MEETING OF THE BOARD OF THE COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Office Tour (Closed)
Thursday, December 10, 2026 | 9:00 – 10:00 p.m.

Board Meeting (Public)
Thursday, December 10, 2026 | 10:00 – 4:15 p.m.

Board Meeting (Public)
Friday, December 11, 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

Closed Session	
9:00 a.m.	**Office Tour** *(C. Roxborough & L. Pretty)* The Board will be introduced to the College's new office space, including an overview of the emergency exits and evacuation protocols.

Thursday, December 10, 2026				
Item	**Time**	**Topic**	**Page**	**Purpose**
*	10:00 a.m.	**Welcome and Call to Order** *(G. Rehan)* • Roll Call • Territory Acknowledgement	N/A	N/A
1.	10:15 a.m.	**Review and Approval of the Agenda** *(G. Rehan)*	1-8	Decision
2.	10:18 a.m.	**Declaration of Conflicts of Interest** *(G. Rehan)* Following approval of the Agenda, Directors are being asked to declare any known conflicts of interest with the Agenda.	9	Discussion
3.	10:20 a.m.	**Approval of the Consent Agenda** *(G. Rehan)* • Approval of September 28-29, 2026, Board Meeting Minutes • Executive Committee Report • Risk, Audit and Finance Committee Report • Key Conference Learning Reports CNAR	10-31	Decision

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

4.	10:25 a.m.	**Chair's Report** *(G. Rehan)* The Board is provided with an update regarding key activities and initiatives.	32-35	Information
5.	10:35 a.m.	**Registrar's Report** *(C. Roxborough)* The Board is provided with an overview and update regarding key activities and initiatives.	36-66	Information
6.	11:20 a.m.	**Investments Strategy Policy Primer** *(C. Roxborough)* The Board will be provided with an introduction to the College's Investments Strategy Policy.	67-73	Education
7.	11:35 a.m.	**Review of College Investments** *(C. Roxborough and Tyler Graham, RBC)* The Board will receive a presentation on the broader economic and investment environment, including an update on the College's investments.	74	Information
*	12:00 p.m.	**Lunch (45 Minutes)**	N/A	N/A
8.	12:45 p.m.	**Competency-Based Elections & Appointments** *(M. Berger)* The Board will be engaged in a generative discussion regarding competency-based elections and appointments.	75-88	Discussion

9.	1:30 p.m.	**Governance Structure and the Role of Board Committees** *(C. O'Kelly)* The Board will be provided with options to consider potentially expanding the role of Board Committees or establishing a Governance Committee.	89-101	Discussion
*	2:15 p.m.	**Break (15 Minutes)**	N/A	N/A
10.	2:30 p.m.	**Motion to go in camera pursuant to section 7.2(b) of the Health Professions Procedural Code** *(G. Rehan)* The Board will be asked to move in camera as financial, personal or other matters may be discussed of such nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public.	102	Decision
11.	3:15 p.m.	**Early Engagement – Health Equity and Anti-Discrimination Standard** *(E. Ermakova)* The Board will be provided with an update regarding the development of the Health Equity and Anti-Discrimination Standard and will be asked to participate in a generative discussion about the guiding principles.	103-109	Information
*	4:15 p.m.	**Adjournment of Day One**		

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

Friday, December 11, 2026				
Item	**Time**	**Topic**	**Page**	**Purpose**
12.	9:00 a.m.	**Canadian Alliance of Physiotherapy Regulators (CAPR) Update** *(Dave Clemens & Brandi Park)* The Board will be provided with an update regarding the transition to the new Canadian Physiotherapy Exam.	110	Information
13.	9:20 a.m.	**Motion to go in camera pursuant to section 7.2(b) of the Health Professions Procedural Code** *(G. Rehan)* The Board will be asked to move in camera as financial, personal or other matters may be discussed of such nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public.	111	Decision
14.	9:50 a.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.	112-115	Information
15.	10:00 a.m.	**Priorities and Initiatives for FY2027-2028** *(C. Roxborough & J. Huang)* Staff have recently completed operational planning for FY2027-2028. The Board will be asked to provide feedback on the list of proposed priorities and initiatives.	116-121	Discussion

16.	10:30 a.m.	**Committee Slate Amendment** *(C. O'Kelly)* The Board will be asked to approve a recommendation of the Executive Committee to amend the Committee Slate.	122-129	Decision
*	10:45 a.m.	**Break (15 Minutes)**	N/A	N/A
17.	11:00 a.m.	**Reserve Fund Policy** *(C. Roxborough & M. Catalfo)* The Board is being asked to approve a recommendation from the Risk, Audit and Finance Committee to update the Reserve Fund Policy and add it to the College's Governance Policies.	130-141	Decision
18.	11:45 a.m.	**Fiscal Year 2027 Q2 Financial Report** *(M. Catalfo)* The Board will be provided with an update on the College's Q2 financial performance.	142-151	Information
*	12:00 p.m.	**Break (45 Minutes)**	N/A	N/A
19.	12:45 p.m.	**Board Evaluations** *(C. O'Kelly)* The Board will be asked to reflect on the current Board Evaluation processes and identify whether there are any potential updates that should be considered.	152-160	Discussion
20.	1:30 p.m.	**Engagement with Physiotherapists Educated Outside of Canada** *(T. Turner)* The Board will be provided with an overview of the College's outreach activities to support physiotherapists educated outside of Canada.	161	Information
*	2:15 p.m.	**Adjournment of Meeting**		

Meeting Norms



Use Zoom and keep your cameras on.



Proactively declare and manage any conflicts of interest.



Keep your computer microphone muted when attending in person. If attending virtually, unmute only when speaking



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
December 10-11, 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

Gary Rehan

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

Motion No.: 3.0

Board Meeting
December 10-11, 2026

Agenda #3.0: Consent Agenda

It is moved by

_____,

and seconded by

_____,

that:

The September 28-29, 2026 Board Meeting minutes be approved.

December 2026
Agenda Item: 3.0

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

Monday, September 28 and Tuesday, September 29, 2026
The College Boardroom & Virtually via Zoom

Public Director Attendees:
Carole Baxter (Vice-Chair)
Jesse Finn
Mark Heller
Frank Massey
John Belyea

Professional Director Attendees:
Gary Rehan (Chair)
Frank DePalma
Nicole Graham
Hari Gopalakrishnan Nair
Sarah Hazlewood
Kate Moffett
Dennis Ng
Susie Renaud
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

Recorder:
Caitlin O'Kelly, Governance Specialist

Regrets:
Richard O'Brien
Christopher Warren

Guests:
Jeff Bouwman, Co-Founder and CEO, AIMS Institute
Cate Creede, The Potential Group
Blair MacKenzie, Hilborn LLP
Cassidy Johnson, Hilborn LLP

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Monday, September 28, 2026

Welcome and Call to Order

G. Rehan, Board Chair, called the meeting to order at 9:00 a.m. The Chair invited N. Graham to provide the Territory Acknowledgement and reaffirmed the College's ongoing commitment to its public interest mandate.

1.0 Review and Approval of the Agenda

Motion 1.0

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

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

CARRIED.

2.0 Declaration of Conflicts of Interest

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

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

3.0 Approval of the Consent Agenda

G. Rehan provided an overview of the items listed on the Consent Agenda for approval.

Motion 3.0

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

The following items be approved by the Board:

- June 18-19, 2026 Board Meeting Minutes
- June 18, 2026 In Camera Board Meeting Minutes
- August 10, 2026 Board Meeting Minutes

CARRIED.

4.0 Chair's Report

G. Rehan provided an overview of the Chair's report that covers activities since the June Board meeting, including updates regarding Chair and Vice-Chair training and committee leadership succession planning.

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5.0 Registrars Report

C. Roxborough, Registrar & CEO, provided an overview of key operational activities and initiatives over the last quarter, including the College's progress in implementing its strategic plan and an overview of the Q1 dashboard results. Updates included the anticipated expansion of physiotherapy scope of practice, engagement with physiotherapists educated internationally, senior management succession planning, and the College's office relocation.

The Board discussed the performance of the Canadian Alliance of Physiotherapy Regulators (CAPR), including examination administration, credentialling timelines, and candidate experience, as well as opportunities to strengthen reporting regarding examination outcomes and candidate feedback.

The Board noted the College's achievement of its target for complaint investigation timelines and discussed opportunities to further refine dashboard reporting to provide additional context regarding professional conduct timelines and trends, including factors outside the College's control and complaint volumes relative to growth in the profession.

6.0 Risk Report – FY2027 Q1

J. Huang, Director, Strategy, provided the Board with an update on the Q1 Risk Report, including the first quarterly report using the revised risk reporting format developed following feedback from the Board and the Risk, Audit and Finance Committee. The report highlighted the College's key threats and opportunities and provided information regarding actions being taken to manage identified risks.

The Board discussed the methodology used to prioritize risks and opportunities, including the role of likelihood, impact, and management assessment in determining the items highlighted in the report. Clarification was provided regarding the management and oversight of organizational risks. The Board expressed support for the revised reporting format and provided suggestions to further enhance report readability, including additional contextual information within future heat maps.

7.0 Revised Confidentiality Policy for Board and Committee Members

C. O'Kelly, Governance Specialist, presented the proposed amendments to the *Policy 3.1: Confidentiality – General*. The Board reviewed the proposed updates to the policy, including amendments related to confidentiality obligations, information handling, the use of AI tools, and the protection of College information.

Motion 7.0

It was moved by N. Graham and seconded by J. Belyea that:

The Board approves amendments to *Policy 3.1 Confidentiality — General*.

CARRIED.

8.0 Competency Profile Refresh

C. O'Kelly presented proposed updates to the College's Competency Profile for Board and Committee members. The Board received information regarding the review of the current profile, including proposed revisions intended to improve clarity, modernize language, and ensure the profile continues to reflect the knowledge, skills, and attributes that support effective governance.

The Board discussed the current use of the Competency Profile as a self-assessment and reflection tool and reaffirmed that it is not currently used to determine eligibility for Board elections or Committee appointments. Discussion also highlighted the role of the profile in helping prospective Board and Committee members understand the knowledge, skills, and attributes that support effective governance.

Motion 8.0

It was moved by S. Hazlewood and seconded by J. Finn that:

The Board approves amendments to the Board and Committee Competency Profile.

CARRIED.

9.0 Funding for Therapy/Counselling for Committee Members

M. Berger, Director, Policy, Governance & General Counsel, presented information regarding the pilot project providing funding for therapy and counselling services for Committee members. The Board considered whether funding for the program should continue following completion of the pilot project. Discussion highlighted the program's alignment with the College's commitment to compassionate regulation.

Motion 9.0

It was moved by S. Hazlewood and seconded by F. DePalma that:

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The Board approves continued funding for Committee members to access therapy and counselling services through the College's Employee Assistance Program.

CARRIED.

10.0 Fees for FY2028

C. Roxborough provided an overview of the analysis that was completed with respect to registration and administrative fees for FY2028, along with a recommendation from the Risk, Audit, and Finance Committee (RAFC) to not raise fees for FY2028.

Motion 10.0

It was moved by D. Ng and seconded by N. Graham that:

That the Board approves the Risk, Audit and Finance Committee recommendation to not increase fees for FY2028.

CARRIED.

11.0 Exam Transition Update

C. Roxborough presented an update on the Canadian Alliance of Physiotherapy Regulators (CAPR) and experience with the Canadian Physiotherapy Exam (CPTE) following several examination sittings. The Board also received an update regarding CAPR's credentialling modernization initiatives and progress toward the completion of the Ontario Clinical Exam (OCE) program.

The Board discussed examination performance trends, exam security measures, and support mechanisms available to physiotherapists educated internationally. Discussion also included challenges related to clinical placement opportunities for physiotherapists educated internationally and Canadian students completing physiotherapy education outside of Canada.

The Board requested that the Registrar further explore the issues discussed regarding clinical placement opportunities for physiotherapists educated internationally and Canadian students studying abroad, including through discussions with relevant regulatory, academic and system partners.

12.0 Cross Border Virtual Care - Exploratory Discussions

C. Roxborough presented information to support a Board discussion regarding cross-border virtual care and the potential modernization of the memorandum of understanding

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among provincial and territorial physiotherapy regulators. The Board received information regarding the current regulatory framework governing cross-border virtual care, developments across Canadian jurisdictions, and considerations related to patient access, continuity of care, labour mobility, and regulatory oversight.

The Board discussed the potential benefits of greater flexibility for cross-border virtual care. Discussion highlighted circumstances where virtual care across provincial and territorial boundaries may be appropriate, including rural, northern, and underserved communities, existing physiotherapist-patient relationships, and situations where access to appropriate care may otherwise be limited.

The Board also discussed considerations that should inform any future framework, including regulatory oversight, complaints and investigation processes, accountability of registrants, differences in scope of practice between jurisdictions, and ensuring that patient safety and the public interest remain protected. The Board also discussed the importance of clearly defining circumstances where cross-border virtual care may be appropriate and identifying safeguards to support consistent and accountable practice.

The Board expressed support for continued exploration of potential approaches to modernizing the current framework. While recognizing that the current memorandum of understanding may be overly restrictive and that a fully open model may not provide sufficient safeguards, the Board discussed the potential value of a balanced approach that supports patient access and continuity of care while maintaining appropriate regulatory oversight and accountability.

13.0 Strategy Check-In

Cate Creede-Desmarais facilitated a strategy check-in discussion to support the Board's consideration of potential areas of focus for the upcoming year. The discussion drew on environmental updates and profession data to explore emerging trends, opportunities, and issues that may influence future operational planning and implementation of the strategic plan.

The Board reflected on progress made during the first year of the strategic plan and how the College continues to advance its strategic priorities. Discussion highlighted the importance of remaining responsive to changes in the external environment, while continuing to build on areas of organizational strength.

The Board identified several key themes to inform future planning, including taking a more proactive and adaptive approach to regulation by anticipating emerging issues and risks; supporting and engaging with the profession as it navigates change; strengthening collaboration with partners to address broader system-level challenges, including workforce issues and access to care; and continuing to build on progress made in equity,

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diversity, inclusion and Indigenization and effective governance. Feedback from the discussion will inform operational planning for fiscal year 2027-2028.

The Board recessed for the day at 3:49 p.m.

Tuesday, September 29, 2026

G. Rehan reconvened the meeting at 9:00 a.m. on September 29, 2026.

14.0 FY2026 Audited Financial Statements

Blair MacKenzie and Cassidy Johnson from the College's auditing firm Hilborn LLP, presented the Board with the 2025-2026 audited financial statements ending on March 31, 2026. The auditor noted that the College received a clean opinion, and that no material concerns were identified in the audit.

Motion 14.0

It was moved by N. Graham and seconded by H. Gopalakrishnan Nair that:

The Board approves the Risk, Audit and Finance Committee recommendation to approve the 2025-2026 Audited Financial Statements ending March 31, 2026.

CARRIED.

15.0 Appointment of the Auditor

F. Massey, Chair of the Risk, Audit and Finance Committee, presented the Committee's recommendation regarding entering into a new agreement for audit services and the appointment of the College's external auditor for Fiscal Year 2026-2027 Audit.

Motion 15.0

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

The Board approves the Risk, Audit and Finance Committee recommendation:

- for the College to enter into a 5-year agreement with Hilborn LLP for audit services, and;
- to appoint Hilborn LLP as the external auditor for the College for the fiscal year 2027.

CARRIED.

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16.0 Finance Education Series: Understanding Audited Financial Statements

J. Bouwman, Co-Founder and CEO, AIMS Institute, provided a continuation of the Board's finance education series with a focus on understanding audited financial statements. The session supported Board members in understanding the purpose of an external audit, the auditor's role, and interpretation of the College's audited financial statements.

17.0 Fiscal Year 2027 Q1 Financial Report

M. Catalfo, Director Finance, provided the Board with an update on the College's Q1 financial performance, including the financial statements and the College's overall financial position.

18.0 Finance Education Series: Understanding Quarterly Financial Reporting

J. Bouwman provided a continuation of the Board's finance education series with a focus on quarterly financial reporting. The session supported Board members in understanding the purpose and interpretation of quarterly financial reports and their role in financial oversight.

J. Finn left the meeting at 11:00 a.m.

19.0 Health Professions Discipline Tribunal – Evaluation of Pilot and Next Steps

C. Roxborough presented an evaluation of the College's participation in the Health Professions Discipline Tribunal (HPDT) pilot and considerations regarding future participation. The Board received information regarding the pilot's performance, operational impacts, feedback, and potential next steps, including options to continue participation on a longer-term basis, extend the pilot for an additional year, or return to a College-administered model.

The Board discussed the pilot evaluation, including the benefits associated with the education and training opportunities available through the HPDT, access to experienced adjudicators, and opportunities for learning alongside members of other participating health regulatory colleges. The Board also discussed feedback received from Ontario Physiotherapists Discipline Tribunal (OPDT) members regarding their experiences with the pilot.

The Board noted that the pilot had involved a limited number of hearings to date and discussed whether additional experience with the model would assist in evaluating its long-term suitability. While recognizing that a one-year extension may not result in a significantly larger number of hearings, the Board discussed the value of providing additional time to assess the HPDT's responsiveness to feedback received from OPDT

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members, including opportunities to enhance understanding of the physiotherapy context. Discussion also focused on further evaluating the working relationship and whether identified concerns could be addressed before making a longer-term decision regarding participation.

Motion 19.0

It was moved by N. Graham and seconded by S. Hazlewood that:

The Board approves a one-year extension of the College's participation in the Health Professions Discipline Tribunal pilot through December 31, 2027.

CARRIED.

F. Massey and F. DePalma opposed.

20.0 Adjournment of Meeting

Motion 20.0

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

The Board meeting be adjourned.

CARRIED.

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Gary Rehan, Chair

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December 2026
Agenda Item: 3.0

EXECUTIVE COMMITTEE REPORT

Meetings

Date:	November 13, 2026
Meeting Purpose	Regularly scheduled meeting to preview items that will go forward to the Board at the December Board meeting.
Chaired By:	Gary Rehan

Summary of Discussions and Decisions:

Feedback on materials to the Board:

- Competency-Based Elections and Appointments: The Executive Committee reviewed and provided feedback on briefing materials prepared to support a generative Board discussion regarding competency-based elections and appointments. Feedback focused on clarifying the key questions for Board discussion and the potential role of competencies in informing elections and appointments.

- Governance Structure and the Role of Board Committees: The Executive Committee reviewed and provided feedback on briefing materials exploring potential changes to the allocation of governance responsibilities, including expanding the role of existing Board committees or establishing a Governance Committee. Feedback focused on providing clearer context for the discussion, including the current role of the Executive Committee, and framing the options around efficiency, transparency and effective governance.

- Board Evaluations: The Executive Committee reviewed the briefing materials regarding the Board's current evaluation processes and potential areas for improvement in advance of the Board discussion.

- Exam Transition Update: Executive Committee was provided with an update regarding the new Canadian Physiotherapy Exam and the wind down of the Ontario Clinical Exam.

Recommendations to the Board:

- Committee Slate Amendment: The Executive Committee recommended that the Board amend the Committee Slate to appoint Darryl Yardley to the Ontario Physiotherapists Discipline Tribunal and the Fitness to Practise Committee.

- Reserve Fund Policy: The Executive Committee recommended that the Board approve Policy #4.6: Reserve Fund as presented, while noting an additional consideration regarding accounting and good practice to be raised with the Board.

Decisions made within Executive Committee's authority:

- 2027-2028 Board Education Plan: The Executive Committee approved the following education priorities for 2027-2028: Artificial Intelligence, Indigenous Relations and Cultural Competency and Developments in the Profession. The Committee also directed staff to budget for four Board and/or Committee members to attend applicable conferences.

Other:

- Chairs's Report: Received for information.
- Registrar's Report: The Executive Committee received the Registrar's Report for information and provided direction to the Registrar to respond to the Ontario Physiotherapy Association indicating that the College is open to further discussion regarding point-of-care ultrasound, with the matter to be brought to the Board for further consideration.
- Committee Slate and Succession Planning: The Executive Committee engaged in a discussion about the Committee Slate development process and succession planning framework for 2027-2028.
- Office Relocation – Shared Occupancy Agreement: The Executive Committee reviewed the shared occupancy agreement for the College's new office.
- 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.

December 2026
Agenda Item: 3.0

RISK, AUDIT AND FINANCE COMMITTEE REPORT

Meetings:

Date:	November 6, 2026
Meeting Purpose	Regularly scheduled meeting.
Chaired By:	Frank Massey

Summary of Discussions and Decisions:

Feedback on materials to the Board:

- Risk Report – FY2027 Q2: The Committee reviewed the FY2027 Q2 Risk Report. No changes were made to the risk assessments in the full risk register, and no matters requiring the Board's attention were identified.

- Financial Report – FY2027 Q2: The Committee reviewed the Q2 Financial Report. The Committee reviewed the College's Q2 financial performance, key variances, trends and overall financial position. No material financial issues were identified for the Board's attention.

- Office Relocation - Shared Occupancy Agreement: The Committee reviewed the key terms of the shared occupancy arrangement with the College of Massage Therapists of Ontario, including the allocation of shared costs, shared decision-making responsibilities and early termination provisions.

Recommendations to the Board:

- Reserve Fund Policy: The Committee reviewed proposed Policy #4.6: Reserve Fund and provided feedback on how the policy should be presented to the Board, including the need to clearly explain the different reserve categories and their purposes, and clarify how the new proposed reserve range is intended to be applied. The Committee recommended that the Executive Committee and Board approve the policy, which would reposition it as a Board governance policy, establish principles for the management and oversight of reserves, update the general reserve range from 3-6 months to 6-12 months of operating expenses and formalize monitoring and reporting requirements.

Other:

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

- Internal Controls Leading Practices Update Report: The Committee received an update on the Thirty-one leading practices identified through the internal controls review. Twenty-six

have been implemented, four remain in progress and one will not be implemented, with the residual risk accepted by management. The controls will continue to be monitored through annual reporting to the Committee and the annual external audit, with an external review planned every two to three years.

- Investment Strategy – Portfolio Status and Performance: Tyler Graham, Investment Advisor, and Derek Vandenberghe, CPA, joined the Committee to provide additional information and respond to questions regarding the College's investment portfolio and Board-approved investment strategy. The Committee confirmed that it had received appropriate assurances regarding the College's investment strategy.

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

Conference Report to the Board of Directors

Name:	Mark Heller
Name of Conference:	CNAR 2026 Annual Conference
Link to Conference Agenda:	https://cnar-rcor.ca/cnar-2026/
Location of Conference:	Montral
Date of Conference:	Oct 6, 7, 2026

Briefly summarize the nature of the conference:

The 2026 Canadian Network of Agencies for Regulation (CNAR) Annual Conference, held in Montréal on October 6–7, brought together representatives from professional regulatory organizations across Canada to share knowledge, emerging practices, and perspectives on effective regulation in the public interest.

The conference addressed a broad range of contemporary regulatory issues, including governance modernization, strategic decision-making, public trust, emerging technologies, unauthorized practice, regulatory leadership, and public engagement.

As a first-time attendee and Public Member of the College of Physiotherapists of Ontario Board of Directors, I particularly valued the opportunity to broaden my understanding of the challenges and opportunities facing professional regulators, learn from other organizations' experiences, and reflect on how these perspectives could inform my contribution to the CPO Board.

The conference reinforced the importance of effective governance, thoughtful regulatory decision-making, and maintaining public protection and confidence as central priorities.

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

My Agenda

Oct 6 – Mainstage
Oct 6 – Governance Modernization IRL: Field Notes for the Brave
Oct 6 – From Strategic Objectives to Strategic Decision-Making Frameworks: Rethinking Strategic Planning for Professionals
Oct 6 – You Can't Do That! Unauthorized Practice in the Global and Digital Age
Oct 7 – Mainstage
Oct 7 – Keynote Speaker – Trust, Truth and Regulation
Oct 7 – Artificial Intelligence in Regulation: Building Clarity in an Uncertain Landscape
Oct 7 – Leading Through the Storm: The Board Chair as the Point of Convergence and Anchoring Force
Oct 7 – From Board Outreach to Focused Impact: How Regulators are Evolving Public Awareness
Oct 7 – To SME or not to SME… that is the Question – Enhancing Regulatory Decision-Making using Subject Matter.

I selected sessions focused primarily on regulatory governance, strategic decision-making, public protection, leadership, and emerging issues affecting professional regulators.

I was particularly interested in sessions on governance modernization and the shift from traditional strategic planning to more effective strategic decision-making frameworks. Both topics were directly relevant to the Board's responsibility to provide oversight, set direction, and ensure that regulatory decisions remain aligned with the public interest.

Sessions on trust and truth in regulation, public awareness, and unauthorized practice were also of particular interest to me as a Public Member. They raised important questions about how regulators demonstrate accountability, communicate their public protection mandate, and respond to changing public expectations.

I also found discussions on artificial intelligence, the role of subject matter experts in regulatory decisions, and effective Board leadership especially relevant as regulators navigate increasingly complex operating environments.

As this was my first CNAR conference, one of the most valuable aspects was the opportunity to consider how other regulatory organizations approach challenges like those facing the College of Physiotherapists of Ontario.

What are your top key learnings from the conference?

Effective governance requires continuous improvement.
Governance modernization is not simply about changing structures or policies. It requires Boards to regularly examine how they make decisions, exercise oversight, and stay focused on their public protection mandate. I was reminded of the importance of periodically challenging established practices and remaining open to new approaches.

Strategic planning should support better decisions, not merely set objectives.
A strategic plan is most valuable when it provides a practical framework for evaluating priorities, allocating resources, and making decisions. For Board members, this means consistently linking individual decisions to the organization's broader mandate and strategic direction.

Public trust must be earned and maintained.
Public confidence in professional regulation depends on transparency, accountability, fairness, and the ability to demonstrate that decisions are made in the public interest. As a Public Member, I see particular importance in ensuring that the public's perspective remains visible in Board discussions and decisions.

Regulators must adapt to emerging risks and changing expectations.
Discussions on artificial intelligence, digital practice, and unauthorized practice reinforced the importance of anticipating emerging challenges rather than responding only after problems arise. Boards need to remain informed while recognizing the distinction between their governance responsibilities and operational implementation.

Good regulatory decisions require both expertise and independent judgment.
Subject-matter expertise is essential to understanding complex professional issues, but it must be balanced with sound governance, evidence, transparency, and consideration of the public interest. Public Members bring an important complementary perspective by asking questions that reflect the expectations and experiences of the people the College exists to protect.

Overall, attending CNAR for the first time was a valuable professional development opportunity. It broadened my understanding of the regulatory environment and reinforced the importance of the Public Member's role in bringing an independent, public-interest perspective to Board governance. I came away with a greater appreciation for the complexity of professional regulation and the importance of continuous learning, constructive questioning, and sound judgment in fulfilling my responsibilities as a CPO Board member.

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

Conference Report to the Board of Directors

Name:	Amanda Pereira, Committee Member, ICRC
Name of Conference:	CNAR 2026 Annual Conference
Link to Conference Agenda:	https://cnar-rcor.ca/cnar-2026/
Location of Conference:	Montreal
Date of Conference:	October 6 -7, 2026

Briefly summarize the nature of the conference:

The 2026 Canadian Network of Agencies for Regulation (CNAR) conference explored contemporary challenges and opportunities in professional regulation, with an emphasis on public protection, trust, procedural fairness, inclusivity, and regulatory effectiveness. Sessions examined investigative adequacy, trauma-informed practice, professional character, neurodiversity, unauthorized practice, public engagement, and the integration of subject matter experts into regulatory decision-making.

