-structured and appropriately detailed but may benefit from additional readability and accessibility for the general public.
- More emphasis may be needed on ensuring that patients are adequately informed when a controlled act involves greater risk, including the purpose of the act, what it involves, and any associated risks.
- Additional clarity may be helpful to ensure patients understand how delegation works and who remains accountable when a controlled act is delegated.

<u>Areas being considered for the development of guidance include:</u>

- Additional clarity around delegation, such as who PTs may delegate certain acts to, accountabilities under delegation, and examples of delegated acts PTs might perform.
- Additional information regarding the education and training requirements to become rostered for a controlled act (raised by the Board pre-consultation).
- Details and examples of adverse event plans for different controlled acts.
- Considerations related to the performance of controlled acts by students, including examples on student involvement in pelvic exams, communicating a diagnosis, and acupuncture.

Student Performance of Controlled Acts

- During their meeting in March 2026, the Board raised concerns about students performing certain high-risk controlled acts, such as acupuncture and pelvic exams, as part of their clinical placements.

- Under section 29(1)(b) of the Regulated Health Professions Act (RHPA), individuals who are fulfilling the requirements to become a member of the physiotherapy profession may perform controlled acts authorized to their profession, as long as it is within scope and done under the supervision of a regulated member.

    - Given this exemption, the College's approach has been that PT students have access to all controlled acts during their clinical placements.

    - Under the College's Supervision Standard, students must perform controlled acts under *direct* supervision until they reach a consistent level of competence.

- To support the Board's decision-making in this space, staff sought to better understand the practical implications of students performing controlled acts through:

    1. Specific consultation with Ontario's Master's-level physiotherapy programs, who were asked about the types of controlled acts students perform during their placements, whether expectations differ based on the stage of their education, whether any concerns have been raised or have led to changes in the curriculum, and the extent to which students pursue related external training related to controlled acts.

    2. A review of any related College complaints data.

        - Seeking a legal opinion on the interpretation of RHPA section 29(1)(b), with a verbal update to be provided to the Board as this work progresses.

Summary of Interim Findings

- The College received responses on behalf of all five of Ontario's Master's of Physiotherapy programs. The following high-level themes emerged from those responses:

    - Communicating a diagnosis, tracheal suctioning, and oxygen titration are generally taught as core program components, and these are the acts that are the most commonly performed during placements.

    - Some students pursue additional external training related to controlled acts, particularly in acupuncture and pelvic health.

    - The controlled acts that are performed during the clinical placement depend on several factors, including the program's curriculum, the practice setting, the student's comfort

level, skills, and competence, and whether the supervising physiotherapist is rostered and competent in the act themselves.

- Exposure also differs considerably by placement setting, with some programs reporting no exposure in certain placements and greater exposure in others (such as acute care).

- Higher-risk controlled acts, such as spinal manipulation, pelvic exams, and acupuncture, are generally more restricted in practice. Acupuncture is the least likely to be performed, but it does occur in some situations.

- Across the five schools, only two individual concerns have been raised about students performing controlled acts, with no indication of a broader issue or need to revise the curriculum as a result.

- To date, the College has received no formal complaints related to the supervision of students performing controlled acts.

- Nationally, the high-risk controlled acts do not appear to be restricted to students beyond requiring direct supervision.

- The legal opinion is expected to clarify the regulatory options available to the College and staff will provide a verbal update at the Board meeting, as well as options for consideration.

- Any changes to the current approach would also require updates to the Supervision Standard.

Next Steps

- If approved, the Standard will have an effective date of August 1, 2026, with the Optional Wording coming into effect once scope changes are formally enacted.

- If the Standard is approved, the College's existing Controlled Acts and Restricted Activities Standard will be rescinded on August 1, 2026.

- The College is also in the process of developing corresponding guidance in support of scope of practice changes. This guidance will address questions from the consultation related to the types of imaging investigations permitted, the requisitions process, and collaborating with other providers.

Questions for the Board

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

- Do you have anything else to highlight or consider with respect to the final approval of the Controlled Acts Standard?

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 the scope of physiotherapy, 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 that they have met the following requirements as part of their training:
    - Learned the indications, contraindications, **adverse events**, and risks associated with performing the controlled act, as well as the management of those risks and adverse events.
    - Practiced the controlled act under the supervision of a person who is authorized to perform it.
    - Was evaluated on the knowledge, judgement, and practical skills needed to perform the controlled act.

  - Demonstrated 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, unless being delegated a controlled act that is outside of scope, in which case the Physiotherapist title must not be used.
- Obtains informed consent prior to performing the controlled act, including by communicating its risks and benefits, and documents consent.
- Maintains and follows a written plan for managing any reasonably foreseeable adverse events arising from the controlled act, and knows what to do should an adverse event occur.
  - **OPTIONAL WORDING**: Ensures that the written plan includes a process for managing urgent or critical imaging results.
  - Provides their reliable 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 diagnostic imaging.
- 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 adverse events that can reasonably be foreseen and provides them with a written protocol for adverse event management.
- 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.

Related Standards

- Assessment, Diagnosis, Treatment
- Risk Management and Safety
- Supervision

- Documentation
- Collaborative Care

Definitions

An **adverse event** an event that results in unintended harm to a patient that is related to the physiotherapy services received, rather than the patient's underlying condition. In the context of controlled acts, this may include unexpected harm, clinical deterioration, or complications arising during or after treatment.

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.

In accordance with Section 4: Authorized Acts of the *Physiotherapy Act*, 1991, physiotherapists can perform the following 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), and
6. administering a substance by inhalation.
7. **OPTIONAL WORDING:** ordering the application of a prescribed form of energy.

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 diagnostic imaging 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).

According to sections 8 and 9 of the *Professional Misconduct Regulation*, it is professional misconduct to delegate or perform a delegated controlled act without the knowledge, skills, and judgement to do so safely.

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

- **OPTIONAL WORDING**: orders for diagnostic imaging.

ONTARIO PHYSIOTHERAPY ASSOCIATION

May 26, 2026

Craig Roxborough, Registrar & CEO

College of Physiotherapists of Ontario
375 University Avenue, Suite 800
Toronto, Ontario
M5G 2J5
Submitted via email to: consultation@collegept.org

Subject: Consultation on Controlled Acts Standard

Dear Mr. Craig Roxborough,

The Ontario Physiotherapy Association is pleased to provide feedback on the proposed standard. The document reflects a commitment to safe, client-centered care and supports appropriate use of controlled acts within physiotherapy practice. With the anticipated expansion of scope for diagnostic imaging, we appreciate the importance of its inclusion in the controlled acts standard. The feedback below relates to the current standard and further identifies where supplemental resource(s) or standards will be of benefit.

Imaging Investigations Terminology
Within the standard, the term "imaging investigations" is used however this term is not currently the one of common use. It would be helpful to include the definition(s) for imaging investigations vs. diagnostic imaging if there is a difference in interpretation of the meaning of "imaging investigations". We recognize that the legislation currently includes the term "ordering the application of a prescribed form of energy" which will also benefit from a clear definition and how this will be translated to interpretation or use in practice.

Emergency Contact Optional Wording
The proposed standard includes the *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.* This statement is specific and will require additional guidance for physiotherapists as it relates to implementation.

1. What is the expected availability/response time of the physiotherapist who has ordered diagnostic imaging? And a related note, to confirm that the Emergency Contact is for the provider
2. What defines an urgent concern, and what are the corresponding timeframes for timely communication?

Additional guidance will need to address the specific requirements for communication with other health providers within the circle of care, specifically the patient's primary care provider – in terms

ONTARIO PHYSIOTHERAPY ASSOCIATION

of both ordering, interpreting, and recommended interventions/next steps. There will also be additional procedural details that must be described, including processes for ordering and retrieving diagnostic imaging.

Adverse Event Clarification
The term 'adverse event' is referenced but will benefit from definition within the context of physiotherapy practice. We recommend including examples relevant to controlled acts, such as unexpected patient harm, deterioration related to intervention, or complications arising during or after a procedure. Clear definitions would support appropriate reporting and quality assurance processes.

Training and Rostering Requirements
Physiotherapists will request clarity on what constitutes sufficient training or competence, as well as currency, for a physiotherapist to be rostered to perform controlled acts. Specifically, guidance on what is the time frame that qualifies as "current", as well as how physiotherapists are expected to determine that they meet the required competencies for self-attestation would support consistency, transparency, and public protection.

Overall, OPA supports the revisions to the Controlled Acts Standard. We recommend that addressing the areas outlined will enhance clarity and prepare for consistent understanding and implementation across the profession.

We recognize that ordering of diagnostic imaging will have additional considerations beyond revision to the controlled acts standard, and we look forward to collaborating with the CPO in the development of further resources or standards developed specifically to support requirements for this act

Sincerely,

Sarah Hutchison

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

June 2026
Agenda Item: 11.0

BOARD BRIEFING NOTE

For Information

Topic:	Ordering Diagnostics Guidance – Draft for Review
Public Interest Rationale:	Ordering diagnostic imaging is a controlled act, representing both benefits and risks to the public. Guidance that supports safe, competent, and judicious utilization of this new authority will maintain public trust and confidence in the physiotherapy profession.
Strategic Alignment:	*Regulation and Risk:* Enabling and supporting physiotherapists to provide competent, safe, and ethical care.
Submitted By:	Fiona Campbell, Senior Physiotherapist Advisor Craig Roxborough, Registrar & CEO
Attachments:	Appendix A: Draft Guidance – Ordering Diagnostic Imaging

Issue

- The Board is provided with a draft guidance document intended to support the implementation of ordering diagnostic imaging as a new authority for physiotherapists.

Decision Sought

- No decision is being sought.
- The Board is being asked to provide feedback on the draft guidance to support internal review and development. The guidance will not be published until there is clarity regarding the regulatory framework being enacted by government.

Background

- The College has long supported the expansion of physiotherapy scope of practice to include the controlled act of ordering diagnostic imaging.
- In collaboration with the Ontario Physiotherapy Association (OPA), the College successfully advanced changes to the *Physiotherapy Act, 1991* in 2009 to include the authority to order diagnostic imaging. However, the government regulations needed to operationalize this authority were never put in place.
- In 2024, discussions between the Ministry, the OPA, and the College resumed and in September 2025 the Ministry issued an announcement that they were consulting on expanding the scope of many professions. The College provided a submission to that consultation process.
- In early May 2026 the government announced an intention to move forward with enabling physiotherapists to order x-rays and diagnostic ultrasound. The ordering of ordering magnetic

resonance imaging (MRIs) and Computerized Tomography (CT) scans are not being pursued at this time.

- The Ministry has initiated early discussions with the College to begin preparations for next steps and the eventual implementation of this authority.

Current Status and Analysis

- The College has consistently recognized that implementation of this new authority will require clear regulatory guidance and practical resources to support physiotherapists. This is essential to supporting safe, competent, and judicious practice that maintains public confidence.

- While there has been uncertainty regarding next steps since the consultation in late 2025, the College has been undertaking internal work to prepare for an eventual implementation to minimize any potential delay in implementation due to a real or perceived lack of readiness on the College's behalf. This includes developing the necessary guidance and resources needed to support the profession.

- With the recent announcement that the Ministry intends to proceed, the work already underway pivoted to be responsive both in content and in terms of timelines to the roll-out of the new regulatory scheme.

- As Ontario has lagged behind other Canadian jurisdictions, an environmental scan of resources available from other physiotherapy regulators was conducted to promote alignment (to the extent possible) as this College's guidance was developed.

    - Particular attention was given to Alberta where physiotherapists have long held this authority, and Nova Scotia, which is among the most recent jurisdiction to implement it.

    - Additionally, efforts were made to review and align with the guidance developed for other professions with similar ordering authority. That is, to provide guidance that is aligned with what would be true for non-physiotherapy professions that are able to order diagnostics.

- In addition to the environmental scan, internal analysis helped to identify the key questions or issues that are anticipated to be top of mind upon implementation.

- On the basis of the environmental scan and internal analysis, a draft guidance document has now been developed (see Appendix A).

    - The draft guidance is not final in any respect as the precise regulatory framework that will be developed is still pending. At the same time, there is value in receiving early feedback from the Board regarding the approach to support a smooth roll-out and to demonstrate readiness.

- The draft guidance is organized in a roughly chronological structure and is intended to support physiotherapists as they exercise their clinical and professional judgment. In particular, it intends to:
    - Clarify which diagnostic modalities can be ordered;
    - Clarify that physiotherapists have been granted the authority to *order*, not conduct diagnostic imaging and that interpretation remains within the scope of radiologists;
    - Reinforce rostering requirements and provide additional information regarding the purpose of the education and training requirements;
    - Support judicious and thoughtful ordering decisions by identifying the risks associated with each modality and referring to best practice resources;
    - Reinforce core requirements regarding communication and consent;
    - Provide guidance regarding the requisition process itself; and
    - Clarify physiotherapists responsibilities to receive and respond to imaging results in appropriate and timely ways (including critical test results).
- The appendices are intended to complement the guidance outlined by:
    - Providing questions to support physiotherapists as they make decisions about education or training to support their rostering; and
    - Practical examples of how ordering diagnostics may be conducted in practice.
- There remain many outstanding questions regarding the regulatory framework that will need to be answered in the coming months. This includes substantial questions such as:
    - Whether the scope of this new authority will be broadly anchored to physiotherapy scope of practice or whether a list based approach (e.g., parts of the body or conditions) will be adopted; and
    - Whether the imaging will be paid for through the public system as though it were ordered by a physician.

Next Steps

- The intention is to finalize the draft guidance internally and to refine it to align with our understanding of the regulatory framework the government is creating.

Questions for the Board

- What questions does the Board have regarding the draft guidance document?
- Does the guidance provide helpful information to registrants?
- Are there areas where the draft is overly detailed, unclear, or likely to create confusion?

Ordering Diagnostic Imaging

Purpose and How to Read This Guidance

This guidance is intended to support physiotherapists as they exercise their new authority to order diagnostic imaging. Physiotherapists authority to order diagnostic imaging is limited to X-ray and ultrasound imaging only.

This guidance does not replace professional and clinical judgment. It is intended to support compliance with legal requirements and College standards, and to provide additional information to support physiotherapists in exercising this authority judiciously and in keeping with evidence, in order to provide safe, competent, and ethical care to Ontarians.

The guidance provided aligns with established diagnostic imaging guidance across professions and consistent with best practices.

It outlines:

- Which imaging modalities physiotherapists may order
- Physiotherapists' role in ordering diagnostic imaging
- Rostering requirements, including education and training
- Clinical decision-making considerations and communication responsibilities
- Physiotherapists' role in results follow-up and management

Key Terms Used in This Guidance

Must – a requirement set out in legislation or in a College Standard that physiotherapists are accountable to meet.

Ordering Diagnostic Imaging: What This Means

Ordering diagnostic imaging investigations is a controlled act within physiotherapy practice that is granted through legislation.

The sections that follow describe when diagnostic imaging may be ordered and the responsibilities that accompany this authority.

DRAFT

1. What Diagnostic Imaging Can Be Ordered

Physiotherapists have been granted the authority to order the following diagnostic imaging modalities:

- X-ray
- Ultrasound Imaging

Physiotherapists **are not** authorized to order magnetic resonance imaging (MRI) or Computerized Tomography (CT) scans or any other diagnostic imaging.

The purpose of imaging must be within physiotherapy scope of practice, meaning the results of imaging would be informative within physiotherapy and provide meaningful information that informs clinical decision-making. This could include, identifying or excluding findings that are relevant to the safety, appropriateness, or direction of physiotherapy care. Imaging is most appropriate when it is ordered to answer a focused clinical question. Additional guidance is provided below.

Physiotherapists are not permitted to order imaging in relation to clinical questions outside of physiotherapy.

2. Role of Physiotherapist When Ordering Diagnostic Imaging

Physiotherapists have only been granted the ability to **order** diagnostic imaging investigations within their scope of practice.

This authority does **not** permit physiotherapists to perform diagnostic imaging. For example, point-of-care ultrasound (POCUS) for diagnostic purposes is not included in this scope change.

As with many other health professionals who order imaging, appropriately qualified medical imaging professionals conduct the investigation and radiologists interpret the findings.

Physiotherapists are responsible for reviewing and understanding the radiology report, integrating relevant findings into clinical reasoning, and using this information to inform the physiotherapy plan of care and next steps. Physiotherapists are responsible for documenting relevant findings and how they inform patient management decisions.

DRAFT

If imaging findings are urgent or outside the physiotherapist's scope, physiotherapists must take prompt action to ensure timely and appropriate follow-up care is provided. Additional details regarding results management are provided below.

If questions arise about the report, physiotherapists can follow up with the radiologist or the medical imaging team.

3. Rostering for Controlled Acts

Physiotherapists must roster with the College for each controlled act they perform (except communicating a diagnosis, or when performing a controlled act under delegation). The same requirement applies to ordering diagnostic imaging.

Under the College's *Controlled Acts* standard, physiotherapists must complete training before rostering for a controlled act. As per the College's standard, as part of the training physiotherapists must:

- Learn the indications, contraindications, adverse events, and risks associated with the controlled act, as well as the management of those risks
- Practice the controlled act under the supervision of a person who is authorized to perform it.
- Be evaluated of the knowledge, judgment, and practice skills needed to perform the controlled act.
- Demonstrate the ability to safely and competently perform the controlled act.

Training may be delivered through formal education or on the job, provided the objectives above are achieved. Physiotherapists must be able to demonstrate to the College that these requirements have been met.

The intention of the education and training undertaken is to prepare physiotherapists to safely, competently, and ethically perform the controlled act. This objective is best achieved with respect to ordering diagnostic imaging when it helps physiotherapists:

- Understand when imaging is appropriate, including its risks and limitations;
- Understand how results might impact patient care; and
- Practice the controlled act under supervision over a range of clinical scenarios such as deciding when to order imaging, choosing the right modality, asking clear clinical questions in requisitions, reviewing reports, and planning appropriate follow-up care. This can occur in case-based scenarios, simulation, or through applied clinical reasoning activities.

DRAFT

Rostering is the process by which physiotherapists attest to the College that they have the education, training, and competence to independently perform a controlled act.

4. Clinical Decision-Making

Ordering Diagnostics is a Clinical Decision

The decision to order diagnostic imaging is a clinical decision that rests with the physiotherapist. Physiotherapists are accountable for the decision to order, the quality of the clinical question asked, and for reviewing and acting on the radiology report.

Physiotherapists may order diagnostic imaging when clinically indicated to support physiotherapy decision-making. In general, imaging is most appropriate when it is ordered **to answer a focused clinical question** and the result is expected to meaningfully inform next steps (e.g., physiotherapy management, precautions, or referral decisions).

Diagnostic Imaging Carries Risk

Ordering diagnostic imaging is not risk-free. As a result, clinical decision-making requires considerations of those risks against the potential benefits of imaging for each patient.

This authority reflects trust in the profession to use imaging thoughtfully, to avoid unnecessary exposure to ionizing radiation, and to support responsible use of health system resources.

As part of the decision to order imaging, physiotherapists can consider:

- Whether imaging is likely to change management
- Whether conservative care without imaging is appropriate
- The potential downstream effects of imaging results, including incidental findings and the need for medical follow-up
- Modality-specific risks and limitations (e.g., radiation exposure with X-ray hazards/contraindications, unjustified imaging may lead to PT over-reliance on results, increasing the risk of inappropriate reassurance, unnecessary concern, or misdirected care for patients).

Having the ability to order diagnostic imaging does not change physiotherapists' judicious, evidence-informed approach to care. Imaging is one tool among many and is not typically a first-line response to common musculoskeletal complaints and is used where it meaningfully supports clinical reasoning and patient care decisions. Relevant

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expectations for physiotherapists are set out in both the Assessment, Diagnosis, and Treatment and Evidence-Informed Practice standards.

Risks Specific to Ionizing Radiation (X-Ray)

Modalities involving ionizing radiation, e.g. X-ray, require consideration of radiation-safety principles, including keeping exposure As Low As Reasonably Achievable (**ALARA**) while still achieving the intended clinical purpose. Because X-ray involves ionizing radiation, it should only be ordered when the result is expected to meaningfully inform care.

Risks Specific to Ultrasound Imaging

Ultrasound does not involve ionizing radiation. However, Choosing Wisely and radiology literature consistently show that **imaging ordered outside evidence-based indications** contributes to low-value care, by generating findings that do not change management and may contribute to patient anxiety, unnecessary follow-up, or over-investigation without improving outcomes.

Guidelines and Best Practice

Evidence-informed resources can support appropriate imaging decisions, but they do not replace professional judgment or accountability for the decision to order. Examples include:

- Choosing Wisely Canada – Diagnostic Imaging
- Canadian Association of Radiologists – Diagnostic Imaging Referral Guidelines
- Ottawa Ankle Rules
- Ottawa Knee Rules
- Canadian C-Spine Rule

Patient education about when imaging is helpful - and when it is not – supports shared decision-making, helps manage expectations, and may reduce unnecessary imaging, patient anxiety, and downstream follow-up that does not improve outcomes.