A central theme was that effective regulation requires balancing accountability and public protection with fairness, contextual understanding, and meaningful engagement. The conference encouraged regulators to critically evaluate established practices, consider diverse perspectives, and assess whether regulatory activities achieve meaningful outcomes.

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

Keynote: Into the Unknown—Navigating Uncertainty (Gillian Deacon) This keynote explored how individuals respond to uncertainty and the role of fear in decision-making. I was particularly interested in the importance of tolerating ambiguity, challenging familiar approaches, and choosing thoughtful responses rather than reacting prematurely. These concepts are relevant to ICRC deliberations, where complex cases require careful consideration before reaching evidence-informed conclusions.

Breakout: What Makes an Adequate Investigation? This session examined investigative thoroughness, responsiveness to emerging concerns, and the need to resolve material contradictions. The discussion of trauma-informed interviewing highlighted the value of preparing carefully for initial interviews to minimize unnecessary repetition while gathering sufficient evidence. I was reminded that procedural efficiency must not come at the expense of investigative completeness, fairness, or the experiences of those involved.

Breakout: Professional Character, Licensing Integrity, and the Public Interest This session explored how regulators assess professional character while balancing consistent standards with individual circumstances. I found the discussion of privilege, differing life experiences, and the potential influence of assumptions particularly relevant. It reinforced that public protection requires clear professional expectations alongside fair, contextual assessments grounded in relevant evidence.

Breakout: Detecting Unauthorized Practice and Assessing Online Information This session addressed the challenges of identifying potentially misleading online representations of professional credentials and services. Practical strategies included verifying practitioner identities, registration details, and contact information through authoritative sources, while treating suspicious online content as a reason for further investigation rather than proof of misconduct. The discussion also raised important questions about how artificial intelligence may complicate regulatory monitoring and evidence verification.

Breakfast session: CNAR's Community of Practice AI Solutions Lab. An interactive, small group based session exploring the theme of AI in the context of regulation. An opportunity to collaborate with other disciplines, learn about the benefits of AI, explore what we still need to learn more about, and opportunities for growth in the context of AI in regulation. Overall each group emphasized the irreplaceability and importance of the human touch in practice regulation.

Keynote: Trust, Truth, and Regulation (Zubin Austin) This keynote explored how regulatory authority, interpersonal relationships, and communication influence public confidence. I found the emphasis on acknowledgement, approachability, engagement, and responsiveness particularly meaningful. It reinforced that trust is established not only through regulatory mandates but also through how people experience their interactions with regulators.

Breakout: Neurodivergence and Inclusivity in Regulation This session examined how differences in information processing, communication, and stress responses can affect participation in regulatory processes. Practical strategies included providing agendas in advance, establishing clear expectations, and allowing adequate response time. The distinction between the quality of information and the manner in which it is communicated was especially valuable, reinforcing that inclusive processes can strengthen evidentiary quality without compromising regulatory standards.

Breakout: Measuring Regulatory Effectiveness—Evidence, Assumptions, and Perspectives This session challenged regulators to distinguish between completing activities and achieving meaningful outcomes. I was particularly interested in examining the assumptions underlying regulatory initiatives and considering whose perspectives

are represented when effectiveness is evaluated. It encouraged a more critical approach to assessing whether policies and interventions produce their intended improvements in public protection and professional practice.

Breakout: From Broad Outreach to Focused Impact—Evolving Public Awareness Campaigns This session explored how regulators can improve public engagement by defining specific objectives, identifying priority audiences, selecting appropriate communication channels, and measuring impact. I found the distinction between increasing awareness and improving public understanding particularly useful. It highlighted opportunities for regulating bodies to develop targeted communications that help the public understand the College's role and take meaningful steps to verify professional registration.

Plenary: To SME or Not to SME—Enhancing Regulatory Decision-Making Using Subject Matter Experts This session examined the potential for subject matter experts (SMEs) to contribute specialized knowledge and lived experience to regulatory committees. The discussion of the Royal College of Dental Surgeons of Ontario's approach highlighted opportunities to broaden perspectives in complex cases involving areas such as trauma, cultural safety, mental health, and artificial intelligence. I was particularly interested in how SMEs could supplement committee expertise while preserving established decision-making responsibilities and accountability.

What are your top key learnings from the conference?

- **Rigorous investigations support public protection.** Investigations must address substantive concerns, examine material contradictions, and gather sufficient evidence before conclusions are reached.
- **Fairness and accountability are complementary.** Considering individual context, trauma, and neurodivergence can support meaningful participation without lowering professional standards or compromising public safety.
- **Trust is built through relationships and processes.** Transparent communication, acknowledgement, predictability, and respectful engagement influence confidence in regulatory institutions and healthcare professionals.
- **Regulatory effectiveness must be demonstrated.** Initiatives should be evaluated against measurable outcomes rather than activity, reach, or participation alone.
- **Regulation must evolve with emerging needs.** Specialized expertise, inclusive processes, and proactive responses to digital technologies can strengthen regulatory decision-making and public protection.

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

Final Reflections and Report to the CPO Board of Directors

The CNAR conference strengthened my understanding of the complexity of contemporary health profession regulation and provided valuable opportunities to reflect on my dual perspectives as an ICRC member and practising physiotherapist.

In my committee role, the sessions reinforced the importance of approaching complaints and reports with curiosity, impartiality, and a commitment to evidence-informed decision-making. I will continue to consider whether the concerns before the committee have been adequately investigated, whether important contradictions have been addressed, and whether the available evidence supports the proposed conclusions. The conference also reinforced the importance of recognizing context without allowing assumptions or personal perspectives to unduly influence deliberations.

The discussions on trauma-informed practice and neurodiversity were particularly relevant to procedural fairness. As committee members, we must consider whether individuals have had a meaningful opportunity to participate and whether communication differences or distress may influence how information is presented. Providing appropriate structure, clarity, and time can improve participation while maintaining the rigour expected of regulatory processes. The plenary on subject matter experts also prompted reflection on whether additional specialized knowledge could support the committee's understanding of particularly complex cases. I believe this is an opportunity for the CPO to consider further, including how any proposed model could be implemented consistently with its legislative and governance framework.

The conference has also influenced how I think about my clinical practice in the community. As a physiotherapist working with patients with varied backgrounds, experiences, and healthcare needs, I recognize the importance of creating an environment in which patients feel heard, respected, and able to participate in decisions about their care. The discussions on trust, trauma, and neurodivergence reinforced the value of clear communication, predictable treatment plans, collaborative goal-setting, and adapting my approach to individual needs. These practices support therapeutic relationships while helping patients make informed decisions about their health.

Finally, the sessions on regulatory effectiveness and public awareness encouraged me to consider how professional regulation is communicated and experienced beyond the regulatory environment. As a clinician, I have an opportunity to help patients understand the role of the College, the importance of registration, and the professional standards that support safe care. I also recognize the need for regulatory organizations to evaluate whether their public-facing initiatives genuinely improve understanding and confidence in the profession.

As a committee member of the ICRC and as a practicing Physiotherapist, I will continue to explore opportunities to strengthen trauma-informed and inclusive decision making

processes, and leverage the experience of my colleagues and subject matter experts during times of uncertainty. The conference reinforced my view that effective regulation requires both rigorous accountability and an understanding of the people and circumstances involved. Applying these principles during committee deliberations and in clinical practice will support my ongoing contribution to public protection, professional accountability, and the delivery of safe, equitable physiotherapy care.

December 2026
Agenda Item: 4.0

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:	Gary Rehan, Board Chair
Attachments:	N/A

Governance

- Following the conclusion of the District 2 Central Western by-election on October 21, 2026, Darryl Yardley was elected to the Board and will begin his term at the December 2026 Board meeting. Darryl is actively engaged in onboarding and orientation activities, utilizing Board member orientation materials and a presentation that were recently updated in coordination with the Registrar & CEO to emphasize the role of the College, and Board member duties, obligations, and responsibilities.

- Congratulations to Public Director Jesse Finn who has been re-appointed to the Board for a three-year term until February 13, 2030.

- Following the completion of the Skills Matrix and Self-Assessment survey, I held check-in calls with all Directors in November. These conversations provided an opportunity to review individual strengths, areas for improvement, and any gaps identified through the Skills Matrix. Below are the key themes that emerged from those discussions:

    - Resource and Meeting Support**:** Directors generally feel well supported from a resource perspective in fulfilling the College's public protection mandate. Feedback regarding Board meetings was also positive, with members noting that they feel well equipped and supported during meeting discussions and deliberations.

    - Self-Competency Assessment Matrix**:** Overall feedback on the Skills Matrix and Self-Assessment process was positive, with Directors recognizing its value as a structured tool for governance reflection.

    - Future Training and Development**:** Specific themes related to ongoing Board training and educational needs surfaced from the self-assessment and one-on-one interactions. These insights were also informative during my follow-up committee calls and have been instrumental in informing Executive Committee planning for future Board education and training initiatives.

- I would like to extend my sincere appreciation to all Board members for actively participating in this reflection activity. Your candid engagement is instrumental in strengthening our Board as a whole as we continue to effectively deliver on our public protection mandate.

- The second quarterly check-in calls for the 2026–2027 term were held with Committee Chairs in November. Key takeaways from these conversations include:

    - Staff Support and Committee Effectiveness: All committees report feeling well supported by College staff and continue to operate effectively in fulfilling their respective public protection mandates.

    - Committee Composition and Resources: Committees are generally well composed in terms of membership, and no additional resource needs were identified during the discussions.

    - Training and Development: A few areas for further training and development were identified and are currently being actively actioned in collaboration with the Committee Chairs.

    - Succession Planning: Committee Chairs confirmed they are actively building internal leadership capacity to support both long-term succession planning and seamless operational continuity in the event of a Chair's absence.

- On behalf of the Board, I will continue to touch base with Committee Chairs on a quarterly basis. I would like to express our sincere appreciation for the ongoing work and dedication of our committees in fulfilling our public protection mandate.

Partner Engagement

- With fellow Director Mark Heller, and Inquiries, Complaints and Reports committee member Amanda Periera, I attended the Canadian Network of Agencies for Regulation (CNAR) Conference in October 2026. Along with great networking opportunities provided, I am sharing a few of my reflections from some of the key sessions attended:

    - Internationally educated nurse licensure reforms highlighted how regulators respond to workforce pressures through expedited registration pathways. For our Board, it reinforces the need to govern responsive entry-to-practice policies with rigorous, risk-based evaluations to ensure patient safety and public protection.

    - The session about foreign credential recognition & One Canadian Economy focused on breaking down interprovincial barriers through harmonized credential pathways and enhanced labour mobility. In our governance role, this underscores the importance of inter-jurisdictional collaboration to reduce systemic barriers while maintaining effective and defensible licensing standards.

    - The session regarding off-duty expression examined the delicate balance between registrants' personal freedom of expression and the regulator's statutory mandate to

maintain public trust. This provides timely governance context for the Board when navigating emerging policy boundaries in other jurisdictions.

- The entry to practice peer-facilitated QA session shared evidence from the College of Veterinarians of Ontario on how innovative peer-advisory models have supported newly registered professionals. This offers valuable strategic insight for our Board as we look at QA frameworks moving beyond ongoing compliance to meaningfully supporting the transition into practice and support sustained competence.

Director Feedback from the September 2026 Board Meeting

- Directors were asked to complete the revised post-Board meeting survey following the September 28–29, 2026 meeting. There was a 92% (12/13) completion rate.

Quantitative Results: Board Meeting Effectiveness

- Overall feedback was highly positive. Respondents agreed that the briefing notes and supporting materials contained the right amount of clear and relevant information, that the time allocated to agenda items was appropriate, and that discussions remained focused on governance, strategic direction, oversight and risk. Respondents also agreed that discussions reflected thoughtful consideration, were substantive in nature, encouraged constructive debate, and considered the public-interest implications of decisions.

- Directors indicated that the meeting environment was respectful and supported candid discussion and differing viewpoints. Director's felt that they had meaningful opportunities to contribute their knowledge, experience and perspectives. Respondents also agreed that Directors were prepared, engaged and participated appropriately, and that the Chair encouraged participation, kept discussions focused, allowed differing viewpoints to be heard and helped move discussions forward.

- Feedback also indicated that decisions, next steps and follow-up responsibilities were clear before agenda items concluded. Overall, respondents agreed that the meeting achieved its objectives and supported the Board in fulfilling its governance responsibilities.

Standing Reports

- The Chair's and Registrar's Reports continued to be viewed positively. Feedback indicated that both reports were perceived as informative, relevant and appropriately scoped for the Board.

  - Directors described the Chair's Report as concise, well written and sufficient in providing governance-related updates. While most respondents indicated no changes were needed, suggestions included allowing more time for presentation of the report and, where appropriate, sharing additional insights arising from the Chair's check-in conversations with Directors.

- Feedback regarding the Registrar's Report was similarly positive. Respondents described the report as detailed, informative and well summarized, noting that it provided useful updates on College activities and matters relevant to Board oversight.

Open-Ended Feedback

- **Strategic focus:** Respondents generally felt that the meeting devoted appropriate attention to the College's strategic priorities and significant risks. Several comments highlighted the value of the discussions concerning the strategic plan, financial statements, participation in the Health Professions Discipline Tribunal and the memorandum of understanding related to virtual care across provincial borders. Artificial intelligence was also identified as an area requiring continued attention.

- **Education provided:** The education provided during the meeting was viewed positively. Directors found the financial education practical, accessible and well connected to the Board's consideration of the year-end financial audit and quarterly financial statements. Feedback indicated that the session helped clarify the respective financial responsibilities of the Board and management. The facilitated strategic discussion was also considered useful and encouraged reflection on the College's strategic goals and performance measures.

- **Future education**: Suggestions for future Board education included continued learning about artificial intelligence and equity, diversity, inclusion and Indigenization; strategic thinking and decision-making; team building and leadership; competency-based appointment structures; demographic and health-system trends affecting access to physiotherapy services; the management of the College's investments; and additional context regarding the College's history and how the Board has evolved over time.

- **Future Board considerations:** Directors identified a range of emerging issues, risks and opportunities that may warrant future consideration. These included the use of artificial intelligence in physiotherapy practice and its implications for patient care, confidentiality and public protection; developments affecting the entry-to-practice examination; the availability and quality of education for rostered activities; expectations for clinic owners; the use of alternative therapies; and mentorship initiatives and professional supports for learners and practitioners. Feedback also suggested obtaining further information about the experience of permanent College members serving on the Health Professions Discipline Tribunal.

- Thank you to all members who took the time to share their feedback. I continue to strongly encourage 100% participation in this ongoing evaluation activity, as your insights are carefully reviewed and directly inform future Board improvements and action items.

December 2026
Agenda Item: 5.0

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: Q2 2026-2027 Dashboard Appendix B: Practice Advice Trends Report for July-September 2026 Appendix C: Governance Practices Review Priority Areas and Status Updates Appendix D: Q2 2026-2027 Risk Report

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.

Scope of Practice

- Following submission of the College's implementation plan to the Ministry over the summer months, the College has been waiting for the Ministry to provide additional information on next steps.

- During this period of waiting, the College has been providing additional information to the Ministry regarding the need to make changes to regulations under the Public Hospitals Act related to ordering diagnostics and on changes occurring in other jurisdictions regarding the

use of Point of Care Ultrasound, a modality not currently contemplated in the planned scope expansion.

- In November 2026 the Ministry announced as part of Bill 148 legislative changes to expand the scopes of practice of many regulated health professionals.
    - Physiotherapists were not included in the announcement as legislative changes needed for physiotherapists to order certain X-rays and diagnostic ultrasound are already in place.
    - If Bill 148 passes, many of the professions impacted by this bill will require many of the same regulation changes we are waiting for.
- The College continues to work towards an implementation date of July 1, 2027 pending further updates from the Ministry.

Ontario Physiotherapy Association and Point of Care Ultrasound

- The Ontario Physiotherapy Association (OPA) has sent the College a letter asking for a re-consideration of the College's position on the use of point of care ultrasound.
- Historically, the College has interpreted the legislative and regulatory frameworks that govern the use of ultrasound in Ontario as prohibiting physiotherapists from using ultrasound in any manner where it produces images or other data. The therapeutic use of ultrasound is permitted by the legal framework.
- The OPA points to various jurisdictions where this practice is permitted (e.g., Quebec, Nova Scotia, Saskatchewan) and a strong body of evidence justifying the use of point of care ultrasound by physiotherapists, whether it's for diagnostic purposes or to obtain "biofeedback" on treatment interventions.
- Contemporaneously to this issue re-emerging in Ontario, the College of Physiotherapists of Alberta announced that they are seeking regulation changes to enable physiotherapists to use point of care ultrasound in practice (both for diagnostic and "biofeedback" purposes).
- The College has reconfirmed the historical legal analysis through an additional independent legal opinion. Ultimately the legislative and regulatory frameworks in Ontario do not permit physiotherapists to use point of care ultrasound, even for "biofeedback" purposes. Regulatory change would be required.
- In consultation with the Executive Committee, a response letter to the OPA is being developed that identifies the legal constraints but signals an openness on the part of the College to further exploring this issue.

HPDT Updates

- Following the Board decision to continue with the HPDT for another year, efforts to strengthen the relationship and address concerns raised during Board deliberations have been made, both at the Governance level through the Vice-Chair of the Ontario Physiotherapists Discipline Tribunal, and through staff at the Registrar level.

Jurisprudence

- The Jurisprudence module supports registrants' understanding and application of practice standards, legislation and rules related to practice in Ontario. This year, all registrants must complete the module.
    - New content for the module was developed with support from a psychometrician.
    - The module launched at the beginning of October and must be completed by November 30. The launch was smooth with no technical issues.
    - As of this writing, over 10,600 physiotherapists have completed the module.

Monitoring the evolution of AI in practice

- To ensure the College's guidance around the use of AI in practice continues to address relevant risks, we are actively monitoring developments in this area and continually assessing whether our guidance needs to change.
    - Staff conduct monthly reviews to support an ongoing assessment of whether revisions to the guidance are needed immediately or can wait until the annual update in June.
    - Our current assessment is that the guidance continues to be appropriate, but staff are anticipating some updates at the June meeting.

Practice Advice Focus Group

- One of the Practice Advisory team's roles is to help the College develop guidance and support to the profession to help them meet regulatory expectations. At times the team encounters practice issues that are novel or challenging to navigate, and the team has identified an opportunity to increase support to the team by engaging with the profession directly.
    - The Practice Advice team will be piloting the use of focus groups to further inform the team about the clinical realities and challenges in meeting professional standards when working in specific areas. The focus will be on areas of practice with unique risks and challenges and where physiotherapists on staff do not have extensive knowledge about that practice area.
    - The focus groups are advisory in nature. They will provide input on specific questions or issues brought forward by the Practice Advisory team and their input will inform the development of resources or supports to help registrants meet professional standards.
    - The first pilot focus group being established is in the area of pelvic health.

Awareness about practice trends and supports

- To support the Board's awareness about issues and trends in current practice and the ways the College is supporting registrants, a report about Practice Advice trends and supports in Q2 is attached in Appendix B.

Benchmarking our performance

- The Professional Standards Authority (PSA) in the UK is the independent regulatory oversight body improving the quality of regulation and registration of people working in health and social care. They are often seen as the source of leading practice in the regulatory sector.
    - The PSA recently introduced a harmonized set of standards for professional regulators and public registers, shifting the focus from regulatory processes to regulatory outcomes.
    - The standards are used to evaluate the performance and hold accountable the organizations overseen by the PSA, giving the College an opportunity to evaluate our performance against an external standard.
    - Of the 16 standards, 14 of them align with the College's current practices and our strategic priorities in the next few years.
    - The two remaining standards cover activities that are outside of the College's mandate (educational standards), but where the College has input through our collaboration with system partners.

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

Engagement with current and future PTs and PTAs

- In response to a recommendation from the Coroner's Office encouraging regulatory Colleges to support their registrants in identifying and addressing intimate partner violence (IPV), the College collaborated with 19 other regulatory Colleges to develop and implement a webinar on how health-care providers can support patients experiencing IPV.
    - In total, nearly 6000 individuals attended the webinar, with at least 71 physiotherapists observing the session live.
- 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.
    - Connected with over 400 first year students at the University of Toronto, University of Ottawa, McMaster, and Western University, introducing the College and our role.
    - Connected with 120 second year students at Western as part of a panel discussion on registration and entry-to-practice.

- Continued to build relationships with PTA students, connecting with 100 students across 3 programs.

- The College and OPA are once again partnering to undertake a series of presentations across Ontario in early 2027 with a focus on preparing the profession for the upcoming scope of practice changes.
    - Planned locations currently include: Thunder Bay, Oshawa, Barrie, Hamilton, Kingston, and Windsor along with a virtual presentation at the end of the series.

Supporting Physiotherapists Educated Outside of Canada

- To support physiotherapists educated outside of Canada to navigate the process to become licensed in Canada, we collaborated with the Canadian Physiotherapy Association to update the "Working in Canada" webpage to reflect the current state of entry-to-practice in Canada.
    - This project was initiated by the College in 2024 and involves collaboration between the CPA, CAPR, and the physiotherapy regulators across Canada.
    - The webpage aims to provide a "one stop shop" information source to help physiotherapists educated outside Canada understand the overall licensure process and direct them to trusted sources for detailed information.

- The Board will receive a comprehensive presentation from staff at the December 2026 meeting, providing a full overview of the College's strategy to engage and support physiotherapists educated outside of Canada, along with accomplishments to date.

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.

Staff Engagement Survey Results

- The Fall 2026 iteration of the staff engagement survey was conducted in November. Overall results remain strong.
    - The employee net promoter score, a key measure of employee engagement and wellbeing, has remained stable and in the "Excellent" range.
    - As illustrated in the Q2 dashboard, the employee net promoter score has been in the "Excellent" range for the past 2 iterations and has increased significantly since this survey was initiated in December 2023.
    - The scores in the different domains of measurement are consistently high, ranging from 93% to 100% favourable.

- Overall the results suggest that the major changes implemented in response to earlier surveys have resulted in positive changes, and that going forward, we will maintain this progress by pursuing smaller, incremental changes.

Attracting and Retaining Talent

- The College currently offers a work-sponsored retirement savings plan and is exploring a transition to a defined benefit pension offering. This exploration responds to an increasing trend among health regulators and health associations to move to a defined benefit pension plan. The College is in the early stages of assessing the move, providing staff education and support, and exploring the financial considerations. Any change will have budgetary considerations and will be presented as part of the FY2028 budget process but has already been included in the multi-year financial forecasts used internally and for registrant fee decisions.

- The College conducted an internal salary comparison using benchmarking data collected from a subset of health regulatory Colleges. While the College routinely benchmarks to HPRO data on a rolling basis, this subset dataset permitted an additional and interim review. Consistent with previous findings, the College is well aligned with the compensation ranges of various positions.

Multi-Year HR Strategy and Forecasting

- Staff have completed a future looking multi-year HR strategy that outlines key priorities, focuses on succession planning, seeks to anticipate workforce planning needs, and provides an outline on how to ensure the College's HR policies are routinely reviewed and updated.

- The September 2026 Board materials on registrant fees forecast 3 new FTEs in FY2028. Following fall Operational Planning, this has increased to 4 FTEs. As previously noted, recruitment will focus on Professional Conduct, Strategy, and Committee Support, and an additional role to address organization-wide resource pressures is now being developed.

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

Quality Assurance Screening Interviews

- The Quality Assurance (QA) program conducts screening interviews as an initial component of the College's QA program.

- The program sets annual targets of 10% of eligible physiotherapists to participate in the screening interview process. For FY2027 that would have translated to approximately 940 interviews. However, as noted in the FY2027 budget presentation this goal was reduced to 7% or 650 interviews because of anticipated slow downs resulting from the migration to a new IT platform.

- The migration to the new IT platform was significantly more involved than anticipated. The migration took longer than anticipated, initial work was delayed due to staffing issues on the consultant side, phases of the migration took longer than anticipated, and the integration into College IT systems was more complicated than anticipated (i.e., numerous custom IT builds were needed that were not foreseen).

- As a result, screening interviews were reduced in number and eventually delayed longer than anticipated. Initial forecasts in early fall 2026 suggested that only approximately 4% or 350 interviews would be completed during FY2027.

- In response, the program area evaluated bottlenecks and re-assessed Assessor capacity directly to see whether the shortfall could be addressed. As a result of this work, it was determined that additional capacity exists to make up the shortfall.

- Based on this reassessment, staff are now forecasting that FY2027 will close with between 600-650 screening interviews completed. Ultimately, volume remains subject to a variety of variables, including actual assessor availability, IT issues from the transition, staff capacity, screening interview outcomes, and requests for deferrals or extensions.

- Notably, the risk introduced by any remaining reduction in screening interviews is mitigated by some important factors:

    - Only 4-5% of physiotherapists participating in screening interviews are identified as having deficiencies that warrant a full assessment;

    - Of the small number that are assessed, less than 40% historically have issues requiring remediation and only a small number are ever referred to the Inquiries, Complaints, and Reports Committee (ICRC).

- It is anticipated that FY2028 will return to normal historical volumes, pending direction from the Board on how the QA program will be modernized going forward.

Dashboard performance

- The Q2 dashboard is attached in Appendix A. Below is commentary on dashboard metrics that had a notable change in Q2:

    - *CAPR Assessment:* For Q2 a ‘green’ indicator has been provided following an assessment of the Service Level Agreement and relevant updates from CAPR.

        - The new Comparability Pathway for credentialing was on track for a Q3 launch during Q2;

        - CAPR managed increased registrations for the CPTE transparently and as fairly as possible;

        - Credentialing timelines continued to remain very strong;

- As of Q2, 99.2% of all CPTE candidates successfully tested on exam day; and
- CAPR provided regulators with a fully psychometric summary report of the CPTE with a favourable analysis.

- *Registration timelines:*
  - In Q2, both the application processing and approval timeline targets were missed.
  - The College received a large batch of applications following the release of OCE results in August. Some of the applicants had active regulatory matters underway leading to delays in the application timeline and some applications required additional legal support leading to longer timelines.
  - Given the timing of the October Ontario Clinical Exam and the October CPTE, some staff have been re-assigned to support the Registration team as it is anticipated there will be a significant number of applications arriving just prior to the December holiday break.
- *Professional Conduct timelines*:
  - The complaints timeline metric continues to trend in a positive direction. The target was met in Q1 and very nearly met in Q2 (just 1% below target). Notably, volumes were markedly higher in Q2 compared to any recent previous quarter.
  - The registrar's inquiries timeline was not met for Q2 as the current focus is on closing as many older cases as possible. It is anticipated that this strategy will be required for at least a few more quarter.
    - Of the 12 closed cases in this quarter, some were over 2 years old and most involved significant back-and-forth with legal counsel and extension requests.
    - Consistent with past feedback, staff are examining ways of identifying within the data those that are delayed due to factors outside the College's control.
- *Progress in strategic initiatives:*
  - As of Q2, two initiatives are completed and the majority of the remainder are in progress and on track for completion.
  - In Q1, we reported that there one planned IT improvement has been deferred to allow the team to tackle other priorities. The deferral was done in consultation with the team impacted.
  - In Q2, one additional initiative has been deferred. The initiative aimed to develop a framework to measure and report on outcomes. This initiative would have required

contributions from all teams in the College, the decision was made to defer this work to next fiscal year as all teams are already working at capacity this year. In the meantime, we are still able to monitor performance using existing dashboards, and we are also exploring training opportunities for the leadership team in the current year to prepare them to participate in the initiative next year.