Ordering diagnostic imaging solely to meet patient expectations or in place of an appropriate assessment is not appropriate. Imaging, like all care, requires a clear clinical rationale rationale and a reasonable expectation that the results will meaningfully inform diagnosis, prognosis, or management decisions.

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Minimizing Duplicative Imaging Requests

Because imaging carries risks, avoiding unnecessary duplication helps reduce avoidable exposure to harm and supports responsible use of health system resources.

Where possible, confirm whether relevant imaging has already been completed. At minimum, patients should be asked whether they have recently had imaging and where it was done. Where you have access to clinical viewers (e.g., ConnectingOntario or ClinicalConnect), physiotherapists may also be able to confirm whether recent imaging has been conducted.

5. Informed Consent and Communicating with Patients

Consent to Receive Imaging

Clear communication helps patients understand why diagnostic imaging is being ordered, what it can and cannot do, and how the results may influence their care. This supports informed decision-making and patient-centred care.

Physiotherapists must obtain informed consent prior to ordering diagnostic imaging.

This includes explaining to the patient:

- The purpose of the imaging and the clinical questions the imaging is intended to address
- The potential risks and benefits, as well as any limits of imaging
- Who will receive and review the imaging results (and how the patient will be informed)
- What to expect next (including timelines, follow-up, and what will happen if urgent or unexpected findings are identified)

Patients may need support navigating the health system. Explaining what to expect, including how results will be handled and what follow-up may be needed, can clarify responsibilities and reduce anxiety.

Consent to Share Imaging with Other Providers

Supporting collaboration and continuity of care across other providers involved in the patient's care may lead physiotherapists to copy, for example, primary care providers on the imaging requisition.

Providing patients with an opportunity to confirm their consent to share imaging results with their primary care provider (or another relevant provider) will support patient trust.

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6. Requisitions

Issuing a Requisition

Ordering diagnostic imaging is the equivalent of making a referral to another health care provider. Complete, accurate requisitions help avoid delays and reduce the risk of inappropriate imaging. Include accurate patient identifiers, relevant clinical context, the modality requested, and a focused clinical question/purpose for the investigation as this will yield the best results.

Emergency Contact Information

When ordering imaging, physiotherapists must include emergency contact information on the requisition so the imaging provider can reach the ordering clinician (or delegate) promptly if urgent/critical findings are identified. As with other health professionals, the ordering clinician is primarily responsible for receiving critical results and ensuring timely patient notification and follow-up. See below for more information.

7. Responsibility for Results

Results Outside Physiotherapy Scope of Practice

When findings are outside physiotherapy scope, physiotherapists must not interpret diagnostic images or communicate a medical diagnosis beyond what is stated in the radiology report. Doing so could be considered practising outside of scope. In these instances, physiotherapists must assist patients in accessing the right care to ensure the results are reviewed and managed by an appropriate health care professional. This could include directing the patient to their primary care provider, or another system access point if they do not have a primary care provider (e.g., walk-in clinic, urgent care, or an emergency department).

Urgent or Critical Results

Medical imaging professionals have guidelines that support decision-making regarding when a result rises to the level of being critical and requires immediate attention by the ordering health-care professional.

When a result is identified as urgent or critical, the ordering physiotherapist is responsible for ensuring that the result is reviewed and acted upon in a timely manner, urgently if necessary, based on the level of risk described and the potential for harm to the patient. What constitutes a timely response will depend on the nature of the findings and the

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urgency communicated by the imaging provider, and applies regardless of when results are received, including outside of regular working hours.

This includes having appropriate, reliable **processes** in place to manage results received outside of regular working hours. As a result, physiotherapists must maintain and follow a written plan for managing any reasonably foreseeable adverse outcomes associated with ordering diagnostic imaging, including clear procedures for receiving, reviewing, escalating, and documenting urgent or critical results at any time they are received.

As part of this plan, physiotherapists must include emergency contact information on requisitions so the imaging provider can reach the ordering clinician (or a designated delegate) promptly if urgent or critical findings are identified. This may be a personal emergency contact number, a shared/group number, an answering service, or another coverage arrangement. The objective is to enable timely communication and ensure the patient is directed appropriately.

Communicating with Other Health Care Providers

Physiotherapists must communicate in a timely manner with other healthcare providers when imaging results indicate precautions/contraindications, escalation, or referral is required, or may otherwise impact the care the patient receives from those providers.

Most notably, primary care providers may benefit from being copied on the results of imaging to ensure they are aware of and able to support their patients, particularly where concurrent care is being provided.

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Appendix One: Questions to Consider Before Choosing a Course

These questions can help identify whether a course supports safe, evidence-informed decision-making and the responsibilities that come with ordering under a physiotherapist's own authority.

The College does not approve or accredit courses.

These questions are provided simply to support physiotherapists as they exercise their judgment in meeting the rostering requirements.

1. Does it teach physiotherapists to order imaging as a clinical decision (not just complete a requisition), including how to form a focused clinical question, apply indications/contraindications and key risks, and understand follow-up responsibilities for results?

2. Is it modality-specific (X-ray /ultrasound imaging), and does it explain what the modality can and cannot answer, including indications, contraindications, limitations, and the most relevant safety risks?

3. Does it build evidence-informed decision-making (e.g., appropriateness criteria and validated decision rules), including how to document defensible rationale and when conservative care without imaging is appropriate?

4. Does it cover patient safety for the modality, including radiation safety and ALARA for X-ray hazards/contraindications where applicable, plus downstream impacts such as incidental findings and medical follow-up needs?

5. Does it include applied, case-based learning that strengthens selecting the right imaging for a focused clinical question, writing an effective requisition, and integrating the radiology report into physiotherapy planning?

6. Does it assess competence and accountability (beyond attendance), including readiness for rostering, staying within PT scope (using the report rather than interpreting images), and whether opportunities for supervised practice or feedback are provided as well as having processes for receiving, reviewing, documenting, and acting on results – including urgent/critical findings?

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Appendix Two: Case Scenarios

The scenarios below are short, guidance-style examples that highlight accountability, decision points, and scope boundaries when ordering and following up on diagnostic imaging. They are *illustrative, not scripts*, and are not exhaustive.

Scenario One (X-ray): Applying the Ottawa Ankle Rules

Situation: A patient presents with an inversion ankle injury, malleolar pain, and unable to walk even a few steps. In this context, imaging may be needed to help rule out a fracture when clinical decision rules indicate higher risk.

Decision point: Order an X-ray when Ottawa Ankle Rules criteria are met and the result is expected to change immediate management.

Accountability and process:

- Use the Ottawa Ankle Rules and document which criteria were met or not met.
- Confirm the X-ray is clinically justified and expected to change management.
- Have a clear, documented plan for receiving, reviewing, and acting on the radiology report, including escalation when needed.

Safety and boundary considerations (examples):

- If there are signs of serious injury or another urgent medical concern, physiotherapists should prioritize timely medical assessment (e.g., urgent care or emergency department referral) rather than ordering routine imaging that could delay.
- Use clinical justification and apply the ALARA principle (as low as reasonably achievable) for radiation exposure where applicable.

Example patient communication (illustrative):

- "This X-ray is being ordered to rule out a fracture based on decision criteria we apply for ankle injuries. The images will be interpreted and reported by an appropriately qualified physician."
- "I will review the radiology report with you and discuss next steps. If your symptoms worsen or you develop new circulation or sensation changes, seek urgent care."

Examples of statements to avoid (outside scope or beyond available information):

- "Even if something shows up, it's probably nothing serious"
- "This result means you'll need medical treatment or surgery."

DRAFT

Scenario Two (Ultrasound Imaging): Focused Clinical Question in a Musculoskeletal Condition

Situation: A patient presents after a fall with ongoing shoulder pain. Clinical assessment identifies preserved range of motion but localized marked weakness (unable to lift arm) and pain with resisted testing.

Decision point: Order ultrasound imaging when it is the appropriate modality and the result is expected to change management (e.g. suspected rotator cuff tear).

Accountability and process:

- Use a focused clinical question and document why ultrasound is needed to guide physiotherapy care.
- Confirm the imaging request is clinically justified and expected to change management.
- Have a clear, documented plan for receiving, reviewing, and acting on the radiology report, including escalation when needed.

Safety and boundary considerations (examples):

- Escalate for appropriate medical review if the report identifies unexpected, serious, or non-MSK findings.

Example patient communication (illustrative):

- "I'm ordering an ultrasound because it may help answer a question about the muscles that help move and support your shoulder and guide your care."
- "I'll review the report with you and explain the next steps."

Examples of statements to avoid (outside scope or beyond available information):

- "The ultrasound *will* show that this is a rotator cuff tear"
- "Even if the report doesn't say it, I can see it on the image".
- "This looks concerning, I think it's something serious."

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Scenario Three (X-ray): Urgent/Critical Result

Situation: The imaging provider/radiologist flags an X-ray result as urgent/critical. The report indicates a suspected spinal fracture requiring immediate medical assessment. This type of result changes management right away because routine physiotherapy care should pause until urgent medical assessment occurs.

Decision point: Follow the written plan for urgent or critical results: contact the patient promptly, advise urgent medical assessment, and escalate based on the reported risk without going beyond the radiology report.

Accountability and process:

- Confirm receipt of the critical communication, the report wording, and the urgency or time frame provided by the imaging service.
- Take timely steps to contact the patient and follow the written escalation plan if they cannot be reached.
- Pause (provide general advice consistent with the patient's clinical condition) or modify physiotherapy care while urgent medical assessment is arranged.

Documentation and follow-up: Maintain and follow a written plan for urgent or critical imaging results, including a clinic or organizational process, a coverage plan, reliable requisition contact information, and documentation of the report wording, time and date received, contact attempts, instructions given to the patient, and any information sharing completed, consistent with consent and privacy requirements.

Safety and boundary considerations (examples):

- If the patient cannot be reached, follow the written escalation or coverage plan and document your attempts.
- Advise urgent assessment in an emergency department and support safe transport planning.
- The physiotherapist's responsibility is to ensure timely escalation, clear patient direction, and documentation. Where feasible and appropriate, and with consent, sharing relevant information with another provider may support continuity of care,

Example patient communication (illustrative):

- "I'm calling because radiology flagged your X-ray as urgent or critical. The report indicates a suspected spinal fracture."
- "Please go to an emergency department today for assessment. If you feel unsafe to travel on your own or your symptoms worsen, call 911."

DRAFT

Scenario Four (Ultrasound Imaging): Pelvic Health

Situation: A patient presents with stress urinary incontinence following childbirth. Assessment suggests pelvic floor dysfunction, and symptoms raise a question about incomplete bladder emptying that may affect management.

Decision point:
Order ultrasound imaging when it is the appropriate modality to answer a focused clinical question and is expected to inform physiotherapy management or referral decisions (e.g., post-void residual).

Accountability and process:

- Confirm imaging is clinically justified and not a substitute for assessment.
- Include relevant clinical information in the requisition.
- Have a plan for receiving, reviewing, and acting on the radiology report, including escalation as needed.

Safety and boundary considerations (examples):

- Avoid imaging where results are unlikely to change management.
- Physiotherapists do not interpret images; they use the radiology report to inform care.
- Escalate if findings are outside scope or require medical follow-up.

Example patient communication (illustrative):

- "This ultrasound can help answer a specific question about bladder function and guide your care or whether referral is needed."
- "I'll review the report with you and discuss next steps."

Examples of statements to avoid (outside scope or beyond available information):

- "This test will diagnose the problem."
- "I can interpret the images myself."

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Appendix Three: Core References

College of Physiotherapists of Ontario Standard

- Assessment, Diagnosis and Treatment Standard
- Controlled Acts and Restricted Activities Standard * T*o be updated*
- Communication Standard
- Evidence-Informed Practice Standard

Best Practice Guidance

- Choosing Wisely Canada – Diagnostic Imaging.
- Canadian Association of Radiologists – Referral Guidelines

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June 2026
Agenda Item: 12.0

BOARD BRIEFING NOTE

For Information

Topic:	Artificial Intelligence (AI) Guidance Refresh
Public Interest Rationale:	The integration of artificial intelligence (AI) into physiotherapy practice is shifting from an emerging to a commonplace issue that introduces both benefits and risks. Ensuring core responsibilities for physiotherapists are identified and current will support them in adopting this technology in an ethical and legal manner that supports patients' best interests.
Strategic Alignment:	*Regulation and Risk:* Ensuring risks associated with the integration of AI into physiotherapy are managed effectively while creating opportunity for the flexible integration of this emerging and rapidly evolving technology.
Submitted By:	Fiona Campbell, Senior Physiotherapist Advisor Craig Roxborough, Registrar & CEO
Attachments:	Appendix A: Revised AI Principles Guidance Document

Issue

- The Board is provided with an analysis of the AI landscape since the *AI Principles for Physiotherapists* guidance document was first introduced in June 2025 along with some minor changes to ensure the principles remain current and helpful to the profession.

Decision Sought

- No decision is being sought.
- The Board is being asked for provide feedback on the analysis provided and changes being made to the guidance prior to presentation to publication and promotion with the profession.

Background

- In June 2025, the College introduced the guidance document entitled *Artificial Intelligence – Principles for Physiotherapists*.
    - The guidance document synthesizes key legal and professional obligations and general guidance into the mnemonic device TRUST.
    - The guidance document does not articulate new legal or professional expectations, but instead helps physiotherapists by identifying how existing requirements apply to or inform their adoption of AI in practice.
    - The roll-out of the guidance document was accompanied by a blog post along with a companion article in *Perspectives* focused on the practical application of these principles in the context of AI Scribes (AI tools that assists with documenting patient encounters).

- The roll-out and adoption of AI across all sectors is happening at a very quick, although uneven, pace. As a result, commitments were made to ensure the guidance provided by the College remains current and supportive of the profession.

Current Status and Analysis

- Since the release of the guidance document, the College has been conducting environmental scans and monitoring publications relating to AI.

- Through the environmental scan, the College confirmed that no new themes or obligations have been added to the discourse, however, the discourse has shifted toward clearer, more explicit articulations of expectations, particularly around privacy, safeguards, human oversight, and clinician accountability.

- The Board is provided with an overview of the environmental scan, an analysis of the key themes that have emerged in the literature since June 2025, and an analysis of the current guidance along with minor revisions that strengthen the currency of the guidance.

Environmental Scan

- An environmental scan of guidance and literature published since June 2025 was conducted to determine whether and how discourse regarding AI integration into the healthcare setting has changed since the guidance was first published.

    - This includes publications from other Ontario and Canadian regulators, international regulators or health-policy organizations, opinion pieces, grey literature, and academic publications.

    - Attention was given to jurisdictions with comparable regulatory models or advanced AI governance approaches, including the United Kingdon, Australia, and the United States.

- Environmental scanning and research show that AI has evolved rapidly and is now no longer emerging, but instead is becoming embedded in the healthcare system and includes tools for both clinical and administrative functions.

    - In a healthcare context, adoption or uptake is most common in relation to documentation (i.e., AI Scribes) and workflow automations (e.g., scheduling, patient intake forms, and some routine patient communications).

    - Decision-support adjuncts, while more common, are still emerging in terms of availability or adoption. This includes tools that generate short decision reports, such as summaries of key risks, relevant findings, or guideline considerations, to support clinical review.

    - Notwithstanding the above, feedback and observations within the Ontario physiotherapy context indicate that adoption is uneven across the profession. Different institutions have

adopted AI at different rates and there is a mix of both hesitance and eagerness within the profession.

- At the same time, regulatory guidance has become more explicit in emphasizing privacy protections, system level safeguards, and the importance of human oversight when AI contributes to patient care.
    - This does not, however, mean there has been a change in regulatory direction, but rather how clearly these concepts are set out by, for example, privacy commissioners, health regulators, or other professional bodies.
    - As the risks of normalization or over-reliance increase with increased utilization rates, greater emphasis has been placed on clinician accountability and the need to address shortcomings (e.g., bias) when using these tools.
- The environmental scan also indicates a shift from discourse regarding implementation to discourse around governance (e.g., appropriate policies, privacy legislation) to ensure appropriate use.
- Finally, a clear emphasis on patient trust and transparency is reinforced across the literature. There is heightened sensitivity to undisclosed usage and poor governance eroding patient trust. Trust is not assumed, but must be earned and maintained as AI tools are adopted.

Analysis of College Guidance

- As noted above, the direction of the discourse or guidance being developed has not meaningfully shifted since June 2025. Rather, key principles, concepts, or themes are being further refined, explored, and articulated.
- When reviewing the results of the environmental scan against the College's guidance, there has not been any material shift observed in terms of the principles or expectations that require substantive updates.
- The discourse continues to anchor around the key ideas that were identified and reflected in the guidance in June 2025. This includes:
    - AI is a tool to support, not replace, professional judgment;
    - Clinicians remain accountable for their work and decisions, even where supported by AI;
    - Transparency, consent, privacy, and equity remain foundational to responsible deployment of this tool; and
    - Oversight should be proportionate to the risk and impact on patients.

- In this way, the TRUST mnemonic continues to outline the core principles that need to guide the responsible adoption and implementation of AI and there is widespread overlap and saturation around the key themes articulated in the College guidance.

Proposed Revisions

- Notwithstanding the strong alignment between the College's guidance and the environmental scan of resources published since the guidance was issued, opportunities exist to refine and/or be more explicit regarding the application of the principles to practice.
- A revised version of the guidance document is included with proposed revisions presented in track changes (see Appendix A).
- In general, the revisions seek to:
    - Update terminology and approach to recognize that AI integration is shifting from emerging to embedded;
    - Make clinician accountability more explicit and continuous, including identifying individual responsibilities to understand how AI is embedded in institutions;
    - Shifting from bias and limitation awareness to management of these risks; and
    - Clarify transparency obligations with patients to build and maintain trust.
- All proposed revisions are intended to be refinements in emphasis or language and not changes in regulatory posture or articulation of key principles.

Next Steps

- Any feedback provided by the Board will be incorporated into the final review and finalization of the guidance, prior to publication on the College's website and promotion with the profession.

Questions for the Board

- What questions does the Board have regarding the environmental scan or analysis of the current guidance?
- Do the revisions to the guidance provide helpful and flexible direction that is current?

Artificial Intelligence - Principles for Physiotherapists

Introduction

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

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

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

Definition

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

Existing Professional Requirements

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

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

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

Guiding Principles

Artificial Intelligence is a valuable tool that can support administrative efficiencies and clinical decision-making, but it does not replace the professional judgment, expertise and compassion of physiotherapists. While AI is a tool that supports care, physiotherapists remain responsible for how AI is used and for all patient decisions.

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

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

TRUST
T – Transparency & Consent
R – Responsibility
U – Understanding Bias & Limitations
S – Security
T – Training

Principle	Commitment	Actions	Quick Checks
Transparency & Consent	Openly discuss and obtain informed consent from patients for the use of AI in their care.	> Be transparent about how you are using AI, particularly where AI is used directly in patient care or to support clinical decision-making > Clearly explain the risks and benefits to the use of AI and how their personal health information will be kept secure >Tell your patients that AI-generate outputs are drafts and are reviewed by	*Does your patient understand how AI is being used in their care?* *Is your patient comfortable with how AI is being used in their care?*

		physiotherapists before being used > Obtain consent prior to using AI to aid in the delivery of clinical care, including for record keeping > Be ready to use alternate options if a patient is uncomfortable with the use of AI as part of their treatment. > To the extent possible, be transparent about how AI is embedded in administrative systems and used for non-clinical tasks.	
Responsibility	Physiotherapists are responsible and accountable for the accuracy of any inputs and checking and verifying outputs of AI when used in care.	~~> Closely monitor the use of AI in practice~~ > Know when and how AI is being used in your practice, including when it operates in the background (to the extent possible) > Critically assess and verify AI generated output (e.g., notes in a chart, recommendations, etc.) and be aware of how embedded AI tools may influence clinical decision-making. > Exercise sound clinical and professional judgment	*Does the output make sense alongside your clinical assessment of the patient?*

		when assessing or responding to the outputs of AI (e.g., comparing to best practices, questioning suspicious results, etc.) > Approach the integration of AI in a similar manner to supervising delegates (e.g., students or PTAs) where you are ultimately accountable for their involvement in care	
Understanding Bias & Limitation	Assess and adjust your use of AI when applying to different populations.	> Recognize the bias inherent in AI training data sets > Adjust the outputs of AI to reflect your patient's unique characteristics or circumstances (e.g., be cautious if AI recommendations do not reflect your patient's cultural, functional, or social context) > Be aware of the potential for improper influence of AI on your professional judgment and patient autonomy > Keep alert for uneven performance of AI tools across patient groups or clinical contexts and changes in AI performance over time	*Does the output reflect the patient's individual context, including their cultural, social, and personal factors?*

Security	Comply with legal requirements to protect your patients' personal health information.	> Ensure your use of AI complies with the *Personal Health Information Protection Act, 2004* > Work closely with AI vendors, and/or employers to understand security protocols and compliance measures of tools used in practice > Where AI tools are selected, embedded, or required by the workplace, physiotherapists remain accountable for how AI is used and whether their patient data is secure > Ensure patient personal health information is not used for other purposes without informed consent > Review and be aware of advice provided by the Information and Privacy Commissioner of Ontario (link) to support the implementation of AI in healthcare.	*Are you confident that patient information is being handled safely, securely, and in compliance with relevant legislation?*
Training	Engage in ongoing professional development to maintain or enhance your competence with AI.	~~> Understand basic AI principles and limitations~~ > Understand the purpose and limitation of AI tools used in your practice > Stay updated on AI advancements > Develop proficiency in	*Do you understand how to use this tool well enough to safely and appropriately support my practice?*

		creating prompts or directions to AI > Apply AI responsibly to enhance patient care rather than replace the role you play	

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

Backgrounder for Artificial Intelligence in Physiotherapy

Introduction

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

For example, AI systems are able to exhibit behaviours that look like learning, reasoning, decision-making, pattern recognition, and problem-solving.

In practice, AI is becoming increasingly embedded within clinical and administrative systems, meaning its use may not always be obvious, even though professional accountability remains unchanged.

Practice Potential

AI has the potential to significantly support and transform the way healthcare is delivered, including physiotherapy. Importantly, it has the potential to benefit both providers and patients to support increased efficiency, accuracy, decision-making, and even access.

Some common examples of the way AI is being integrated into practice include:
Patient Record Development: Automating and enhancing the creation and management of patient records.
Diagnostic Support: Improving diagnostic accuracy through analysis of clinical data.
Treatment Planning: Assisting in developing personalized treatment strategies tailored to each patient.
Patient Monitoring: Tracking progress and alerting physiotherapists to important changes.
Administrative Tasks: Streamlining scheduling, follow-ups, and operational workflows.
Research Analysis: Reviewing clinical research datasets to support evidence-based decisions.

AI can be integrated into physiotherapy practice in both visible and invisible ways. Visible uses include AI-supported ~~record keeping~~ documentation and treatment recommendations based on patient information. Invisible uses involve AI working behind

the scenes to, for example, optimize patient appointments, staff scheduling, and streamline billing processes, rather than directly supporting the delivery of patient care.

Risks Associated with AI

While AI in healthcare offers many benefits, it also comes with risks that need careful management. Key risks for physiotherapists include:

1. **Privacy and Cybersecurity**
   AI systems process patient health information (PHI). There are risks of data being accessed by unauthorized individuals or handled improperly or used for purposes other than the provision of healthcare, which can compromise patient confidentiality. The PHI stored in these systems may be vulnerable to cybersecurity threats or other breaches. Like all privacy risks, active governance through clear policies, vendor oversight, and ongoing monitoring of how personal health information is collected, used, and stored throughout the AI system is necessary.
2. **Patient Trust**
   Patients see healthcare providers with an understanding that they are accessing the expertise and judgment of a qualified and trained professional. With the emergence of AI patients may not understand and/or trust the use of this emerging technology and its potential role in supporting their care. Additionally, patients may feel deceived if they come to learn that AI was used without their consent and perceive its use as substituting for the healthcare provider they are seeing.
3. **Bias**
   All AI systems have some built-in biases because of the data they learn from. A key risk is that physiotherapists may not be aware of these biases and how they can influence the advice given by AI. If the data used to train the AI contains biases related to race, gender, or social status, the AI might make unfair or inaccurate recommendations. As a result, AI generated information needs to always be assessed in relation to the patient in front of you.
4. **Decision Making and Clinical Judgment**
   While AI may be able to analyze vast amounts of data or complex datasets, the outputs generated and the process by which those outputs are generated may not be immediately apparent or understandable to humans which creates challenges for validating the accuracy of the information. Additionally, some research shows that AI may not always be correct in its decision-making and may provide false or inaccurate information (often referred to as hallucination in AI research). This creates further uncertainty as it relates to the output created by the AI. As a result, while AI tools may be supportive they are not infallible; there are limitations to their outputs.

5. **Overreliance and Training**
   Overdependence on AI without applying sound clinical judgment can pose safety risks to patients as AI may *replace* the judgment of healthcare professionals rather than *enhance* their approach to patient care. AI is a tool to support, not replace, clinical judgment. Additionally, the responses generated by AI are dependent on the nature and quality of the prompts provided by the human user. A poor prompt may lead to poor results, necessitating some skill on the part of the user.

Regulatory Considerations and Implementation

As outlined in the Guidance, the use of AI does not alter the fundamental obligations physiotherapists have. The TRUST principles articulated are intended to remind physiotherapists of the key risks that need to be mitigated and the core actions that need to be taken in order to safely integrate AI into practice.

To put these principles into practice, clinic owners or physiotherapists may wish to develop policies or procedures within their practice.

For example, by providing training or education for clinic staff, developing internal policies regarding patient consent, and engaging in quality assurance processes both individually and collectively to share learnings and reflect on the accuracy of the outputs being generated by the AI tools being used.

Patient Engagement

As the availability of online healthcare resources increased, healthcare practitioners needed to adjust to the reality that patients may arrive at appointments with ideas about their condition based on what they've sourced themselves online. The advent of AI and the availability of these tools to patients at home creates new challenges and opportunities for healthcare practitioners. While AI can empower patients and help them navigate healthcare issues they are experiencing, providers will have to be prepared to respectfully navigate and work with patients who have engaged with AI prior to appointments. This may involve providing some education regarding the importance of a hands-on assessment by a trained professional while listening carefully to the patient's sense of their condition.

At the same time, patient feedback indicates a clear desire and expectation that patients themselves get to decide when and how AI is used in their healthcare. As noted in the Guidance document, transparency about the way AI is being integrated into care and empowering patients to make decisions about AI's involvement is a cornerstone element of maintaining trust in the provider-patient relationship. Different patients may have

different expectations and may assess the specific use differently (e.g., might be less interested in treatment recommendations, but satisfied with AI chat bots for booking appointments).

Conclusion

AI has the potential to transform physiotherapy by reducing administrative burden, supporting physiotherapists in exercising their clinical judgment, and even improving access to care. However, its use comes with significant responsibilities and physiotherapists must ensure they are meeting the ethical, professional, and legal responsibilities that are set out for them. In doing so, physiotherapists will continue to provide high-quality patient care while adopting this transformative new tool.

References

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3. **College of Physicians and Surgeons of British Columbia. (2024, October).** Ethical principles for artificial intelligence in medicine.
4. **Canadian Medical Protective Association. (2023, May).** The emergence of AI in health care.
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6. **COTO. (2024, October).** What should occupational therapists consider if using artificial intelligence (AI) in practice?
7. **College of Physicians and Surgeons of Ontario. (2024, June).** Advice to the profession: AI scribes in clinical practice.
8. **Canada Health Infoway. (2024, October).** Integrating digital health into the health care experience.
9. Federation of State Boards of Physical Therapy. (2024–2025). *Artificial intelligence use at the Federation of State Boards of Physical Therapy: A measured and evidence-based approach.*
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11. **Falk, W. (2026). A Complement, Not a Substitute: Generative AI's role in Canadian Healthcare in 2026**. Canadian Standards Association, Toronto, ON.

AI Checklist

Transparency	Have you discussed the AI tool with your patients?	[ ]
	Have you obtained informed consent from patients regarding AI use?	[ ]
Responsibility	Have you clearly defined how you plan to integrate AI into your physiotherapy practice?	[ ]
	Have you consulted with your hospital or facility administration regarding AI implementation?	[ ]
	Is the purpose and objective of the AI technology in physiotherapy well understood?	[ ]
	Do you believe the AI tool is appropriate for your physiotherapy services?	[ ]
Understanding Bias	Have you reviewed the vendor's information on the AI's intended use, performance, and limitations?	[ ]
	Are you aware of potential biases in the AI tool? ~~Is the training data used to develop the AI representative of your patient population?~~	[ ]
	Have you considered whether the outputs of the AI tool reflect your patient population and/or the patient you are treating?~~Have you verified that the training data reflects your patient demographic and condition?~~	[ ]
Security and Privacy	Have you reviewed the vendor's privacy policy and contractual terms?	[ ]
	Are there adequate privacy safeguards, and is the AI tool compliant with relevant legislation?	[ ]
	Have you verified data handling practices, including data retention and storage location?	[ ]

Training and Education	Have you and your team received proper training on how to effectively use the AI tool?	[ ]
	Is there an ongoing education plan to stay updated on AI advancements and best practices?	[ ]

June 2026
Agenda Item: 13.0

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:	*Risk & Regulation:* 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 continue to provide the new Canadian Physiotherapy Exam (CPTE) and at the College as we wind-down the Ontario Clinical Exam (OCE).

Decision Sought

- None, this item is for information only.

Background

- The College has approved the adoption of CAPR's new entry-to-practice examination, the CPTE, which officially launched in January 2026.

- 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.

- 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 Program and Credentialing Modernization and (2) an update the wind-down of the OCE.

1. CAPR Updates

Examination Updates

- Results from the first two exam administrations have been released and successful candidates have been registering with their local College.
    - Pass rates on these administrations are fairly consistent with historical trends. Specifically, the vast majority (over 95%) of Canadian trained candidates were successful whereas less than 70% of the internationally educated candidates were successful.
    - CAPR will continue to monitor cohort performance on the exam as it evaluates the psychometric validity and reliability of the exam.
- The third administration of the exam occurred at the end of May 2026 with over 400 individuals registered for the exam. Results will be available within about 4 weeks of the administration.
- CAPR has finalized the examination schedule for 2027 with a particular focus on maintaining the integrity of the examination (e.g., sufficient exam question bank) and managing operational resources.
    - At this time they are planning to administer 6 two-day exams (down from 8 in year one). The exam dates were mapped to program completion dates across Canada as much as possible while ensuring internationally educated candidates have options throughout the year.

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.
    - The program is being redesigned in a manner that is consistent with the Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications principles of fairness, transparency, timeliness, and consistency.
- Credentialing volumes are beginning to trend downwards after a period of dramatic increase. CAPR attributes this decline to shifting immigration policy as well as changes in their own program where language proficiency criteria are now assessed prior to assessment.
    - Credentialing timelines have improved *dramatically* over the years. Pre-approved pathway applicants are now assessed in under 3 days and standard pathway candidates can expect 5 weeks (down from a target of 13). These timelines are proposed to be included in the College's dashboard moving forward.

- CAPR has also formally launched their Health Canada funded efforts to build supports and resources for physiotherapists educated outside of Canada.
    - Consultants are being procured for various elements of this work;
    - The Canadian Health Context Module currently offered by Universities at a cost to candidates will be assumed by CAPR and offered at no cost;
    - Work is underway with bridging programs to develop more modular learning opportunities to fill specific gaps and learning needs;
    - Surveys and engagement with physiotherapists educated outside of Canada has also occurred to identify specific needs and resources that could be made available to help them prepare for the exam and a smooth transition to practice; and
    - Regulators will have an opportunity to influence and shape this work and the College has nominated a staff physiotherapist to support CAPR's advisory group.

2. OCE Management & Program Wind-down

- The College is at near capacity through until the end of 2026 with registrations now closed. Unsuccessful candidates from the January and March administrations will have one last opportunity in October to challenge the exam prior to moving to the CPTE.
    - Enrollment in the March exam was at 341, the June exam was administered with 330 candidates, and the final October exam is currently at 393 candidates registered.

Next Steps

- Staff will continue to provide information regarding activities underway at CAPR to modernize their credentialing program and launch a new exam.
- Following the June Board meeting, only one administration of the OCE remains with wind-down planned through to early 2027.
- 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 or the OCE?

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

June 2026
Agenda Item: 14.0

FINANCIAL LITERACY EDUCATION SERIES

Topic:	Finance Education Series: Introduction to Financial Oversight
Presenters:	Jeff Bouman, Co-Founder and CEO, AIMS Institute
Learning Objectives:	This education series is designed to support the Board in fulfilling its financial oversight responsibilities by enhancing understanding of governance roles and building financial literacy.
Submitted By:	Mary Catalfo, Director, Finance

Background

- Strong financial literacy is essential for not-for-profit boards to effectively carry out their governance responsibilities. While Board Directors are not expected to be financial experts, they are collectively responsible for overseeing the organization's financial health, ensuring resources are used appropriately, and safeguarding the public interest.

- Financial literacy education helps Board Directors better understand financial statements, key performance indicators, and the underlying drivers of financial results. This enables more informed questioning, clearer interpretation of variances and trends, and greater confidence in assessing whether the organization is operating sustainably and in alignment with its strategic priorities.

- In addition, improving financial literacy strengthens the Board's ability to identify risks early, evaluate trade-offs, and support sound decision-making. It also enhances accountability, as Board Directors are better equipped to fulfill their fiduciary duties and provide meaningful oversight of management.

- For not-for-profit organizations in particular, where resources are finite and the mandate is mission-driven rather than profit-driven, financial literacy ensures that decisions reflect both financial stewardship and public responsibility. Ultimately, investing in financial education supports more effective governance, stronger organizational performance, and increased confidence among stakeholders.

- To support this objective, two financial literacy sessions will be delivered in June and September, focused on strengthening the Board's financial oversight and confidence in interpreting financial information.

June 2026
Agenda Item: 15.0

BOARD BRIEFING NOTE

For Information

Topic:	Fiscal Year 2026 Q4 and Year End Report
Public Interest Rationale:	Financial planning will ensure the programs and services provided by the College are properly financially supported to protect and serve the public interest in each of the identified areas.
Strategic Alignment:	*Performance and Accountability:* Monitoring the College's financial resources ensures the finances are available to deliver on the College's public interest responsibilities and strategic priorities.
Submitted By:	Mary Catalfo, Director of Finance
Attachments:	Appendix A: Statement of Operations – Budget vs Actuals Appendix B: Statement of Operations – Previous year comparison Appendix C: Statement of Financial Position Appendix D: Statement of Cash Flows

Issue

- The Board is provided with, pre-audit, draft financial statements for the fiscal year 2026 ("FY26")

Decision Sought

- The 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.

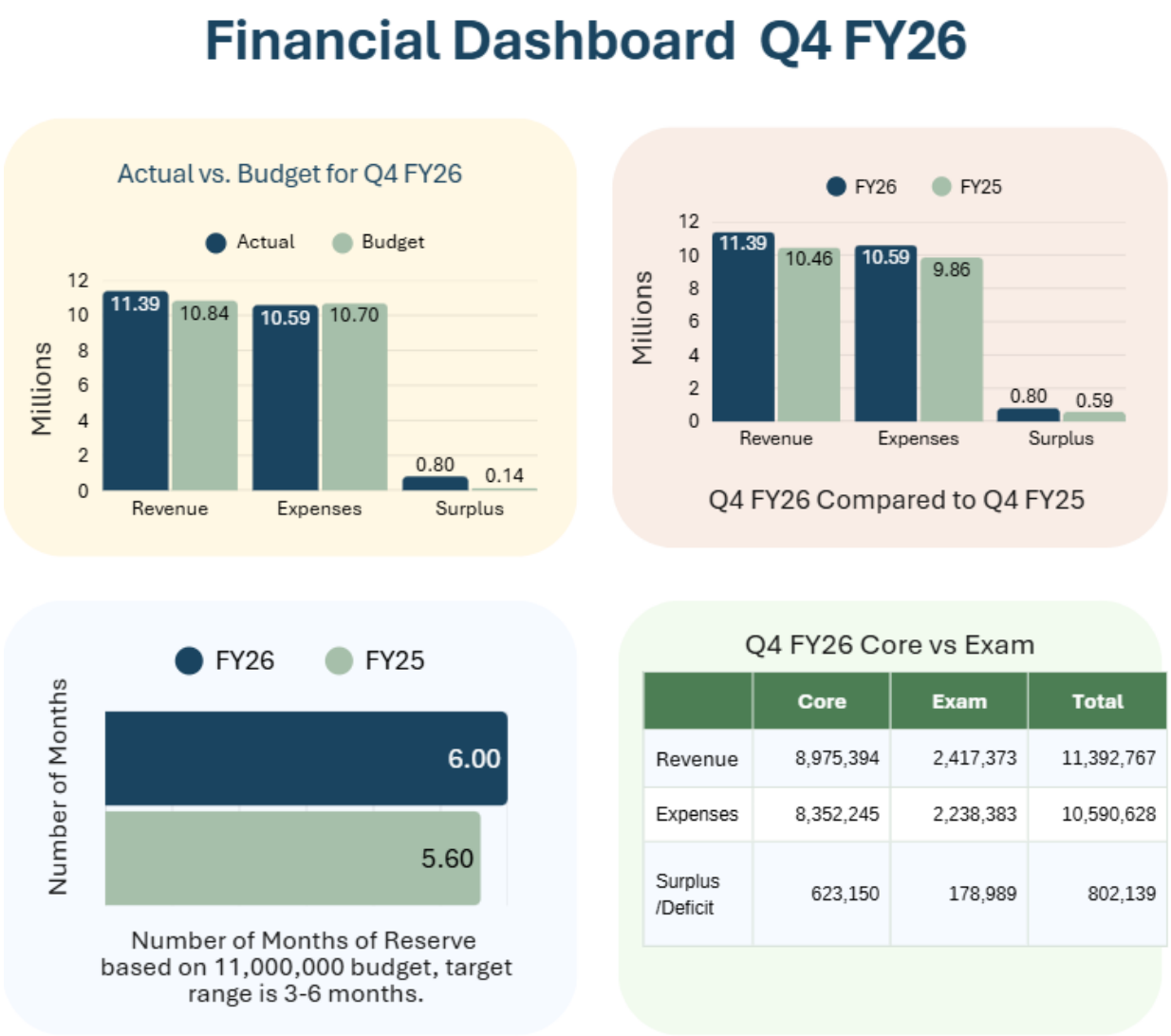
Executive Summary

- At the May 27, 2026 Risk, Audit, and Finance Committee (RAFC) meeting the committee reviewed the Q4 financials.
- The draft financial statements presented are pre-audit.
- Draft Audited Statements are expected to be ready by July 1st for review by management and then for review by the RAFC at their meeting in August and the Board in September.
- There were two priorities between March and May. The first was preparation for the audit that is taking place starting May 19th and the second was the completion of the internal controls review.

- The end of the report now includes a "Management Attestation" following a recommendation from the Internal Controls Review.
    - The attestation on financial reporting gives the Board reasonable assurance that the figures presented are accurate and complete, with Management formally acknowledging responsibility for that representation.
    - It supports the Board in meeting its fiduciary obligations and provides a basis for sound decision-making. This is complemented by the organization's Officers and Directors liability insurance.

Financial Performance

Summary of Overall Financial Performance for Fiscal Year 2026



Q4 FY26 Core vs Exam

	Core	Exam	Total
Revenue	8,975,394	2,417,373	11,392,767
Expenses	8,352,245	2,238,383	10,590,628
Surplus /Deficit	623,150	178,989	802,139

- The overall financial picture for FY26 is positive. Revenue exceeded budget by $551,079 contributing significantly to the higher than anticipated surplus. The bottom line is a surplus of $802,139 which is 563% higher than budgeted. Overall, expenses finished on target. While the surplus is significantly higher than budget in percentage terms, this is largely a function of a modestly budgeted surplus combined with favourable variances in both revenue and timing of expenditures, rather than a single material deviation from plan.

  - The higher surplus was also driven by a reduction in complaints and discipline expenses. An accrual of $99,000 had been established in anticipation of costs related to two cases. Upon year-end review, those costs did not materialize to the extent originally estimated, and the resulting adjustment reduced total expenses accordingly.

  Core vs Exam Budget vs Actual

	Core			Exam			
	Actual	Budget	Variance	Actual	Budget	Variance	Total Actual
Revenue	8,975,394	8,618,488	356,906	2,417,373	2,223,200	194,173	11,392,767
Expenses	8,352,245	8,815,142	(462,897)	2,238,383	1,884,125	354,258	10,590,628
Surplus/ Deficit	623,149	-196,654		178,990	339,075		802,139

  - Core operations generated a surplus of $623,149, compared to a planned deficit of $196,654. This improvement reflects both higher than expected revenue ($356,906) and lower than planned expenses ($462,897 under budget). The underspending is primarily related to projects delayed or postponed including strategic, policy and Quality Assurance as well as accrual adjustments related to complaints and discipline, noted above, and staff unused vacation time.

  - The Ontario Clinical Exam (OCE) generated a surplus of $178,990, which is lower than the budgeted surplus of $339,075. While revenue exceeded budget by $194,173 due to higher exam volumes, this was more than offset by expenses exceeding budget by $354,258. The overbudget spending is due to recognizing 50% of the incentive provided to Examiners and addition of contract staff to be able to accommodate greater capacity within OCE. There were also increases in technology costs attributed to increased rates and the increase in capacity.

- The result of the higher than anticipated revenue in both core business and OCE, are directly related to higher participation in OCE resulting in an increase in new registrants.