Risk Registry

- The risk report and risk registry for Q2 are attached in Appendix D, they help provide the Board with assurance that threats and opportunities are being managed appropriately.
    - There are no changes to the threats and opportunities in Q2.
    - AI and exam misconduct have been identified as emerging areas of risk that are being monitored closely.

Information technology and cybersecurity

- To maintain effective cybersecurity systems and procedures, the College conducted an annual cybersecurity review and simulation activities.
    - We have implemented the action items that resulted from this activity, including adding a section on vendor security and a section specific to Atlas to our cybersecurity playbook protocols, increasing the complexity of our phishing tests with staff and made them more personalized, and making the follow-up process for staff who click on phishing tests more robust.
    - We saw an increase in failed phishing simulation tests in September, and we are using the established process to follow-up.
- The new technology platform for QA, the new PT Portal and Public Register all launched in the fall and there have been no significant issues so far.

AI use within the College

- Operationally, staff are beginning to experiment with more sophisticated and customized AI usage by developing AI agents. The intention of this internally supported development work is to save staff from doing manual activities and increase College security. For example:
    - *Conflict of Interest for Committee AI Agent*: An AI agent has been developed to help College administrative staff develop personalized forms for committee members to assess/declare conflicts of interest. Centralizing conflict of interest management in Microsoft Forms, saving time and increasing security for this process.
    - *Public Register Coding*: The College's developer has built an agent that enables non-developer staff to code low-risk changes in the Public Register when developer staff are unavailable or off from work.

- *Streamlining Manual Processes in Professional Conduct:* An AI agent is being developed to remove manual steps in the case management process related to investigative files, with an eye to future support regarding meeting package builds.

- *Environmental Scanning*: Staff are exploring the development of a new AI agent to assist in environmental scanning and analysis to complement (not replace) staff research and analysis.

- From a Governance perspective, all Committee and Board Members have been provided with an *AI and Confidentiality Guide* to support discharging their responsibilities under the newly revised Confidentiality policy.

Increased volume in Practice Enhancement

- Practice Enhancement, formerly called Compliance Monitoring, is the area of the College that supports physiotherapists who are completing remediation activities directed by a Committee (i.e., Registration, QA, ICRC, or Discipline) or by the Registrar. The area has seen a recent increase in volume.

- The program is currently managing over 100 active files, most of which involve a component of coaching. This volume is higher than previous years and continues to trend upwards as the volume of regulatory matters considered by the College continues to increase.

- As a result, workforce capacity (both at the staff level and in the Coaching pool) is being assessed. Additionally, efforts to make enhancement in our IT systems to improve efficiencies is underway, as are efforts to redistribute some of the peripheral responsibilities associated with the program area.

Continuous improvement initiatives

- The College maintains effective and efficient operations by adopting a continuous improvement mindset. Recent continuous improvement initiatives include:

  - The ICRC Deliberation worksheet has been revised and updated to be more focused and streamlined questions to support efficient case review and discussion.

  - The ICRC approved a new policy on negotiating undertaking which gives staff more flexibility to make some decisions to help reduce the back and forth between the registrant and Committee.

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

Supporting EDII education and learning

- The College continues to support education and learning opportunities on EDII topics across the organization.

- In September, we promoted various learning activities and resources related to truth and reconciliation to the staff team and encouraged them to participate in continued learning.
- Practice Enhancement coaches recently received training on cultural humility and what it means from a coaching perspective.

Helping registrants incorporate EDII principles into practice

- The College's blog in October introduced our work on the new Health Equity and Anti-Discrimination Standard to help to socialize the profession to this new standard.
  - The blog introduces the foundational principles that are being considered for the standard and invites early feedback from registrants.
  - Formal consultation on a draft standard is planned for the spring.
  - The Board will be provided with an update regarding the development of the standard at the December meeting.
- The College has selected a consultant and has begun working with them to develop the Cultural Safety and Humility Standard.
  - Ridge Road Training & Consulting, an Indigenous owned consulting firm who has previously provided an education session to the Board, was selected as part of a competitive process.
  - Ridge Road's primary responsibility is to support the College's engagement strategy, while College staff take the lead on drafting the standard.
  - The engagement strategy being employed is iterative, beginning with community engagement, moving up a level to engagement with First Nations groups to confirm and consolidate themes, and establishing an Indigenous Advisory Circle (IAC) to provide specific feedback on the draft standard.
  - Ridge Road intends to support the College in establishing an IAC that can persist beyond the development of this new standard and provide ongoing opportunities for engagement and relationship building with Indigenous communities across Ontario.
  - The project plan currently contemplates completing the engagement process by December 2027.

Promoting inclusive practices

- The College continues to make efforts across the organization to incorporate inclusive practices into our processes.

- In the Quality Assurance process, the pre-interview questionnaire has been revised to include fields to record PT's preferred name and pronoun, so the assessor can address the PT appropriately during their interactions.

- In our People & Culture area, we continue to embed equity, diversity, inclusion and belonging principles into our workplace culture. This effort is supported by the EDIB Committee.

  - The Committee is now discussing plans for upcoming initiatives so that they can be included in operational and budget planning for FY2028.

- The College has developed a tool called the Wheel of Power, Inclusion and Access as an aide to decision-makers to help them recognize how power and privilege may influence regulatory processes and decisions and to consider diverse lived experiences.

  - The tool was shared with the EDII focus group, their input was considered and informed changes to the tool where appropriate.

- The format of ICRC and QA decision documents have been updated to ensure the use of plain, inclusive, and accessible language, and to incorporate trauma-informed and compassionate regulation principles.

- The College recently updated its name change policy, with the goal of allowing a broader set of reasons for registrants to request a name change (other than marriage and divorce), and to allow for additional types of documents to support a name change.

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 C to support ongoing monitoring and reporting on our progress. As noted in the Appendix, the College is ahead of schedule with respect to considering the key priority issues.

Continuous improvement of governance practices

- To make progress against this strategic objective, the Governance team is identifying and pursuing continuous improvements in an ongoing way. Recent examples include:

  - Following the approval of a revised the Confidentiality Policy that encompasses expectations around AI and document retention, guidance was also created regarding the use of AI to support Board and Committee members in meeting the requirements of the policy.

- The post-Board meeting survey was updated based on Board feedback to enhance the focus on Board efficiency and effectiveness.

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
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	Completed Amended regulations have been submitted to the Ministry
June 18-19, 2026	Staff to do additional exploration on different approaches regarding the role of Board committees.	None specified	Completed This item is returning to the Board at the December 2026 meeting

Q2 Dashboard (July – September 2026)

CAPR

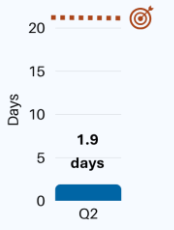
Oversight and accountability of our service provider

Overall Performance

Credentialing: Standard



Credentialing: Pre-approved



Registration

Track growth of regulatory obligations and monitor process efficiency

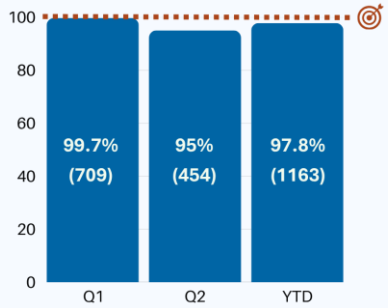
13473 Registrants (at quarter-end)

▲ **4%** from last year

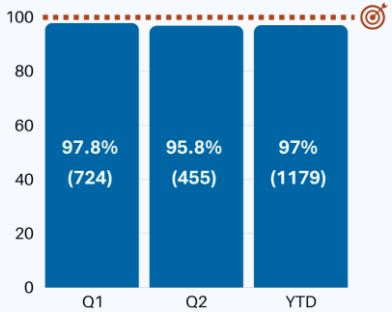
1,105 Applications received YTD

▼ **14%** 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

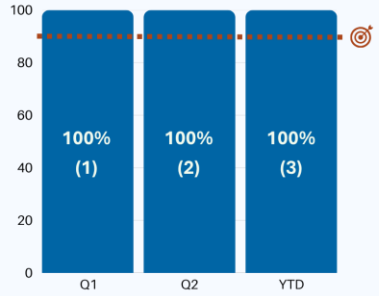


Decision Reviews

Demonstrate effectiveness of regulatory decision-making

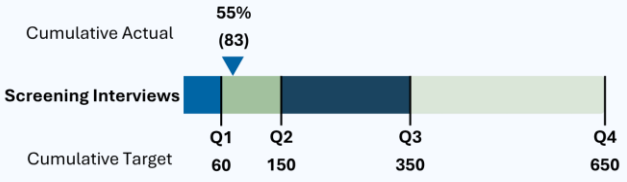
Outcomes of HPARB and judicial reviews
Target: The College's decision is upheld or confirmed in 90% of the cases

3 Decision received YTD

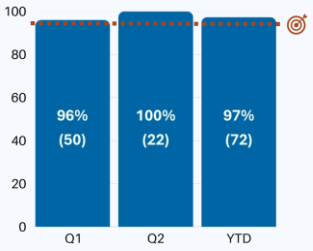


Quality Assurance

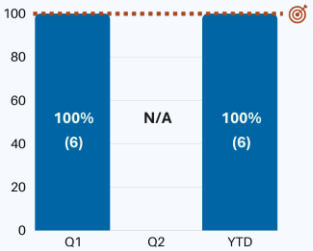
Monitor process efficiency



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

233 concerns received YTD

▲ **21%** from last year

Complaints

78 Complaints closed YTD

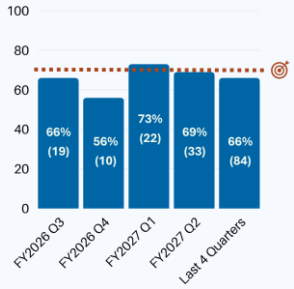
▲ **105%** from last year

Registrar's Inquiries

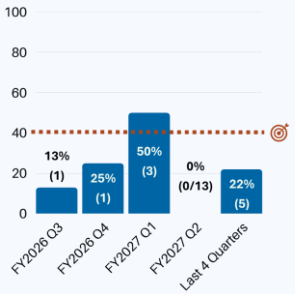
20 Registrar's Inquiries closed YTD

▲ **25%** from last year

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



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



Q2 Dashboard (July – September 2026)

Agenda Item: 5.0
Appendix A

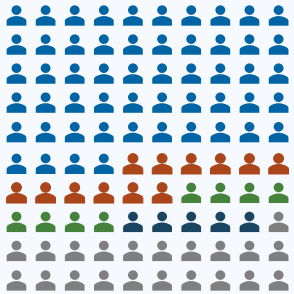
Practice Advice

Demonstrate responsive support for registrants and partners

1860 Inquiries received YTD

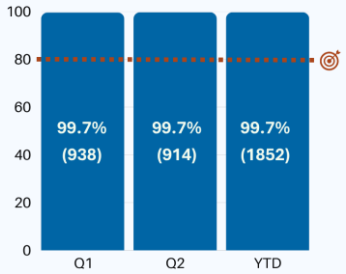
▼ **23%** from last year

Who Used the Advisory Service (This Period)



Time to resolve inquiries

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

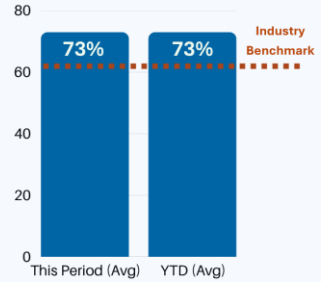


Engagement

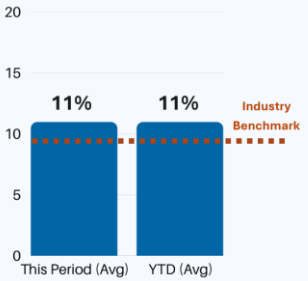
Monitor level of engagement with registrants

***Perspectives* Newsletter**

Open rate



Click-through rate

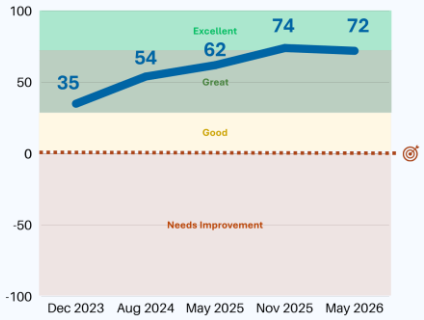


People & Culture

Monitor effectiveness of our people & culture strategy

Employee net promoter score

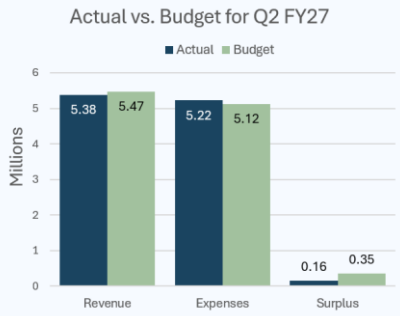
Target: A score of above 0



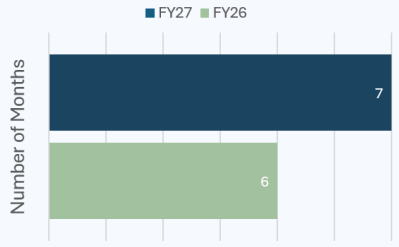
Finance

Support financial accountability

Financial Performance



Reserve Level

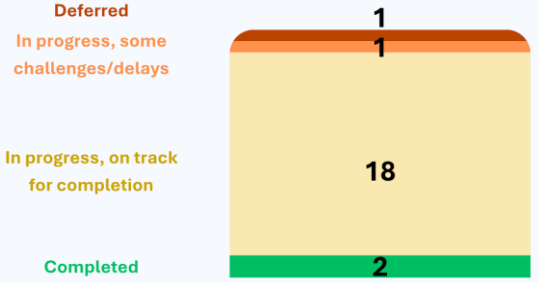


Number of Months of Reserve based on 11,000,000 budger, target range is 3-6 months.

Strategic Initiatives

Track progress towards strategic objectives

Number of Strategic Initiatives **22**



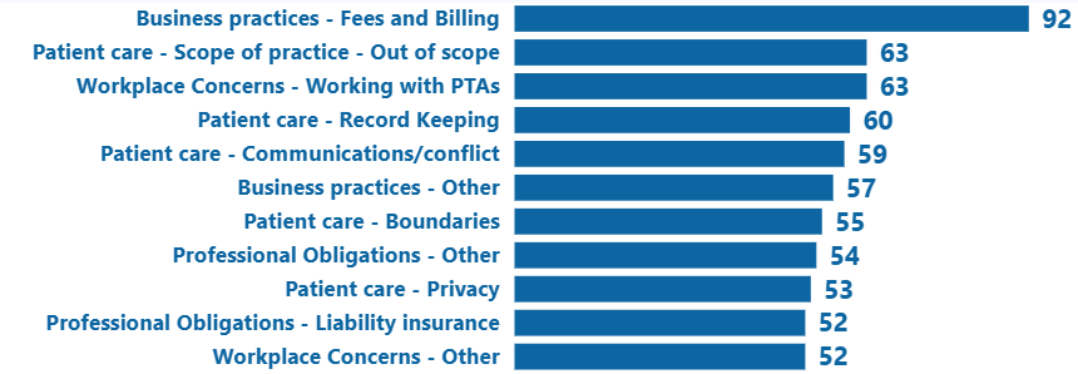
Practice Advice Report (July – September 2026)

Agenda Item: 5.0
Appendix B

About Practice Advice

- Support the profession to understand and apply standards and expectations
- Help patients, caregivers and system partners understand and navigate physiotherapy care
- Share physiotherapy expertise and knowledge to support other College work

Top 10 Themes (This Period)



Responding to Recent Trends

Using insights from themes data to help improve how we communicate and the resources we offer.

- To help PTs better respond to instances when something has gone wrong in their practice, the College is considering providing more guidance about **apologies and The Apology Act**, through dedicated education and through guidance for the Risk Management & Safety Standard.
- To increase the accuracy of the information in our Public Register about **accessible/barrier-free clinics**, we are considering include additional guidance on the renewal form and doing focused communication about this prior to the next renewal period.
- The policy team will consider whether guidance about the Human Rights Code can be incorporated into the work on the **Health Equity and Anti-Discrimination Standard.**

Supporting College Work

Sharing physiotherapy expertise and knowledge to support other College work

- Collaborated with the Communications team on outreach activities and supports for **physiotherapists educated outside Canada**.
- Supported to Policy team on the development of **new resources for Group 3 Standards** and clinical challenges related to dual practice.
- Supported the refresh of the **PT Portal and Public Register** by sharing with the IT team common inquiries in Practice Advice related to these tools, participating in testing and sharing feedback.
- Providing support to counsel during a **contested hearing**.
- Supported the Registration team on the development of the **Jurisprudence module** (English and French versions).

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. As part of that pilot, and education session on AI and Privacy was held in mid-July, and another education session is being explored for late fall.
2	Governance Structure: i. Role of the Executive Committee ii. Potential Governance Committee	In Progress	The Board held an initial discussion about the role of the Executive Committee and the possibility of creating a Governance Committee at the June 2026 meeting. The Board asked for further information about the potential approaches to committee structure and the allocation of governance responsibilities. Additional work is currently being completed and will be presented to the Board at the December 2026 meeting.
3	Fee Principles	Complete	'Guiding Principles for Assessing Registrant Fees' guidance was developed with input from the Risk, Audit, and Finance Committee (RAFC), and approved by the Board at the June 2026 meeting.

#	Priority Areas	Status	Notes
4	Board Composition: i. Term Limits ii. Cooling Off Period iii. Competency Profile Refresh iv. Competency-Based Elections v. Electoral Districts	Complete (i. and ii.) Complete (iii.) In progress (iv. And v.)	The Board was provided with information about the College's current term limits and cooling off periods at the June 2026 Board meeting. The Board decided that the current term limits and cooling off periods are still fit for purpose and do not require any changes at this time. An updated Competency Profile was approved by the Board at the September 2026 Board meeting. Supporting materials are provided under a separate cover to support discussion and elicit feedback on competency-based elections, which will also touch upon electoral districts.
5	Board Evaluation	In progress	Supporting materials are provided under a separate cover to support discussion and elicit feedback on the College's Board Evaluation processes.
6	Board Education	TBD	

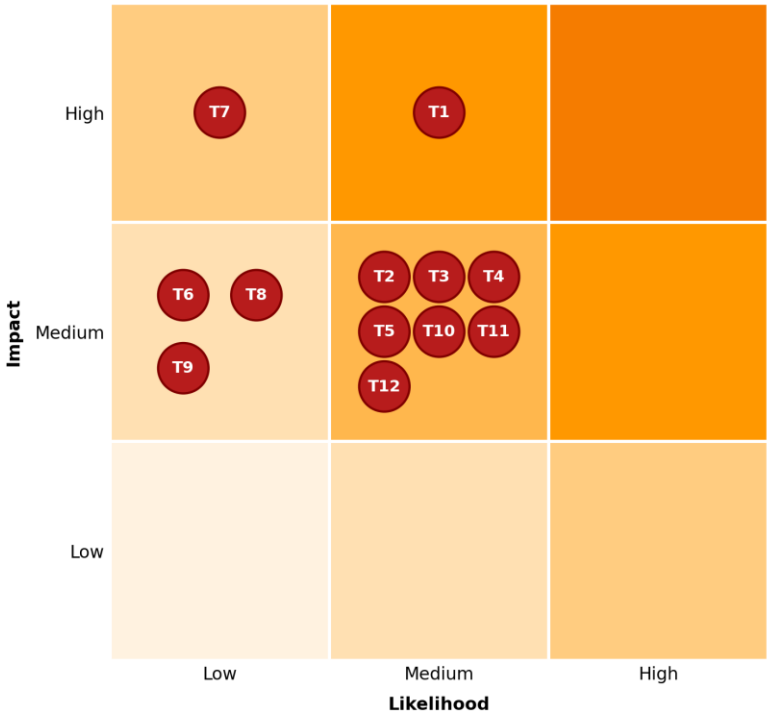
Risk Report – FY2027 Q2

Background

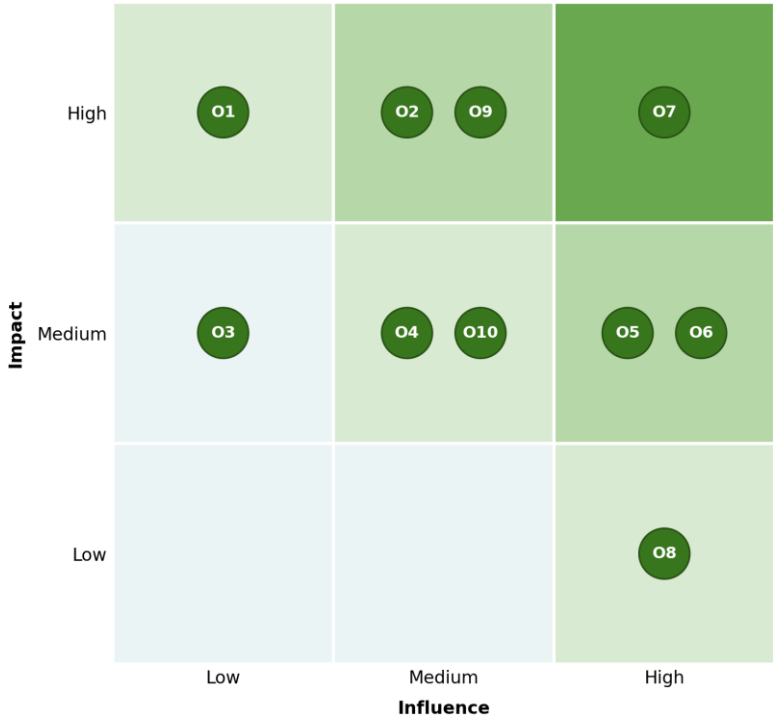
- The risk register is a key tool for monitoring and reporting about risks.
- The current risk register is designed to:
  - Align risk management to strategic objectives,
  - Help the organization mitigate threats and pursue opportunities, and
  - Prioritize threats and opportunities to help us focus our attention and resources.
- The format of the quarterly risk report is based on the key considerations of materiality (what's important enough that deserves attention) and assurance (confidence that risks are being managed appropriately).
- The content of the report aims to answer the following key questions for the Risk, Audit, and Finance Committee (RAFC) and the Board to support their role in oversight of risk management:
  - What are the key threats and opportunities that impact our ability to achieve our mandate and objectives?
  - What actions is the organization taking related to the key threats and opportunities?
  - Have there been changes to the threats and opportunities, and what's being done about it?
  - Are there emerging risks that the Board should be aware of?
  - Are there items that require Board consideration or decision?
- Each quarter, the risk register is reviewed and updated by the Senior Management Team as a group, this ensures that all informational inputs and any actions identified are shared among the team, which reduces the likelihood that something would be missed due to information being siloed.

Risk Dashboard

Heat Map - Threats



Heat Map – Opportunities



Legend

T1: Competency at entry
T2: Emerging risks
T3: Harms in practice
T4: Right-touch regulation
T5: Board and Committee effectiveness
T6: Financial sustainability
T7: Cybersecurity
T8: IT needs
T9: AI use
T10: Conflicts of interest
T11: Biases
T12: EDII

O1: CAPR
O2: Ongoing competence
O3: Regulatory changes
O4: An engaged profession
O5: Succession plan
O6: Organizational culture
O7: Financial management
O8: Business continuity
O9: Public interest decisions
O10: Filling vacancies

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

Top 5 Threats

T1 Competence at entry: 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	
Ongoing actions to mitigate threat	- The Registrar and CEO is a member of various committees where these issues are discussed. - Staff maintain collaborative relationships with system partners so that we learn of potential challenges. - College continues to review and assess various data points which could speak to readiness to practice and shares this information with system partners and relies on it to assists with future planning. - CAPR SLA requires vigilance in monitoring best practices in evaluation. CAPR is also: modernizing credentialing program; improving supports to candidates prior to challenging exam; taking active role in addressing exam cheating; and provides exam performance data to the Colleges. - College delivers presentations at all Ontario PT programs and also provides the same content through webinars so PTs educated outside Canada can access.
Updates or changes in current reporting period	- The Registrar has been interviewed by the consultant to provide input on the Essential Competencies Profile. Based on the discussions so far, the Essential Competency Profile won't change substantively, the core elements are likely to remain stable, with a focus on core clinical competencies. - Exam cheating is a known risk in the testing space generally, both the College and CAPR are actively monitoring this issue. - CAPR has completed a psychometric assessment of the exam. - CAPR's new Comparability Pathway aims to provide a better assessment of applicant's readiness to challenge the exam and to practice in Canada.
T2 Emerging risks: The College fails to respond appropriately to emerging practices or technologies that introduce new risks to patients.	
Ongoing actions to mitigate threat	- Monthly environmental scans help us monitor changes and identify if anything requires a response. - The Board is engaged in a continuous cycle of strategic direction. - Providing information or education to the Board on emerging practices (e.g. AI). - Any immediate risks and items that require a priority response are brought forward to the Board for consideration and decision-making.

Updates or changes in current reporting period	**- We published and promoted updated AI guidance in July, and we are actively monitoring developments in AI and assessing whether our guidance needs to change.** **- The College is exploring opportunities to analyze regulatory data to help us see patterns that might suggest emerging areas of risk and the results are reviewed by our internal team to consider things liked education and communications content.** **- We are responding to shifts in the use of virtual care by re-visiting the national MOU for cross-border virtual care.** **- We shared updates from the environment with the Board to inform their strategy check-in discussion.**
T3 Harms in practice: The College fails to respond appropriately to evidence of risk or harm in practice.	
Ongoing actions to mitigate threat	- Primary mechanism is to respond to individually in cases the Quality Assurance, Professional Conduct and Discipline areas. - Where an issue reaches a certain level then we would consider a broader response. - Any immediate risks and items that require a priority response are brought forward to the Board for consideration and decision-making.
Updates or changes in current reporting period	- To support a comprehensive review of the Quality Assurance (QA) program, we engaged in an RFP process to select a consultant who will conduct the research and work to identify options for updates to the program. - The College is currently monitoring a few areas of interest including gaps in knowledge about working with PTAs, over reliance on virtual care, effective oversight of use of AI, and we're considering how we can address these potential risks in programs like QA.
T4 Right-touch regulation: Our practices and decisions are no longer credible and support public trust because they are not proportionate, consistent, targeted, transparent, accountable, or responsive.	
Ongoing actions to mitigate threat	- Decision makers are supported as these considerations and principles are consistently highlighted in materials, in decision-making tools, and during discussions. - The ICRC Deliberation worksheet has been revised and updated with more focused questions for case review. - We consider and respond to process feedback and decisions being released by HPARB and the courts.

Updates or changes in current reporting period	- The Quality Assurance team created a Deliberation Worksheet, based on the one used by the ICRC, that is intended to support the Quality Assurance Committee's discussion and decision-making. - We are actively monitoring the Discipline decisions from HPDT to assess their appropriateness.
T12 EDII: Our future efforts to advance equity, diversity, inclusion and Indigenization may not be effective or credible because: - The College did not include the relevant voices and perspectives to inform those initiatives - The College did not adequately prepare the profession for adoption or change - The College did not invest sufficient resources - The College did not bring in the necessary expertise - There are shifts in the external environment	
Ongoing actions to mitigate threat	- Building long-term relationships with EDII partners - Creating mechanisms to include diverse perspectives into College work in an ongoing way - Incorporating EDII content into registrant communications consistently - Incorporating EDII action planning into annual operational and budget planning process - Bring in expertise through our partnerships and consultants - We create an EDII action plan and report on our progress every year
Updates or changes in current reporting period	- We held first two EDII focus group meetings in July. Meetings focused on relationship-building with the group, discussions about principles for the Health Equity and Anit-Discrimination Standard, and exploring ways to include more diverse perspectives into College work. - September Perspectives featured a guest blog that spotlights Indigenous reconciliation in physiotherapy. We are sourcing other EDI related guest blogs to promote deeper understanding of providing physiotherapy care to different communities. - Continued engagement with BPTA and QPC to create engagement frameworks and to begin collaborating on EDI initiatives. - The College is developing a decision aid called Wheel of Power, Inclusion and Access to help decision makers recognize and consider how power and privilege may influence regulatory processes and decisions. - We completed the consultant selection process to support the development of the Cultural Safety and Humility Standard. - The College became an employer partner with Indigenous Works which enables us to access a library of resources and materials and provides a better channel to reach Indigenous individuals for recruitment and hiring.

Top 5 Opportunities

O7 Financial management: The College has strong and effective financial management (including investments), internal controls and oversight leading to continued financial and operational health.	
Ongoing actions to pursue opportunity	- Implement remaining internal controls leading practices, 26 of 31 leading practices already implemented. - Quarterly reporting, monthly review by departments. - Annual audit. - Internal controls "mini" review every 3 years. - Annual multi-year forecasting.
Updates or changes in current reporting period	- The College received a clean audit for Fiscal Year 2026-2026, with minimal adjustments to entries, which was very positive result. The auditors noted the many improvements the management team has made to our internal financial management practices that contributed to this outcome.
O2 Ongoing competence: The College ensures ongoing competence of physiotherapists resulting in patients receiving safe, competent and ethical care.	
Ongoing actions to pursue opportunity	- We ensure competence through regulatory programs like Quality Assurance and Professional Conduct, where we identify and address concerns. - We also provide supports for maintaining competence by keeping our Standards up-to-date, providing resources, and in our ongoing communications with registrants
Updates or changes in current reporting period	- In our QA program, we made intentional decision to focus on the technological renewal work with the trade off that the program will run at a lower capacity for the year - The new Controlled Acts Standard went into effect on August 1, 2026 with promotional content to increase awareness. Registrant-facing rostering guidelines for the Controlled Acts Standard were also revised to better align with the new Standard. - We published and promoted the updated AI Guidance. - The Privacy Resource was updated to simplify the format to help PTs understand the obligations most relevant to them, and to address commonly asked questions. - Work is underway to develop guidance for the last two groups of Standards (Group 3 and 4), with the guidance for Group 3 Standards nearing completion.

O5 Succession plan: 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.	
Ongoing actions to pursue opportunity	- Succession plan and HR framework in place that captures key roles - Governance policy in place to support succession planning for the Registrar role - Succession plan for Senior Management Team is in place - Cross training/role expansion and Standard Operating Procedures are in place to assist with a departure
Updates or changes in current reporting period	- A succession plan for Senior Management Team roles was finalized and implemented. - IT team is increasing cross-training among team members to enhance ability for cross-coverage and support business continuity.
O6 Organizational culture: The College has an organizational culture that supports effective performance.	
Ongoing actions to pursue opportunity	-Regular staff engagement surveys in place and ongoing actions taken based on results and feedback gathered. - Internal EDIB committee provides advice on creating an inclusive workplace culture.
Updates or changes in current reporting period	- The College's internal EDIB Committee membership refreshed with new members joining. The Committee's mandate is still to support the implementation of the College's EDIB Strategy to create a psychologically safe working environment where equity, diversity, inclusion & belonging is ingrained in our culture, however the turnover in its membership offered an opportunity to revisit the Committee's role and approach to the work.
O9 Public interest decisions: 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.	
Ongoing actions to pursue opportunity	- Regular Board check-ins on strategic plan - Public interest rationale is incorporated into all Board materials to support decision-making - Ongoing governance education for Board members - Continued review of governance practices & processes

Updates or changes in current reporting period	- Conducted a strategy check-in with the Board in September to seek input on which areas of the strategic plan to focus on in the next fiscal year. - We rolled out a refreshed New Committee Member Orientation Module. It helps to give all committee members a shared understanding of the College's mandate, how self-regulation works in the public interest, and the general role and expectations of committee members. - We continue to work through the governance review recommendation items.

Changes to threats and opportunities and any associated actions

- There were no changes to the threats and opportunities in this reporting period.

Emerging risks

- AI and exam misconduct are two areas that are rapidly developing, staff are closely monitoring updates. Should anything arise that requires Board decision-making, the Board will be engaged in a timely way outside of the quarterly reporting cycle to determine a reasonable response or action.

Items that require Board attention

- None at this time.

Risk Register - Board

Current reporting period: FY2027 Q2 (July-September 2026)

Threats

#	Strategic Area	Threat Statement	Likelihood	Impact	Priority level	Ongoing activities to mitigate threat	Updates or change for current reporting period (FY 2027 Q2)
T1	Regulation & Risk	**Competence at entry:** 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	6	- The Registrar and CEO is a member of various committees where these issues are discussed. - Staff maintain collaborative relationships with system partners so that we learn of potential challenges. - College continues to review and assess various data points which could speak to readiness to practice and shares this information with system partners and relies on it to assists with future planning. - CAPR SLA requires vigilance in monitoring best practices in evaluation. CAPR is also: modernizing credentialing program; improving supports to candidates prior to challenging exam; taking active role in addressing exam cheating; and provides exam performance data to the Colleges. - College delivers presentations at all Ontario PT programs and also provides the same content through webinars so PTs educated outside Canada can access.	- The Registrar has been interviewed by the consultant to provide input on the Essential Competencies Profile. Based on the discussions so far, the Essential Competency Profile won't change substantively, the core elements are likely to remain stable, with a focus on core clinical competencies. - Exam cheating is a known risk in the testing space generally, both the College and CAPR are actively monitoring this issue. - CAPR has completed a psychometric assessment of the exam. - CAPR's new Comparability Pathway aims to provide a better assessment of applicant's readiness to challenge the exam and to practice in Canada.
T2	Regulation & Risk	**Emerging risks:** The College fails to respond appropriately to emerging practices or technologies that introduce new risks to patients.	Medium	Medium	4	- Monthly environmental scans help us monitor changes and identify if anything requires a response. - The Board is engaged in a continuous cycle of strategic direction. - Providing information or education to the Board on emerging practices (e.g. AI). - Any immediate risks and items that require a priority response are brought forward to the Board for consideration and decision-making.	- We published and promoted updated AI guidance in July, and we are actively monitoring developments in AI and assessing whether our guidance needs to change. - The College is exploring opportunities to analyze regulatory data to help us see patterns that might suggest emerging areas of risk and the results are reviewed by our internal team to consider things liked education and communications content. - We are responding to shifts in the use of virtual care by re-visiting the national MOU for cross-border virtual care. - We shared updates from the environment with the Board to inform their strategy check-in discussion.
T3	Regulation & Risk	**Harms in practice:** The College fails to respond appropriately to evidence of risk or harm in practice.	Medium	Medium	4	- Primary mechanism is to respond to individually in cases the Quality Assurance, Professional Conduct and Discipline areas. - Where an issue reaches a certain level then we would consider a broader response. - Any immediate risks and items that require a priority response are brought forward to the Board for consideration and decision-making.	- To support a comprehensive review of the Quality Assurance (QA) program, we engaged in an RFP process to select a consultant who will conduct the research and work to identify options for updates to the program. - The College is currently monitoring a few areas of interest including gaps in knowledge about working with PTAs, over reliance on virtual care, effective oversight of use of AI, and we're considering how we can address these potential risks in programs like QA.
T4	Regulation & Risk	**Right-touch regulation:** 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	4	- Decision makers are supported as these considerations and principles are consistently highlighted in materials, in decision-making tools, and during discussions. - We consider and respond to process feedback and decisions being released by HPARB and the courts.	- The Quality Assurance team created a Deliberation Worksheet, based on the one used by the ICRC, that is intended to support the Quality Assurance Committee's discussion and decision-making. - The ICRC Deliberation worksheet has been revised and updated with more focused questions for case review. - We are actively monitoring the Discipline decisions from HPDT to assess their appropriateness.
T12	Equity, Diversity, Inclusion and Indigenization	**EDII:** Our future efforts to advance equity, diversity, inclusion and Indigenization may not be effective or credible because: - The College did not include the relevant voices and perspectives to inform those initiatives - The College did not adequately prepare the profession for adoption or change - The College did not invest sufficient resources - The College did not bring in the necessary expertise - There are shifts in the external environment	Medium	Medium	4	- Building long-term relationships with EDII partners - Creating mechanisms to include diverse perspectives into College work in an ongoing way - Incorporating EDII content into registrant communications consistently - Incorporating EDII action planning into annual operational and budget planning process - Bring in expertise through our partnerships and consultants - We create an EDII action plan and report on our progress every year	- We held first two EDII focus group meetings in July. Meetings focused on relationship-building with the group, discussions about principles for the Health Equity and Anit-Discrimination Standard, and exploring ways to include more diverse perspectives into College work. - September Perspectives featured a guest blog that spotlights Indigenous reconciliation in physiotherapy. We are sourcing other EDI related guest blogs to promote deeper understanding of providing physiotherapy care to different communities. - Continued engagement with BPTA and QPC to create engagement frameworks and to begin collaborating on EDI initiatives. - The College is developing a decision aid called Wheel of Power, Inclusion and Access to help decision makers recognize and consider how power and privilege may influence regulatory processes and decisions. - We completed the consultant selection process to support the development of the Cultural Safety and Humility Standard. - The College became an employer partner with Indigenous Works which enables us to access a library of resources and materials and provides a better channel to reach Indigenous individuals for recruitment and hiring.
T10	Effective Governance	**Conflicts of interest:** 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	4	- Section on conflicts of interest and fiduciary duties has been incorporated into Board and Committee member orientation modules - Introduced conflict of interest checkpoints at the outset of every meeting	
T5	People & Culture	**Board and committee effectiveness:** Board and Committee members do not have the necessary knowledge, skills or competencies to perform effectively in their roles.	Medium	Medium	4	- Continuous refinement of competency profile - Overhaul of the Committee recruitment process inlcuding greater specificity in required skills and introduction of interview process - Updated Board and Committee member onboarding process - Providing training and education in response to emerging issues or changing expectations. - There are regular processes and practices to monitor performance - Work is underway to do longer term succession planning	- The Board approved an updated Competency Profile for Board and Committee members.

#	Strategic Area	Threat Statement	Likelihood	Impact	Priority level	Ongoing activities to mitigate threat	Updates or change for current reporting period (FY 2027 Q2)
T11	Effective Governance	**Biases:** Conscious or unconscious biases in processes and decision-making may result in outcomes that are not transparent, objective, impartial and fair.	Medium	Medium	4	- Ongoing EDII education for Board and Committee members - Use of decision-making tools to support the decision-making process at the Committee level - Inclusion of EDII considerations in Board briefing materials where applicable	
T7	Performance & Accountability	**Cybersecurity:** 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	3	- Email security controls are in place to detect and block phishing, malware, and other malicious communications. - Security awareness and phishing training are provided to staff regularly to reduce the risk of credential compromise and human error. - Multi-factor authentication (MFA) is enforced for staff access to key systems and cloud services. - Endpoint detection and response (EDR) tools are deployed to identify and contain malicious activity on college devices. - Continue maturing cybersecurity monitoring and threat detection capabilities. - Expand phishing simulation and cybersecurity awareness programs. - Review and test incident response and ransomware recovery plans annually.	- Increased automation of system monitoring, patching, and routine maintenance tasks. - Enhanced disaster recovery testing and recovery time objectives for critical systems. - Conducted Cybersecurity Annual Review and simulation activities. Action items coming out of this session were: added a section on vendor security and a section specific to Atlas to our cybersecurity playbook protocols, increased the complexity of our phishing tests with staff and made them more personalized, and made the follow-up process for staff who click on phishing tests more robust. - We saw an increase in failed phishing simulation tests in September, and we are using the established process to follow-up.
T6	Performance & Accountability	**Financial sustainability:** 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.	Low	Medium	2	- Rolling multi-year financial forecasts - Monthly & quarterly variance review and reporting - Cash flow monitoring - Scenario/sensitivity analysis (for example, if registration drops or increase what is the impact on costs) - Reserves and contingency plans and monitoring	- We brought forward a three-year forecast to support the decision about registration fees and the forecast was favourable. - We closed out Fiscal Year 2026 with a surplus and we are in a strong fiscal position.
T8	Performance & Accountability	**IT needs**: 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.	Low	Medium	2	- Adequately staffed and well training in-house IT team in place - Ongoing monitoring of IT systems and making ungrades proactively - Annual IT work plan to address priority projects and ongoing maintenance - Updates about IT work are shared across the organization regularly - Having an external vendor on hand to ensure back up or specialized knowledge as required	- We launched the new technology platform to support the Quality Assurance program. - We launched the new PT Portal and Public Register. - We conducted regular reviews of business requirements to ensure technology continues to align with organizational needs.
T9	Performance & Accountability	**AI use:** 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	2	- We are using an integrated internal AI tool that allows us to mitigate and monitor risks - We have the policy that outlines appropriate use and requires human in the loop. - Policy is reviewed regularly. - We provide ongoing training	- The Confidentiality Policy was updated to explicitly set out expectations about use of AI by Board and Committee members - We monitor AI use by staff in an ongoing way to identify risks that might need to be addressed.

Opportunities

#	Strategic Area	Opportunity Statement	Influence	Impact	Priority Level	Ongoing activities to pursue opportunity	Updates or change for current reporting period (FY 2027 Q2)
O7	Performance & Accountability	**Financial management:** The College has strong and effective financial management (including investments), internal controls and oversight leading to continued financial and operational health.	High	High	9	- Implement remaining internal controls leading practices, 26 of 31 leading practices already implemented. - Quarterly reporting, monthly review by departments. - Annual audit. - Internal controls "mini" review every 3 years. - Annual multi-year forecasting.	- The College received a clean audit for Fiscal Year 2026-2026, with minimal adjustments to entries, which was very positive result. The auditors noted the many improvements the management team has made to our internal financial management practices that contributed to this outcome.
O2	Regulation & Risk	**Ongoing competence:** The College ensures ongoing competence of physiotherapists resulting in patients receiving safe, competent and ethical care.	Medium	High	6	- We ensure competence through regulatory programs like Quality Assurance and Professional Conduct, where we identify and address concerns. - We also provide supports for maintaining competence by keeping our Standards up-to-date, providing resources, and in our ongoing communications with registrants.	- In our QA program, we made intentional decision to focus on the technological renewal work with the trade off that the program will run at a lower capacity for the year - The new Controlled Acts Standard went into effect on August 1, 2026 with promotional content to increase awareness. Registrant-facing rostering guidelines for the Controlled Acts Standard were also revised to better align with the new Standard. - We published and promoted the updated AI Guidance. - The Privacy Resource was updated to simplify the format to help PTs understand the obligations most relevant to them, and to address commonly asked questions. - Work is underway to develop guidance for the last two groups of Standards (Group 3 and 4), with the guidance for Group 3 Standards nearing completion.
O5	People & Culture	**Succession plan:** 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.	High	Medium	6	- Succession plan and HR framework in place that captures key roles - Governance policy in place to support succession planning for the Registrar role - Succession plan for Senior Management Team is in place - Cross training/role expansion and Standard Operating Procedures are in place to assist with a departure	- A succession plan for Senior Management Team roles was finalized and implemented. - IT team is increasing cross-training among team members to enhance ability for cross-coverage and support business continuity.
O6	People & Culture	**Organizational culture:** The College has an organizational culture that supports effective performance.	High	Medium	6	-Regular staff engagement surveys in place and ongoing actions taken based on results and feedback gathered. - Internal EDIB committee provides advice on creating an inclusive workplace culture.	- The College's internal EDIB Committee membership refreshed with new members joining. The Committee's mandate is still to support the implementation of the College's EDIB Strategy to create a psychologically safe working environment where equity, diversity, inclusion & belonging is ingrained in our culture, however the turnover in its membership offered an opportunity to revisit the Committee's role and approach to the work.
O9	Effective Governance	**Public interest decisions:** 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.	Medium	High	6	- Regular Board check-ins on strategic plan - Public interest rationale is incorporated into all Board materials to support decision-making - Ongoing governance education for Board members - Continued review of governance practices & processes	- Conducted a strategy check-in with the Board in September to seek input on which areas of the strategic plan to focus on in the next fiscal year. - We rolled out a refreshed New Committee Member Orientation Module. It helps to give all committee members a shared understanding of the College's mandate, how self-regulation works in the public interest, and the general role and expectations of committee members. - We continue to work through the governance review recommendation items.
O4	Partnership & Engagement	**An engaged profession:** 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.	Medium	Medium	4	- Ongoing monitoring of communications and adjusting based on data and feedback.	- We continue to see favourable open and click-through rates on our Perspectives newsletter. - We are offering small entry to practice/ask me anything (AMA) interactive webinars for PTs educated outside Canada to create a meaningful way for this group to engage with us and their peers directly. First AMA session took place in September for PTs educated outisde Canada who recently registered in Ontario. We plan to offer a separate session for PTs educated outside Canada who are preparing for licensure.
O10	Effective Governance	**Filling vacancies:** The College fills vacancies on the Board and/or Committees in a timely way, which supports operational effectiveness, succession planning, and business continuity.	Medium	Medium	4	- Monitoring of Board and Committee member terms to anticipate upcoming vacancies - Rolling recruitment of new Committee members before terms of existing Committee members expire to support continuity - Continued relationship maintenance with Public Appointments Secretariat to support appointment of new Public Directors as needed - Development of multi-year succession plan for Chairs and Vice-Chairs starting this fall	- We managed the transition of the Board Chair position, we held a special Executive Committee election to fill the vacancy and the by-election to fill the Board vacancy in a timely way. - We are actively engaging with the Public Appointments Secretariat and the Health Board Secretariat to support Public Members, as a College and as the sector through HPRO - We are being proactive in seeking re-appointments for Public Members well in advance of the end of their terms.
O1	Regulation & Risk	**CAPR:** CAPR remains operationally stable and can continue to deliver credentialling and exam services.	Low	High	3	- Regular liaison meetings with the Canadian Physiotherapy Regulators (CPTR) - Dashboard monitoring and SLA assessments - Back-end monitoring of issues - Ongoing sharing of information, knowledge and best-practices - Maintaining partnership to build trust	- We receive regular updates from CAPR about their operational management, risks are identified and addressed as they come up, and we have not identified any concerns about their operational stability at this time.

#	Strategic Area	Opportunity Statement	Influence	Impact	Priority Level	Ongoing activities to pursue opportunity	Updates or change for current reporting period (FY 2027 Q2)
O8	Performance & Accountability	**Business continuity:** The College has a robust business continuity plan so that when a disaster or emergency occurs College operation is not disrupted.	High	Low	3	- We're already a fully virtual and cloud-based organization, which greatly supports business continuity - The way we are structured as an organization already mitigates a lot of business continuity risks. - We have a robust cybersecurity plan to protect our digital workforce	- We have begun a review of our business continuity plan to account for changes with our office space move.
O3	Regulation & Risk	**Regulatory changes:** 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.	Low	Medium	2	- Ongoing planning for scope change (government engagement, standards, guidance, etc.) - Monitoring amalgamation talks - Government relations activities through HPRO	- The College is ready for implementation of a potential scope expansion: we updated Controlled Acts Standard, updated the draft guidance, shared implementation plan with Ministry, and are doing the preparation work for a new rostering process.

December 2026
Agenda Item: 6.0

BOARD BRIEFING NOTE

For Education

Topic:	Investments Strategy Policy Primer
Public Interest Rationale:	The College's investment strategy structures how the College's operating reserve is managed to support long-term needs in the event of a financial emergency.
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:	Craig Roxborough, Registrar & CEO
Attachments:	Appendix A: Investments Strategy Policy

Issue

- The Board is provided with an overview of the College's investment policy and details regarding the College's investment portfolio.

Decision Sought

- None, this item is for information.

Background

- To support the College's financial resilience in the event of significant disruptions, the College manages various financial reserves.
    - As the Board is being provided with additional information regarding the College's approach to reserves under separate cover, only high-level information is provided here.
- Most notably, the College manages a general or operating reserve (listed as "unrestricted net assets" in the financial statements). The general reserve is intended to provide financial security in the face of significant revenue disruption, manage significant and unplanned expenditures, or provide stability during periods of revenue or expenditure uncertainty.
- Financial reserves require prudent financial management to maintain their value over time. For example:
    - Inflation reduces the purchasing power of reserve funds over time; and
    - As the College's operating budget grows, a reserve of the same nominal value becomes smaller relative to the organization's expenditures.
- As a result, the College has long maintained an investment strategy to support the prudent management and preservation of its general reserve over time. Without investment returns,

maintaining the reserves purchasing power and relative size would require additional funds to be contributed over time.

Current Status and Analysis

- Historically, the College invested reserve funds exclusively in fixed-income instruments.
    - While this approach sought to prioritize capital preservation, investment returns generally lagged or barely tracked inflation.
    - At the same time, the College has continued to see increases in its operating budget, creating erosion pressures on the reserve relative to the size of the College's budget.
    - Taken together, the College's investment strategy has not generally been sufficient to fully offset inflationary pressures and growth in operating costs.
    - At the same time, the College has benefitted from a few years of budget surpluses driven by registrant growth and demand for the Ontario Clinical Exam combined with increases in operational efficiency that have offset these pressures.
- Beginning in the Fall of 2025, the College engaged in a review process of its historical investment policy with a specific focus on whether retaining an exclusive fixed-income strategy was prudent, or whether the College should permit limited market exposure within prescribed limits in order to better address inflationary pressures and operational growth.
- This work culminated in Board approval of a revised policy at the December 2025 meeting. The policy maintained capital preservation and liquidity as primary objectives, including a requirement that a minimum of three months of operating expenses remain invested in fixed income.
    - Limited market exposure was permitted with the intention to support the preservation and long-term sustainability of the reserve by providing greater diversification and an opportunity to mitigate inflationary and other erosion pressures.
    - The policy establishes a conservative framework for limited market exposure. Investments are to be diversified and conservative in nature and speculative or high-risk investments are prohibited. Within these constraints, limited market exposure is intended to contribute to returns that meet or modestly exceed the pressures eroding the reserve over time.
- The policy was developed with advice from two Chartered Professional Accountants and the College's investment advisor and was informed by similar investment strategies adopted across the not-for-profit sector.
- Following approval of the policy, College staff have been incrementally migrating portions of the reserve to include limited market exposure, within the limits established by the policy.

- Since implementation the Risk, Audit, and Finance Committee (RAFC) has received regular updates and additional analysis to support its oversight of the policy and its implementation. This includes:
    - Additional professional advice regarding the use of limited market exposure within a not-for-profit operating reserve, including the balance between the risks of reserve erosion and the investment parameters established by the policy.
    - A detailed breakdown of implementation to date, including the composition of the portfolio and its alignment with the parameters established by the policy. This reporting has demonstrated an incremental approach to implementation within the approved policy framework.
    - Information regarding rates of return across the different segments of the portfolio to support its ongoing monitoring and evaluation of the investment approach.
- As part of its broader oversight of the College's investment approach, RAFC has also raised questions regarding various aspects of the arrangements through which the College's investments are managed. Management has undertaken additional review and due diligence in response to these questions.
    - The College has maintained its corporate banking and investment relationships with RBC for many years, predating current staff. More recently, changes were made to the College's advisory relationship following a review of prospective advisors, including consideration of the quality of advice and service offered.
    - While the College receives both banking and investment services from companies within the RBC group, RBC Dominion Securities Inc. is a separate legal entity from the banking arm of RBC and is a regulated investment dealer. RBC has established information barriers, compliance systems, and conflict-management requirements governing dealings between affiliated entities.
    - The College's investment approach permits consideration of investment products from a range of financial institutions. Product selection is guided by the College's investment objectives and policy constraints and is subject to applicable regulatory and conflict-of-interest requirements.
    - Management has also reviewed investment management costs of the current portfolio against available market comparators. Based on that review, the College's overall investment management costs appear competitive relative to publicly available Canadian benchmarks for professionally managed portfolios.
- The RAFC will continue to receive information regarding the College's investment strategy and portfolio to support it in discharging its oversight and monitoring responsibilities.

Questions for the Board

- What questions do you have about the College's current investment policy?
- Does the Board require any further information to support ongoing monitoring of the College's investment strategy?

Section:	Finance	Policy #4.3
Title:	Investments Strategy	
Applicable to:	Board	
Date approved:	December 2007	
Date revised:	June 2009, June 2021, December 2025	
Date confirmed:	September 2011, September 2023	

1. Purpose and Objective

In accordance with section 2.4 of the College's by-laws, this policy sets out the College's investment strategy.

The purpose of the Investment Strategy policy is to establish the objectives, principles, and guidelines governing the investments in the College's investment portfolio.

The policy provides the framework for managing the College's investments in a manner that prioritizes capital preservation while achieving a reasonable return consistent with prudent risk management.

The policy applies to the unrestricted reserve funds of the College that are not required for immediate operational needs.

The Registrar & CEO, in conjunction with finance staff, is responsible for the day-to-day management of the College's investments in accordance with this policy. The Registrar & CEO shall ensure that investments are managed prudently, consistent with the objectives and constraints of this policy, and shall work with an external investment advisor to implement the investment strategy.

2. Investment Objectives

The primary objective of the College's investment strategy is the preservation of capital, safeguarding the principal value of the invested funds.

The secondary objective is to achieve a conservative rate of return that, over the long term, meets or modestly exceeds inflation in support of financial sustainability and to offset inflationary pressures.

Preservation of capital and maintenance of liquidity to meet operational needs or emergencies takes precedence over the pursuit of higher returns.

3. Risk Tolerance

The College's investment approach shall be conservative in nature. Investment risk shall be managed through diversification and adherence to approved asset classification.

The College will maintain an amount equivalent to no less than three (3) months of operating expenses (i.e., 25% of the fiscal year operating budget) in fixed-income and cash-equivalent investments.

Any reserve funds in excess of that threshold *may* be allocated to market exposed instruments (including equities and alternative investments).

At all times investments must remain liquid, meaning they can be redeemed without undue delay or penalty should the College require access to funds to support operational needs or emergencies.

4. Permitted Investments and Asset Allocation

The College's investments may include the following categories:

1) **Fixed Income and Cash Equivalents**: government bonds (federal, provincial, or municipal); investment-grade corporate bonds rated A or better by a recognized credit rating agency (or equivalent); short-term debt instruments, including commercial paper, term deposits, and coupon-bearing notes, rated R-1 or better (or equivalent); and Guaranteed Investment Certificates (GICs) or other deposit instruments issued by Canadian financial institutions.
    - Fixed income investments shall be managed in a laddered structure to mitigate interest rate risk and to maintain liquidity, with particular consideration given to market conditions at the time of investment.
    - The portion of the investment portfolio held in corporate bonds or similar instruments shall not exceed 20% of the fixed income portfolio and no single issuer shall exceed 15% of the fixed income portfolio.
2) **Market-Based Investments**: including Canadian, U.S., or international equities and alternatives, through diversified pooled funds, exchange-traded funds, or mutual funds.
    - Equity exposure will consist of long-only holding providing broad market diversification and align with the College's conservative risk tolerance.