Overview of Statement of Operations and Explanatory Notes

Budget vs Actual variances

- Below is an analysis of the significant variances observed.
    - Revenue:
        - Overall, all sources of revenue were higher than anticipated.
        - 4007 Fee Credits: These credits are budgeted for physiotherapists who have paid their renewal fee but paused their registration. Upon their return, the credit is applied to the fee due at that time.
        - 4012 Independent Practice – Pro-Rated, 4014 Provisional Practice Fees and 4015 Application Fees: The higher than anticipated OCE registration led to higher revenue from application through to registration. There were 1,064 new registrants in FY26, well beyond what was originally anticipated.
        - 4013 Professional Corporation Fees and 4019 Professional Corporation Application: Revenue increased significantly after a *Perspectives* communication on professional corporations was released in May and promoted on social media throughout the year.
        - 4002 Interest Income: More cash on hand from greater registration and OCE revenue led to more income. The budget was conservative compared to the actuals.
        - 4002 Interest Income vs 4005 Unrealized Gain/Loss on investments: The College is implementing a new investment policy that evaluates performance based on overall portfolio growth, rather than cash income alone. The two investment lines on our financial statements reflect accounting best practices, applied in consultation with our auditors. The two lines together reflect total investment activity. Unrealized gains and losses are non-cash. Movement in the fair value line does not affect liquidity or the organization's ability to meet its financial obligations. Market-driven fluctuations in this line are expected and normal. Year-over-year comparisons will require context that will be provided by management and our investments advisor at RBC Dominion Securities.

Line Item	What It Represents	What to Expect
4002 Investment Income	Interest earned — the cash return from fixed income investments	This line will adjust over time as some assets are transitioned to the new policy.
4005 Unrealized Gain / Loss on Investments	The change in fair market value of a portion of the new portfolio — including both gains and losses on common shares held	This line will grow as more assets are moved to the new policy. It will fluctuate with market conditions and may show losses in some periods.

- 4033 OCE Fee: Increased demand led to higher revenue.

- Expenses:

  - 5000 Committee Per Diem and 5050 Committee Reimbursed Expenses: Combined expenses were under budget, driven largely by reduced attendance at certain educational events (some due to intentional limits on participation, others due to lower than expected turnout) along with fewer in person committee meetings, many of which were held virtually or not needed.

  - 5100 Total Information Technology: Under budget by $76,902 due to a delay in the full implementation of the Quality Assurance IT platform (this work was originally anticipated to be done in FY2026, but the final stages of the work will be completed in FY2027).

  - 5200 Insurance: The inclusion of additional cyber insurance coverage along with modest increases in rates led to overall increases in this category.

  - 5402 Bank & Service Charges: Under budget by $38,145. In FY26 we realized the full benefit of a decrease in credit card fees due to a transition to a new service provider. Additionally, the end-user credit card choices lead to variances as each credit card has different rates charged to the College. At the time the budget was set we were only two months into the new provider.

  - 5405 Memberships & Publications: Over budget by $6,274. Health Profession Regulators of Ontario (HPRO) annual cost was higher than budgeted for and we did not budget for the Guide to Regulated Health Professions Act (RHPA) for $1,200 which was required.

- 5406 Canadian Alliance of Physiotherapy Regulators (CAPR) Fees: Under budget by $50,286. This line item included the budget for the CAPR fee through December 2025 along with an estimate for the new fee structure effective January 2026 associated with the new national regulatory group the Canadian Physiotherapy Regulators (CPTR). At the time of preparing the budget we did not have information about the new fee and the primary costs associated with CPTR did not materialize in this fiscal year. In Fiscal 2027 this will be labeled CPTR.

- 5412 Telephone & Internet: Over budget by $13,908. We estimated a monthly cost of $1,250 specific to telephone. We are charged based on usage and usage is higher than anticipated leading to a charge of approximately $1,800/month.

- 5413 Bad Debt: The budget included amounts anticipated to be uncollectible in FY26, however, through an improved follow-up process, collection efforts proved more successful than projected. We make these adjustments annually in consultation with the auditor.

- 5502 Strategic Operations: Under budget by $76,870 due to pivoting plans related to physiotherapists educated outside of Canada advisory group and completing the Professional Conduct Process review internally rather than outsourcing to consultants.

- 5505 Policy Development: Under budget by $64,437 due to moving work on Equity Diversity, Inclusion and Indigenization (EDII) Standards to next fiscal and no spending on collaborative policy initiatives with system partners.

- 5600 Communications:

    - 5621 Online Communications: We underspent by $17,790 due to overall less website work than anticipated as the new website is functioning well with limited issues.

    - 5622 In-Person Communications: We underspent by $11,364. Overall costs associated with travel, accommodations, venue rentals, etc. were less than anticipated.

- 5700 – Professional Fees

    - 4004 Cost recovery from cost orders. We budget for an estimated number of cost orders each year. For FY26 that was 7 at $7,000 each and 2 at $10,000 each. We are currently tracking 17 cost orders totalling $143,500 that had hearing dates between April 2022 and April 2026.

- 5702 – Hearing Expenses are over budget by $25,012. The budget was set prior to the transition to the Health Professions Discipline Tribunal (HPDT) and the new cost structure of the HPDT led to new costs being capture in this line item. That includes, the monthly administrative fee paid to the HPDT along with some hearing specific costs (e.g., Court Report, Experienced Adjudicator) being captured in this line rather than others under prior year statements. Going forward, the budget and statement will be better aligned and additional efforts will be made to bring clarity to the expenses within this line item.

- 5711 External Investigations: External investigations are over budget by $60,676. Investigations have exceeded initial projections. Where an investigation requires charts or undercover work, these components are outsourced, as they involve travel and specialized skills, particularly in managing the in-person complexities of engaging with a registrant under investigation. Core investigative work continues to be conducted in-house, with external expertise engaged to support these complementary functions.

- 5705 Professional Services – other: Over budget as the internal controls review project was not originally budgeted for despite being planned.

- 5708 Peer/Expert Opinions: Over budget by $9,374, driven primarily by a single high cost peer opinion from Q1.

- Legal - 5760, 5761, 5762 – Collectively these lines were over budget by $70,160. 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. Legal fees relating to Professional Conduct were higher due to high-risk cases requiring advice and prosecution costs associated with hearings was higher than anticipated.

- 5754/5755/5758– Council Advice/General Legal: There was less support needed through the year.

- 5756 C&D Accrual Adjustment – This is an annual adjustment made at each year end. We review all active Complaints & Discipline cases to identify those confirmed for a hearing and estimate the likelihood and potential cost of open cases proceeding. Among the cases being tracked, not all cases materialized as expected and one case was subsequently identified as being eligible for insurance coverage.

- 5811 QA Program Development & Evaluation: Some project costs were deferred as the project was ultimately determined to be larger than initially planned, requiring additional work over and above what was initially scoped. As a result, the planned analysis will be rolled into the broader program review occurring in the next year and beyond.

- 5823 Assessor Training: Fewer training activities were scheduled and conducted in FY26 due to competing demands.

- 5830 – Entry to Practice (OCE):

  - 5831, 5832 (Examiner Fee/Examiner training fee): These categories should be considered together, as combined total across these two lines represents the full cost of Examiners associated with the exam. The Budget for these two lines total $986,640 compared to Actual costs of $1,235,337. Training fees have been captured under account 5831.

  - These costs were over budget by $248,697 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.

  - 5837, 5838 and 5840: These lines should similarly be grouped to provide a better summary since the consultant fee budget was actually in 5840-development/miscellaneous costs. Total budget for these three lines is $170,893 and actuals are under budget at $144,827.

  - 5833 OCE Staff Compensation: This should not have been a separate budget line as overtime, if required, is captured within the OCE salaries budget.

  - 5835 exam technology costs: These costs were $90,565 over budget primarily due to higher participation resulting in increased costs and increased rates for some technology.

- 5880 Remediation: These accounts relate to coaching provided to physiotherapists. For some coaching we charge that back to the physiotherapist. Accounts 5871, 5882, 5883, 5884 is what we have paid coaches. Accounts 4029, 4028, 4027 and 4026 is what we have charged back to the physiotherapist.

- 5900 Staffing

  - 5904 Consultant Fees: Certain planned work requiring a consultant was cancelled.

  - 5914 Vacation Pay Adjustment: This an annual adjustment reflects the value of unused vacation time that staff are permitted to carry forward into the next fiscal year, calculated by the difference between the prior year's accrual and the current year's.

- Mandatory Employment Related Costs (MERCS): Is over budget by $40,367. The is the total of the mandatory employment related costs such as employer Registered Retirement Savings Plan (RRSP) contribution, Canada Pension Plan (CPP), Employment Insurance (EI), Employer Health Tax, Benefits and is dependent on new staff that are hired, their salaries, whether they require single or family coverage and timing of when they reach the maximum for CPP and EI.

- 6001 Amortization: The amortization budget was based on the depreciation schedule available at the time of preparation. The schedule has since been updated to more accurately reflect the College's depreciating assets, with the actual figures reflecting this revised schedule.

- 6006 Foreign Exchange (FX) gain/loss: This is a new line item on the financial statements related to investments. Any investments held in U.S. dollars require a monthly adjustment to reflect their value in Canadian dollars. At the end of each month, the U.S. dollar value of applicable investments is converted using the exchange rate in effect on that date, with the resulting difference recorded on this line.

Overview of Statement of Financial Position and Explanatory Notes

- You will note the inclusion of new information in these financial statements as a result of the implementation of our updated investment strategy. In consultation with our external auditor, this information has been recorded in accordance with applicable accounting standards. Below is an explanation of those new General Leger (GL) accounts under 1100 Investments.

1100 Investments	
1102-0001 Investments - Short Term CAD	Fixed income over one year
1102-0002 Market Securities - CAD	Common Shares and Mutual Funds of Canadian Companies
1102-0003 Market Securities - USD	Common Shares and Mutual Funds of US. Companies in U.S. Dollars

1102-0003FX Market Securities - USD FX adj	
1104 Investments - Long Term CAD	Fixed income over one year
1105-0001 RBC Investments - cash balance CAD	cash not invested
1105-0002 RBC Investments - cash balance USD	cash not invested
1105-0002FX RBC Investments - Cash Balance USD FX adj	Exchange rate adjustment of the U.S. $ amount in 1105-0002

1106-0001 Accrued Interest - Short Term CAD	Interest on Fixed income that we have earned if we cashed out today. Interest income on the Statement of Operations is what we already earned plus this amount.
1106-0002 Accrued Gain / Loss Market Securities - CAD	Losses on common shares
1106-0003 Accrued Gain / Loss Market Securities - USD	Losses on common shares
1107 Accrued interest - Long Term	same as 1106-001

Overview of Statement of Operations Compared to Previous year

- As part of the annual audit, we are required to explain any year over year variances exceeding $23,000 where the change is greater than 10%. This analysis serves several important purposes. It helps distinguish a one-time anomaly from an emerging trend, indicates whether a variance is expected to continue and ultimately informs more accurate forecasting and decision-making.

  - 4007 Registration fee credits – these are unpredictable and related to providing a credit to physiotherapists where they have already paid their renewal fee and then are unable to practice for reasons such as parental leave

  - 4011 Independent Practice – 6% increase, driven by higher demand for the OCE and a resulting rise in new registrants.

  - 4019 Prof Corp Application – 49% increase, driven by new communications about Professional Corporations.

  - 4033 Reg Com – OCE Fee – 21% increase due to increased demand.

  - 5102 Software – Spending doubled in FY26, driven by a higher volume of licenses required to support staff growth, the addition of new license types, and an expanded number of subscriptions. Rate increases on existing software also contributed to the overall rise in costs.

  - 5104 IT Database – In FY26 spending was 50% lower than FY25, which included several one-time expenditures: a cyber security audit, Canadian Institute for Health Information (CIHI) related work (partially offset by funding received), and a significant registrant database cleanup to prepare for future needs.

  - 5406 CAPR fees – The existing agreement ended in December 2025.

- 5413 Bad Debt – The decrease in FY26 reflects the successful recovery of amounts previously considered uncollectable. This account is reviewed and adjusted annually at the end of each fiscal year.

- 5502 Strategic Operations – Spending doubled in driven by a strategic plan refresh and automated Power BI dashboard rebuild related to data analysis.

- 5621 Online Communications – Spending was 65% less in FY26. Website related work was limited in FY26 following a full redevelopment completed in FY25

- 5702 Hearing Expenses – The $26,169 increase in spending in FY26 reflects costs associated with the new tribunal. In previous years the only expenses captured in this account related to transcription services.

- 5711 External Investigations – 50% increase driven by a rise in under cover investigations

- 5705 Professional services other – 275% increase compared to FY25 driven by the addition of a fractional controller and one-time costs: Internal Controls review, contract QA report reviewer, realtor cost to support transition to new office, and additional support provided by our auditors unrelated to the audit.

- 5754 Legal – Council Advice and 5755 – General Advice – In FY26 the spending was 90% lower as there were no significant matters requiring support.

- 5756 C & D Accrual – This account reflects the annual adjustment to the estimated costs of complaints and discipline cases that remain open at fiscal year-end. At the end of FY25, two cases were estimated to incur significant costs ($49,000 and $50,000) in FY26; however, those costs did not materialize as anticipated, and the adjustment reflects a reduced estimate carried forward into FY27. Additionally, as previously noted one case was subsequently identified as eligible for insurance coverage.

- 5825 Assessor Remote Fee – The almost 20% increase is driven by an increase in the number of assessments completed compared to the previous year as well as an increase to the rate paid to assessors.

- 5831 OCE Examiner Fee and 5835 Exam Technology Costs – increases here compared to the previous year are related to increase in demand and 50% of the incentive provided to examiners.

- 5904 Consultant Fees – The higher FY25 costs reflect temporary staffing agency fees incurred to fill vacancies in the Finance department.

- 5906 Recruitment – FY25 included the cost of an external recruiter for a specialized role.

- 5914 Vacation Pay Adjustment – This account reflects the annual adjustment for the value of vacation time carried forward by staff. The larger adjustment in FY26 is attributable to the enforcement of the 10-day maximum carry-forward policy.

Management Attestation

- Management confirms that the financial information presented to the Board for the period ending March 31, 2026 are complete, accurate, and consistent with the underlying financial records.

- Management further attests that appropriate systems of internal control are in place and operating effectively to safeguard assets and ensure reliable financial reporting. There have been no significant changes to internal controls for quarter ended March 31, 2026 beyond the implementation of new controls recommended from the review recently completed.

- Management further confirms that all required statutory remittances, including payroll-related deductions and Employer Health Tax, have been made on a timely basis and in accordance with applicable requirements.

- Management is not aware of any material control deficiencies, instances of fraud, or subsequent events that would materially impact the financial information presented to the Board.

- Management also confirms that premiums due for all insurance policies, including Directors and Officers Liability insurance, that were required to be paid during the period have been paid.

Next Steps

- Draft audited financial statements will be available by July 1, 2026 for review by Management and by the Risk, Audit and Finance Committee on August 20, 2026. Final draft statements will be presented to the Board, by our auditor, at the September Board meeting.

Questions for 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 2025 - March 2026

	Total			
	Actual	Budget	over Budget	% of Budget
Income				
4001 Registration Fees			0	
4007 Registration fee credits	-689	-39,316	38,627	1.75%
4011 Independent Practice - $648	7,406,787	7,406,640	147	100.00%
4012 Independent Practice - ProRated	450,087	391,392	58,695	115.00%
4013 Prof Corp Fees $277	149,161	132,960	16,201	112.18%
4014 Provisional Practice Fees $83	106,250	51,000	55,250	208.33%
Total 4001 Registration Fees	**$ 8,111,596**	**$ 7,942,676**	**$ 168,920**	**102.13%**
4002 Interest Income	362,973	284,000	78,973	127.81%
4005 Unrealized Gain / Loss on investments	-10,230		-10,230	
4008 Admin Fees			0	
4015 Application Fees $114	252,168	204,972	47,196	123.03%
4016 Letter of Prof Stand / NSF $56	22,560	14,500	8,060	155.59%
4017 Wall Certificates $28	6,032	2,900	3,132	208.00%
4018 Late Fees $254	4,495	2,540	1,955	176.96%
4019 Prof Corp Application $774	86,601	27,700	58,901	312.64%
Total 4008 Admin Fees	**$ 371,856**	**$ 252,612**	**$ 119,244**	**147.20%**
4010 Miscellaneous Income			0	
4023 Sublease Income	139,200	139,200	0	100.00%
Total 4010 Miscellaneous Income	**$ 139,200**	**$ 139,200**	**$ 0**	**100.00%**
4030 ETP Assessment Fees			0	
4033 Reg Com - OCE Fee ($1,985)	2,417,373	2,223,200	194,173	108.73%
Total 4030 ETP Assessment Fees	**$ 2,417,373**	**$ 2,223,200**	**$ 194,173**	**108.73%**
Total Income	**$ 11,392,767**	**$ 10,841,688**	**$ 551,079**	**105.08%**
Gross Income	**$ 11,392,767**	**$ 10,841,688**	**$ 551,079**	**105.08%**
0051 do not use GST Expenses	0		0	
5000 Committee Per Diem			0	
Total 5000 Committee Per Diem	**$ 181,982**	**$ 199,514**	**-$ 17,532**	**91.21%**
5050 Committee Reimbursed Expenses			0	
Total 5050 Committee Reimbursed Expenses	**$ 79,408**	**$ 120,193**	**-$ 40,785**	**66.07%**
5100 Information Management			0	
5101 IT Hardware	12,798	8,900	3,898	143.80%
5102 Software	375,163	425,751	-50,588	88.12%
5104 IT Database	126,762	160,096	-33,334	79.18%
5109 IT Implementation Costs	3,122		3,122	
Total 5100 Information Management	**$ 517,845**	**$ 594,747**	**-$ 76,902**	**87.07%**
5200 Insurance	22,932	14,465	8,467	158.53%
5300 Networking	5,779	5,800	-21	99.64%
5301 Conferences and Travel	18,654	22,900	-4,246	81.46%
5400 Office and General			0	
5402 Bank & service charges	231,945	270,000	-38,055	85.91%

College of Physiotherapists of Ontario
Statement of Operations Budget vs. Actuals
April 2025 - March 2026

	Total			
	Actual	Budget	over Budget	% of Budget
5403 Maintenance & repairs	1,038	2,400	-1,362	43.25%
5405 Memberships & publications	38,719	32,445	6,274	119.34%
5406 CAPR Fees	180,615	230,901	-50,286	78.22%
5407 Office & kitchen supplies	3,792	4,000	-208	94.80%
5408 Postage & courier	5,761	7,100	-1,339	81.14%
5409 Rent	572,509	566,628	5,881	101.04%
5411 Printing, Filing & Stationery	8,794	7,850	944	112.03%
5412 Telephone & Internet	46,908	33,000	13,908	142.15%
5413 Bad Debt	-15,623	17,250	-32,873	-90.57%
Total 5400 Office and General	**$ 1,074,458**	**$ 1,171,574**	**-$ 97,116**	**91.71%**
5500 Regulatory Effectiveness			0	
5502 Strategic Operations	109,608	186,478	-76,870	58.78%
5503 Council Education	22,939	23,094	-155	99.33%
5504 Elections	3,700	3,700	0	100.00%
5505 Policy Development	14,188	78,625	-64,437	18.05%
5513 Governance	147	950	-803	15.46%
Total 5500 Regulatory Effectiveness	**$ 150,583**	**$ 292,847**	**-$ 142,264**	**51.42%**
5600 Communications			0	
5605 Translation Services	13,653	12,000	1,653	113.78%
5620 Print Communication	2,111	2,760	-649	76.49%
5621 Online Communication	39,110	56,900	-17,790	68.73%
5622 In-Person Communication	8,736	20,100	-11,364	43.46%
Total 5600 Communications	**$ 63,610**	**$ 91,760**	**-$ 28,150**	**69.32%**
5700 Professional fees	22,600		22,600	
4004 Cost recovery from cost orders	-15,421	-69,000	53,579	22.35%
5701 Audit	18,080	23,000	-4,920	78.61%
5702 Hearing Expenses	28,967	3,955	25,012	732.42%
5704 Investigation Services			0	
5711 External Investigators	143,716	83,040	60,676	173.07%
5712 PC - Chart Review	6,701	13,680	-6,979	48.98%
5713 Summons - Conduct fees		300	-300	0.00%
5714 Fees to Secure Records	2,650	1,000	1,650	264.96%
5715 Corporate Searches		200	-200	0.00%
5716 Transcripts	11,212	10,080	1,132	111.23%
Total 5704 Investigation Services	**$ 164,278**	**$ 108,300**	**$ 55,978**	**151.69%**
5705 Professional services - Other	87,105	64,700	22,405	134.63%
5706 Investigator travel	432	2,000	-1,568	21.60%
5707 Decision writing	57,155	56,037	1,118	102.00%
5708 Peer / Expert opinions	29,374	20,000	9,374	146.87%
5750 Legal		0	0	
5751 Legal - QA	3,820	4,805	-985	79.50%
5752 Legal - Registration	19,198	14,700	4,498	130.60%

College of Physiotherapists of Ontario
Statement of Operations Budget vs. Actuals
April 2025 - March 2026