- Alternative investments may include infrastructure funds, real estate investment trusts (REITs), diversified low-volatility or absolute-return funds, and income-focused or option-overlay strategies (such as covered-call or premium-yield funds).
    - All such investments must be offered through regulated, liquid, and transparent pooled structures, carry an overall low-to-medium risk rating from their manager, and be designed primarily for income generation or risk diversification rather than speculative return enhancement.
    - No more than 25% of the market-based portfolio may be comprised of alternative investments.
- Where reasonably possible, the College will prioritize socially responsible investments within the market-based portfolio that are consistent with the College's values.

The College's investments shall not include instruments that introduce speculative or leveraged risk inconsistent with its stated investment objectives. Specifically, the organization prohibits: the direct writing (selling) of put or call options; short selling or margin borrowing; direct investment in commodities, cryptocurrencies, or other non-traditional assets; and direct use of derivatives for speculative or leverage purposes.

5. Monitoring and Rebalancing

The investment portfolio shall be reviewed at least quarterly by the Registrar & CEO and monthly by the College's investment advisor.

If the proportion of any asset class deviates from its target range by more than ±5%, the portfolio shall be rebalanced to align with the policy parameters.

6. Reporting Requirements

The Registrar & CEO shall provide updates on the College's investments as part of the quarterly financial reporting to both the Risk, Audit, and Finance Committee and the Board.

A report on the investment portfolio and presentation from the College's investment advisor shall be provided to the Board annually.

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

December 2026
Agenda Item: 7.0

7.0 Review of College Investments

Craig Roxborough and Tyler Graham, RBC

December 2026
Agenda Item: 8.0

BOARD BRIEFING NOTE

For Discussion

Topic:	Competency-Based Elections & Appointments
Public Interest Rationale:	Ensure the Board and committees benefit from the right mix of skills, competencies and expertise to support them in fulfilling their regulatory mandate.
Strategic Alignment:	*Effective Governance:* Help to ensure effective succession planning that considers potential skill and competency gaps as part of identifying current and future needs. *EDII:* Supporting a Board composition that includes members from diverse backgrounds with different lived experiences and expertise to enrich its work and decision-making.
Submitted By:	Mara Berger, Director, Policy, Governance & General Counsel
Attachments:	Appendix A – Competency Profile

Issue

- Consideration of potential enhancements regarding how the College's competency profile is being utilized as part of the election and/or Committee appointment processes.

Decision Sought

- No decision is being sought.
- The Board will be engaged in a generative discussion to determine what purpose the Board would like the competency profile to fulfill and whether achieving that purpose would require any changes to the current elections and/or appointment processes. .

Background

- In September 2023, the Board approved the College's first competency profile, applicable to all registrants running for Board election, Academic Directors recommended for appointment and all potential Committee, task force and working group members. A self-assessment component was subsequently added to the elections and Committee recruitment processes. The profile was recently updated in September 2026. A copy of the profile can be found in Appendix A.
    - The competency profile is divided into three parts: 1) Board and Committee Member Core Values, 2) Attributes and 3) Board Specific Knowledge, Skills and Professional Experience. While the first two parts apply to Board and Committee members equally, only election candidates are required to assess themselves against the third part.

- The establishment of the competency profile was in part to meet benchmarks set out in the College Performance Measurement Framework (CPMF), which required that College's should have pre-defined competency and suitability criteria for Board Directors standing for election and for Committee members being appointed.

    - The CPMF requirement also fits with a wider trend, where some governments have taken steps to more significantly reform Board governance. For example, updates to the *Ontario College of Teachers Act, 1996* in 2021 replaced elections with an appointment process for professional Board members. Similarly, BC's new *Health Professions and Occupations Act* also requires that all Board members be appointed.

- When the profile was originally introduced, the Board noted that while a self-assessment was a valuable first step, there was a desire to work towards transitioning to a stronger focus on competencies for elections and appointments over time.

- Exploring a shift to a more significant competency-based assessment process was also identified as a potential consideration for the Board during the external governance practices review in 2023 and has remained a topic the Board has expressed interest in exploring further since. In response, competency-based elections and Committee appointments was identified as a topic for future discussion in the governance roadmap that was shared with the Board in March 2026.

- The main purpose of competency-based approaches to is to ensure that Board and committees collectively have the right mix of skills, knowledge and expertise to work the most effectively. It allows Board and committee to identify specific needs and link recruitment directly to them, which can provide additional support for informed decision-making and more intentional succession planning. It can also help build public trust by demonstrating that governance processes focus on the capabilities needed for effective regulation and how individuals are equipped to contribute.

    - Utilizing a competency-based approach is not meant to be exclusionary. When competencies are used to screen candidates, the focus is usually on things such as practice areas, lived experience and geographic representation.

- Since competency-based approaches have remained a topic of interest for the Board throughout the last several years, this discussion provides an opportunity for the Board to explore whether greater use should be made of the College's competency profile to further strengthen its collective capacity and address potential future gaps while also supporting transparent and accessible processes that value diverse backgrounds, expertise and lived experiences.

    - It should be noted though that regardless of the direction the Board would like to pursue, the College must continue to hold Board elections as required by both the Health Professions Procedural Code and the *Physiotherapy Act, 1991*.

Current Status and Analysis

- As noted above, the objective of this conversation is for the Board to reflect on what purpose it would like the competency profile to achieve. Specifically, the Board is being asked to consider the following questions:
    - What role should the competency profile play in the election and/or Committee appointment processes?
        - If its purpose is simply to encourage election candidates or individuals seeking a Committee appointment to reflect on the competencies, then the current self-assessment approach would meet that objective.
    - If the Board would like the competency profile to play a bigger role in the election and/or Committee appointment processes, what would that role be?
        - This question only needs to be considered if the Board determines that the purpose of the competency profile should be broader than a simple self-assessment. In that case, the Board would need to consider what the competency profiles role should be and whether there are any changes to the election and appointment processes that would be needed to fulfill that role.
- To support the Board in its discussion, a comprehensive review of current approaches to competency-based elections and appointments across other regulators has been completed. Based on the findings of the review, some illustrative examples of different competency-based approaches as well as their implications, are outlined below.
    - The illustrative examples do not represent an exhaustive list of options, and the Board is not being asked to choose a preferred approach at this stage.
    - If the Board determines that the intended purpose of the competency-profile cannot be met through the current self-assessment process, staff will develop a more comprehensive framework for the Board to consider at a future meeting. This would also include a conversation with the Board about the kind of competencies that may be preferred or required, while also making sure that the process remains accessible to interested individuals with different experience levels.

Environmental Scan

- The environmental scan showed that adopting a more competency-based approach for Board elections and/or committee appointments is quite common amongst regulators. 17 of the 26 Ontario health Colleges either have or are in the process of establishing some form of competency requirements.

  - Some of the non-health regulatory Colleges in Ontario have also adopted a competency-based approach, notably the College of Teachers and the College of Social Workers and Social Service Workers. As part of its modernization efforts, the College of Veterinarians is also looking to adopt a Council profile to outline the skills, expertise and diverse attributes that have been identified as needed.

  - Across the physiotherapy regulators in Canada, both the College of Physiotherapists of Alberta and the Nova Scotia College of Physiotherapists have moved to appoint Board members based on identified skills, competencies and other criteria. Additionally, the College of Physiotherapists of Manitoba also recently moved towards an appointments-based process. In contrast to Ontario, the legislation in all three provinces does not require elections, enabling them to implement an appointment-only system.

- While having a competency-based approach is common, there is a wide range of options that have been adopted by different Colleges. The spectrum ranges from a pure self-assessment, as is our current practice, to a comprehensive competency-based model where only candidates who meet pre-identified competencies are permitted to stand for election or be eligible for appointment.

- Even though Colleges have adopted different models, there are some common features and trends that can be observed:

  - Pretty much all competency-based approaches focus on ensuring that the Board as a whole has the identified skills and competencies. There is no expectation that any individual Board member meets all of them, which would set an unreasonable threshold and may discourage individuals from seeking election or appointment.

  - A distinction is often made between core skills and competencies expected of all candidates, such as focusing on the public interest and collaboration, and more specialized skills, such as financial literacy or regulatory experience, that some Board and/or Committee members would ideally bring to the role, but that otherwise can be developed while on the Board or a committee.

  - Most Colleges whose requirements extend beyond a self-assessment rely on a dedicated committee to support the process, such as a Screening or Nominating Committee. Additionally, the College's who have the most comprehensive competency assessments also usually hire third parties, such as external recruiters, to support the process and/or the committee.

  - Colleges who use their competency-profile more extensively often create an annual profile based on specific needs of the Board and/or the committees that have been identified. This provides flexibility with respect to determining what skills and experience may be beneficial at that time, without limiting future opportunities, since the profile is continuously updated.

- The Colleges that have adopted a comprehensive competency-based model generally conduct province-wide elections, meaning they only have one electoral district. To support geographic diversity, being from a specific region (e.g. Northern Ontario) may instead be identified as one of the considerations for being eligible for election or appointment.

Considerations

- When thinking about the purpose of the College's competency profile and whether to expand how it is being used as part of the election and Committee appointment process, there are a few important considerations to reflect upon stemming from the environmental scan:

  - There is a spectrum of options. If there is a desire to expand the use of the competency profile, there are different incremental steps that can be considered rather than moving to a comprehensive competency-based model.

  - If the current process moves beyond a self-assessment, the role of the Screening Committee will likely need to be reassessed, and a depending on what model is being adopted, engaging third-party expertise may also be an option.

  - There may be an impact on the College's current electoral districts, which are based on geographic boundaries. For a comprehensive competency-based model, reducing the number if districts or even moving to a singular, province-wide district may be required, but that may create a risk of losing some of the current geographic diversity.

  - Depending on their nature, competency requirements can allow for more intentional recruitment of individuals with specific lived experience or expertise. At the same time, if the process to stand for election or apply for committee appointment is seen as too cumbersome, that may create an unintentional barrier.

    - Unintentional barriers in the College's election and/or Committee appointments processes may exist irrespective of how the competency profile is being utilized, and is a topic the College is planning to explore with our Equity, Diversity, Inclusion and Indigenization Focus Group in the near future.

  - Similarly, the Board would need to consider which competencies may be required to best meet the needs of the Board and/or committees, while also ensuring that the competencies aren't so demanding that candidates are being discouraged from standing for election or seeking a Committee appointment. For example, lived experience or professional experience in specific practice areas could be sought out, while skills such as governance or financial experience could be optional since the latter are usually addressed via training once on the Board and/or a committee.

  - How the competency profile is being utilized does not necessarily need to be the same for each cohort. Different processes could apply to election candidates, Academic Directors and/or committee appointees depending on what makes the most sense for each group.

Some differentiation already exists, since only potential Board member are asked to reflect on the Board specific skills and experience section of the profile.

Overview of Possible Competency-Based Approaches

- As noted above, there are a variety of options the Board could consider if it determines that how the competency profile is currently being utilized doesn't quite fit the purpose the Board would like it to serve.

- A few of the different options that exists are outlined below, as well as the potential benefits and drawbacks of each approach. **As previously mentioned, these are illustrative examples only.** Depending on what purpose the Board would like the competency profile to fulfill, additional options may exist, and different approaches could also be combined with each other.

- Additionally, as noted above, different processes could apply to different groups, like election candidates and/or potential Committee members if the Board believes that that would best serve the needs of the Board and committees. It does not have to be one size fits all, especially since election candidates and Committee applicants already go through slightly different processes.

Option 1 – Self-Assessment Only (Status Quo):

- Candidates for election and applicants for appointments self-assess themselves against the College's competency profile. Completion is verified, but no further steps or evaluation are required.

Benefits	Drawbacks
▪ Allows candidates to reflect on what competencies are required to fulfill the role they are seeking without creating a significant barrier to entry. ▪ Infrastructure to support the process is already in place, with the Screening Committee confirming that the self-assessment has been completed for election candidates, and staff and Committee Chairs and the Executive Committee doing the same for potential appointments.	▪ This is purely a reflection exercise, the requirement is being met by simply completing the self-assessment, without any evaluation of the information. ▪ There is no real ability to select for specific skills or competencies to address Board or committee needs that may have been identified.

Option 2 – Self-Assessment & Interview:

- In addition to completing a self-assessment, candidates would be invited to participate in an interview to reflect upon the competencies, their assessment and the role.
- The purpose of the interview would be purely informational. Candidates would not be evaluated on their responses for either the self-assessment or, for candidates seeking a committee appointment, the portion of the interview that focuses on their responses to the competency profile. The requirement would be met simply by participating.

Benefits	Drawbacks
▪ Provides a touchpoint with candidates prior to election or appointment to deepen their understanding of the role and support informed decision-making on whether it is a good fit. ▪ May deepen reflection since it provides an opportunity to talk about the competencies and the self-assessment.	▪ An interview process would likely be resource intensive and would require an investment in time as well as financial resources. ➢ For election candidates, either the Screening Committee or a third-party consultant could conduct the interviews. ➢ Shortlisted candidates for committee appointments already participate in an interview with the Committee Chair and staff. Options would include increasing the length of the interview to add this as a component, or to schedule a second interview with the preferred candidate(s) after the initial round. ▪ Adding an interview component could discourage some individuals from pursuing election or appointment due to the extra step that would need to be completed. This may be particularly impactful in situation where the pool of potential candidates is more limited, such as for Academic Directors.

Option 3 – Sharing Self-Assessment Results with Voters:

- An option specific to elections the Board could consider is to incorporate the self-assessment results into the information that is being shared with voters. Currently, voters only see the name of the candidate, as well as the optional candidate statement that was submitted.

- Including the self-assessment would result in a more comprehensive information package for voters and would allow candidates to demonstrate how their competencies align with the needs of the Board.

Benefits	Drawbacks
▪ Provides more in-depth information about election candidates to voters to support their decision-making. ▪ Provides an expanded avenue for candidates to demonstrate how their skills and expertise would support the work of the Board.	▪ Because this would be pure information sharing, there is no real ability to select for specific skills or competencies to address Board needs that may have been identified. ▪ Some potential candidates may not feel comfortable with their self-assessment being shared, discouraging them from standing for election. ▪ May require vetting by the Screening Committee of the self-assessments to confirm that the information is public interest focused rather than profession centric.

Option 4 – Vetting Against Competencies to Determine Eligibility:

- The most complex and comprehensive option would be to assess candidates against the established competencies to determine eligibility for election or appointments. This is also the only option that may ultimately impact eligibility, since candidates that are deemed not to meet the competencies would be considered ineligible to proceed.

- The assessment could be based on the competency profile in general or on an annual needs assessment that identifies specific skills the Board and/or committees are seeking to round out the expertise around the table. Irrespective of approach, candidates would not be expected to meet all competencies that are included in the competency profile, but a specified subset.

    - For example, candidates could be asked to meet all of the core values plus some of the attributes. Election candidates could further be asked to show how their experience could support one of the specific skills and knowledge areas identified for the Board.

- For Board candidates, the evaluation could be completed by the Screening Committee, or a third party could be engaged to assist with the process. For appointments, the responsibility could fall to the committee overseeing the slate development, which is currently the Executive Committee, or it could be folded into the recruitment process led by the Committee Chairs.

- Moving to a comprehensive competency-based assessment model would require a reconsideration of the College's electoral districts. As noted above, the Colleges that have adopted this approach generally utilize a single, province-wide election district. This is to ensure that there is a sufficient pool of candidates to avoid the possibility of acclamations where a candidate may not meet the identified competencies. To still preserve geographical diversity, this could instead be folded in as one of the competencies, for example by requiring that at least one Board member should have experience practicing in the North and/or in rural communities.

Benefits	Drawbacks
▪ Allows for the recruitment of candidates that fulfill specific identified needs, including candidates from diverse populations, including geographically, patient populations being served, lived experience, etc. ▪ Provides an expanded avenue for candidates to demonstrate how their skills and expertise would support the work of the Board.	▪ Committees already do this to some extent. While applicants aren't evaluated on their self-assessment, when recruiting for open positions any specific skills or expertise that is desired is noted in the recruitment call. ▪ May discourage qualified individuals from standing for election or applying for appointment if they are unsure whether they may meet the competencies.

	▪ Would be resource intensive, especially on the election side, since the district model would need to be reconsidered to create a larger pool of candidates. ▪ The Board would need to feel comfortable with assigning the responsibility to vet candidates to the Screening Committee or a third party. Additionally, an appeals process to challenge the results would need to be established to ensure fairness. The election timeframe would also need to be expanded to ensure sufficient time exists for these steps.

Questions for the Board

- As noted above, any potential changes to how the competency-profile is currently being utilized should align with the purpose the Board wants it to fulfill.
    - If the Board believes that the main purpose of the competency profile should be to prompt self-reflection, then the status quo would be sufficient.
    - If the Board believes that recruiting for specific needs the Board and/or committees may have should be an option, then changes to the current approach would be needed.
- Even if the Board would like to move towards a full competency-based approach for elections and/or appointments, it could choose to take an incremental approach, making smaller changes now and then reconsider further steps at a future point in time.

Next Steps

- Based on the Board's direction, if the Board determines that it would like to expand the use of the competency profile, staff will develop the Board's preferred approach for further consideration.
- If the Board determine that the competency profile currently functions as intended, then no further steps will be necessary.

Questions for the Board

- What purpose does the Board envision the competency profile should serve?
- How can that purpose best be achieved?
- If changes are needed, is there any differentiation that should be made in the approach for elections and appointments?

Board and Committee Competency Profile

The competencies outlined in this profile are intended to support effective governance by articulating the values, attributes, knowledge, skills and experience that contribute to effective Board and Committee performance. While individuals may possess these competencies to varying degrees, it is important that the Board and Committees collectively possess an appropriate mix of knowledge skills and experiences and perspectives to effectively discharge their responsibilities.

Board and Committee Member Core Values

Remain public interest focused	Board and Committee members place the public interest ahead of personal, professional or other interests. They consider the impact of decisions and ensure discussions and decisions remain grounded in the College's mandate to serve the public interest.
Embrace diverse thinking	Board and Committee members value and respect diverse perspectives and experiences. They foster an environment where individuals can share perspectives informed by their lived experiences, identities, cultures and backgrounds. These perspectives are actively sought, heard and thoughtfully considered to support effective decision-making.
Make informed decisions and speak with one voice	Board and Committee members make informed decisions grounded in an analysis of evidence, information and consideration of diverse perspectives. Differing views are encouraged during deliberations and members work to build consensus. While dissent or abstention may occur, members support and respect the collective decisions of the group once decisions have been made.
Respect roles and responsibilities	Board, Committee, and staff relationships are built on professionalism and mutual respect for one another's roles. Individuals understand and defer to their respective responsibilities, supporting effective governance while maintaining a clear distinction between governance and operations.

Attributes

To achieve these values, Board and Committee members reflect the attributes below.

Attributes	How this is Demonstrated
Self-Awareness and Communication	Understands personal strengths and areas for development and improvement, including identifying and reflecting on potential biases. Recognizes how one's verbal and non-verbal communication impacts others and communicates clearly and respectfully. Listens actively and engages constructively with differing perspectives.
Teamwork and Collaboration	Works to build and maintain respectful and productive relationships with colleagues, staff and others to support the Colleges mandate and achieve shared goals, remaining open to new and differing perspectives and ideas.
Accountability and Transparency	Acts with integrity, professionalism, and accountability. Follows through on commitments, takes responsibility for actions and decisions, and adheres to established governance, legal, and ethical requirements. Supports transparent and responsible decision-making in the public interest.
Strategic Thinking	Takes a future-focused approach by considering emerging issues, risks, and opportunities facing the College. Contributes to long-term planning and supports decisions that advance strategic objectives while maintaining appropriate oversight of risk.
Critical Thinking	Critically evaluates evidence and other relevant information, considers different perspectives, and exercises independent judgment. Recognizes how issues, decisions, and risks can be interconnected and considers potential impacts and consequences when evaluating options and making decisions.
Commitment to the Work	Demonstrates commitment to the work of the Board and Committees by dedicating the time necessary to prepare for, attend, and participate in meetings. Comes prepared, contributes meaningfully to discussions, and supports informed decision-making. Recognizes when circumstances may affect their ability to fulfill their responsibilities and takes accountability for communicating and addressing those situations appropriately.

Board Specific Knowledge, Skills, and Professional Experience

All Board Directors will obtain the skills below through orientation, training, and ongoing experience. However, when possible, new Board Directors will already have some or all of the following skills and experience:

Professional Experience, Knowledge and Skills	Skills and Experience Identified
Financial Literacy	Has a basic understanding of financial management and financial oversight. Can read, understand, and ask informed questions about financial statements, budgets, and financial reports to support sound governance and stewardship of the College's resources.
Risk Management	Understands risk management principles and the Board's role in risk oversight. Can identify, assess, and evaluate organizational and regulatory risks, and consider their potential impact on the College's strategic objectives and public interest mandate.
Strategic Planning	Has experience developing, implementing, or overseeing strategic plans and understands how organizational priorities, initiatives, and resources align with strategic objectives. Can support the Board in setting strategic direction and monitoring progress toward long-term goals.
Professional Regulation	Understands the College's public interest mandate and the legislative and regulatory framework within which it operates, including relevant legislation, regulations, by-laws, and policies. Understands the responsibilities of a health profession regulator and how regulatory decisions support the public interest. Can distinguish between the role of a health profession regulator and the role of professional associations or advocacy organizations.
Governance Principles	Understands governance principles, fiduciary responsibilities, and the Board's role in oversight, accountability, and strategic direction. Can distinguish between governance and operational responsibilities and apply governance principles in support of the College's public interest mandate.
Policy Analysis	Has experience reviewing and evaluating policies, proposals, or complex issues. Can critically assess relevant evidence and information, identify potential impacts, and consider options to support effective governance and decision-making.

Equity, Diversity, Inclusion and Indigenization[1] Leadership	Has knowledge, experience, and/or training related to equity, diversity, inclusion and Indigenization. Demonstrates an understanding of diverse perspectives, backgrounds, identities, and lived experiences, including those of Indigenous Peoples. Applies this understanding to support inclusive decision-making, recognize bias and systemic barriers, and foster a sense of belonging.

[1] Indigenization means weaving First Nations, Métis and Inuit knowledge, experiences and worldviews into our work in respectful and ethical ways.

December 2026
Agenda Item: 9.0

BOARD BRIEFING NOTE

For Discussion

Topic:	Governance Structure and the Role of Board Committees
Public Interest Rationale:	A clear governance structure supports transparent, accountable and effective Board decision-making. Clarifying the roles of the Board and its committees can help ensure that governance responsibilities are appropriately assigned, decisions remain subject to suitable oversight, and the College continues to fulfill its public interest mandate.
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: Visual Comparison of Governance Models

Issue

- At its June 2026 meeting, the Board requested additional information about potential approaches to the College's committee structure and the allocation of governance responsibilities to support further discussion and direction.

Decision Sought

- The Board is asked to consider the current allocation of governance responsibilities across Board Committees, and provide direction on whether any changes are warranted. Any resulting changes to committee mandates, policies or By-laws would be developed following the Board's direction.

Background

- In December 2025, the Board revisited the Governance Practices Review conducted in 2023 and identified a number of areas for further exploration as part of the College's ongoing governance work. This included consideration of the College's governance structure, specifically the role of the Executive Committee and whether governance functions could be supported through a different committee structure.
    - This work forms part of the Colleges ongoing commitment to reviewing and enhancing its governance practices, rather than responding to identified deficiencies in the current structure.
- In March 2026, the Board supported a roadmap for bringing the identified governance priorities forward for discussion over time.
- As part of this work, in June 2026 (page 249) the Board considered the College's current governance structure, including the role of the Executive Committee, the allocation of governance responsibilities across the Board and its committees, and the extent to which governance work should remain at the

Board level or be undertaken by committees. The Board did not identify a preferred approach and requested that potential options be further developed.

- The College's Strategic Plan identifies *Effective Governance* as a priority, with a commitment to "Continually enhance our governance practices to support effective decision-making which fosters public trust and accountability." Consistent with this commitment, the Board may wish to consider whether the current allocation of governance responsibilities continues to meet its needs and whether alternative arrangements could further support effective governance. Potential objectives that different governance arrangements could support include:
    - Ensuring committees undertaking specific governance responsibilities have members with the relevant competencies, skills and expertise, including potential opportunities to draw on external subject matter experts.
    - Strengthening actual or perceived independence in governance processes by creating greater separation of responsibilities and reducing the potential for actual or perceived conflicts of interest.
    - Supporting more focused Board decision-making by enabling committees with relevant competencies and expertise to undertake detailed work and bring forward recommendations.
- These are potential objectives for the Board to consider, rather than outcomes that would necessarily result from changing the governance structure. They do not suggest that the current structure is ineffective. The Board will need to determine which, if any, would provide meaningful strategic value and whether they can be achieved within the existing structure or would warrant a different allocation of responsibilities.

Current Status and Analysis

- While the Board has requested further exploration of potential governance structures, the discussion has not yet established, which if any, of the potential objectives outlined above the Board wishes to prioritize, or whether changes to the current allocation of governance responsibilities would provide meaningful strategic value.
- Clarifying these objectives would help inform whether they can be achieved within the existing structure, through adjustments to the roles of existing committees, or whether a different committee structure may be warranted.
- In considering the purpose of any potential changes, three related questions may help guide the Board's discussion:
    - How should governance responsibilities be grouped and allocated across the Board and its committees?

- To what extent should committees undertake substantive governance work and develop recommendations before matters come to the Board?

- To what extent should committee composition, including relevant competencies and expertise and consideration of actual or perceived independence, influence how governance responsibilities are allocated?

- The models below illustrate different approaches to these considerations, ranging from maintaining the current structure and approach, to reallocating responsibilities within the existing committee structure, to establishing a dedicated Governance Committee.

Types of Governance Responsibilities

- In considering how governance responsibilities could be allocated, it is helpful to distinguish between two broad categories of governance responsibilities:

People-related governance functions	Governance development and oversight functions
• Elections and nominations • Committee appointments • Succession planning • Evaluations	• Governance policy review development • By-law review and development • Governance effectiveness reviews and implementation of resulting improvements; and • Ongoing oversight of the College's governance framework.

- Depending on the governance model, these functions could be supported through the same committee or allocated across different committees.

- The specific responsibilities and authorities of the Board and its committees are established through the College's Governance Policies and By-laws.

- Under the current governance structure, the Board retains primary responsibility for governance matters, including substantive deliberation and decision-making, while certain governance functions are assigned to the Executive Committee, Screening Committee and the Risk, Audit and Finance Committee (RAFC).

  - The Executive Committee is required under the *Regulated Health Professions Act, 1991*, and would continue to exist regardless of any changes to the allocation of responsibilities or the potential establishment of an additional committee.

  - As the RAFC's governance responsibilities are focused on financial matters, those responsibilities are outside the scope of the potential reallocations considered below.

Potential Governance Models

- Based on the June 2026 discussion, the following four models have been developed to illustrate different approaches to the allocation of governance responsibilities and the role of committees in carrying out that work.

- The models consider both where governance responsibilities could sit and the extent to which committees could undertake substantive work before matters come to the Board. They also provide an opportunity to consider how committee composition and separation of responsibilities could support the potential objectives identified. They are intended to support discussion rather than represent preferred or mutually exclusive options, and elements of different models could be combined.

- In considering these approaches the Board may also wish to reflect on how committee-level work could affect transparency, including how work is reported to the Board and opportunities for substantive deliberation at the public Board meetings.

- Each model identifies what would change, the resulting implications and questions for Board consideration. Appendix A provides a visual comparison.

Model 1: Maintain the Current Structure and Current Allocation/Approach (Status Quo)

What this would mean

- The existing committee structure and general allocation of governance responsibilities would remain unchanged.

- The Executive Committee would continue its statutory responsibilities and its current broader role in supporting Board readiness, Committee Slate development, Board education planning, Registrar performance review and delegated matters. The Screening Committee would continue to operate within its existing mandate.

- Broader governance development and oversight would continue to be considered primarily by the Board, with the Executive Committee playing a facilitative role in reviewing and preparing matters for Board consideration.

Key implications

- Maintains full Board participation and transparency, with most substantive governance deliberation continuing to occur at public Board meetings.

- Retains detailed governance work as part of the Board's workload rather than assigning it more substantively to a committee.

- Maintaining the current approach would not prevent targeted adjustments to individual committee mandates or processes over time, but it would not involve a broader redistribution of governance responsibilities.

Questions for the Board

- Does the current governance structure continue to support the College's strategic objectives of effective decision-making, public trust and accountability, or could there be meaningful value in reallocating certain governance responsibilities?

Model 2: Reallocate People-Related Governance Processes Within the Existing Committee Structure

What this would mean

- The existing committee structure would remain, but the Screening Committee's mandate would expand beyond election screening to include Committee Slate development, including recruitment needs and succession planning.

- The Screening Committee would administer defined processes within policies and criteria established by the Board. Developing governance policies and frameworks would remain separate from process administration.

- Future people-related processes, such as administering competency-based election or appointment processes, could be added depending on the Board's direction. The Board will be considering potential approaches to competency-based elections and appointments under a separate briefing note, and any resulting direction may have implications of governance responsibilities.

Key implications

- Consolidates election screening, Committee Slate development and related appointment processes within the Screening Committee, creating a dedicated committee focused on people-related governance functions.
    - The Screening Committee's existing composition, which includes Board and Non-Board members and allows for external subject matter expertise, provides an opportunity to balance institutional knowledge and familiarity with College committees with independent perspectives, while aligning membership with the competencies and experience needed to undertake these responsibilities.

- This approach would create a clearer separation between the bodies responsible for developing and establishing governance policies and frameworks and the committee responsible for administering the processes established under them, while making greater use of an existing committee.

- A dedicated committee with an appointed membership could provide greater actual or perceived independence in people-related governance processes, helping to minimize potential conflicts of interest and further strengthen public trust and confidence in these processes. However, the extent to which this would be achieved may depend on the Committee's composition and the separation of responsibilities between those involved in administering the appointment process and those making final decisions.

- Would involve reallocating the corresponding responsibilities from the Executive Committee to the Screening Committee, along with revisions to the Screening Committee's mandate and reporting relationship.

- This model could be implemented independently or combined with Model 3 or Model 4.

Questions for the Board

- Would reallocating Committee Slate development from the Executive Committee to the Screening Committee provide meaningful value in supporting actual or perceived independence in these processes and advance the Colleges strategic commitment to foster public trust and accountability?

Model 3: Establish a Governance Committee

What this would mean

- This approach would shift more substantive governance development and oversight work to a newly established Governance Committee, which would undertake detailed review and development of governance policies, By-laws and governance improvements and brining developed recommendations to the Board.

    - The Governance Committee could be composted of Board and Non-Board members selected for relevant competencies, skills and expertise with the potential to include external subject matter experts.

- The Board would retain final approval and oversight while relying more substantially on the Governance Committee's work.

- The Governance Committee could be established with one of two potential mandates, as outlined below:

A. Governance-focused mandate	B. Consolidated mandate
• Focuses on governance development and oversight, including governance policy and By-law development, Board effectiveness, Board education planning and broader governance improvements.	• Includes all governance development and oversight functions, as well as some or all people-related governance processes, such as committee appointments or election screening.

• The Screening Committee would remain separate and could retain its existing responsibilities or assume an expanded role in defined people-related processes.	• Screening Committee role would be reduced, changed or potentially incorporated, depending on the selected allocation of responsibilities.

Key implications

- Would establish a dedicated committee for substantive governance development and oversight, rather than expanding the role of an existing committee.
- Appointing members with relevant governance competencies and expertise, including potentially external subject matter experts, could support specialized consideration of governance matters and strengthen the recommendations brought forward to the Board.
- Could support more focused Board consideration by completing detailed governance work before matters reach the Board.
- Would shift some substantive governance deliberation from the full Board to the committee level, where discussions may not be publicly accessible, potentially affecting transparency and reducing opportunities for all Board Directors to participate in early generative discussions and provide direction before governance matters are further developed.
- Would require a significant corresponding reduction in the Executive Committee's non-statutory role to avoid overlapping responsibilities and duplicative review. As a statutory committee, the Executive Committee would continue to exist, but its role could be narrowed primarily to its statutory responsibilities, which include acting on behalf of the Board in limited, urgent circumstances. Its meeting frequency, length and work plan would be adjusted to reflect this reduced mandate.
- Would establish an additional committee and meeting cycle, with associated staff support, agenda planning, material preparation and scheduling requirements, increasing the College's administrative governance workload. The extent of these impacts would depend on the responsibilities transferred from existing committees.
- Would require clear boundaries between the Executive Committee and Governance Committee to avoid duplicative review, with governance matters proceeding directly from the Governance Committee to the Board for consideration. The Board would need to feel comfortable relying on the Governance Committee's detailed review and recommendations without repeating the same deliberations.

Questions for the Board

- If reallocating responsibility among existing committees would not sufficiently advance the College's objective for effective governance, could establishing a dedicated Governance Committee provide meaningful additional value?

- Should the Governance Committee have a governance-focused mandate or a consolidated mandate that includes people-related governance processes?

- How should the establishment of a Governance Committee affect the role of the Executive Committee and the extent governance deliberation undertaken by the full Board?

Model 4: Expand the Role of the Executive Committee

What this would mean

- The existing committee structure would remain unchanged, but the Executive Committee would take on a more substantive role in governance development and oversight.

- The Executive Committee would undertake detailed review and development of governance policies, By-laws and governance improvements and bring developed recommendations to the Board, rather than primarily reviewing materials for readiness and framing.

- The Board would retain final approval and oversight while relying more substantially on the Executive Committee's work.

Key implications

- Uses an existing statutory committee and avoids creating an additional committee and meeting cycle.

- Could support more focused Board consideration by completing detailed governance work before matters reach the Board.

- This approach would rely on the Executive Committee's existing composition rather than establishing a committee with membership specifically selected for governance development and oversight.

- Would shift some substantive governance deliberation, from the full Board to the committee level, where discussions may not be publicly accessible, potentially affecting transparency and reducing opportunities for all Board Directors to participate in early generative discussions and provide direction before governance matters are further developed.

- Requires clear mandate, delegation and reporting expectations so the Board does not duplicate the Executive Committees' detailed review.

Questions for the Board

- In addition to, or independently of, reallocating people related functions to the Screening Committee, could expanding the Executive Committee's role achieve the Board's objectives for effective governance without establishing an additional committee?

- What governance responsibilities and level of committee consideration would best support effective Board decision-making while avoiding duplication of deliberation?

Overall Considerations

- Across the models, the central consideration is not simply whether to create a Governance Committee. It is whether changes to the current allocation of governance responsibilities could provide meaningful value in advancing the College's strategic commitment to effective governance, public trust and accountability, and how responsibilities should be organized to support those objectives.
    - Model 1 retains the current balance between Board-level deliberation and committee support.
    - Model 2 reallocates defined people-related processes without changing the overall committee structure.
    - Model 3 establishes a dedicated Governance Committee, requiring a corresponding adjustments to the Executive Committee's broader role and additional staff and administrative support.
    - Model 4 expands the Executive Committee's role to undertake more substantive governance development and bring recommendations to the Board.
- The models are not mutually exclusive and elements may be combined. However, any approach should be guided by the objectives the Board wants to achieve and maintain clear accountability, and avoid duplicative review.

Next Steps

- Following the Board's discussion and direction, any further work required to explore or develop changes to the current allocation of governance responsibilities or committee structure will be undertaken and brought back to the Board for consideration.

Questions for the Board

- What direction does the Board wish to take regarding the College's governance structure and allocation of responsibilities?
    - Maintain the current approach;
    - Make targeted adjustments within the current structure; or
    - Explore alternative governance arrangements.

Visual Comparison of Governance Models

- The following tables illustrate potential allocations of governance responsibilities under each model. The allocations are illustrative and may be adjusted or combined depending on the Board's direction.

Model 1: Maintain the Current Structure and Approach (Status Quo)

Board	Executive Committee	Screening Committee	Governance Committee
• Governance policies and By-laws: early direction, substantive deliberation and final approval • Governance framework and effectiveness oversight • Approval of committee appointments • Academic Director appointments • Strategic oversight and standards approval • Registrar oversight and performance decisions • Board evaluation oversight	• Governance materials: review and feedback for Board readiness • Committee Slate development and recommendation to the Board. • Board education planning • Registrar performance review and recommendation • Support to Board Chair • Statutory responsibilities and delegated matters	• Board election eligibility and candidate statement screening	• N/A

Model 2: Reallocate People-Related Governance Processes Within the Existing Committee Structure

Board	Executive Committee	Screening Committee	Governance Committee
• Governance policies and By-laws: early direction, substantive deliberation and final approval. • Governance framework and effectiveness oversight • Approval of committee appointments • Academic Director appointments • Strategic oversight and standards approval • Registrar oversight and performance decisions • Board evaluation oversight	• Governance materials: review and feedback for Board readiness • ~~Committee Slate development and recommendation to the Board.~~ • Board education planning • Registrar performance review and recommendation • Support to Board Chair • Statutory responsibilities and delegated matters	• Board election eligibility and candidate statement screening • **Committee Slate development and recommendation to the Board.** • **Recruitment needs and Committee succession planning** • **Administration of further approved people-related processes, if established**	• N/A

Model 3A: Establishing a Governance Committee with a governance focused mandate

Board	Executive Committee	Screening Committee	Governance Committee
~~• Governance policies and By-laws: early direction, substantive deliberation and final approval.~~ • **Governance policies and By-laws: consider recommendations and final approval.** ~~• Governance framework and effectiveness oversight~~ • Approval of committee appointments • Academic Director appointments • Strategic oversight and standards approval • Registrar oversight and performance decisions • Board evaluation oversight	~~• Governance materials: review and feedback for Board readiness~~ • Committee Slate development and recommendation to the Board.* ~~• Board education planning~~ • Registrar performance review and recommendation • Support to Board Chair • Statutory responsibilities and delegated matters	• Board election eligibility and candidate statement screening	• **Detailed governance policy or By-law review and development with recommendations to the Board.** • **Governance framework and effectiveness oversight** • **Board education planning**

***Committee Slate development**: Under Model 3A, this responsibility could remain with the Executive Committee or move to the Screening Committee if combined with Model 2. Under Model 3B (consolidated mandate), it could instead move to the Governance Committee.

Model 4: Expand the Role of the Executive Committee

Board	Executive Committee	Screening Committee	Governance Committee
~~• Governance policies and By-laws: early direction, substantive deliberation and final approval.~~ • **Governance policies and By-laws: consider recommendations and final approval.** ~~• Governance framework and effectiveness oversight~~ • Approval of committee appointments • Academic Director appointments • Strategic oversight and standards approval • Registrar oversight and performance decisions • Board evaluation oversight	~~• Governance materials: review and feedback for Board readiness~~ • **Detailed governance policy or By-law review and development with recommendations to the Board.** • **Governance framework and effectiveness oversight** • Committee Slate development and recommendation to the Board.* • Board education planning • Registrar performance review and recommendation • Support to Board Chair • Statutory responsibilities and delegated matters	• Board election eligibility and candidate statement screening	• N/A

***Committee Slate development:** This responsibility could remain with the Executive Committee or move to the Screening Committee if combined with Model 2.

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

Motion No.: 10.0

Board Meeting
December 10-11, 2026

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

It is moved by

_____,

and seconded by

_____,

that:

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

December 2026
Agenda Item: 11.0

BOARD BRIEFING NOTE

For Information

Topic:	Early Engagement – Health Equity and Anti-Discrimination Standard
Public Interest Rationale:	The College supports safe, ethical, competent, and person-led physiotherapy care by setting clear expectations for care that is respectful, equitable, inclusive, and free from discrimination.
Strategic Alignment:	*Regulation and Risk:* A risk-based approach is applied to all Standards development. *Engagement & Partnership:* The College collaborates and engages with registrants, the public, and other partners to inform the Standard. *EDII:* The College seeks to identify and address barriers, promote inclusive practices, and ensure that diverse perspectives inform its regulatory work.
Submitted By:	Evguenia Ermakova, Policy Analyst
Attachments:	N/A

Issue

- The College is in the early stages of developing a Health Equity and Anti-Discrimination Standard.
- The Board is being provided with background to the project, an update on the work completed thus far, and learnings from early partner conversations.
- The Board is also being engaged in an early discussion about the foundational principles developed to support the Standard, and any broad parameters that should guide the work before more specific expectations are explored through ongoing partner engagement.

Decision Sought

- No decision is being sought. The Board is being asked to reflect on three questions to support an early discussion about the proposed principles and overall direction of the Standard:

1. Do the six principles resonate with your understanding of equitable, inclusive, and culturally safe physiotherapy care? Are there any you would strengthen, revise, or reconsider?
2. Thinking about these principles in practice, what behaviours or actions from physiotherapists would demonstrate equitable, inclusive, and culturally safe care?
3. Looking ahead, is there anything you think the College should be particularly mindful of as we further explore these principles with partners? For example, are there specific areas to explore, perspectives to include, or parameters to keep in mind?

Background

Purpose of a Health Equity and Anti-Discrimination Standard

- Health equity means that everyone has a fair opportunity to obtain their full potential for health and well-being.
    - It is shaped by various social and biological determinants and may be undermined by discrimination and systemic barriers to care, which can affect both a patient's immediate experiences of care as well as their longer-term health outcomes.
- These inequities are not always obvious or intentional. They can arise through biases, assumptions, communication barriers, or other practices that affect how patients are treated and the care they receive.
- Because health equity is an important part of person-led care, the College has a role in setting clear and consistent expectations for equitable and inclusive physiotherapy practice.
- The Health Equity and Anti-Discrimination Standard aims to help physiotherapists understand, anticipate, and respond to barriers, inequities, and instances of discrimination, building on principles that are already familiar to Ontario physiotherapists through existing standards, guidance, and other professional expectations.
- This work also aligns with the College's broader strategic direction. The Strategic Plan 2026-2030 identifies Equity, Diversity, Inclusion, and Indigenization (EDII) as a strategic pillar, including a commitment to supporting the profession to develop cultural sensitivity and awareness.

How We Got Here

- This project emerged from the College's broader work around adopting 16 of the national Model Standards (previously called the Core Standards) for use in Ontario, which the Board approved in March 2023.
    - The national Model Standards were developed collaboratively by physiotherapy regulators across Canada to support greater consistency in expectations for physiotherapy practice.
    - Each jurisdiction could then review the standards and determine how they would be adopted or adapted to reflect its own regulatory context.
- The national set of standards had originally included a Health Equity and Anti-Discrimination Standard and an Indigenous Cultural Safety and Humility Standard, and both were based on standards first developed in British Columbia.

- When considering which of the national standards to adopt, the Board had determined that the two EDII-focused standards should be developed separately by the College rather than adopted alongside the others. This approach would provide an opportunity for equity-deserving communities in Ontario to help shape the two Standards from the ground up.
    - The two standards were later removed from the final Model Standards package so that other provinces could take a similar approach.
- With the adoption of the remaining national standards complete, the College has now turned its focus towards advancing the development of the two EDII-focused standards.

Relationship to the Indigenous Cultural Safety and Humility Standard

- The Health Equity and Anti-Discrimination Standard and the Indigenous Cultural Safety and Humility Standard address some related considerations but are being developed separately.
- A standalone Indigenous standard recognizes the unique historical context and experiences of Indigenous Peoples, including the ongoing impacts of colonization and Indigenous-specific racism in healthcare.
    - This type of work requires a distinct development process grounded in relationship building and ongoing engagement with Ontario's Indigenous communities.
- In September 2025, the Board confirmed its support for a long-term, relationship-driven approach to the development of the Standard, and this work is now moving forward.

Current Status and Analysis

Initial Research and Proposed Foundational Principles

- Staff have completed initial research into EDII-related standards, guidelines, and regulatory approaches used by Ontario and other Canadian physiotherapy regulators.
- Nationally, the physiotherapy regulators in Alberta and Manitoba have developed a Standard around Health Equity and Anti-Discrimination.
- Across the 25 other Ontario health regulators, the research showed considerable variation in how EDII concepts are integrated and addressed:
    - Eight regulators either have a dedicated Standard, or have incorporated EDII requirements into another Standard. Two additional regulators currently have draft EDII Standards in development.
    - Seven regulators provide practice guidance on EDII concepts, either to support and expand on existing Standards or as standalone advice for applying these concepts in practice.

- Regulators also incorporate EDII into their work in other ways, including through Codes of Ethics, education modules, and organizational position or commitment statements.
- These approaches are not mutually exclusive; several regulators use a combination of Standards, guidance, education, and other initiatives.

- Despite this variation, the research identified several themes that were consistently reflected across EDII-related regulatory materials, including non-discrimination, person-led care, cultural safety and humility, awareness of bias, respect for diversity, and addressing barriers to equitable care.
  - Across the Standards, these themes translated into expectations such as accounting for sociocultural factors during assessment and treatment, accommodating human rights and accessibility needs, and adapting care to individual patients and their circumstances.
- The variation also signals an important consideration for the College, which is that not every principle or best practice related to health equity necessarily belongs in a standard, and some concepts may be better supported through supplementary education or guidance.
- The thematic analysis helped to inform **six foundational principles** as a starting point around what equitable, inclusive, and culturally safe care could look like in practice:
  - Dignity, respect, and non-discrimination,
  - Person-led care and shared decision-making,
  - Awareness of personal bias and reflective practice,
  - Cultural safety, humility, and building trust,
  - Active response to discrimination and harm, and
  - Trauma-informed and trauma-responsive care.
- These principles are intended to provide a starting point for the development of the Standard and may continue to evolve as the work progresses and as the College continues to gather perspectives through partner engagement.

Partner Engagement and Early Learnings

- An important feature of this project has been to engage partners early on, before a draft Standard has been established, to ensure that their perspectives could meaningfully influence the direction of the work.

- The College shared the draft set of foundational principles with the following partner groups to explore how they aligned with a range of lived experiences and perspectives:
    - The Citizen Advisory Group (CAG), a collective of patients and members of the public who provide input on various regulatory issues, and
    - The College's internal Equity, Diversity, Inclusion, and Indigenization (EDII) Focus Group, which was established in the spring of 2026 to help with the development of recommendations on College initiatives related to EDII.
- The College engaged both partner groups to explore what equitable, inclusive, and culturally safe care looks like in practice, what factors might contribute to inequities or barriers to care, and how the Standard could help to mitigate and address them.
    - Overall, these discussions supported the direction of the proposed foundational principles and helped add context to how they could translate into expectations and/or guidance.
- The following learnings emerged from those discussions, demonstrating how the proposed foundational principles were reflected in participants' experiences and perspectives:
    - The principle relating to **dignity and non-discrimination** was reinforced by feedback that patients should feel respected and accepted for who they are, without judgement or differential treatment based on their identities, lived experiences, and personal characteristics. Partners also emphasized the importance of creating an environment where patients can raise concerns without fear of dismissal or reprisal.
    - With respect to the principles of **person-led care, cultural safety, and building trust**, partners identified that trust and meaningful patient participation are central to positive healthcare experiences. These principles are supported when patients feel heard and are taken seriously, receive information they can understand, have their identities and boundaries respected, and have sufficient time and space to communicate their needs and participate in decisions about their care.
    - The principle of **awareness of personal bias and reflective practice** was strongly reinforced, with partners noting that physiotherapists should, on an ongoing basis, reflect on how their assumptions, biases, and positions of power can affect the therapeutic relationship.
    - Finally, partners also spoke to the importance of **how physiotherapists respond** when discrimination, harm, or trauma are present. This included taking appropriate steps when discriminatory behaviour occurs, recognizing that a patient's experience of trauma may not always be known or visible, and adapting care to avoid creating or worsening harm.
- The discussions also identified broader considerations for how the Standard should be developed and implemented:

- How the College engages partners is itself important – engagement should occur early enough to influence the content of the Standard and continue as the work develops, and the College should be transparent about how they are actioning the feedback received.
    - The College's engagement plan reflects this feedback, with multiple opportunities for partners to provide input, as well as a commitment to sharing the outcomes with them and showing how their feedback has shaped the work.
- The impact of the Standard will depend not only on its content, but also on how it is implemented. For example, educational and practical resources will be important to support learning and help physiotherapists apply the Standard in practice.

- As part of the early engagement process, the College also published a blog post on October 20 inviting registrants to share their feedback to help inform the development of the Standard.
    - Early registrant feedback has raised several areas for further consideration, including how the Standard should approach less overt forms of discrimination, balance patient needs with reasonable expectations in practice, and account for broader systemic inequities.
- The College also plans to broaden its engagement with additional partner groups as the Standard continues to take shape.

Next Steps

- During this item, the Board will participate in a small group exercise where members will have the opportunity to have focused discussions based on the three reflection questions.
    - Feedback from the Board discussion will help staff confirm the overall direction and broad parameters for the work, while leaving space for continued partner engagement to shape how the principles are ultimately reflected in the Standard.
- Staff will continue refining the principles and begin translating them into a draft Standard, which will be presented to the Board in 2027 for consideration and eventual approval for consultation.
    - The formal consultation process will likely take place over more than one round, allowing the College to refine the Standard based on the feedback received and additional partner engagements, before bringing it back to the Board and eventually registrants and partners for further input.
- The College will continue engaging with its partners, including the CAG, registrants, and groups with relevant lived experience and expertise.

Questions for the Board

1. Do the six proposed principles resonate with your understanding of equitable, inclusive, and culturally safe physiotherapy care? Are there any you would strengthen, revise, or reconsider?

2. Thinking about these principles in practice, what behaviours or actions from physiotherapists would demonstrate equitable, inclusive, and culturally safe care?

3. Looking ahead, is there anything you think the College should be particularly mindful of as we further explore these principles with partners? For example, are there specific areas to explore, perspectives to include, or parameters to keep in mind?

12.0 Canadian Alliance of Physiotherapy Regulators (CAPR) Update

Dave Clemens & Brandi Park

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

Motion No.: 13.0

Board Meeting
December 10-11, 2026

Agenda #13.0: Motion to go in camera pursuant to section 7.2(b) of the Health Professions Procedural Code

It is moved by

_____,

and seconded by

_____,

that:

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

December 2026
Agenda Item: 14.0

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
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's delivery of evaluations services and (2) an update on the wind-down of the OCE.

1. CAPR Updates

Examination Updates

- There have now been seven (7) administrations of the CPTE.
    - To date over 2400 candidates have challenged the exam.
    - Exam results are being released in a timely manner, with July results being released within the 4 week benchmark, August results falling just outside the benchmark, and September results being released on time.
    - Notably, as of the second quarter of this year, approximately 99% of all candidates who were scheduled to challenge an exam were able to. Reasons for not challenging an exam include: no-shows, candidate early termination, exam integrity issues, or technical challenges on the candidate's part.
    - Registration exploded in late fall with over 700 candidates registering for the December exam. This far exceeded CAPRs capacity and they took steps to help candidates navigate a change in exam date.
        - First, they clarified potential misinformation regarding the launch of the new credentialing pathway that was circulating online and may have sparked the increase in registrations. Additionally, they offered voluntary and free rescheduling.
        - These efforts enabled CAPR to redistribute the load of candidates and they are now in a position to successfully administer the December 2026 exam with over 600 candidates currently registered.
- Results from the administrations to date continue to be tracked and compared with historical performance metrics.
    - Canadian educated physiotherapists continue to pass the CPTE at rates of approximately 97%, which is consistent with historical rates and the College's experience with the OCE.
    - Overall approximately 59% of the physiotherapists educated outside of Canada who challenged the exam have been successful, with higher success rates for candidates coming through the pre-approved pathway. This is fairly comparable to historical performance on CAPR managed examinations.
- CAPR also provided regulators with an Interim Psychometric Report of the CPTE since inception. The report overall demonstrates that the exam is functioning as it was intended and is providing a psychometrically valid and reliable method for distinguishing between candidates who have the necessary competencies and those who do not.

- CAPR is also closely monitoring the potential for exam misconduct. This includes amplified messaging regarding the consequences of exam misconduct, partnering with regulators, and working to develop a large question bank as quickly as possible.

- CAPR has already released exam dates for 2027 and is beginning to plan for 2028 and beyond. As part of this planning, CAPR is consulting with regulators to determine whether changes can be made to the exam schedule that provide greater predictability to candidates, enhance equity in access to the exam for different candidate populations, while simultaneously ensuring minimal gaps exist between Canadian program completion and the next available exam date. In support of this decision-making, CAPR will be consulting with candidates, academic programs and other system partners to solicit feedback on experiences with the schedule to date and interests going forward.

Credentialing

- CAPR has launched the Comparability Pathway as part of their effort to modernize the credentialing process.

    - 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.

    - To support transparency regarding this program change, CAPR made early announcements and provided information starting in the summer of 2026 and held multiple webinars with potential candidates.

- CAPR is further strengthening their partnership with World Education Services to reduce duplication by eliminating the need to send the same documents to multiple organizations, lower costs by reducing the number of times applicants may need to pay for additional documents from their educational institutions, and streamline the credentialling process to provide a smoother applicant experience.

- Credentialing timelines continue to be very strong. In their last quarter, pre-approved pathway candidates were credentialed in under 2 days and standard pathway candidates were on average processed within 5 weeks. CAPR did observe an influx in credentialing applications prior to the launch of the Comparability Pathway so processing timelines may be increased in the next quarter.

2. OCE Management & Program Wind-down

- The College has officially completed its last administration of the OCE and the program is being wound-down.

- 387 candidates challenged the October exam and results are set to be released early December 2026.
- Any candidates who were unsuccessful will the redirected to CAPR to challenge the CPTE.
- The number of examiner bonuses issued as part of our response to the increased OCE demand was also below the original forecast.
- As provided previously, the OCE is projected to wind-down in a surplus position overall, although FY2027 is forecasted to show a deficit for the year.

Next Steps

- This is the final report of this nature. The Board will receive a final OCE technical report in March 2027.
- CAPR related updates will be captured in the Registrar's Report going forward.

Questions for the Board

- What questions do you have about the updates provided regarding CAPR or the OCE?

December 2026
Agenda Item: 15.0

BOARD BRIEFING NOTE

For Discussion

Topic:	Priorities and Initiatives for FY2027-2028
Public Interest Rationale:	Making progress on strategic priorities for the organization will enhance our ability to serve the public interest.
Strategic Alignment:	*People & Culture*: Identifying strategic priorities that implement or support the operationalization of the strategic plan.
Submitted By:	Craig Roxborough, Registrar & CEO Joyce Huang, Director, Strategy
Attachments:	N/A

Issue

- Staff have recently completed operational planning for FY2027-2028. The Board is asked to provide feedback on the list of proposed priorities and initiatives.