	Total			
	Actual	Budget	over Budget	% of Budget
5753 Legal - Professional Conduct			0	
5760 General Counsel	90,104	65,613	24,491	137.33%
5761 Independent Legal Advice	49,132	45,765	3,367	107.36%
5762 Hearing Counsel	102,302	60,000	42,302	170.50%
Total 5753 Legal - Professional Conduct	**$ 241,538**	**$ 171,378**	**$ 70,160**	**140.94%**
5754 Legal - Council Advice	1,089	14,000	-12,911	7.78%
5755 General Legal	6,297	20,000	-13,703	31.48%
5756 C & D Accrual Expense	-113,385		-113,385	
5758 Legal - Practice Advice	542	1,975	-1,433	27.46%
Total 5750 Legal	**$ 159,099**	**$ 226,858**	**-$ 67,759**	**70.13%**
Total 5700 Professional fees	**$ 551,669**	**$ 435,850**	**$ 115,819**	**126.57%**
5800 Programs			0	
5810 Quality Program			0	
5811 QA Program Development & Eval.		10,170	-10,170	0.00%
5823 Assessor Training	12,635	25,812	-13,178	48.95%
5824 Assessor Onsite Assessment Fee	15,354	15,750	-396	97.49%
5825 Assessor Remote Assessment	198,049	197,895	154	100.08%
Total 5810 Quality Program	**$ 226,038**	**$ 249,627**	**-$ 23,590**	**90.55%**
5830 Entry to Practice - Projects			0	
5831 OCE Examiner Exam Fee	1,203,385	686,400	516,985	175.32%
5832 OCE Examiner Training Fees	23,702	300,240	-276,538	7.89%
5833 OCE Staff Compensation		28,000	-28,000	0.00%
5834 Exam Committee - per diem	5,192	10,692	-5,500	48.56%
5835 Exam - Technology costs	346,385	255,820	90,565	135.40%
5836 Exam Delivery Costs	10,419	1,690	8,729	616.53%
5837 Exam - Admin / Misc. costs	50,185	65,865	-15,680	76.19%
5838 Exam - Consultant Fees	46,818	48,057	-1,239	97.42%
5839 Exam - Legal costs	3,449	14,400	-10,951	23.95%
5840 Exam - Development / Misc.costs	47,824	56,971	-9,147	83.94%
Total 5830 Entry to Practice - Projects	**$ 1,737,359**	**$ 1,468,135**	**$ 269,224**	**118.34%**
5880 Remediation			0	
5871 QA Practice Enhancement fees	11,720	4,833	6,887	242.50%
4029 QA Remediation Chargeback		-745	745	0.00%
Total 5871 QA Practice Enhancement fees	**$ 11,720**	**$ 4,088**	**$ 7,632**	**286.70%**
5881 Remediation - QA		0	0	
5882 Remediation - ICRC	37,945	36,080	1,865	105.17%
4028 ICRC Remediation Chargeback	-36,507	-36,080	-427	101.18%
Total 5882 Remediation - ICRC	**$ 1,438**	**$ 0**	**$ 1,438**	
5883 Remediation - Registration	4,274	5,736	-1,462	74.51%
4027 Registration Chargeback	-3,121	-5,340	2,219	58.45%
Total 5883 Remediation - Registration	**$ 1,153**	**$ 396**	**$ 757**	**291.04%**
5884 Remediation - Discipline	1,414	7,487	-6,073	18.88%

College of Physiotherapists of Ontario
Statement of Operations Budget vs. Actuals
April 2025 - March 2026

	Total			
	Actual	Budget	over Budget	% of Budget
4026 Discipline Chargeback	-1,073	-7,487	6,415	14.32%
Total 5884 Remediation - Discipline	**$ 341**	**$ 0**	**$ 341**	
5886 Remediation - Office+Registrar		3	-3	0.00%
5887 Coach Training	10,081	14,815	-4,734	68.04%
Total 5880 Remediation	**$ 24,733**	**$ 19,302**	**$ 5,431**	**128.14%**
5890 Therapy and Counselling Fund	59,754	47,977	11,777	124.55%
Total 5800 Programs	**$ 2,047,884**	**$ 1,785,041**	**$ 262,843**	**114.72%**
5900 Staffing			0	
5901 Salaries	4,861,999	4,876,521	-14,522	99.70%
5904 Consultant fees	20,193	37,025	-16,832	54.54%
5905 Staff Development	58,278	59,996	-1,718	97.14%
5906 Recruitment	1,104	5,000	-3,896	22.08%
5907 Staff Recognition	36,948	37,025	-77	99.79%
5914 Vacation Pay Adjustment	-67,574		-67,574	
5915 MERCS		829,009	-829,009	0.00%
Total 5915 MERCS	**$ 869,375**	**$ 829,009**	**$ 40,367**	**104.87%**
Total 5900 Staffing	**$ 5,780,325**	**$ 5,844,576**	**-$ 64,251**	**98.90%**
6001 Amortization	97,038	120,000	-22,962	80.87%
6006 FX gain / loss	-1,537		-1,537	
Minister of Finance Expense	0		0	
WayPay Inc (CAD)	0		0	
Total Expenses	**$ 10,590,628**	**$ 10,699,267**	**-$ 108,639**	**98.98%**
Net Operating Income	**$ 802,139**	**$ 142,421**	**$ 659,718**	**563.22%**
Net Income	**$ 802,139**	**$ 142,421**	**$ 659,718**	**563.22%**

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College of Physiotherapists of Ontario
Statement of Operations with Prior Year Comparison
April 2025 - March 2026

	Total		
	Apr. 2025 - Mar. 2026	Apr. 2024 - Mar. 2025 (PY)	% Change
INCOME			
4001 Registration Fees			
4007 Registration fee credits	-689	-34,560	98.01%
4011 Independent Practice - $648	7,406,787	6,985,818	6.03%
4012 Independent Practice - ProRated	450,087	471,417	-4.52%
4013 Prof Corp Fees $277	149,161	122,389	21.87%
4014 Provisional Practice Fees $83	106,250	82,620	28.60%
4021 Misc Fee $113 and $300		339	-100.00%
Total 4001 Registration Fees	**$ 8,111,596**	**$ 7,628,023**	**6.34%**
4002 Interest Income	362,973	347,251	4.53%
4005 Unrealized Gain / Loss on investments	-10,230		
4008 Admin Fees			
4015 Application Fees $114	252,168	238,899	5.55%
4016 Letter of Prof Stand / NSF $56	22,560	17,956	25.64%
4017 Wall Certificates $28	6,032	4,711	28.04%
4018 Late Fees $254	4,495	4,064	10.60%
4019 Prof Corp Application $774	86,601	58,195	48.81%
Total 4008 Admin Fees	**$ 371,856**	**$ 323,825**	**14.83%**
4010 Miscellaneous Income		0	
4023 Sublease Income	139,200	133,400	4.35%
4024 Contribution funding		32,250	-100.00%
Total 4010 Miscellaneous Income	**$ 139,200**	**$ 165,650**	**-15.97%**
4030 ETP Assessment Fees			
4033 Reg Com - OCE Fee ($1,985)	2,417,373	1,996,847	21.06%
Total 4030 ETP Assessment Fees	**$ 2,417,373**	**$ 1,996,847**	**21.06%**
Total Income	**$ 11,392,767**	**$ 10,461,596**	**8.90%**
GROSS INCOME	**$ 11,392,767**	**$ 10,461,596**	**8.90%**
EXPENSES			
5000 Committee Per Diem			
5001 Chairs Education - per diem	9,327	3,836	143.14%
5002 ICRC - per diem	52,621	51,173	2.83%
5003 Council - per diem	64,915	51,817	25.28%
5005 Discipline Committee - per diem	25,701	9,602	167.67%
5006 Executive - per diem	10,821	7,990	35.43%
5010 Patient Relations - per diem	1,177	649	81.28%
5011 QA Committee - per diem	9,838	8,231	19.52%
5012 Registration Com. - per diem	3,847	6,435	-40.22%

College of Physiotherapists of Ontario
Statement of Operations with Prior Year Comparison
April 2025 - March 2026

	Total		
	Apr. 2025 - Mar. 2026	Apr. 2024 - Mar. 2025 (PY)	% Change
5017 Finance Committee - per diem	3,736	6,880	-45.70%
5018 Exam Committee - per diem		5,811	-100.00%
Total 5000 Committee Per Diem	**$ 181,982**	**$ 152,424**	**19.39%**
5050 Committee Reimbursed Expenses			
5051 Chairs Education- expenses	8,078	8,880	-9.04%
5052 ICRC - expenses	8,534	11,082	-22.99%
5053 Council - expenses	53,111	53,514	-0.75%
5056 Executive Committee - expenses	9,685	6,346	52.63%
5075 Finance Committee - expenses		240	-100.00%
Total 5050 Committee Reimbursed Expenses	**$ 79,408**	**$ 80,062**	**-0.82%**
5100 Information Management			
5101 IT Hardware	12,798	21,028	-39.14%
5102 Software	375,163	184,855	102.95%
5103 IT Maintenance		12,894	-100.00%
5104 IT Database	126,762	254,899	-50.27%
5109 IT Implementation Costs	3,122	9,365	-66.67%
Total 5100 Information Management	**$ 517,845**	**$ 483,040**	**7.21%**
5200 Insurance	22,932	20,169	13.70%
5300 Networking	5,779	2,450	135.91%
5301 Conferences and Travel	18,654	30,829	-39.49%
5400 Office and General			
5402 Bank & service charges	231,945	234,764	-1.20%
5403 Maintenance & repairs	1,038	1,700	-38.93%
5405 Memberships & publications	38,719	38,929	-0.54%
5406 CAPR Fees	180,615	254,181	-28.94%
5407 Office & kitchen supplies	3,792	8,904	-57.41%
5408 Postage & courier	5,761	4,722	22.02%
5409 Rent	572,509	542,337	5.56%
5411 Printing, Filing & Stationery	8,794	4,046	117.38%
5412 Telephone & Internet	46,908	38,207	22.77%
5413 Bad Debt	-15,623	45,308	-134.48%
Total 5400 Office and General	**$ 1,074,458**	**$ 1,173,097**	**-8.41%**
5500 Regulatory Effectiveness			
5502 Strategic Operations	109,608	52,536	108.63%
5503 Council Education	22,939	10,745	113.50%
5504 Elections	3,700	3,279	12.86%
5505 Policy Development	14,188	30,599	-53.63%

College of Physiotherapists of Ontario
Statement of Operations with Prior Year Comparison
April 2025 - March 2026

	Total		
	Apr. 2025 - Mar. 2026	Apr. 2024 - Mar. 2025 (PY)	% Change
5513 Governance	147	240	-38.79%
Total 5500 Regulatory Effectiveness	**$ 150,583**	**$ 97,398**	**54.60%**
5600 Communications			
5605 Translation Services	13,653	26,938	-49.32%
5620 Print Communication	2,111		
5621 Online Communication	39,110	114,076	-65.72%
5622 In-Person Communication	8,736	3,337	161.80%
Total 5600 Communications	**$ 63,610**	**$ 144,351**	**-55.93%**
5700 Professional fees	22,600	283	7900.00%
4004 Cost recovery from cost orders	-15,421	-23,445	34.23%
5701 Audit	18,080	26,613	-32.06%
5702 Hearing Expenses	28,967	2,797	935.49%
5704 Investigation Services		11,434	-100.00%
5711 External Investigators	143,716	95,594	50.34%
5712 PC - Chart Review	6,701	15,498	-56.76%
5714 Fees to Secure Records	2,650	1,644	61.13%
5716 Transcripts	11,212	7,496	49.56%
Total 5704 Investigation Services	**$ 164,278**	**$ 131,666**	**24.77%**
5705 Professional services - Other	87,105	29,238	197.91%
5706 Investigator travel	432	290	48.92%
5707 Decision writing	57,155	33,027	73.06%
5708 Peer / Expert opinions	29,374	15,195	93.31%
5750 Legal			
5751 Legal - QA	3,820	9,591	-60.17%
5752 Legal - Registration	19,198	20,358	-5.70%
5753 Legal - Professional Conduct			
5760 General Counsel	90,104	72,652	24.02%
5761 Independent Legal Advice	49,132	21,688	126.54%
5762 Hearing Counsel	102,302	61,822	65.48%
5763 Court Proceedings & Appeals		19,764	-100.00%
Total 5753 Legal - Professional Conduct	**$ 241,538**	**$ 175,926**	**37.30%**
5754 Legal - Council Advice	1,089	26,778	-95.93%
5755 General Legal	6,297	38,216	-83.52%
5756 C & D Accrual Expense	-113,385	-10,547	-975.01%
5758 Legal - Practice Advice	542		
Total 5750 Legal	**$ 159,099**	**$ 260,321**	**-38.88%**
Total 5700 Professional fees	**$ 551,669**	**$ 475,985**	**15.90%**

College of Physiotherapists of Ontario
Statement of Operations with Prior Year Comparison
April 2025 - March 2026

	Total		
	Apr. 2025 - Mar. 2026	Apr. 2024 - Mar. 2025 (PY)	% Change
5709 Registration - Other		3	-100.00%
5800 Programs			
5802 Jurisprudence		2,816	-100.00%
5810 Quality Program			
5823 Assessor Training	12,635	6,102	107.05%
5824 Assessor Onsite Assessment Fee	15,354	13,050	17.66%
5825 Assessor Remote Assessment	198,049	167,793	18.03%
Total 5810 Quality Program	**$ 226,038**	**$ 186,945**	**20.91%**
5830 Entry to Practice - Projects		0	
5831 OCE Examiner Exam Fee	1,203,385	805,885	49.32%
5832 OCE Examiner Training Fees	23,702	16,790	41.17%
5833 OCE Staff Compensation		1,646	-100.00%
5834 Exam Committee - per diem	5,192	525	888.91%
5835 Exam - Technology costs	346,385	281,785	22.93%
5836 Exam Delivery Costs	10,419	0	4735995.45%
5837 Exam - Admin / Misc. costs	50,185	35,509	41.33%
5838 Exam - Consultant Fees	46,818	24,165	93.74%
5839 Exam - Legal costs	3,449	331	942.14%
5840 Exam - Development / Misc.costs	47,824	47,002	1.75%
Total 5830 Entry to Practice - Projects	**$ 1,737,359**	**$ 1,213,638**	**43.15%**
5880 Remediation			
5871 QA Practice Enhancement fees	11,720	3,380	246.75%
4029 QA Remediation Chargeback		-829	100.00%
Total 5871 QA Practice Enhancement fees	**$ 11,720**	**$ 2,551**	**359.39%**
5882 Remediation - ICRC	37,945	52,868	-28.23%
4028 ICRC Remediation Chargeback	-36,507	-58,592	37.69%
Total 5882 Remediation - ICRC	**$ 1,438**	**-$ 5,724**	**125.12%**
5883 Remediation - Registration	4,274	8,853	-51.73%
4027 Registration Chargeback	-3,121	-10,732	70.92%
Total 5883 Remediation - Registration	**$ 1,153**	**-$ 1,879**	**161.35%**
5884 Remediation - Discipline	1,414	8,754	-83.85%
4026 Discipline Chargeback	-1,073	-12,916	91.70%
Total 5884 Remediation - Discipline	**$ 341**	**-$ 4,161**	**108.20%**
5887 Coach Training	10,081	8,009	25.87%
Total 5880 Remediation	**$ 24,733**	**-$ 1,204**	**2154.48%**
5890 Therapy and Counselling Fund	59,754	67,523	-11.51%
Total 5800 Programs	**$ 2,047,884**	**$ 1,469,719**	**39.34%**

College of Physiotherapists of Ontario
Statement of Operations with Prior Year Comparison
April 2025 - March 2026

	Total		
	Apr. 2025 - Mar. 2026	Apr. 2024 - Mar. 2025 (PY)	% Change
5900 Staffing			
5901 Salaries	4,861,999	4,602,272	5.64%
5904 Consultant fees	20,193	105,297	-80.82%
5905 Staff Development	58,278	57,692	1.02%
5906 Recruitment	1,104	24,638	-95.52%
5907 Staff Recognition	36,948	38,369	-3.70%
5914 Vacation Pay Adjustment	-67,574	20,832	-424.38%
5915 MERCS			
5902 Employer Benefits	232,826	220,912	5.39%
5903 Employer RRSP Contribution	276,496	229,146	20.66%
5911 CPP - Canadian Pension Plan	195,812	181,503	7.88%
5911-01 CPP - Canadian Pension Plan - Board/Committee	8,746		
5912 EI - Employment Insurance	70,348	64,384	9.26%
5913 EHT - Employer Health Tax	85,146	76,583	11.18%
Total 5915 MERCS	**$ 869,375**	**$ 772,527**	**12.54%**
Total 5900 Staffing	**$ 5,780,325**	**$ 5,621,627**	**2.82%**
6001 Amortization	97,038	114,158	-15.00%
6006 FX gain / loss	-1,537		
WayPay Inc (CAD)	0	15	-100.00%
Total Expenses	**$ 10,590,628**	**$ 9,865,326**	**7.35%**
OTHER EXPENSES			
6005 Gain/Loss Fixed Assets		893	-100.00%
Total Other Expenses	**$ 0**	**$ 893**	**-100.00%**
SURPLUS/(DEFICIT)	**$ 802,139**	**$ 595,377**	**34.73%**

Friday, May 15, 2026 09:53:45 a.m. GMT-7 - Accrual Basis

College of Physiotherapists of Ontario
Statement of Financial Position
As of March 31, 2026

	Total
Assets	
Current Assets	
Cash and Cash Equivalent	
1000 Cash on Hand	0
1005 Operating - RBC - 102-953-7	794,331
1103 Savings - RBC - 100-663-4	10,673,565
Total 1000 Cash on Hand	**$ 11,467,896**
1100 Investments	0
1102-0001 Investments - Short Term CAD	1,354,654
1102-0002 Market Securities - CAD	420,858
1102-0003 Market Securities - USD	188,448
1102-0003FX Market Securities - USD FX adj	74,013
1104 Investments - Long Term CAD	3,400,402
1105-0001 RBC Investments - cash balance CAD	103,646
1105-0002 RBC Investments - cash balance USD	3,027
1105-0002FX RBC Investments - Cash Balance USD FX adj	1,189
1106-0001 Accrued Interest - Short Term CAD	105,211
1106-0002 Accrued Gain / Loss Market Securities - CAD	-4,496
1106-0003 Accrued Gain / Loss Market Securities - USD	-5,734
1106-0003FX Accrued Gain / Loss Market Securities - USD FX adj	-2,252
1107 Accrued interest - Long Term	153,951
Total 1100 Investments	**$ 5,792,917**
Virtual Wallet (CAD)	2,954
Total Cash and Cash Equivalent	**$ 17,263,766**
Accounts Receivable (A/R)	
1200 Accounts Receivable	57,333
Total Accounts Receivable (A/R)	**$ 57,333**
1201 Allowance for Doubtful Accounts	-5,300
1206 Accrued Receivable	-52,033
1400 Prepaid Expenses	5,364
1401 Prepaid Software	25,683
1403 Prepaid IT services	0
1405 Prepaid Insurance	9,893
1406 Prepaid Membership	11,527
1408 Prepaid staff development	7,496
1410 Prepaid meetings	1,351
1411 Prepaid Rent	15,074
1412 Prepaid OCE	106,002
Total 1400 Prepaid Expenses	**$ 182,391**
Total Current Assets	**$ 17,446,157**
Non-current Assets	
Property, plant and equipment	
1301 Computer equipment	164,556
1302 Computer Software	4,705
1305 Computer equipment - Acc dep	-51,133
1306 Computer Software - Acc Dep	-110,740
1310 Furniture and Equipment	354,465
1312 Furniture & Equipment -Acc Dep	-354,465

College of Physiotherapists of Ontario
Statement of Financial Position
As of March 31, 2026

1320 Leasehold Improvements		793,263
1322 Leasehold Improvments -Acc dep		-707,296
Total Property, plant and equipment	$	93,355
Total Non Current Assets	$	93,355
Total Assets	$	17,539,512
Liabilities and Equity		
Liabilities		
Current Liabilities		
Accounts Payable (A/P)		
2000 Accounts Payable		294,450
Total Accounts Payable (A/P)	$	294,450
Credit Card		
2000-01 VISA Corporate Credit Card (All)		49,388
Total Credit Card	$	49,388
2010 Accrued Liabilities		359,424
2011 Vacation Accrual		175,805
2012 C&D accrual		78,206
2100 Deferred Revenue		0
2101 Deferred Registration Fees		0
2102 Deferred Full Fee Revenue		7,760,445
2108 Deferred Revenue - OCE Fee		1,383,745
Total 2101 Deferred Registration Fees	$	9,144,190
2110 Banked refunds		42,268
Total 2100 Deferred Revenue	$	9,186,458
Total Current Liabilities	$	10,143,731
Non-current Liabilities		
2125 Deferred Rent - Tenant Incentiv		29,366
Total Non-current Liabilities	$	29,366
Total Liabilities	$	10,173,098
Equity		
3000 Unrestricted Net Assets		5,330,042
3001 Invested in Capital Assets		134,233
3010 Restricted Reserves		0
3011 Contingency Reserve / C&D		1,000,000
3012 Fee Stab / Sex Abuse Therapy		100,000
Total 3010 Restricted Reserves	$	1,100,000
Retained Earnings		0
Surplus/(Deficit)		802,139
Total Equity	$	7,366,414
Total Liabilities and Equity	$	17,539,512

Friday, May 15, 2026 10:02:27 a.m. GMT-7

College of Physiotherapists of Ontario
Statement of Cash Flows
April, 2025-March, 2026