Decision Sought

- No decision is being sought.

- The Board is asked for feedback on whether the priorities and initiatives identified align with the Board's strategic direction for the organization.

Background

- The goals and outcomes articulated in the College's updated Strategic Plan provide a framework to guide staff in achieving the Board's vision for the College.

- To help ensure that progress is made on the strategic plan annually, an operational plan is developed to outline organizational priorities, projects, initiatives, and/or activities that will be undertaken in the year ahead. This provides clarity both operationally and from a governance perspective on how the College will make progress on implementing the strategic plan each year.

- Additionally, the operational planning process enables staff to identify what resources (e.g., human, technological, external, financial, etc.) may be required to deliver on these commitments. This then feeds into the budget planning process where the Board's approval is ultimately sought.

Current Status and Analysis

A. Operational Planning Process

- For the past few years there has been an internal emphasis on building strategic capacity and understanding throughout all levels of the organization and enabling the participation of the entire staff team in operational planning.

- The College uses a planning approach called “catchball”. Stemming from Lean Management principles, the primary idea of a catchball process is to pass off an idea or problem through different levels in an organization.

- Applied to operational planning, this means using a bottom-up approach to identifying organizational priorities or objectives and activities.

- The result of this process was a comprehensive list of potential actions, initiatives, projects, or changes that have been identified as being possible for the year ahead.

- The catchball process is informed by high-level strategic direction set by the Board and further developed by the management team.

    - In September 2026, a new activity was implemented where the Board holds a strategy check-in discussion to reflect on the progress to date, the current environment, and to identify areas of focus for the following year.

    - The management team also had a similar planning discussion in September 2026.

    - Together, these discussions identified a set of strategic intentions and priorities that guided the teams’ catchball conversations.

- The section below identifies the priorities and initiatives identified through the catchball process.

- The priority areas are grouped under the four themes that were identified by the Board through their strategy check-in discussion in September, with one additional priority that aligns with the broader strategic plan.

- The descriptions of initiatives below are illustrative of the types of work that have been identified, while the details continue to be fleshed out as teams finalize their operational plans.

- These strategic priorities and initiatives are not exhaustive and do not reflect the totality of activities, initiatives, projects, or changes that were identified as part of the process or that will be reflected in the operational plan.

B. Priorities and Initiatives

Theme from Board discussion:
Anticipatory and adaptive regulation: the College being more proactive in identifying and responding to emerging issues rather than reacting, using upstream solutions to prevent downstream problems. Bringing forward information to identify and anticipate emerging risks so we know when we need to act, for example, in areas like AI.

Priorities and Initiatives:

1. **Using data to make decisions,** supported by a data strategy that improves data collection, consistent coding, access, analysis and reporting, which enables CPO to use both quantitative and qualitative information to set priorities, understand risk, take proactive and responsive actions, and demonstrate impact.

    - Initiatives include: Creating a data strategy where the College takes a strategic and coordinated approach to data collection, coding, access, analysis and reporting; Aggregating regulatory data and information to identify risk signals; Continuing to enhance the registrant database and dashboards to improve process efficiency and provide data for analysis; and Updating the Communications analytics report to better reflect how information is presented and accessed online through AI tools and summaries.

2. **Continue modernizing regulatory programs** and strengthen proactive, upstream solutions while maintaining accountability and embedding compassionate, trauma-informed approaches.

    - Initiatives include: Implementing changes to the Quality Assurance program following Board decision; Implementing a new model for Continuing Professional Development pending the Board's decision; Making changes to various parts of the complaints process to stratify resources and apply appropriate interventions based on risk; Continuing to monitor emerging AI implications and responding as needed; Implementing scope expansion pending government action; Continuing to support the profession through Standards and resources; Continuing conversations to update the virtual care MOU; Conducting research to understand current and emerging issues related to access to care; and Conducting an environmental scan about approaches to defining practice hours.

Theme from Board discussion:
Supporting and engaging with the profession: Helping the profession navigate changes, support registrants to meet their professional obligations, addressing specific areas of need, and find new opportunities to engage them so they can have input and influence.

Priorities and Initiatives:

3. **Provide more targeted support across the physiotherapist lifecycle**, including tailored information and engagement for physiotherapists educated outside Canada, early-career physiotherapists and individuals entering through changing registration and examination pathways.

    - Initiatives include: Updating applicant resources and the new registrant welcome kit; Continuing with the focused strategy to support physiotherapists education outside Canada; and Conducting an environmental scan about approaches to re-entry to practice.

Theme from Board discussion:
Working with our partners to solve broader problems: Building on strong partner relationships and being a facilitator to solve broader problems, like access to care, access to education and training opportunities, addressing workforce issues, and labour mobility.

Priorities and Initiatives:

4. **Strengthen engagement and partnerships** by providing consistent information, collecting feedback more intentionally, developing relationships with new and existing partners, and involving affected communities earlier in regulatory initiatives.

    - Initiatives include: Seeking input from diverse perspectives and voices to inform our work as a standard part of our work processes; Increasing public awareness of the College and specific initiatives, focusing on those relevant to patients and caregivers and integrating a more public relations-like approach; and Developing meaningful resources for registrants and other audiences to build connections and awareness, proactively developing supportive resources informed by our data.

Additional opportunities to **collaborate with system partners** have also been identified across the various priority areas.

- Some examples include: Working with other physiotherapy regulators across Canada to update the virtual care MOU; Collaborating with relevant partners to engage with and support physiotherapists educated outside Canada; Engaging with system partners for cross-promotion to reach different audiences; Exploring opportunities to hold joint training and education activities with our space sharing partners; and Engaging with EDII partners to inform our EDII initiatives.

Theme from Board discussion:
Continuing our progress in EDII and governance: Recognizing that we've already made good progress in EDII and effective governance, to continue building on this solid foundation and double-down on these goals. Being proactive, monitoring evolving expectations around governance and being responsive to them.

Priorities and Initiatives:

5. **Embed EDII, accessibility and reconciliation across the organization**, including recruitment, policies, standards, education, engagement and relationship-building, while considering whether additional dedicated capacity is needed.

    - Initiatives include: Improving accessibility and inclusivity of College processes by standardizing the process for requesting an accommodation across program areas and seeking feedback specific to equity and bias in the post-coaching survey; Providing ongoing EDII education and training for Board and Committee members, assessors, and the staff team; Evaluating whether the staff team and coach roster are reflective of the makeup of the profession; Developing the Health Equity and Anti-Discrimination Standard; Developing the Indigenous Cultural Safety and Humility Standard, including relationship building with Indigenous communities; Continue revisiting our territory acknowledgement to foster personalization; Considering how to further highlight EDII considerations in briefing materials; Conducting a census of the profession; Incorporating EDII commitments, resources and expectations into new staff onboarding content; Conducting a review of benefits and workplace programs to identify possible barriers or gaps; and Updating the EDII self-assessment and action planning tools to better suit the College's needs.

6. **Continue strengthening governance effectiveness and trust** through Board and committee education, evaluation and succession planning; current and accessible governance policies; clearer governance roles; and an appropriate balance between the Board's need for information and staff's responsibility for operations.

    - Initiatives include: Redeveloping the College's By-laws and governance policies; Developing a Chair and Vice-Chair Resource Manual; Continuing to pursue governance improvement initiatives from the previous governance review; and Conducting a governance practices check-in.

Additional priority that aligns with our strategic plan:

7. **Build organizational capacity and workforce sustainability** through workforce planning, cross-training, professional development, employee wellness, automation and opportunities for cross-team collaboration and knowledge sharing.

- Initiatives include: Maintaining a sustainable and qualified roster of coaches that supports the needs of the Practice Enhancement program; Enhancing technology to support work of different teams and to increase automation; Implementing the People & Culture Strategy and strengthen workforce planning; Supporting employee engagement, wellbeing and organizational change; and Strengthening talent attraction, retention and total rewards.

Next Steps

- The priority areas identified here, informed by Board feedback, will be used to finalize the operational plan for next fiscal year.
- The operational plan will support the development of the budget.
- Both the operational plan and proposed budget for FY2027-2028 will be presented to the Board in March 2027.

Questions for the Board

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

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

Motion No.: 16.0

Board Meeting
December 10 - 11, 2026

Agenda #16.0: Committee Slate Amendment

It is moved by

_____,

and seconded by

_____,

that:

The 2026-2027 Committee Slate be amended by appointing Darryl Yardley to the Ontario Physiotherapists Discipline Tribunal and the Fitness to Practise Committee.

December 2026
Agenda Item: 16.0

BOARD BRIEFING NOTE

For Decision

Topic:	Committee Slate Amendment
Public Interest Rationale:	Committees need to be properly constituted in order to effectively engage in the work of the College and make decisions in the public interest.
Strategic Alignment:	*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: Amended Committee Slate

Issue

- An amendment to the 2026–2027 Committee Slate (Appendix A) is being brought forward following the District 2 – Central Western by-election.

Decision Sought

- That the Board amend the 2026–2027 Committee Slate to appoint Darryl Yardley to the Ontario Physiotherapists Discipline Tribunal and the Fitness to Practise Committee.

Background

- A by-election recently concluded in District 2 – Central Western. The successful candidate, Darryl Yardley, will join the Board at the December 2026 meeting.
- All Board Directors are usually appointed to the Ontario Physiotherapists Discipline Tribunal and the Fitness to Practise Committee.

Current Status and Analysis

- Consistent with the College's usual practice, the Board is being asked to approve the appointment of Darryl Yardley to the Ontario Physiotherapists Discipline Tribunal and the Fitness to Practise Committee. If the appointment is approved by the Board, onboarding would begin immediately afterwards.
- As this is a mid-year appointment and there are no current vacancies on any of the other committees that require filling, no other committee appointments are proposed at this time. Any additional committee appointments would be considered through the regular Committee Slate planning process for the 2027–2028 Committee year.

Next Steps

- If the Board approves the Committee Slate amendment, staff will be in contact with Darryl Yardley to begin the onboarding process for the Ontario Physiotherapists Discipline Tribunal and the Fitness to Practise Committee.

Questions for the Board

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

2026-2027 Committee Slate
Date Approved: June 19, 2026
Dates Revised: August 10, 2026, December 10, 2026

Committee	2025-2026 Slate
Executive Committee (Maximum 5 people, must include Board Chair and Board Vice-Chair)	Public Directors (at least 2, unless only 1 stands for election): 1. Carole Baxter, Vice-Chair (Public Director of the Board) 2. Mark Heller (Public Director of the Board) Professional Directors (at least 3): 3. Gary Rehan, Chair (Elected Director of the Board) 4. Frank DePalma (Elected Director of the Board) 5. Dennis Ng (Elected Director of the Board)
Registration Committee (Minimum 5 people)	Registrants (at least 2): 1. Sinéad Dufour, Chair (Professional Non-Board Committee Member) 2. Juliana De Castro, Vice-Chair (Professional Non-Board Committee Member) 3. Einat Mei-Dan (Professional Non-Board Committee Member) 4. Yee Mei Mavis Fung (Professional Non-Board Committee Member) Public Directors (at least 2): 1. Jesse Finn (Public Director of the Board) 2. Christopher Warren (Public Director of the Board)
Inquiries, Complaints and Reports Committee (Minimum 5 people)	Registrants (at least 2): 1. Greg Heikoop, Chair (Professional Non-Board Committee Member) 2. Tammy Morrisey, Vice-Chair (Professional Non-Board Committee Member) 3. Diana Hatzoglou (Professional Non-Board Committee Member) 4. Frank DePalma (Elected Director of the Board) 5. Amanda Pereira (Professional Non-Board Committee Member) 6. Anuradha Dhar (Professional Non-Board Committee Member)

	7. Heather Weber (Elected Director of the Board) Public Directors (at least 2): 1. Carole Baxter (Public Director of the Board) 2. Christopher Warren (Public Director of the Board) 3. John Belyea (Public Director of the Board)
Ontario Physiotherapists Discipline Tribunal (Minimum 10 people)	Professional Directors (at least 2): 1. Nicole Graham, Vice-Chair (Elected Director of the Board) 2. Dennis Ng (Elected Director of the Board) 3. Frank DePalma (Elected Director of the Board) 4. Kate Moffett (Elected Director of the Board) 5. Heather Weber (Elected Director of the Board) 6. Sarah Hazlewood (Academic Director of the Board) 7. Susie Renaud (Academic Director of the Board) 8. Hari Gopalakrishnan Nair (Elected Director of the Board) 9. Darryl Yardley (Elected Director of the Board) Public Directors (at least 3): 1. Jesse Finn (Public Director of the Board) 2. Carole Baxter (Public Director of the Board) 3. Richard O'Brien (Public Director of the Board) 4. Frank Massey (Public Director of the Board) 5. Mark Heller (Public Director of the Board) 6. Christopher Warren (Public Director of the Board) 7. John Belyea (Public Director of the Board) Non-Board Registrants (at least 1): 1. Sue Grebe (Professional Non-Board Committee Member) 2. Anna Grunin (Professional Non-Board Committee Member) 3. Daniel Negro (Professional Non-Board Committee Member)

	4. Giacomo Silvestri (Professional Non-Board Committee Member) Health Professions Discipline Tribunals Chair 1. David Wright, Chair Experienced Adjudicators 1. Raj Anand 2. Sherry Liang 3. Sophie Martel 4. Jennifer Scott 5. Jay Sengupta
Fitness to Practise Committee (Minimum 10 people)	Professional Directors (at least 2): 1. Nicole Graham, Chair (Elected Director of the Board) 2. Dennis Ng (Elected Director of the Board) 3. Frank DePalma (Elected Director of the Board) 4. Kate Moffett (Elected Director of the Board) 5. Heather Weber (Elected Director of the Board) 6. Sarah Hazlewood (Academic Director of the Board) 7. Susie Renaud (Academic Director of the Board) 8. Hari Gopalakrishnan Nair (Elected Director of the Board) 9. Darryl Yardley (Elected Director of the Board) Public Directors (at least 3): 1. Jesse Finn (Public Director of the Board) 2. Carole Baxter (Public Director of the Board) 3. Richard O'Brien (Public Director of the Board) 4. Frank Massey (Public Director of the Board) 5. Mark Heller (Public Director of the Board) 6. Christopher Warren (Public Director of the Board) 7. John Belyea (Public Director of the Board)

	Non-Board Registrants (at least 1): 1. Daniel Negro, Vice-Chair (Professional Non-Board Committee Member) 2. Sue Grebe (Professional Non-Board Committee Member) 3. Anna Grunin (Professional Non-Board Committee Member) 4. Giacomo Silvestri (Professional Non-Board Committee Member) 5. Luisa Ritacca (Public Non-Board Committee Member) 6. Andrea Gonsalves (Public Non-Board Committee Member)
Quality Assurance Committee (Minimum 5 people)	Registrants (at least 2): 1. Antoinette Megens, Chair (Professional Non-Board Committee Member) 2. Dennis Ng (Elected Director of the Board) 3. Halak Patel (Professional Non-Board Committee Member) 4. Carrie Bronson (Professional Non-Board Committee Member) 5. Maureen Vanwart (Professional Non-Board Committee Member) Public Director or Public Non-Board Committee Member (at least 1): 1. Richard O'Brien, Vice-Chair (Public Director of the Board) 2. Mark Heller (Public Director of the Board)
Patient Relations Committee (Minimum 3 people)	Registrants (at least 1): 1. Einat Mei-Dan (Professional Non-Board Committee Member) 2. Shelley MacRae, Vice-Chair (Professional Non-Board Committee Member) Public Director or Public Non-Board Committee Member (at least 1): 1. Kim Westfall-Conner, Chair (Public Non-Board Committee Member) 2. Jesse Finn (Public Director of the Board)
Risk, Audit, and Finance Committee (Minimum 5 people, non-statutory)	Board Chair: Gary Rehan, Vice-Chair (Elected Director of the Board)

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

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

Motion No.: 17.0

Board Meeting
December 10-11, 2026

Agenda #17.0: Reserve Fund Policy

It is moved by

_____,

and seconded by

_____,

that:

The Board approves Policy #4.6: Reserve Fund.

December 2026
Agenda Item: 17.0

BOARD BRIEFING NOTE

For Decision

Topic:	Reserve Fund Policy
Public Interest Rationale:	Ensuring the College has the financial resources needed to discharge its regulatory responsibilities in the event of significant financial challenges.
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:	Craig Roxborough, Registrar & CEO Mary Catalfo, Director of Finance
Attachments:	Appendix A: 2019 Reserve Policy Appendix B: 2026 Reserve Fund Policy *Draft*

Issue

- The Board is provided with an overview of the College's current Reserve Policy along with changes that are being proposed.

Decision Sought

- The Board is asked whether it approves the draft policy.

Background

- The College's current Reserve Policy was last amended in 2019. While approved by the Board, it was established as a committee policy and was not incorporated into the College's Board governance policy framework.

- A key policy decision reflected in the current policy is the target for the size of the College's operating reserve, reflected in the College's unrestricted net assets.

    - Consistent with guidance at the time, the policy established a target range of between 25% and 50% of projected operating expenses, equivalent to approximately three to six months of operating expenses.

- Over time, the College has received differing advice on the appropriate level of operating reserves. Lessons learned during the COVID-19 pandemic have demonstrated the importance of maintaining sufficient financial resilience to respond to significant and unexpected disruption.

- Broader guidance and practice now support reserves in the range of six to twelve months of operating expenses as reasonable for not-for-profit organizations, depending on organizational circumstances and risks.

- The College also maintains two restricted reserves addressing specific low-likelihood but potentially significant financial obligations and risks. Neither reserve has historically been drawn upon.

Current Status and Analysis

- At the end of FY2026, the College's operating reserve exceeded the policy target of 3-6 months of operating expenses.

- In response, the Risk, Audit and Finance Committee (RAFC) asked in August 2026 that the Reserve Policy be reviewed. Staff committed to completing that review before the end of the 2026 calendar year.

- A revised Reserve Fund Policy was developed for RAFC review, feedback an ultimately direction on next steps. The RAFC passed a motion recommending that the Executive Committee and Board adopt the revised policy as a governance policy of the College.

Current Policy

- The current policy:
  - Differentiates between three classes of reserve:
    - Capital assets: College owned assets such as furniture, computer hardware etc. These assets are not liquid, but retain value that ought to be recognized within the broader financial statements of the College.
    - Restricted reserves: Reserves with specific purposes and values set by the Board and that may only be drawn down upon with Board approval.
    - Unrestricted net assets: The College's general operating reserve.
  - Establishes two restricted reserves and their respective amounts;
  - Establishes a target for unrestricted net assets of 25%-50% of operating expenses, equivalent to 3-6 months; and
  - Requires annual three-year forecasting to inform consideration of reserve levels and registrant fees.

- While the policy was approved by the Board, it has continued to operate as an internal committee-level policy rather than as part of the College's Board governance policy framework.

Revised Draft

- The revised draft retains many of the core elements of the current policy while making several changes:
    - *Board-level governance:* Repositions the Reserve Fund Policy as a Board governance policy, recognizing that decisions regarding the purpose, adequacy, and use of reserves are matters of financial governance. This also positions the policy as a companion to other financial policies within the Board policy framework.
    - *Purpose and Principles:* Establishes an explicit purpose for maintaining reserves and principles governing financial resilience, prudence, proportionality, and responsible stewardship.
    - *Reserve Range:* Updates the guiding range from 3-6 months to 6-12 months, reflecting broader contemporary guidance and providing greater capacity to respond to significant financial disruption and extraordinary expenditures. The revised policy also makes clear that the range is intended to guide rather than determine reserve levels.
    - *Reserve Management:* Establishes new considerations to guide Board oversight where the College's unrestricted net assets are or are projected to be outside the guiding range. The policy provides progressively greater attention where reserves fall below the range and requires specific consideration where reserves exceed it, while preserving Board discretion regarding appropriate responses.
    - *Monitoring and Reporting:* Formalizes quarterly reporting of the unrestricted net assets, continued preparation of three-year forecasts, and an annual assessment of the reserve adequacy.
- The revised draft does not contemplate introducing any new restricted reserves or modifying the amount associated with each existing reserve at this time.
    - The immediate priority of this review was to respond to the College's current reserve position, reconsider appropriate guiding range, and establish a reserve policy at the right governance level.

Analysis

- Specific consideration was given to the appropriateness of the proposed 6-12 month guiding range. As part of this analysis, consideration was given both to broader guidance and advice along with College specific operating considerations including:
    - A significant proportion of the College's costs relate to staffing and infrastructure required to maintain regulatory operations, limiting the extent to which expenditures could be quickly reduced in response to a financial disruption.

- The College may also face significant unforeseen costs arising from external events, changes to its regulatory responsibilities, or other circumstances that cannot reasonably be accommodated within an annual operating budget.

- Management's analysis indicates that approximately three months of operating expenses would provide reasonable capacity for an orderly wind-down of the organization. A reserve intended to provide financial resilience and continuity of regulatory operations should therefore reasonably exceed that level.

- On balance, a guiding range of six to twelve months is considered reasonably protective without establishing an expectation that reserves should automatically accumulate to the upper end of the range.

RAFC Direction

- At their November 2026 meeting, the RAFC reviewed the revised policy.

  - Discussion focused on whether the policy could be interpreted as setting a *target* of 12 months that ought to be achieved.

  - The Committee specifically explored the relationship between the principles section and the language in the *Reserve Range* section of the policy that the reserve range is "intended to guide, rather than determine, reserve levels" as sufficient to ensure that the upper end of this range is not viewed as a fixed goal.

- Ultimately the RAFC passed a motion recommending that the policy be adopted by the Executive Committee and Board.

Executive Committee Direction

- The Executive Committee supported the RAFC's motion, passing their own motion recommending that the Board adopt the policy.

- At the same time, the Executive Committee felt the draft policy could be strengthened by adding a new principle speaking to the need to be informed and guided by professional advice and evolving best practices.

  - This could be achieved by adding the following principle: *"Reserve decisions will have regard to applicable financial management practices and professional advice relevant to not-for-profit organizations;"*

  - If the Board supports this change, the proposed language above could be included as the fourth bullet in the list, ensuring the decision-making reflected in the first three bullets are supported by relevant professional guidance.

Next Steps

- Should the policy be approved, operational changes will be implemented to align with new requirements in the policy to better incorporate *specific* consideration of the College's reserve levels prior to operational planning and budgeting exercises.
- In preparation for the next annual review, a risk-based assessment of the two existing restricted reserves will be undertaken to determine if any changes to the amounts allocated are warranted.

Questions for the Board

- What questions do you have about the revised Reserve Fund Policy and the proposed changes?
- Does the Board approve the draft policy?

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO | ORDRE DES PHYSIOTHÉRAPEUTES de l'ONTARIO

Reserve Policy

Purpose

The purpose of the reserve policies for The College of Physiotherapists of Ontario is to ensure the stability of the mission, programs, employment and continuity of on-going operations of the organization, or to offset liabilities in the event of future catastrophic unknown costs.

Three (3) classes of reserves:

1. Invested in Capital Assets
2. Net Assets Internally Restricted
3. Unrestricted Net Assets

Invested in Capital Assets

- This is equal to our actual Net Fixed Assets.

Net Assets Internally Restricted

- Internally restricted reserves are identified by specific need or strategic activity. These are funded based on estimates prepared by the College and can be adjusted as new information becomes available.
- Reserves can be added or retired as the operational needs of the College require, subject to Council approval.
- The College has identified two (2) areas of their operation that demand funds be earmarked for specific reasons. They are as follows:
    - Complaints and Discipline
        - $1,000,000.00, being 2.5 times the actual 2016-2017 expense of $400,000.00
    - Sexual Abuse Therapy
        - $100,000.00, approximately 1.5% of total Net Assets

Unrestricted Net Assets

- This is where the residual funds available after each of the other funds has been met would be maintained. Operational surpluses or losses would be funded to/from this reserve.

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Fund Access Authorization

- Changes to this policy are subject to the direction of the Council upon the recommendation of the Finance Committee.

Annual Review Process

- On an annual basis, in time for the Q1 Finance Committee meeting, staff will prepare a three-year forecast of both statements of operations and reserve balances to predict overall reserve balances.

- Finance Committee will make a recommendation to Council on what, if any, changes to annual registration fees are necessary in order to maintain overall reserve balances be between 25-50 % of the projected operating costs.

- This recommendation is to be presented to the September Council meeting in order to meet the timelines needed to update the College by-laws for the next annual renewal window commencing February 1st the following year.

Section:	Finance	Policy #4.6
Title:	Reserve Fund	
Applicable to:	Board	
Date approved:	TBD	
Date revised:	TBD	
Date confirmed:	TBD	

1. Purpose

The College of Physiotherapists of Ontario maintains reserves to provide the financial resilience necessary to preserve its ability to discharge its regulatory responsibilities and maintain essential operations.

2. Principles

The College will manage its reserves in accordance with the following principles:

- Reserves will be maintained at levels that are prudent and proportionate to the College's operating environment and risks;
- Reserves will be maintained at a level that provides reasonable financial protection for the College's ability to discharge its statutory responsibilities during periods of significant financial disruption;
- Reserves will be managed in a manner that balances the need for financial resilience with the responsible stewardship of funds collected from registrants; and
- Reserves will not substitute for sound annual budgeting, forecasting, risk management or appropriate accruals.

3. Reserve Categories

The College's net assets consist of amounts invested in (1) capital assets (2) restricted reserves for established purposes and (3) unrestricted net assets, referred to in this policy as the "general reserve".

3.1 Invested in Capital Assets

This category represents the net book value of the College's capital assets. It is not available to fund operations unless the related assets are disposed of or otherwise converted to financial assets.

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3.2 Restricted Reserves

The Board may establish reserves for specific purposes (e.g., risk, obligation or strategic purpose).

Each restricted reserve must have a documented purpose, target amount or range, permitted uses, approval authority, review frequency and, where applicable, replenishment or sunset provisions.

The College maintains the following restricted reserves:

- **Complaints and Discipline Reserve ($1,000,000):** intended to address exceptional, unplanned costs of investigations, hearings, discipline proceedings, legal expenses or related regulatory matters that cannot reasonably be absorbed within the approved annual budget or existing accruals.
- **Sexual Abuse Therapy Reserve ($100,000):** intended to address extraordinary costs associated with the College's statutory obligation to provide funding for therapy and counseling to eligible persons who were sexually abused by physiotherapists, where those costs cannot reasonably be absorbed within the approved annual budget.

Funds held in the College's restricted reserves may only be used for the purpose for which the reserve was established and may only be drawn upon with Board approval.

Where a restricted reserve has been established for a specific contingency, those funds must be fully utilized prior to requesting Board approval to draw from the general reserve for the same purpose.

3.3 General Reserve

The general reserve consists of the College's unrestricted net assets after accounting for amounts invested in capital assets and funds held in restricted reserves.

The general reserve is maintained primarily to provide the financial resilience necessary to preserve the College's ability to discharge its regulatory responsibilities and maintain essential operations during significant financial disruptions or respond to significant unforeseen or extraordinary expenditures. The reserve may also be used for other purposes where the Board determines that doing so is prudent and consistent with the College's public-interest mandate and long-term financial sustainability.

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Reserve Range

The College will seek to maintain a general reserve equivalent of between six (6) and twelve (12) months of annual operating expenses.