Full name	Total
OPERATING ACTIVITIES	
Net Income	802,138.99
Adjustments to reconcile Net Income to Net Cash provided by operations:	
1200 Accounts Receivable	-29,548.67
1201 Allowance for Doubtful Accounts	-22,484.14
1206 Accrued Receivable	52,032.81
1207 Accounts Receivable:Employer Health Tax Receivable	
1400 Prepaid Expenses	-5,364.42
1401 Prepaid Expenses:Prepaid Software	7,149.18
1403 Prepaid Expenses:Prepaid IT services	3,121.62
1405 Prepaid Expenses:Prepaid Insurance	-4,377.24
1406 Prepaid Expenses:Prepaid Membership	180,410.01
1408 Prepaid Expenses:Prepaid staff development	-7,496.20
1410 Prepaid Expenses:Prepaid meetings	-1,351.30
1411 Prepaid Expenses:Prepaid Rent	15,729.60
1412 Prepaid Expenses:Prepaid OCE	-64,743.65
2000-01 VISA Corporate Credit Card (All)	32,653.20
2000 Accounts Payable	-139,254.00
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	82,741.73
2011 Vacation Accrual	-67,573.90
2012 C&D accrual	-113,385.23
2102 Deferred Revenue:Deferred Registration Fees:Deferred Full Fee Revenue	366,617.67
2103 Deferred Revenue:Deferred Registration Fees:Deferred Pro-Rated Fee Revenue	0.00
2108 Deferred Revenue:Deferred Registration Fees:Deferred Revenue - OCE Fee	265,197.50
2110 Deferred Revenue:Banked refunds	1,562.13
2151 Other Payables:Due to Canada Life/Sunlife	0.00
2152 Other Payables:Due to Manulife (RRSP)	0.00
2153 Other Payables:Due to Allstate (CI)	0.00
Total for Adjustments to reconcile Net Income to Net Cash provided by operations:	**$515,273.99**
Net cash provided by operating activities	**$1,317,412.98**
INVESTING ACTIVITIES	
1301 Computer equipment	313.42
1302 Computer Software	106,035.24
1305 Computer equipment - Acc dep	-89,812.20
1310 Furniture and Equipment	22,583.71

College of Physiotherapists of Ontario
Statement of Cash Flows
April, 2025-March, 2026

Full name	Total
1312 Furniture & Equipment -Acc Dep	-22,051.79
1322 Leasehold Improvments -Acc dep	80,283.48
Net cash provided by investing activities	**$97,351.86**
FINANCING ACTIVITIES	
2125 Deferred Rent - Tenant Incentiv	-27,107.40
3000 Unrestricted Net Assets	669,233.15
3001 Invested in Capital Assets	-73,856.00
3900 Retained Earnings	-595,377.15
Net cash provided by financing activities	**-$27,107.40**
NET CASH INCREASE FOR PERIOD	**$1,387,657.44**
Cash at beginning of period	**$15,876,108.74**
CASH AT END OF PERIOD	**$17,263,766.18**

Friday, May 15, 2026 01:18 PM GMT-04:00

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

Motion No.: 16.0

Board Meeting
June 18-19, 2026

Agenda #16.0: Principles for Setting Fees

It is moved by

_____,

and seconded by

_____,

that:

The Board approves the "*Governance Principles for Assessing Registrant Fees*" guidance document.

June 2026
Agenda Item 16.0

BOARD BRIEFING NOTE

For Decision

Topic:	Principles for Setting Fees
Public Interest Rationale:	Ensuring the College has the financial resources needed to discharge its regulatory responsibilities and advance the Strategic Plan.
Strategic Alignment:	*People and Culture:* Ensuring that College staff and the Board have the resources needed to do their best work. *Performance and Accountability:* Ensuring the College is adequately resourced to support the implementation of strong corporate structures and systems.
Submitted By:	Craig Roxborough, Registrar & CEO Mary Catalfo, Director of Finance
Attachments:	Appendix A: Governance Principles for Assessing Registrant Fees

Issue

- The Board is provided with an overview of the draft fee principles guidance document entitled "Governance Principles for Assessing Registrant Fees".

Decision Sought

- The Board is asked whether it approves the draft fee principles guidance document.

Background

- In June 2023 (see pages 105-108) the Board was provided with a detailed history of the College's registration fees (see *Table 1* below). These historical views typically focus on the annual fee charged for an Independent Practice Certificate (IPC) as these fees generate nearly 90% of the College's revenue for core regulatory business.

Table 1: History of College IPC Fees

Effective Date	Change	IPC Fee
Pre-April 2014	—	$635
April 1, 2014	▼ 6.30%	$595
April 1, 2020	▼ 3.40%	$575
April 1, 2023	▲ 10.50%	$635
April 1, 2024	▲ 2.00%	$648
April 1, 2025	—	$648
April 1, 2026	—	$648

- Historical fee reductions were generally pursued as the College's operating reserve had grown substantially and advice at the time was that drawing down on the reserve was prudent to mitigate any potential concern that the College was drifting from its not for profit purpose.

- However, following years of structural deficits and operational expansion, fee increases were necessary in order to support a return to balanced or surplus budgets and a revitalization of the College's operating reserve which had since decreased in both absolute and relative value to the increasing operating budget of the College.

Additional Fees and Revenue

- Registration fees are not the sole source of funding for the College's core business. Revenue is also generated from:

    - Interest income generated from the College's long-term investment strategy as set out in the governance policies and from cash holdings;

    - Application fees for certificates of registration and administrative fees (e.g., letter of professional standing, wall certificate); and

    - Professional corporation-related fees (i.e., applications and renewal).

- While fee changes are typically considered with respect to the annual renewal costs for independent practice certificates, all fees are increased or decreased by the percentage change being considered.

- Sublease income has also supported the College's core business since 2023 but will be eliminated with the upcoming move.

Regulatory Fees within Ontario

- Notably, the College's operating budget is approximately the 6th largest among the 26 health regulatory Colleges, however, registration fees are around the 6th lowest among all the professions regulated under the *Regulated Health Professions Act, 1991.*

- Specifically, among rehabilitation related professions, the College has the lowest fees as illustrated in the table below, along with information regarding the size of each profession (see *Table 2* below).

Table 2: Regulatory College Fees and Size in Rehabilitation Professions

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

Calculating Fees

- Fundamentally the fees charged to registrants are intended to support the College in discharging its regulatory and strategic responsibilities. In this way, a *very* strict interpretation of what fees should be can be calculated by looking at the cost of operating the College and dividing it by the number of registrants.
    - This means undertaking the following calculation:

$$\text{IPC Annual Fee} = \frac{\text{Total Operating Budget} - \text{Other Income (e.g., Interest, Other Fees, etc.)}}{\text{Number of Registrants}}$$

Governance Review

- As part of the College's external governance practices review process, the Board surfaced a desire to develop a set of principles that can support and structure decision-making regarding registration and administration fees.

- Two years after the initial governance report was produced, the Board engaged in a discussion regarding outstanding recommendations at its December 2025 meeting. At that meeting, the Board resurfaced this issue as a priority for future governance reform activities.

[1] Data regarding membership size was collected from the last published annual report for each regulatory body. For this reason, the data may be out of date and not represent the most recent fiscal year.
[2] As with above, information was obtained from the last published annual report and so may similarly be out of date. The information presented focuses on the expenses incurred rather than the revenue earned.

Current Status and Analysis

- As noted above, the Board has identified that developing principles regarding how the College sets fees, including how fee increases are determined and communicated as a governance priority.

- In response, a draft guidance document entitled "Governance Principles for Assessing Registrant Fees" has been developed.

    - The primary aim of the guidance is to support the Board in making principled, informed, and explainable decisions regarding registrant fees.

    - The draft guidance has been informed by feedback provided by the Risk, Audit, and Finance Committee at their May 2026 meeting.

- What follows is a brief overview of the structure and core principles identified in the draft guidance document.

Principled Approach

- The guidance document was purposefully developed to *support* decision-making processes, it does not prescribe a formula or decision-rule for decisions. Rather it clarifies how judgment should be exercised by the Board. This includes:

    - Setting out a foundational public-interest premise for all decisions;

    - Articulated structured considerations that can be analyzed in sequence; and

    - Supporting questions within each category of considerations to guide analysis and deliberation.

- In this way, the guidance is intended to help the Board sequence its reasoning, articulate trade-offs, and clearly explain how decisions align with the College's mandate, strategic direction, and the financial health of the organization.

Structured Considerations

- The guidance document is organized around four categories of structured considerations that are intended to be considered in sequence.

    - The primary consideration for the College is a non-negotiable, namely, whether the College has the financial means to discharge its public-interest and statutory obligations.

    - As the Board has set out strategic objectives for the organization, the next layer of analysis is whether the College has the resources needed to implement the College's strategic plan.

- To help inform decisions regarding the timing and pace of any fee change, the next category of considerations focuses on examining the financial sustainability of the College, through forecasting, a review of the health of the College's operating reserve, and the nature of the financial pressures being navigated by the College.

- Finally, consideration must be given to the impact of any decision on registrants, weighing these considerations alongside the College's regulatory responsibilities, strategic commitments, and financial position.

Relationship between Categories

- The guidance is intentionally structured as a series of considerations with the most critical considerations listed at the outset.

- The guidance is purposefully avoids setting out rigid requirements regarding how the categories of considerations should be weighed or balanced.

Overall Governance Value

- The intention is for the guidance document to accompany any recommendation or decision regarding registrant fees to support and guide Board deliberations.

- Deliberations anchored to the core principles and Board discussion in response to the provided questions will support the development of clear and explainable decisions that can be used both internally for governance recording and externally for communication with the registrant base and other system partners.

Risk, Audit, and Finance Committee (RAFC)

- At its May 2026 meeting, the RAFC reviewed and provided feedback on a draft version of the guidance document. Their feedback focused on the importance of both flexible and structured decision-making that guided but did not bind the Board and that could be used to support transparent communication regarding decisions with the profession.

- Ultimately the RAFC passed a motion recommending that the Board adopt the draft guidance informed by their feedback and that is presented here for the Board's consideration.

Next Steps

- Pending feedback and direction from the Board, approval from the Board on the draft document will be sought.

- The draft guidance will then accompany all future fee discussions to support decision-making.

Questions for the Board

- What questions does the Board have regarding the draft fee principles document?
- Do the principles highlight the considerations relevant to a Board decision regarding registrant fees?

Governance Principles for Assessing Registrant Fees

Purpose and Use

This guidance is intended to support the Board in making principled, informed, and explainable decisions regarding registrant fees, including decisions to increase, decrease, or maintain fees.

The guidance articulates core principles and a set of structured considerations to guide the Board's analysis. It is not a decision rule or formula to make a decision.

Foundational Principle

As an Ontario health regulator, the College has a legal mandate to serve and protect the public interest. Registrant fees are the College's primary source of revenue and must be set at a level that enables the College to carry out its regulatory responsibilities effectively, sustainably, and independently.

Structured Considerations

The principles articulated in this guidance are presented as a set of structured considerations intended to support disciplined decision-making.

These considerations are typically assessed in sequence, beginning with the College's core regulatory obligations, and then considering strategic commitments, financial sustainability, and registrant impact.

Regulatory Responsibilities

Principle

Registrant fees must be sufficient to enable the College to discharge its statutory mandate and core regulatory responsibilities.

This principle establishes the fundamental trajectory of fee decisions and cannot be overridden by other considerations.

Supporting Questions

Before considering additional factors, the Board should satisfy itself that:

DRAFT

1. **No compromise to public protection**
   At current or proposed fee levels, the College's ability to fulfil its public-interest obligations, either now or in the foreseeable future will not be compromised.

Strategic Commitments

Principle

The Board's strategic plan reflects its approved direction for how the College will advance its public-interest mandate.

Registrant fees should be sufficient to reasonably resource and implement this plan, recognizing that the scope, timing, and pace of strategic initiatives are subject to Board judgment.

Supporting Questions

Before considering additional factors, the Board should determine:

1. **Strategic commitments are fundable**
   The activities and outcomes contemplated by the strategic plan can be realistically resourced at current or proposed fee levels.

Financial Sustainability and Organizational Health

Principles

Having considered the College's regulatory responsibilities and strategic commitments, , the Board can assess the timing, pace, and risks associated with any change in fees by assessing the overall financial health of the College.

- Fee decisions should be informed by multi-year financial forecasts.
- College reserves must be maintained within the bounds of Board-approved policy, serving primarily as a buffer against risk and uncertainty.
- Fee decisions should distinguish between structural (ongoing) and temporary financial pressures or costs.

These principles shape *how* or *when* action is taken.

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Supporting Questions

The following questions are diagnostic, to help the Board assess how the principles above might influence or shape the action taken.

1. **Overall financial position**
   What does the College's current and projected financial position indicate about its ability to sustain operations and strategic commitments over the short, medium, and long-term and how would action or inaction on fees affect financial flexibility over that period?
2. **Reserves as signal, not substitute**
   How do current and projected reserve levels compare to the Board-approved reserve policy, and what signals do those levels provide about timing, risk, and flexibility?
3. **Nature of cost pressures**
   How does the nature of the financial pressure (i.e., structural or temporary) inform decisions about timing, reserve-use, or phasing of fee changes?

Impact on Registrants

Principles

Changes in registration fees have a direct impact on registrants. While this impact is an important consideration, it must be weighed alongside the College's regulatory responsibilities, strategic commitments, and financial position.

- Decisions about registrant fees should strive to implement fair and predictable changes.
- Decisions about registrant fees should consider how the regulatory cost is borne across generations.
- Core regulatory costs should be borne broadly, while individual or specific services should be recovered from those individuals directly.
- Decisions should be explainable in a clear and principled manner.

These principles further inform *how or when* changes are implemented.

Supporting Questions

The following questions help the Board assess the most appropriate approach for implementing a fee change that acknowledges the impact of this change on registrants.

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1. **Absolute registrant impact**
   What is the direct dollar impact of the proposed fee change, and how does it compare to recent fee history, including the timing and magnitude of prior adjustments?

2. **Pacing and predictability**
   Does the proposed approach favour smaller, more predictable adjustments over time rather than larger, intermittent changes?

3. **Economic and comparative context**
   How does the proposed fee change compare to relevant benchmarks, including inflation over the same period and fees set by other regulators?

4. **Intergenerational fairness**
   Does the approach distribute costs fairly across current and future registrants, avoiding deferral of necessary adjustments that could result in more disruptive increases later?

Explainability and Accountability

This guidance is intended to support clear, principled decisions that are clearly explainable.

Board deliberations should be able to articulate:

- How the decision aligns with the College's public-interest obligations;
- How strategic commitments were taken into account;
- How financial sustainability and risk were assessed; and
- How registrant impacts informed the approach to implementation.

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June 2026
Agenda Item: 17.0

BOARD BRIEFING NOTE

For Decision

Topic:	Executive Committee Election
Public Interest Rationale:	Ensuring appropriate governance of the CPO through elections of the Executive Committee.
Strategic Alignment:	*Performance & Accountability:* 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 is an opening for one (1) Professional Director Member at Large position on the Executive Committee for 2026-2027. A vote will take place at the June 2026 Board meeting to fill this position.

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 term for Executive Committee members is one year.
- At its March 2026 meeting, the Board elected the following Executive Committee for the 2026–2027 term:
    - Katie Schulz, Chair
    - Gary Rehan, Vice-Chair
    - Mark Heller, Member at Large
    - Carole Baxter, Member at Large
    - Kirsten Pavelich, Member at Large
- Following the March election, Kirsten Pavelich was not re-elected to the Board in her district and is therefore no longer eligible to serve on the Executive Committee. Per the College By-laws:

- *6.2(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.*

- The 2026-2027 Executive Committee currently includes two Professional Directors and two Public Directors. As a result, one additional Professional Director is required to meet the prescribed composition.

Current Status and Analysis

- The following are accepted nominations that were received prior to the deadline of Wednesday June 3rd:
  - Heather Weber, Member at Large
  - Dennis Ng, Member at Large
  - Kate Moffett, Member at Large
  - Frank DePalma, Member at Large
- Nominations from the floor are permitted, including self-nominations.
- All nominees will be given the opportunity to address the Board prior to the election.
- The election will be administered by the Registrar.
- As there is more than one candidate for the vacant Member at Large 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.

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

Candidate Statement:

The Executive Committee plays a key role in its link between the Registrar/Staff and the Board. Directors on this Committee must not only ***uphold the Board Governance rules*** but to ensure that they are ***focused and*** working as a ***team***, while honouring our ***public interest mandate.***

The profession we regulate is rapidly evolving in scope of practice, the percentage of internationally educated PTs, "As of right" and a new one step exam. Private practice physiotherapy remains complicated and the venue where we see many cases that impact the public. A Member at Large for the Executive Committee must deeply understand each of these issues/situations and come to the table ready for deep discussion, sharing, learning, and decision making, and be ready to rise to leadership positions.

The evidence that supports my experience and readiness are as follows:

1) 20 years of private practice ownership from inception to succession – professional corporation
2) Leadership in one of our large national healthcare companies at the clinic and regional levels making challenging decisions in HR, finance, privacy, clinical quality and marketing/promotion, and acquisitions
3) Acting as an Adjunct Lecturer at University of Toronto PT program X 20 years – facilitator in the Bridging Program for IEPTS
4) I completed 60 hours of training in 2025 to roster for Imaging
5) As a reg PT in Ontario X 37 years, I have practiced in at least 6 different cities from North Bay to Ottawa to the GTA and Windsor.
6) Finally as a neurodiverse Professional Board Director I bring a DEI lens to the table

Choose experience!

2026-2027 Executive Committee Candidate Statement

Dennis Ng
District 3 Central Eastern

Nominated for:
Member at Large

Elected Board Terms:
2006 - 2009
2009 - 2012
2012 - 2015
2021 - 2024
2024 - 2027

CPO Committees:

Discipline Tribunal and Fitness to Practice Committee	June 2006 – June 2014, June 2023 – June 2026
Quality Assurance Committee	June 2013 – June 2015, June 2021 – June 2026
Inquiries, Complaints and Reports Committee	June 2007 – June 2008, June 2009 – June 2013, June 2021 – June 2023
Executive Committee	June 2008 – 2009, 2012-2013
Patient Relations Committee	June 2007 – June 2007, June 2009 – June 2012

Candidate Statement:

I am truly humbled and honored to have been nominated by my fellow peers for the position of Executive Member. This is a responsibility and privilege that I do not take lightly, and I welcome the opportunity to further contribute to the College at a higher level.

It has been an absolute privilege to work alongside outstanding leaders in Craig and Katie, as well as all of my colleagues on the College Board. I remain committed to continuous learning, fostering meaningful dialogue, and supporting effective governance to ensure that physiotherapists across Ontario continue to practice safely and professionally, with the protection of the public remaining our highest priority.

Over the past several years, the Board has achieved greater stability and has made significant progress in responding effectively to ongoing changes at the government level. I have contributed meaningfully to the Board by promoting transparency, accountability, and responsible decision-making in all matters before us. As we continue to move forward, it is essential that we remain committed to our strategic plan while also maintaining the flexibility and adaptability needed to respond to evolving circumstances.

I have been a practicing physiotherapist in the outpatient sector for the past 26 years and would bring a broad depth of experience to the Executive Committee. I have sat on Executive Committee before, having ascended to the role of Vice President within the board, have gained valuable knowledge and experience through my involvement with the ICRC and Quality Assurance Committees and have also been actively involved in mentorship and professional development, working with physiotherapy students through mentorship.

I am humbly and respectfully asking for your vote and support to serve as an Executive Committee member in continuing our efforts in promoting our mandate in protecting the public.

Sincerely yours

Dennis Ng, PT

2026-2027 Executive Committee Candidate Statement

Kate Moffett
District 7 Toronto East

Nominated for:
Member at large

Elected Board Terms:
2024-2027

CPO Committees:

Discipline Tribunal and Fitness to Practice Committee	2024-2026
Risk, Audit and Finance Committee	2024-2026

Candidate Statement:

I have a deep commitment to the profession of physiotherapy and our ability to effectively self-regulate and protect the public interest. Over the last two years, while having the honour of serving the public on this Board of Directors, I have had the privilege of observing what contributes to positive outcomes and effective leadership and have worked to emulate these qualities.

I believe I have the qualities required to be a successful member of the Executive Committee. I am a dedicated individual, committed to continued learning. I am open to receiving feedback, and have the ability to self-reflect and intrinsically take action to facilitate improvement. I possess leadership qualities, strong communication skills, am not afraid to speak up, stand for an opinion, or be decisive, even in difficult circumstances. I consider myself very principled and hold myself to high moral and ethical standards. I am an engaged listener and hold the attitude that diverse perspectives create better solutions. I am not afraid to change my mind, admit I was wrong, or that a different idea is better when presented with new or fuller information. At the foundation of my efforts and in my approach, I keep our collective mission, vision, and values at the forefront: serving the public interest by ensuring the provision of safe, competent, ethical physiotherapy care that inspires public confidence in the physiotherapy profession by leading from a place of inclusion, respect, transparency, accountability, integrity, trust, and collaboration.

I hope these qualities, how I present myself as a member on the Board, and my eagerness to serve in meaningful ways, instills confidence that I would be a positive addition to our Executive Committee. Thank you for your time and careful consideration of mine, and my colleagues' statements. I full confidence and support in whatever outcome is decided.

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.

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.

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

Motion No.: 18.0

Board Meeting
June 18-19, 2026

Agenda #18.0: 2026-2027 Committee Slate

It is moved by

_____,

and seconded by

_____,

that:

The Board approves 2026-2027 Committee Slate.

June 2026
Agenda Item: 18.0

BOARD BRIEFING NOTE

For Decision

Topic:	2026-2027 Committee Slate
Public Interest Rationale:	Committees need to be properly constituted to effectively engage in the work of the College and make decisions in the public interest.
Strategic Alignment:	*People & Culture:* 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: Director Workload Assessment Appendix B: Draft 2026-2027 Committee Slate Appendix C: By-laws - Committee Composition

Issue

- Approve the proposed 2026-2027 Committee Slate.

Decision Sought

- The Board is asked to approve the 2026-2027 Committee slate, including the selection of Chairs and Vice-Chairs, as recommended by the Executive Committee.

Background

- Each year, the development of the Committee Slate occurs prior to the June Board meeting. The Executive Committee was engaged between November 2025 - May 2026 to provide input on planning, reviewed information gathered from current committee members and gave direction on recruitment needs.

- At its May 2026 meeting, the Executive Committee reviewed the proposed 2026-2027 Committee Slate and is recommending the slate to the Board for approval.

Status Update for the 2026-2027 Committee Slate Appointment Process

Date	Action
November 13, 2025 Executive Committee Meeting	✓ The Executive Committee engaged in a discussion about the Committee Slate development process for 2026-202.
January – February 2026	✓ Gather feedback from Committee Chairs and staff, including identifying potential candidates for succession planning. ✓ Contact current committee members, including all Board members currently serving on

	committees, to confirm their interest and availability to remain on their current committees for the 2026-2027 year. ✓ Board members will also be asked about their interest in alternative committees.
February 26, 2026 Executive Committee Meeting	✓ Provide an update on the appointments process, including an estimate of which committees and how many positions will require recruitment.
March – April 2026	✓ Conduct recruitment if required. ✓ Staff will conduct initial vetting. Selected individuals will be invited for short interviews with staff and the current Committee Chair.
May 21, 2026 Executive Committee Meeting	✓ Provide the proposed draft 2026-2027 Committee Slate to the Executive Committee for consideration and recommendation to the Board.
June 18-19, 2026 Board Meeting	➢ The Board will consider the proposed 2026-2027 Committee Slate for approval. • If approved, the appointments are finalized. • Staff will contact individuals following the meeting to notify them of the status of their appointments.

- The information collected, together with feedback from the Executive Committee, Committee Chairs and staff, as well as considerations regarding succession planning and each committee's specific competency and diversity needs helped inform the development of the proposed Committee Slate.

- Each of the Committee Terms of Reference specify that all committee members may only serve a maximum of nine consecutive years on each individual committee. Additionally, there is further limitation stated in College By-laws that Non-Board Committee members may serve no more than nine consecutive years across all committees of the College, regardless of any committee changes. These provisions were also factored into the committee slate development.

Current Status and Analysis

2026 Recruitment

- A recruitment for Non-Board Committee members was conducted for the following committees:

    - Inquiries, Complaints and Reports Committee

- Quality Assurance Committee
- Registration Committee
- Ontario Physiotherapists Discipline Tribunal and the Fitness to Practice Committee

- The College received 51 applications in total across the four committees.
- Staff conducted a preliminary review of the applicants which included a review of their CV and an eligibility check. Those interested in a committee appointment also had to complete the Values, Behaviours and Competency Assessment Form, which was reviewed by staff and which provided additional insight into the experience and competencies of the applicants.
- Following the preliminary review, a selection of candidates were invited to participate in an interview with the Chair of the Committee, the staff lead for the committee and the Governance Specialist.
- Following the interview process, the following individuals are being proposed for committee appointments:
  - Anuradha Dhar is being recommended for appointment to the ***Inquiries, Complaints and Reports Committee*** as a Non-Board Committee Member.
  - Maureen Vanwart and Carrie Bronson are being recommended for appointment to the ***Quality Assurance Committee*** as Non-Board Committee Members.
  - Sinéad Dufour is being recommended for appointment to the ***Registration Committee*** as a Non-Board Committee Member.
  - Daniel Negro, Anna Grunin and Giacomo Silvestri are being recommended for appointment to the ***Ontario Physiotherapists Discipline Tribunal*** and the ***Fitness to Practice Committee*** as Non-Board Committee Members.

2026-2027 Proposed Committee Chairs and Vice-Chairs

Committee	Proposed:
Inquiries, Complaints and Reports Committee	Greg Heikoop, Chair (*New – formerly Vice-Chair)* Tammy Morrisey, Vice-Chair *(New)*
Quality Assurance Committee	Antoinette Megens, Chair Richard O'Brien, Vice-Chair
Registration Committee	Sinéad Dufour, Chair *(New - formerly Vice-Chair)* Juliana De Castro, Vice-Chair *(New – formerly Chair)*

Ontario Physiotherapists Discipline Tribunal	David Wright Chair Nicole Graham, Vice Chair *(New)*
Fitness to Practice Committee	Nicole Graham Chair *(New)* Daniel Negro, Vice Chair *(New)*
Patient Relations Committee	Kim Westfall-Conner, Chair *(New – formerly Vice-Chair)* Shelley MacRae, Vice-Chair *(New)*
Risk, Audit and Finance Committee	Frank Massey, Chair Gary Rehan, Vice-Chair
Examinations Committee	Hari Gopalakrishnan Nair, Chair Alireza Mazaheri, Vice-Chair
Screening Committee	Theresa Stevens, Chair Carole Baxter, Vice-Chair

- The proposed 2026–2027 Committee Slate (see Appendix B) sets out the members recommended for appointment to each committee.

Next Steps

- If the Board approves the 2026-2027 Committee Slate, staff will begin contacting committee members with to start the onboarding and orientation process for new Committee members and provide returning Committee members with information about the meeting schedule for the new committee year.

Questions for the Board

- Are there any questions about the proposed 2026-2027 Committee Slate?

Appendix A: Director Workload Assessment

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

Current appointment and proposed to continue to serve on this committee
New appointment for 2026-2027
Elected by the Board

Table 1: Committee Workload Assessment for Board Members

Name	Term Ends	# of Comm	Exec	ICRC	Dis/Fit	Reg.	PRC	QAC	RAFC	Screen
Elected Directors										
Heather Weber	2028	2								
Gary Rehan	2026	4								
Dennis Ng	2027	2								
Katie Schulz	2028	2								
Frank DePalma	2027	2								
Kate Moffett	2027	2								
Nicole Graham	2029	1								
Hari Gopalakrishnan Nair	2029	2[1]								
Academic Directors										
Sarah Hazlewood	2027	1								
Susie Renaud	2029	1								
Public Directors										
Carole Baxter	2028	4								
Richard O'Brien	2027	2								
Jesse Finn	2027	4								
Mark Heller	2028	3								
Christopher Warren	2028	3								
Frank Massey	2028	2								
John Belyea	2029	2								

[1] Also on Examinations Committee

DRAFT 2026-2027 Committee Slate

	Consecutive # Yrs on Committee
Executive Committee (Maximum 5 people)	
Public Directors (at least 2, unless only 1 stands for election):	
1. Carole Baxter (Public Director of the Board)	New
2. Mark Heller (Public Director of the Board)	2
Professional Directors (at least 3):	
1. Katie Schulz, Chair (Elected Director of the Board)	3
2. Gary Rehan, Vice-Chair (Elected Director of the Board)	2
3. TBD	--
Inquiries, Complaints and Reports Committee (Minimum 5 people)	
Registrants (at least 2):	
1. Greg Heikoop, Chair (Professional Non-Board Committee Member)	3[1]
2. Tammy Morrisey, Vice-Chair (Professional Non-Board Committee Member)	4
3. Diana Hatzoglou (Professional Non-Board Committee Member)	2
4. Frank DePalma (Elected Director of the Board)	1
5. Amanda Pereira (Professional Non-Board Committee Member)	1
6. Anuradha Dhar (Professional Non-Board Committee Member)	New
7. Heather Weber (Elected Director of the Board)	New
Public Directors (at least 2):	
1. Carole Baxter (Public Director of the Board)	5
2. Christopher Warren (Public Director of the Board)	2
3. John Belyea (Public Director of the Board)	.5
Quality Assurance Committee (Minimum 5 people)	
Registrants (at least 2):	
1. Antoinette Megens, Chair (Professional Non-Board Committee Member)	7
2. Dennis Ng (Elected Director of the Board)	5

[1] 3 consecutive years on the ICRC, 4 consecutive years as a Non-Board Committee member.

3. Halak Patel (Professional Non-Board Committee Member)	2
4. Carrie Bronson (Professional Non-Board Committee Member)	New
5. Maureen Vanwart (Professional Non-Board Committee Member)	3
Public Director or Public Non-Board Committee Member (at least 1):	
1. Richard O'Brien, Vice-Chair (Public Director of the Board)	4
2. Mark Heller (Public Director of the Board)	2
Registration Committee (Minimum 5 people)	
Registrants (at least 2):	
1. Sinéad Dufour, Chair (Professional Non-Board Committee Member)	3
2. Juliana De Castro, Vice-Chair (Professional Non-Board Committee Member)	4
3. Einat Mei-Dan (Professional Non-Board Committee Member)	4
4. Yee Mei Mavis Fung (Professional Non-Board Committee Member)	2
Public Directors (at least 2):	
1. Jesse Finn (Public Director of the Board)	7
2. Christopher Warren (Public Director of the Board)	New
Ontario Physiotherapists Discipline Tribunal (Minimum 10 people)	
Professional Directors (at least 2):	
1. Nicole Graham, Vice-Chair (Elected Director of the Board)	7
2. Gary Rehan (Elected Director of the Board)	3
3. Dennis Ng (Elected Director of the Board)	3
4. Frank DePalma (Elected Director of the Board)	2
5. Kate Moffett (Elected Director of the Board)	2
6. Heather Weber (Elected Director of the Board)	1
7. Sarah Hazlewood (Academic Director of the Board)	1
8. Susie Renaud (Academic Director of the Board)	New
9. Hari Gopalakrishnan Nair (Elected Director of the Board)	New
Public Directors (at least 3):	
1. Jesse Finn (Public Director of the Board)	7
2. Carole Baxter (Public Director of the Board)	5

DRAFT

3. Richard O'Brien (Public Director of the Board)	5
4. Frank Massey (Public Director of the Board)	3
5. Mark Heller (Public Director of the Board)	3
6. Christopher Warren (Public Director of the Board)	2
7. John Belyea (Public Director of the Board)	New
Non-Board Committee Member (at least 1):	
1. Sue Grebe (Professional Non-Board Committee Member)	8
2. Richa Rehan (Professional Non-Board Committee Member)	7
3. Anna Grunin (Professional Non-Board Committee Member)	New[2]
4. Daniel Negro (Professional Non-Board Committee Member)	New
5. Giacomo Silvestri (Professional Non-Board Committee Member)	New
Health Professions Discipline Tribunals Chair	
1. David Wright, Chair	N/A
Experienced Adjudicators	
1. Raj Anand	N/A
2. Sherry Liang	N/A
3. Sophie Martel	N/A
4. Jennifer Scott	N/A
5. Jay Sengupta	N/A
Fitness to Practise Committee (Minimum 10 people)	
Professional Directors (at least 2):	
1. Nicole Graham, Chair (Elected Director of the Board)	7
2. Gary Rehan (Elected Director of the Board)	3
3. Dennis Ng (Elected Director of the Board)	3
4. Frank DePalma (Elected Director of the Board)	2
5. Kate Moffett (Elected Director of the Board)	2
6. Heather Weber (Elected Director of the Board)	1
7. Sarah Hazlewood (Academic Director of the Board)	1

[2] 0 consecutive years on the OPDT, 3 consecutive years as a Non-Board Committee member.

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8. Susie Renaud (Academic Director of the Board)	New
9. Hari Gopalakrishnan Nair (Elected Director of the Board)	New
Public Directors (at least 3):	
1. Mark Heller, (Public Director of the Board)	3
2. Jesse Finn (Public Director of the Board)	7
3. Carole Baxter (Public Director of the Board)	5
4. Richard O'Brien (Public Director of the Board)	5
5. Frank Massey (Public Director of the Board)	3
6. Christopher Warren (Public Director of the Board)	2
7. John Belyea (Public Director of the Board)	New
Non-Board Committee Member (at least 1):	
1. Daniel Negro, Vice-Chair (Professional Non-Board Committee Member)	New
2. Sue Grebe (Professional Non-Board Committee Member)	8
3. Richa Rehan (Professional Non-Board Committee Member)	7
4. Anna Grunin (Professional Non-Board Committee Member)	New[3]
5. Giacomo Silvestri (Professional Non-Board Committee Member)	New
Patient Relations Committee (Minimum 3 people)	
Registrants (at least 1):	
1. Einat Mei-Dan (Professional Non-Board Committee Member)	3
2. Shelley MacRae, Vice-Chair (Professional Non-Board Committee Member)	1
Public Director or Public Non-Board Committee Member (at least 1):	
1. Kim Westfall-Conner, Chair (Public Non-Board Committee Member)	2
2. Jesse Finn (Public Director of the Board)	New
Risk, Audit, and Finance Committee (Minimum 5 people, non-statutory)	
Board Chair:	
Katie Schulz (Elected Director of the Board)	2
Board Vice-Chair	
Gary Rehan, Vice-Chair (Elected Director of the Board)	3

[3] 0 consecutive years on the Fitness to Practice, 3 consecutive years as a Non-Board Committee member.

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Directors including at least 1 Public Director (at least 3):	
1. Frank Massey, Committee Chair (Public Director of the Board)	3
2. Kate Moffett (Elected Director of the Board)	2
3. Jesse Finn (Public Director of the Board)	1
Examinations Committee (Minimum of 5 people, non-statutory)	
1. Alireza Mazaheri, Vice Chair (Professional Non-Board Committee Member)	4
2. Hari Gopalakrishnan Nair, Chair (Elected Director of the Board)	4
3. Marcos Rodrigues (Professional Non-Board Committee Member)	2
4. Enoch Ho (Professional Non-Board Committee Member)	4
5. Mira Toth (Professional Non-Board Committee Member)	1
6. Greg Pope (Public Non-Board Committee Member)	4
Screening Committee (Minimum of 5 people, non-statutory)	
Board Directors (at least 2):	
1. Carole Baxter, Vice-Chair (Public Director of the Board)	1
2. Gary Rehan (Elected Director of the Board)	New
Non-Board Committee Member (at least 2):	
1. Theresa Stevens, Chair (Professional Non-Board Committee Member)	1
2. Shabdit Shah (Professional Non-Board Committee Member)	1
3. Danielle Elvkis (Public Non-Board Committee Member)	1

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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.

June 2026
Agenda Item: 19.0

BOARD BRIEFING NOTE

For Discussion

Topic:	Board Composition: Term Limits and Cooling Off Periods
Public Interest Rationale:	Ensure the Board and committees benefit from consistent renewal to support diversity, promote different perspectives, and foster new voices.
Strategic Alignment:	*Effective Governance:* Continuous enhancement of the College's governance processes to support effective decision-making and public trust, including succession planning aligned with current and future needs.
Submitted By:	Mara Berger, Director, Policy, Governance & General Counsel
Attachments:	N/A

Issue

- Review of the College's current term limits and cooling off periods for Elected Directors and Committee members to determine whether they remain fit for purpose.

Decision Sought

- The Board will be engaged in a discussion to assess whether the College's current term limits and/or cooling-off periods for Directors and Committee members remain fit for purpose and should be maintained, or whether revisions should be considered.

Background

- The College's new strategic plan took effect on April 1, 2026. A key pillar of the plan is the continued enhancement of governance practices to support effective decision-making and public trust. This builds on an earlier commitment in the 2022-2026 strategic plan.

- In preparation for the new strategic plan, the Board revisited the governance practices review conducted by the Regulator's Practice in 2023, which resulted in 23 recommendations. In particular, the Board considered which outstanding recommendations remained relevant and should be carried forward for further exploration.

- Among the recommendations identified by the Board was a review of the College's current term limits and cooling off periods.

    - **Term limits** establish how long an individual may serve in particular role, for example as an Elected Board Director or a Non-Board Committee member.

    - **Cooling off periods** establish how long an individual must wait after they have reached a term limit before being eligible for a particular role again.

- In line with the new strategic plan, the purpose of the review is to assess whether the current term limits and cooling off periods still meet the needs of the College by effectively supporting

governance process and practices and succession planning. If the answer is yes, then no revisions are needed. If the answer is no, updates of the term limits and/or the cooling off periods could be considered to address any issues the Board identifies.

- Term limits and cooling off periods fulfill related but distinct functions. Term limits primarily exist to support Board renewal, which ensures fresh voices and perspectives reducing the possibility of "group think", and can also help to foster greater diversity.

- Cooling off periods on the other hand are intended to create a meaningful pause after service, helping to reduce institutional weight of long tenure and creating greater space for new Board members to establish themselves independently.

- Having term limits and cooling off periods that effectively balance the need for continuous Board and Committee renewal, while also ensuring continuity and stability, supports effective governance and by extension serves the public interest.

- Shorter terms limits and implementing a lifetime maximum for service on the Board or a committee was one of the recommendations made by the Regulators Practice during their review of the College's governance practices in 2023. The purpose of the recommendation was to increase diversity and renewal. This aligns with some of the considerations outlined above, such as the need to make room for new voices, the importance of fresh perspectives to prevent stagnation and to reduce reliance on defaulting to how things have always been done.

    - Participants in the governance practices review in 2023 also felt that revised term limits and cooling off periods could support greater diversity, especially in relation to Indigenous lived experience, years of practice, and internationally trained professionals. Additionally, concerns were raised that term limits have not always been enforced in the past.

- Irrespective of the findings of the governance practices review, term limits and cooling off periods are not one-size-fits-all and the Board is not obligated to accept their recommendations. Instead, the focus should be on the specific Board and Committee needs of the College.

    - Some of the main benefits associated with shorter term limits and/or longer cooling off periods, such as increased diversity, may also be achieved through other measures. These could include moving towards competency-based elections or reconsidering how electoral districts are defined, both of which the Board will have an opportunity to discuss at a future meeting.

Current Status and Analysis

Scope of the Review

- Term limits and cooling off periods vary based on the role, with different rules applying to Elected Directors, Academic Directors and both Board and Non-Board Committee members.
- The focus of the current review is to determine whether the College's current term limits and cooling off periods continue to strike the right balance between allowing for renewal and fresh perspectives while also supporting continuity, and as such remain suitable and effective, with a particular focus on Elected Directors and Committee members.
    - Term limits for Academic Directors are not included for the purposes of this discussion, as they currently serve a single 3-year term based on a rotating schedule covering the five universities with physiotherapy faculties. As such, changing these term limits would require a major process revision, which is beyond the scope of this review.
    - Public Directors do not have a formal term limit since they are appointed by the government; however, the term limit for Elected Directors is commonly used as a benchmark.
- Although this discussion focuses on Elected Directors and Committee members for the reasons outlined above, if the Board decides to revise term limits and/or cooling off periods, similar standards would be applied to Academic Directors and Public Directors where appropriate to ensure consistency.

Environmental Scan

- To support the review, the College conducted an environmental scan of the **26 health regulators** in Ontario, as well as the **College of Veterinarians** of Ontario and the **College of Health and Care Professionals** of BC. The findings of the scan and how they relate to the College's current term limits and cooling off periods are outlined below.
- Overall, the environmental scan showed that the College's current provisions are fairly common within the regulatory field, but that some Colleges are adopting new approaches as part of governance reforms, with a focus on shorter term limits and more significant cooling off periods, as well as some College's implementing a maximum of lifetime service on the Board or committees:

	College of Physiotherapists	Overall Environmental Scan Findings	Notable Exceptions
Elected Directors Term Limits	3 years to a maximum of 9 consecutive years	3 years to a maximum between 6-9 years, usually consecutively	• The ***College of Dietitians*** counts both time on the Board and as a Non-Board Committee member towards their maximum of 6 consecutive years. • The ***College of Nurses*** allows for a maximum of 6 consecutive years on the Board, and a total of 9 consecutive years as Board a Board and Non-Board Committee member combined. • The ***College of Health and Care Professionals of BC*** (which includes physiotherapists) no longer holds elections, all Board members both Public and Professional are appointed by the government. A single term is 4 years, and Board members may serve to a maximum of 12 consecutive years.
Elected Directors Cooling Off Periods	1 year	Between 1 – 5 years, with 3 years and 1 year being most common overall	• Both the ***College of Physicians and Surgeons*** and the ***College of Dental Hygienists*** have a lifetime maximum of 9 years, either consecutively or non-consecutively, meaning that once a Director has served 9 years on the Board, they are ineligible to assume that role again.

	College of Physiotherapists	Overall Environmental Scan Findings	Notable Exceptions
Committee Member Term Limits	***Board members:*** 1-year terms to a maximum of 9 years on a specific committee ***Non-Board members:*** 1-year terms to a maximum of 9 years across committees	Most committee appointments are made annually to a maximum of 6-9 consecutive years on average.	• The ***College of Dental Hygienists*** allows Board members to serve on a specific committee for a maximum of 3 consecutive years, with exceptions for Executive, Discipline and Fitness to Practice, followed by at least a 12 month cooling of period. Non-Board Committee members can serve a lifetime maximum of 6 years in that role, consecutively or non-consecutively. • The new ***Veterinary Professionals Act, 2024***, mandates that no individual can be a member of the same committee for more than 6 consecutive years, meaning the legislation itself enforces a shorter term limit. • The ***College of Health and Care Professionals of BC*** has much shorter term limits for Committee members than for Board members. Government-appointed Board members may serve up to 12 consecutive years, while Committee members are limited to 6. Board members also cannot serve on the License Committee or the Investigation Committee.

	College of Physiotherapists	Overall Environmental Scan Findings	Notable Exceptions
Non-Board Committee Members Cooling Off Period	1 year after 9 consecutive years across committees *There is no specific cooling off period for Board Committee members. While the 9 consecutive years maximum per committee applies, they may join another committee immediately.	Between 1 – 3 years, with 3 years and 1 year being most common overall	• As with Elected Directors, both the ***College of Physicians and Surgeons*** and the ***College of Dental Hygienists*** have lifetime maximums. For CPSO, Committee members may serve up to 9 years on a specific committee, consecutively or non-consecutively. For CDHO, Non-Board Committee members may serve up to 6 years.

- Based on the findings, there are several adjustments the Board could consider with respect to the term limits and cooling off periods if the Board believes that the current provisions no longer strike the right balance between continuity and renewal:
    - Reducing the term limit for Elected Directors and Committee members from 9 to 6 consecutive years.
    - Maintaining a 9-year term limit but change it to be either consecutively or non-consecutively. This would mean that an Elected Director would need to take a pause after reaching 9 years total on the Board, even if there was a break in between. The same could apply to Non-Board Committee members.
    - Retaining the term limit of 9 consecutive years for Elected Directors but counting prior time as a Non-Board Committee member towards the maximum.
    - Extending the cooling off period for Elected Directors and Non-Board Committee members, for example to 6 or 9 years.

    - For Elected Directors, while the current cooling off period is officially 1 year, because district elections take place every 3 years, it typically means the cooling off period lasts for a full term (3 years).

  - Setting a lifetime maximum for Elected Directors and Non-Board Committee members.

  - Reconsidering the term limit of 9 years across committees for Non-Board Committee members.

Potential Benefits and Drawbacks of Revising Term Limits and/or Cooling Off Periods

- Changes to the College's term limits and cooling off periods comes with trade-offs. Some of the things the Board may want to consider include:

Potential Benefits of Revised Term Limits & Cooling Off Periods	Potential Drawbacks of Revised Term Limits & Cooling Off Periods
Shorter term limits and longer cooling off periods result in greater Board and Committee renewal, creating space for new individuals with different backgrounds, experiences and perspectives.	There is a risk that more frequent turnover could create some instability as new Board and Committee members need to be onboarded more frequently and historical knowledge across the Board and Committees becomes more limited.
The number of Board and Committee positions is limited. Longer term limits combined with a short cooling off period may reduce opportunities for new candidates, as former Board or Committee members only have to take a brief break and may benefit from their experience and reputation when seeking re-election or reappointment.	Serving as a non-Board Committee member before seeking Board election helps candidates learn about the College's work and public interest focus. Counting time spend as a non-Board Committee member toward the maximum term as an Elected Director may discourage individuals from joining Committees before running for the Board.

- Irrespective of the potential trade offs, the main question remains whether the current term limits and cooling off periods continue to strike the right balance between renewal and stability, both at the Board and at the committee level. If the Board believes that updates should be considered, then the next step would be to determine whether the focus should be on updated to term limits, cooling off periods or both, and the nature of the changes that should be pursued.

Next Steps

- If the Board determines that the College's current term limits and cooling off periods remain fit for purpose, no further action is required.
- If the Board determines that changes to the College's current term limits and/or cooling off periods should be considered, staff will develop a proposal based on the Board's direction. The proposal will be presented to the Board for its consideration at a future meeting.

Questions for the Board

- Is there anything in the briefing note that requires clarification?
- Do the College's current term limits and cooling off periods continue to strike the right balance between renewal, continuity, and stability at the Board and Committee level?
- If changes are deemed to be warranted, which approach would best support the College's governance needs, shorter term limits, longer cooling off periods or both?

June 2026
Agenda Item: 20.0

BOARD BRIEFING NOTE

For Discussion

Topic:	Governance Structure Review and the Role of Board Committees
Public Interest Rationale:	Clarifying the role of the Executive Committee and its place within the College's overall governance structure supports transparent, accountable decision-making and helps maintain public confidence in the College's regulatory oversight.
Strategic Alignment:	*Effective Governance:* Supports the College's effective governance by clarifying governance roles and responsibilities, ensuring that decision-making structures, delegation, and oversight remain fit for purpose.
Submitted By:	Caitlin O'Kelly, Governance Specialist
Attachments:	Appendix A: Environmental Scan Appendix B: Policy 2.3: Executive Committee Terms of Reference

Issue

- Review of the role of the Executive Committee and the allocation of governance-related responsibilities across committees.

Decision Sought

- The Board is being asked to provide direction on whether the College's current governance structure, including the role of the Executive Committee and the allocation of governance related responsibilities across committees, remains fit for purpose and should be maintained.

- Alternatively, the Board is being asked to provide direction on whether alternative approaches should be explored, including reallocating functions across existing committees or the potential creation of a Governance Committee.

Background

The Legal Framework

- The Board is responsible for the governance and strategic oversight of the College and is supported in this work through its committee structure.

- While the Board has discretion to create additional committees to support its work, legislation requires the College to maintain an Executive Committee.

    - At a minimum, the Executive Committee's statutory role is to act on behalf of the Board between meetings when matters are time-sensitive and a quorum of the full Board cannot reasonably be convened. In these circumstances, the Executive Committee may exercise

the powers of the Board, with the exception of making, amending, or revoking a regulation or By-law, and is required to report its actions to the Board at its next meeting.

  - The exercise of Board powers by the Executive Committee is intended to be limited to urgent circumstances. In practice, the Executive Committee does not routinely act as a substitute for the Board.

- Beyond this minimum statutory requirement, the scope and responsibilities of the Executive Committee are determined by the Board through governance policy (see Policy 2.3 attached).

- Under the Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991*, the Board may create non-statutory committees through its By-laws and to assign them roles, responsibilities and authority.

  - In accordance with this authority, the Board has created the Risk, Audit, and Finance Committee and more recently the Screening Committee to assist it with its work in addition to the Executive Committee.

Current Allocation of Governance Functions

- Under the current governance structure, governance-related responsibilities are distributed across the three committee as follows:

Executive Committee	Screening Committee	Risk, Audit and Finance Committee
• Committee appointment recommendations • Board education planning • Support for Registrar performance review process • Review of Board materials to support Board readiness and discussion • Certain delegated decision-making functions (e.g., conference attendance for Board & Committee members, privacy matters)	• Supports Board election process • Candidate screening and vetting • Conduct Election validity reviews and report to the Board, as needed	• Recommend the Annual Budget • Manage the audit process, including recommending the appointment of auditors and the approval of the annual audited financial statements • Monitor and support enterprise risk management • Monitor financial planning

- As outlined in the table above, the Board currently allocates governance responsibilities across the three committees. As a result, governance-related functions are already being carried out within the existing structure, although they may be organized differently than in colleges that have established a dedicated Governance Committee.

- The Executive Committee in particular plays a central role in supporting governance functions assigned by the Board.

- Over time, the Board has adjusted these roles to reflect evolving governance needs, Board preferences, and considerations related to transparency, accountability, and effective decision-making.

    - Adjustments have included assigning risk management to what was previously the Audit and Finance Committee and establishing a separate Screening Committee to support the election process.

    - With respect to the Executive Committee, in response to feedback from the Governance Practices Review in 2023 that more transparency was needed regarding its role and work, the committee has assumed more of a facilitative role in line with its delegated responsibilities outlined in its Term of Reference.

Current Status and Analysis

Purpose of the Discussion

- This discussion is not prompted by a specific gap or issue requiring resolution. Instead, it provides an opportunity for the Board to consider whether the College's current governance structure and allocation of governance-related responsibilities across committees continue to appropriately support the Board's needs, governance objectives, and preferred approach to governance oversight.

- Previous Board discussions and feedback have noted that there may be potential opportunities for increased efficiency at the Board level through further leveraging existing committees or establishing a Governance Committee. At the same time, the Board has also identified maintaining transparency and comprehensive discussions at the Board-level as important guiding principles. As such, any potential changes to the current governance structure and allocation of governance functions would need to balance potential efficiencies and these principles.

- It is important to note that changes would only need to be explored if the Board determines that the current model no longer meets its needs. To support that discussion, the analysis is organized into two parts: a closer look at the current role of the Executive Committee, followed by a deeper overview of the allocation of governance functions and delegation of authority.

Current Role of the Executive Committee

- As outlined in the Background section, the Executive Committee currently supports a number of governance-related functions assigned by the Board. However, its current role in reviewing Board materials is primarily facilitative. The Committee's focus is generally on how matters are

presented to the Board to support effective Board-level discussion, rather than determining whether matters proceed to the Board or bringing forward recommendations on substantive governance matters.

  - The Executive Committee also reports regularly to the Board regarding its activities and discussions. At each regular Board meeting, the Board receives an Executive Committee Report outlining work undertaken since the previous Board meeting to support transparency and Board awareness regarding the Committee's role and activities.

- This reflects a model in which the Executive Committee supports Board readiness and governance effectiveness, while substantive discussion and decision-making remain primarily at the full Board table.

- Utilizing the Executive Committee primarily in a facilitative role has been intentional. As previously noted, the Board has identified transparency as a foundational principle. It is also one of the values that form part of the College's strategic plan, as it supports right-touch regulation.

- With the Board retaining more of the governance functions rather than the Executive Committee, or other Board committees, taking on a more active role, in depth discussions tend to occur at the Board level. Since the Board functions in a public forum, this helps to ensure that the public benefits from the full context in which Board decisions are being made.

  - This approach is consistent with the Board's ongoing emphasis on transparency and role clarity in relation to the Executive Committee.

- Questions for Consideration:

  - Based on the information provided, does the Board believe that the Executive Committee's current role continues to effectively support the governance work of the Board?

  - Is the Board comfortable with the current level of transparency regarding the Executive Committee's activities?

Allocation of Governance Functions and Delegation of Authority

- In addition to the role of the Executive Committee, the Board's discussion of the current governance model and whether changes are needed should also consider how governance functions are allocated and what impact any changes could have on delegation of authority.

- Within the regulatory context, governance-related responsibilities are commonly divided into two broad categories:

People-related governance functions:	• Elections and nominations • Committee appointments • Succession planning • Evaluations
Governance development/oversight functions:	• Governance policy review • By-law review • Governance process development • Board education planning

- As outlined in the Background section, these functions are currently distributed across several Board committees at the College, with the Executive Committee playing a central role in supporting governance-related work assigned by the Board.

- An environmental scan of Ontario health regulatory colleges identified that governance-related responsibilities are structured differently across organizations. While 13 colleges have committees referred to as "Governance Committees," there is no consistent approach to how these committees are defined, structured, or utilized.

    - Across the colleges reviewed, Governance Committees most commonly support people-related governance functions such as elections, nominations, committee appointments, and evaluations.

    - While some Governance Committees also reference broader governance oversight or governance policy review, this work is typically framed as one responsibility among many and varies significantly in scope and authority.

    - In addition to committees named "Governance Committees," similar functions may also be carried out by committees operating under different titles, including: Nominations and Elections Committee, Elections Committee, Recruitment Committee, Nominating Committee or Screening Committee.

- The composition of these committees also varies depending on their responsibilities. Committees focused people-related functions such as elections or committee appointments may place greater emphasis on independence, while committees supporting governance policy development or Board processes may rely more heavily on Board knowledge and experience. This can result in functions being intentionally separated, with one committee supporting policy development and another implementing those policies.

    - In some instances, colleges maintain both an Executive Committee and a Governance Committee with overlapping membership. For example, at the College of Nurses of Ontario, the Governance Committee is comprised of members of the Executive Committee.

    - This reflects the reality that colleges may structure governance functions differently depending on the specific objectives they are seeking to support, including efficiency,

independence, transparency, operational capacity, or Board oversight. Within this context, many colleges use their Executive Committees to support governance oversight functions, given that it is a legislatively required committee.

- The Board could consider a range of approaches regarding the allocation of governance-related responsibilities across committees, including maintaining the current structure, reallocating responsibilities across existing committees, or establishing a dedicated Governance Committee. The table below outlines some key considerations for each approach, including some of the potential benefits and drawbacks:

Approach	Key Considerations
Maintain current structure	• Governance-related functions continue to be distributed across existing committees. • Maintains the current approach where deliberation and decision-making remain primarily at the Board level for full transparency. • The Executive Committee continues to support governance-related functions in addition to its statutory responsibilities. • Avoids duplication of work and additional coordination requirements. • Means more time has to be set aside for discussions at the Board, potentially reducing Board efficiency.
Reallocate responsibilities across existing committees	• Certain governance-related responsibilities could shift between committees. For example, people-related governance functions currently supported by the Executive Committee could be reassigned to another committee, such as the Screening Committee[1]. • May enhance perceived independence for certain functions (e.g., appointments, evaluations). • May result in increased Board efficiency by reducing the need for extensive Board discussions. • Potential reduction in transparency for the public and other Board members if discussions occur at the committee level.

[1] When the Screening Committee was established, the Board considered whether its mandate should also include committee appointments but determined that the initial focus of the Committee should be limited to supporting the Board's election process

Establish a Governance Committee	• A dedicated Governance Committee could undertake some or all governance-related functions currently supported through the existing structure. • Depending on the functions assigned, this approach may provide similar benefits to those described above, including enhancing perceived independence for certain functions. • Could enable more focused or specialized attention to governance matters. • Would require reallocation of responsibilities across committees. • Maintaining both the Executive Committee and a Governance Committee with substantially overlapping governance-related mandates could require parallel review processes, additional coordination in advance of Board meetings, and increased staff support, administrative burden, and meeting requirements. • If a Governance Committee assumed governance-related functions currently supported by the Executive Committee, the Executive Committee could operate more narrowly in its statutory capacity, meeting primarily to address urgent matters between Board meetings.

- The approaches above primarily relate to how governance-related responsibilities may be allocated across committees. Another important consideration is the Board's preferred approach to the delegation of authority, which is relevant to each of these approaches.
    - Delegation of authority refers to how much responsibility and decision-making the Board is comfortable assigning to its committees. This includes whether committees should mainly support Board discussions or take on a more substantive role by bringing forward recommendations more often.
- A more substantive governance role could be supported either through the Executive Committee or through a dedicated Governance Committee, depending on how the Board wishes governance responsibilities to be allocated.
- Under the current structure, committees primarily support Board readiness for discussion, while deliberation and decision-making remain primarily at the Board level.
- If the Board wished committees to take on a more substantive role, such as developing and bringing forward more recommendations, this would represent a shift toward greater

delegation of authority. As outlined above, this may result in more efficient use of Board meeting time by reducing the need for detailed discussions at the Board table, but it also means the Board must be comfortable with relying on committee-level reviews and recommendations.

  - This approach would also require clarity around committee mandates and a shared understanding that committee recommendations will not be fully revisited at the Board table unless deemed absolutely necessary.

- Questions for Consideration:

  - Does the Board believe the current allocation of governance functions appropriately meets the Board's needs and should be maintained?

  - Alternatively, are there aspects of the current structure that the Board would like to explore adjusting, such as delegating additional authority and responsibilities to Board committees?

  - If the Board is interested in exploring adjustments to the current allocation of governance functions, which direction would the Board like to take? For example, would the Board prefer to leverage existing committees or explore the development of a Governance Committee?

Next Steps

- If the Board determines that the current governance structure, including the role of the Executive Committee and the allocation of governance-related responsibilities, remains fit for purpose, no further action is required.

- If the Board determines that changes to the current governance structure should be considered, staff will develop options based on the Board's direction, including potential adjustments to committee roles or the creation of a Governance Committee. These options will be presented to the Board for consideration at a future meeting.

Questions for the Board

- Is the Board satisfied that governance-related functions are adequately supported under the current structure?

- If not, what specific challenges should be addressed?

Environmental Scan

Table 1: Colleges with a Committee Identified as a "Governance Committee"

College	Name of Committee
College of Dental Hygienists of Ontario	Governance Committee
Royal College of Dental Surgeons of Ontario	Governance Committee
College of Dietitians of Ontario	Governance Committee
College of Kinesiologists of Ontario	Governance and Nominations Committee
College of Massage Therapists of Ontario	Governance Committee
College of Naturopaths of Ontario	Governance Committee
College of Nurses of Ontario	Governance Committee
College of Occupational Therapists of Ontario	Governance Committee
College of Opticians of Ontario	Governance Committee
College of Optometrists of Ontario	Governance/H.R. Committee
Ontario College of Pharmacists	Governance Committee
College of Physicians and Surgeons of Ontario	Governance and Nominating Committee
College of Psychologists and Behaviour Analysts of Ontario	Governance and Nominations Committee

Table 2: Colleges Supporting Governance-Related Functions Through Other Committees

College	Name of Committee
College of Audiologists and Speech-Language Pathologists	Nominations and Elections Committee
College of Chiropodists of Ontario	Elections Committee
College of Dental Technologists of Ontario	Recruitment Committee
College of Medical Radiation and Imaging Technologists of Ontario	Nominating Committee
College of Midwives of Ontario	Nominations Committee
College of Nurses of Ontario	Nominating Committee
College of Occupational Therapists of Ontario	Nominations Committee
College of Opticians of Ontario	Screening Committee
Ontario College of Pharmacists	Screening Committee
College of Registered Psychotherapists of Ontario	Nominations and Elections Committee
College of Traditional Chinese Medicine Practitioners and Acupuncturists	Nominations Committee

Section:	**Terms of Reference**	**Policy #2.3**
Title:	**Executive Committee**	
Date approved:	**February 2002**	
Date revised:	**June 2003, June 2006, September 2007, March 4, 2009 in effect June 2009, June 2010, September 2010, September 2011, October 2012, February 2013, September 2013, March 2014, March 2015, June 2021, September 2023**	

Type

Statutory

Legislative / By-law References

a. Health Professions Procedural Code: s.10, s.11, s.12
b. By-laws: s.7.1(1) and s.7.2(1)

Role

The role of the Executive Committee is to provide leadership to the Board, to promote governance excellence at all levels, to facilitate effective functioning of the College, to act on behalf of the Board between meetings with respect to matters that, in the Committee's opinion, require immediate attention, and when required, to act as the College Privacy Committee to deal with appeals regarding the manner in which personal information is managed by the College.

Accountability

Board

Duties

Governance Excellence

1. To regularly monitor, evaluate and recommend practices that will promote and enhance overall governance excellence at both the level of the Board and committees.

2. To provide oversight on individual and general education of the Board and Non-Board Committee members.

Administrative Matters

3. Without unduly exercising the Board's authority, to exercise all the powers of the Board between Board meetings with respect to matters that, in the Committee's opinion, require immediate attention. Exceptions include the power to make, amend or revoke regulations or by-laws, or where policy dictates limitations.

4. To provide, for publication on the College's website, the date of every meeting, the rationale for the meeting, and whether any decision made will be ratified by the Board.

5. To provide, for publication on the College's website, where the 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.

6. To review By-Laws, Governance Policies, and the College's official documents to ensure currency and the need for Board review.

7. To recommend the Committee, Task Force or Advisory Group slate for presentation and approval by the Board.

8. To provide direction and support to committees and the Board as requested.

9. To act as the advisory panel to the Chair.

Policy Development

10. To maintain current awareness of issues that affect the College's mandate and strategic direction and to provide recommendations and advice to the Board on such matters.

11. To provide guidance and support, as requested, to policy development or operational projects at staff, task force or committee level and to make recommendations to the Board with respect to policy direction, as required.

Working with the Registrar

12. To provide guidance and support to the Registrar.

13. To provide direction to the Registrar on matters that require immediate attention in between meetings of the Board.

14. To receive and adjudicate grievances of staff reporting to the Registrar.

15. To ensure that the Registrar is involved in their annual performance review,

16. To ensure the employment contract of the Registrar and any related amendments are confirmed by the Board.

College Privacy Committee

17. To act as the College Privacy Committee to deal with appeals regarding the manner in which personal information is managed by the College, including concerns regarding an individual's request for access to their personal information.

Registrar's Performance Review Panel

18. To act as the Registrar's Performance Review Panel in order to gather and assemble feedback about the Registrar's performance and to provide a recommendation to the Board as to the outcome of the Registrar's annual performance review.

Composition

Composition of the Committee is determined by subsection 7.1(1) of the College By-laws.

Term of Office

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