This range represents a level that is reasonably protective of the College's financial resilience and is intended to guide, rather than determine, reserve levels. The general reserve may periodically fall below or exceed this range because of operating results, extraordinary circumstances, or deliberate financial decisions.

Reserve Management

Where the current or projected reserve position indicates that the general reserve is or will be outside the guiding range, the following considerations will apply:

- **Below six (6) months:** The Board will consider the circumstances contributing to the reserve position, associated financial and regulatory risks, and the appropriate approach and timeframe for restoring the reserve. This may include expenditure changes, revenue strategies, or other measures.
- **Below three (3) months:** The Board will consider a financial recovery plan addressing risks to regulatory responsibilities and essential operations and options for restoring financial resilience.
- **Above twelve (12) months:** The Board will assess whether the reserve level remains reasonably justified and determine what action, if any, is appropriate. This may include consideration of the College's current and emerging financial risks alongside a three-year financial forecast. Options may include funding organizational priorities, fee considerations, transfers to restricted reserves or other Board-approved uses. A reserve above twelve months does not, by itself, require an immediate reduction.

4. Monitoring and Reporting

The status of the College's general reserve will be reported quarterly and through the College's annual financial reporting.

Staff will annually prepare a three-year forecast of operations and reserve balances prior to the annual operational planning and budget cycle.

At least annually, the Board will assess the adequacy of the College's reserve position, taking into account the three-year financial forecast, anticipated risks and obligations, and the guiding reserve range.

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5. Investment of Reserve Funds

Reserve funds will be invested and managed in accordance with the College's Investment Strategy policy.

DRAFT

December 2026
Agenda Item: 18.0

BOARD BRIEFING NOTE

For Information

Topic:	Fiscal Year 2027 Q2 Financial Report
Public Interest Rationale:	Financial planning will ensure the programs and services provided by the College are properly financially supported to protect and serve the public interest in each of the identified areas.
Strategic Alignment:	*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
Schedules:	Schedule A: Statement of Operations (Compact)– Budget vs Actuals Schedule B: Statement of Operations (Compact)– Previous year comparison Schedule C: Statement of Financial Position Schedule D: Financial Oversight Framework

Issue

- The Board is provided with financial statements for the second quarter (Q2) of fiscal year 2027 (FY27)

Decision Sought

- The Q2 FY27 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.

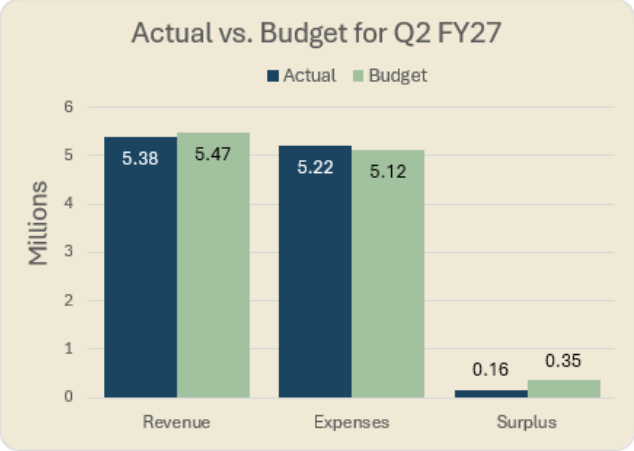
Executive Summary

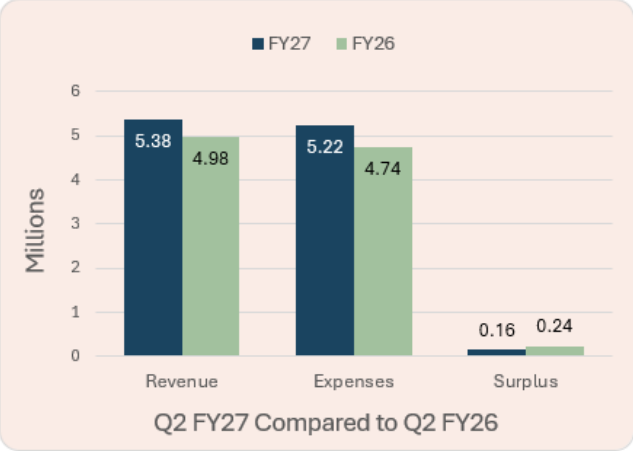
- This briefing note reflects the proposed financial oversight framework introduced at the June 2026 Board meeting. In addition to explaining significant financial results and variances, the report has been structured to help the Board consider the broader questions within its oversight role, including whether resources are aligned with the College's mandate and strategic priorities, whether emerging trends or risks require attention, and how financial results affect the College's longer-term sustainability.

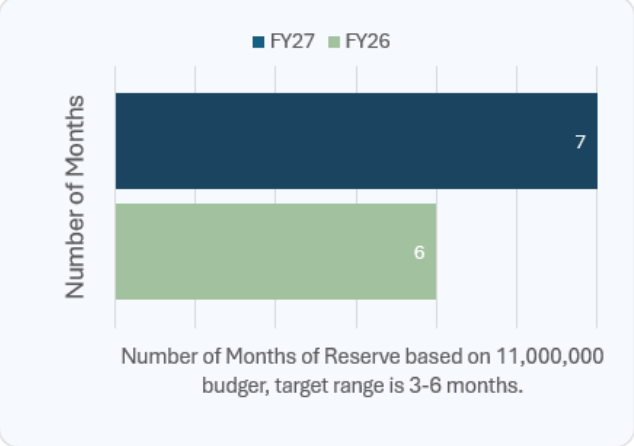
- Overall, the College's financial and operational performance for the second quarter is progressing as expected. Management is actively monitoring progress, addressing identified risks, and will continue to provide updates to RAFC with matters requiring broader governance oversight being brough forward to the Board at the Committee's direction.

Financial Performance

Summary of Overall Financial Performance for Q2 FY27







Q2 FY27 Core vs Exam

	Core	Exam	Total
Revenue	4,733,466	648,140	5,381,606
Expenses	4,466,825	756,682	5,223,507
Surplus/ Deficit	266,641	- 108,542	158,099

Key Commentary

- The College remains in a strong financial position at the end of the second quarter. Q2 closed with an operating surplus of approximately $158,000, compared to a budgeted surplus of $349,000. The variance is primarily attributable to lower-than-budgeted registration and Exam revenue, partially offset by stronger-than-expected investment returns.
    - At this time, management is not aware of any material financial issues that would impact the College's ability to fulfill its mandate, achieve budget, or deliver on its approved strategic priorities.
    - Reserve levels remain healthy at 7 months of operating expenses, slightly above the Board's current target range of 3 - 6 months although well within the broader recommendations that exist for not-for-profits.
- High level financials are provided in SCHEDULE A (vs budget), and SCHEDULE B (vs prior year); sorted by dollar amount and include key variance explanations.
    - In line with the new framework, the Schedules provided are intended to be the Board's primary supporting materials. The narratives below are provided in relation to, primarily, Schedule A.

Key Financial Highlights

Revenue

- Total revenue was approximately $87K below budget (98%). Registration fee and Exam revenue were lower than anticipated during the quarter, while administrative fees exceeded budget and investment income was stronger than expected with the College's revised investment strategy.
- Most registrants renew by **March 31**, at which time their annual fees are recorded as deferred revenue and recognized evenly over the following 12 months. Several renewals were received later than expected, during April and May, resulting in those registration fees being recognized over the remaining 10 or 11 months of the fiscal year. Consequently, a portion of the apparent Q2 revenue shortfall will naturally be recognized in future quarters.
- At this point in time, Management expects the full year revenue to be within 2% of the budgeted amount.

Expenses

- Overall, expenses were on budget for the quarter. Variances within accounts are primarily the result of timing differences rather than changes in expected annual spending, as outlined here:

- **Information Management** expenditures were higher than budget primarily because annual software licence fees were paid in the first quarter and planned development work occurred earlier than anticipated. These costs are expected to normalize over the balance of the year.
- **Staffing costs** were modestly above budget due to the timing of CPP and EI costs, which are incurred disproportionately during the first nine months of the year. As well, certain short-term contracts were minimally extended to Professional Conduct.
- **Regulatory Effectiveness** expenditures were below budget as several planned initiatives, are scheduled for later in the year.
- **Program costs** were slightly higher than budget due primarily to exam technology.

- Based on current projections, management expects any timing differences we've seen to normalize over the remainder of the fiscal year and does not anticipate any material impact on achieving the approved annual budget.

Strategic Initiatives Progress

- Of the 32 priority initiatives identified in the FY27 budget across the College's 7 strategic priority areas:
  - 15 are being delivered in-house at no additional cost.
  - The remaining 17 initiatives include a combined new investment of $577,500. As of Q2 spending against this $577,500 allocation stands at 45% of the total new investment budget. Progress on these initiatives is proceeding as planned, with no issues to advise of at this time.

Governance

- Management does not believe there are any material financial matters requiring Board action at the present time. Management will continue to monitor and report on:
  - Registration and assessment revenue trends throughout the year.
  - Progress against planned strategic initiatives and associated investments.
  - Investment performance and reserve levels.
- Should any of these areas indicate a material change in financial capacity, strategic execution, or organizational risk, management will bring them forward to RAFC and the Board for discussion and guidance.

Management Attestation

- Management confirms that the financial information presented to the Board for Q2 FY27 has been prepared in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO) and fairly reflects the organization's financial position and results of operations. The reports provided 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.

    - These controls are regularly reviewed and enhanced, and management is actively implementing additional control measures to further strengthen the control environment as part of its ongoing commitment to continuous improvement.

    - In carrying out these responsibilities, management has applied sound professional judgement and has made all reasonable and best efforts to ensure the effectiveness of these controls and compliance, in all material respects, with applicable legislation, by-laws, policies, and contractual obligations. 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.

Next Steps

- Budget for fiscal year 2028 be presented at the March 2028 Board meeting.

Questions for the Board

1) Is there any area where the Board would like additional assurance from management?

    - Are there any financial trends or variances that the Board believes warrant further oversight or monitoring?

    - Does the board have sufficient information to understand the financial implications and risks associated with the variances presented?

College of Physiotherapists of Ontario
Budget vs. Actuals: Budget_FY27_P&L - FY27 P&L
April - September, 2026

	Total			
	Actual	Budget	over Budget	% of Budget
Income				
4001 Registration Fees	4,209,948	4,411,539	-201,591	95.43%
4030 ETP Assessment Fees	648,140	749,338	-101,198	86.50%
4002 Interest Income	202,230	150,000	52,230	134.82%
4008 Admin Fees	198,435	88,700	109,735	223.71%
4010 Miscellaneous Income	69,600	69,600	0	100.00%
4005 Unrealized Gain / Loss on investments	51,265		51,265	
4006 Realized Gain / Loss on sale of investments	1,988		1,988	
Total Income	**$ 5,381,606**	**$ 5,469,177**	**$ (87,570)**	**98.40%**
Gross Income	**$ 5,381,606**	**$ 5,469,177**	**$ (87,570)**	**98.40%**
Expenses				
5900 Staffing	3,206,764	3,170,605	36,159	101.14%
5800 Programs	560,732	522,011	38,721	107.42%
5400 Office and General	383,061	365,068	17,993	104.93%
5100 Information Management	487,012	311,659	175,353	156.26%
5700 Professional fees	294,548	280,943	13,605	104.84%
5500 Regulatory Effectiveness	74,987	144,203	-69,217	52.00%
5000 Committee Per Diem	79,952	123,038	-43,085	64.98%
5600 Communications	35,552	64,750	-29,198	54.91%
5050 Committee Reimbursed Expenses	42,725	58,720	-15,995	72.76%
6001 Amortization	44,768	50,400	-5,632	88.83%
5301 Conferences and Travel	11,168	13,700	-2,532	81.52%
5200 Insurance	13,618	12,000	1,618	113.49%
5300 Networking	875	3,000	-2,125	29.18%
6006 FX gain / loss	-12,257		-12,257	
Total Expenses	**$ 5,223,507**	**$ 5,120,097**	**$ 103,410**	**102.02%**
Net Operating Income	**$ 158,099**	**$ 349,080**	**$ (190,981)**	**45.29%**
Net Surplus (Deficit)	**$ 158,099**	**$ 349,080**	**$ (190,981)**	**45.29%**

College of Physiotherapists of Ontario

Statement of Operations with Prior Year Comparison

April-September, 2026

	TOTAL		
	Apr. 1 - Sep. 30 2026	**Apr. 1 - Sep. 30 2025 (PY)**	**% CHANGE**
INCOME			
4001 Registration Fees	4,209,948	3,975,017	6.00%
4030 ETP Assessment Fees	648,140	535,965	21.00%
4002 Interest Income	202,230	199,463	1.00%
4008 Admin Fees	198,435	200,795	-1.00%
4010 Miscellaneous Income	69,600	69,600	0.00%
4005 Unrealized Gain / Loss on investments	51,265		
4006 Realized Gain / Loss on sale of investments	1,988		
Total Income	**$5,381,606**	**$4,980,840**	**8.00%**
GROSS INCOME	**$5,381,606**	**$4,980,840**	**8.00%**
EXPENSES			
5900 Staffing	3,206,764	2,849,686	13.00%
5800 Programs	560,732	531,222	6.00%
5100 Information Management	487,012	248,671	96.00%
5400 Office and General	383,061	493,986	-22.00%
5700 Professional fees	294,548	299,924	-2.00%
5000 Committee Per Diem	79,952	71,872	11.00%
5500 Regulatory Effectiveness	74,987	110,497	-32.00%
6001 Amortization	44,768	50,146	-11.00%
5050 Committee Reimbursed Expenses	42,725	39,167	9.00%
5600 Communications	35,552	16,035	122.00%
5200 Insurance	13,618	11,362	20.00%
5301 Conferences and Travel	11,168	13,051	-14.00%
5300 Networking	875	850	3.00%
6006 FX gain / loss	(12,257)		
Total Expenses	**$5,223,507**	**$4,736,469**	**10.00%**
NET SURPLUS/(DEFICIT)	**$158,099**	**$244,371**	**-35.00%**

College of Physiotherapists of Ontario
Balance Sheet
As of Sep 30, 2026

	Total
Assets	
Current Assets	
Cash and Cash Equivalent	
1000 Cash on Hand	$2,720,690.32
1100 Investments	$10,109,858.37
1205 Undeposited Funds	$0.00
Virtual Wallet (CAD)	9,056.75
WayPay Clearing Account (CAD)	$0.00
Total Cash and Cash Equivalent	**$12,839,605.44**
Accounts Receivable (A/R)	
1200 Accounts Receivable	$63,058.53
Total Accounts Receivable (A/R)	**$63,058.53**
1201 Allowance for Doubtful Accounts	(5,300.49)
1206 Accrued Receivable	(47,386.77)
1400 Prepaid Expenses	$132,239.37
Total Current Assets	**$12,982,216.08**
Non-current Assets	
Property, plant and equipment	
1301 Computer equipment	177,281.14
1302 Computer Software	4,704.76
1305 Computer equipment - Acc dep	(55,759.81)
1306 Computer Software - Acc Dep	(110,740.00)
1310 Furniture and Equipment	354,465.38
1312 Furniture & Equipment -Acc Dep	(354,465.38)
1320 Leasehold Improvements	793,263.20
1322 Leasehold Improvments -Acc dep	(747,437.60)
1325 Construction Work In Progress	$0.00
Total Property, plant and equipment	**$61,311.69**
1399 Suspense	$0.00
Total Non-current Assets	**$61,311.69**
Total Assets	**$13,043,527.77**
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable (A/P)	
2000 Accounts Payable	141,174.52
Total Accounts Payable (A/P)	**$141,174.52**
Credit Cards	

College of Physiotherapists of Ontario
Balance Sheet
As of Sep 30, 2026

	Total
2000-01 VISA Corporate Credit Card (All)	(5,014.96)
2001 RBC VISA 9421/4129	$0.00
2003 RBC VISA 2808/2195	$0.00
2004 RBC VISA 9044/3707	$0.00
Total Credit Cards	**$(5,014.96)**
2010 Accrued Liabilities	26,500.00
2011 Vacation Accrual	175,804.58
2012 C&D accrual	116,741.20
2015 Sexual Abuse Fund	$0.00
2100 Deferred Revenue	$5,086,531.78
2150 Other Payables	$0.00
24000 Payroll Liabilities	$0.00
25530 GST/QST Payable	$0.00
Total Current Liabilities	**$5,541,737.12**
Non-current Liabilities	
2125 Deferred Rent - Tenant Incentiv	15,812.68
2190 Lease Inducements	$0.00
Total Non-current Liabilities	**$15,812.68**
Total Liabilities	**$5,557,549.80**
Equity	
3000 Unrestricted Net Assets	6,163,889.71
3001 Invested in Capital Assets	63,989.00
3010 Restricted Reserves	$1,100,000.00
3900 Retained Earnings	0.00
Surplus/Deficit	158,099.26
Total Equity	**$7,485,977.97**
Total Liabilities and Equity	**$13,043,527.77**

Financial Oversight Framework

MANAGEMENT QUESTIONS	BOARD QUESTIONS
Why were registrations higher than expected?	Do we have the resources to support the # of new members?
Why was the budget inaccurate?	What can we learn about the assumptions in our budgeting process?
What projects weren't completed, and why?	What risks or missed opportunities arise when planned projects are deferred?
Why didn't we spend the money we thought?	Are we investing in the capabilities to fulfil our mandate?
Why were registrations higher than expected?	Is this a one-time event, or part of a longer-term trend we should understand?
Should we review the fee structure?	How are our fees balancing affordability, sustainability, and our public protection responsibilities?
Who made the decision not to proceed with X project?	How did management determine which projects to delay, and which were important not to?
What happened operationally?	What does this tell us about capacity, risk, or our strategic priorities?
Why do we keep generating big surpluses?	What role should surpluses and reserves play in supporting our long-term responsibilities?
Is the surplus a good thing, or bad thing right now?	What does this surplus mean for the College and its ability to fulfill its mandate?

December 2026
Agenda Item: 19.0

BOARD BRIEFING NOTE

For Discussion

Topic:	Board Evaluations
Public Interest Rationale:	Effective Board evaluation supports continuous improvement in governance practices, helping the Board maintain the skills, knowledge, oversight and accountability required to fulfill its public interest mandate.
Strategic Alignment:	*Effective Governance:* This discussion supports the Board's commitment to continuous improvement of governance processes and practices. Board feedback will help inform future enhancements to the Board evaluation framework and related governance policies.
Submitted By:	Caitlin O'Kelly, Governance Specialist
Attachments:	Appendix A: Current Board Performance Evaluation Framework Appendix B: Policy #8.1: Measurement and Reporting

Issue

- Board Evaluation was identified as an area for further exploration during the Board's December 2025 review of outstanding Governance Practices Review recommendations and was subsequently included on the governance roadmap for future discussion.

Decision Sought

- The Board is asked to reflect on the current Board Evaluation processes and identify whether it continues to meet the needs of the Board or whether there are any potential updates that should be considered.

Background

- Board evaluation was identified as an area warranting further consideration through the Governance Practices Review in 2023. When the Board revisited governance priorities in December 2025, it identified Board Evaluation as a topic for continued discussion.

- In the interim, the College has substantially refined its Board Performance Evaluation Framework (Appendix A) in response to Board feedback and practical experience, including introducing the Skills Matrix, linking Director self-assessments to Chair check-ins, moving the Annual Board Operations Evaluation to the end of the Board year and updating the post-Board meeting survey.

    - The College also has Governance Policy 8.1: Measurement and Reporting (Appendix B), which outlines the College's approach to both organizational performance reporting and Board and Committee evaluation activities.

- As the Board evaluation framework has evolved over time in response to Board feedback and practical experience using the evaluation tools, this discussion also provides an opportunity to consider whether the policy continues to reflect the Board's expectations regarding evaluation and reporting.

Current Status and Analysis

- Feedback received to date generally suggests that the current Board Performance Evaluation Framework is functioning well. This review is therefore intended as a check-in on the Board's current approach rather than a response to an identified concern or a recommendation for change. Maintaining the current framework remains an option, while the information below is intended to support the Board in considering whether any refinements or enhancements would better support its evaluation objectives.

The Board is being asked to consider:

- Does the Board have a shared understanding of the purpose and intended outcomes of Board evaluation?
- Do the College's current evaluation practices effectively support that purpose?
- Are there changes, enhancements or additions that would better support the Board's evaluation objectives?

Current Board Performance Evaluation Framework

- The College's current Board Performance Evaluation Framework brings together a series of complementary evaluation and feedback activities scheduled throughout the Board year. In addition to Board-specific evaluations, the framework also incorporates committee-related feedback activities. Each activity has an identified timing, purpose and intended use, allowing information to be gathered at different points and used to support Director development, Board education, governance planning and continuous improvement. The table below provides an overview of the activities currently in place. Appendix A provides further detail regarding their purpose, recent enhancements, reporting mechanisms and use of the information collected.

Timing	Activity
Fall	Director Skills Matrix and Self-Assessment – to support check in calls
Fall	Mid-Year Director Check-Ins with the Board Chair
Quarterly	Post-Board Meeting Evaluations
Quarterly	Board Chair and Committee Chair Check-Ins
Winter	Committee Chair Feedback – to support committee planning
Spring	Annual Board Operations Evaluation

- Together, these activities provide multiple opportunities throughout the Board year to identify educational needs, support individual and collective reflection, and inform future governance improvements.

Committee Evaluation Activities

- In addition to the Board evaluation activities outlined above, the College's regulatory program committees have recently introduced a structured Meeting Evaluation discussion led by the Committee Chair. To support meaningful reflection, each Committee agenda now includes a series of discussion prompts regarding meeting effectiveness, decision-making processes, participation, educational needs and opportunities for improvement.

- This approach was introduced in 2026 as an alternative to implementing additional post-meeting surveys and will continue to be monitored as part of the College's ongoing efforts to gather feedback and support continuous improvement.

Environmental Scan

- Staff reviewed information from other Ontario health regulatory colleges regarding how they approach Board evaluations.

- The review found that there is no single sector-wide model for Board evaluation. While specific approaches vary, most colleges use a combination of evaluation activities to support continuous governance improvement.

Common Evaluation Practices

- Several evaluation activities were commonly observed across Ontario health regulatory colleges, including:
    - Post-meeting surveys or meeting evaluations.
    - Annual Board effectiveness or operation evaluations.
    - Director self-reflection or self-assessment activities.
    - Periodic third-party governance reviews or Board effectiveness assessments to support alignment with College Performance Measurement Framework (CPMF) expectations.

- Overall, the College's current framework is broadly consistent with common sector practices.

Use and Reporting of Evaluation Information

- Evaluation results are generally used to identify opportunities for governance improvements, support Board education planning and monitor trends over time.

- Approaches to reporting evaluation results vary across the sector. Some colleges provide summary reports to their Board, Executive Committee or Governance Committee, while others provide full meeting evaluation results in public Board packages. Most colleges focus on communicating aggregate findings, trends and key themes rather than individual responses.

Less Common Practices

- While post-meeting surveys and annual Board evaluations were commonly observed across the sector, the environmental scan did not identify a consistent approach regarding:
    - Committee member evaluation.
    - Committee Chair evaluation.
    - Board Chair evaluation.
    - Peer evaluation of individual Directors.
- A small number of colleges have broader evaluation frameworks that extend to committees, governance leadership roles or individual members; however, these practices were not consistently observed across the sector.

Evaluation Design Challenges

- An environmental scan of Board evaluation practices at other colleges identified several common considerations and challenges, including:
    - Low participation rates, particularly for annual evaluations, although participation rates at this College have generally been strong.
    - Balancing the desire for additional feedback with the risk of survey fatigue and declining participation.
    - The need to balance quantitative survey results with qualitative feedback and context.
    - Difficulty establishing meaningful benchmarks or performance thresholds, particularly where results remain relatively consistent from year to year.

Confidentiality and Administration Considerations

- The environmental scan also identified that individual or peer assessment approaches create additional considerations regarding confidentiality, access to information, records retention, procedural fairness and follow-up processes. Where peer assessment was observed, it was often administered by an external third party and accompanied by additional safeguards regarding confidentiality, coaching and follow-up processes.

- Colleges take different approaches to how evaluation information is collected, compiled and reported. While most administer evaluation activities internally, some frameworks utilize an external third party to collect, compile and report evaluation results, particularly where individual assessments or enhanced confidentiality measures are desired. Any move towards greater third-party involvement could have operational and budget implications and would require further consideration.

Next Steps

- If the Board determines that updates to the current framework should be pursued, feedback from the Board discussion will be used to inform future updates to the Board Performance Evaluation Framework and any related governance policies.

Questions for the Board

- Does the Board wish to pursue changes or enhancements to its current Board evaluation framework and practices?

Current Board Performance Evaluation Framework

Activity	Timing	Purpose	How Information is Used	How Feedback is Shared	Recent Improvements
Director Skills Matrix and Self-Assessment	Annually in the fall	Provides Directors with an opportunity to reflect on their strengths and areas for growth. The Skills Matrix also identifies collective knowledge and skill gaps based on the Board and Committee Competency Profile.	The Board Chair uses the results to inform mid-year Director check-ins. High-level results also help inform annual Board education planning.	Results are provided to the Board Chair and Registrar. A high-level summary is provided to the Executive Committee to support Board education planning, and a summary is reported to the Board through the Chair's Report.	October 2025: A new Skills Matrix was introduced as part of the annual assessment process. September 2026: The Skills Matrix was updated to align with the refreshed Board and Committee Competency Profile.
Mid-Year Director Check-Ins	Annually in the fall	Provides an opportunity for Directors to discuss their strengths, learning needs, progress, onboarding experience and ideas for Board improvement.	Feedback helps identify Board education priorities, Director support needs and opportunities for governance improvement.	Relevant themes arising from the discussions are summarized and shared with the Board through the Chair's Report.	Fall 2025: Mid-year Director check-ins were linked to the annual Director Self-Assessment and Skills Matrix to help guide the Board Chair's discussions.
Committee Chair Feedback	Annually in the winter	Gathers feedback on committee effectiveness and helps identify committee composition, recruitment and support needs.	The Executive Committee uses the information to support development of the annual Committee Slate, succession planning and, where required, committee member recruitment.	Summary feedback is provided to the Executive Committee to support its development of the Committee Slate.	This is an established component of the annual committee planning process. No recent substantive changes have been made.

Activity	Timing	Purpose	How Information is Used	How Feedback is Shared	Recent Improvements
Annual Board Operations Evaluation	Annually near the end of the Board year, generally in May or early June	Assesses the effectiveness of Board operations and gathers feedback on the Board's overall performance, strengths and opportunities for improvement.	Results are used to identify strengths, opportunities for improvement for the following Board year.	Results and key themes are summarized for the Board through the Chair's Report.	Fall 2024: Directors were asked for feedback on the annual evaluation process through open-ended questions. The feedback informed revisions to the survey and a change in timing. Spring 2025: The evaluation moved to the end of the Board year so that it captures the full Board term and allows departing Directors to provide feedback.
Post-Board Meeting Evaluations	Following each regular Board meeting	Gathers timely feedback on meeting effectiveness, the quality of Board discussions, standing reports, educational needs and future priorities.	Feedback is used to identify opportunities to improve meeting effectiveness, support continuous improvement of Board processes, and inform future Board education planning.	The Board Chair summarizes the results and relevant follow-up for the Board through the Chair's Report.	September 2026: The survey was refreshed to gather more detailed feedback on meeting effectiveness, Board discussions and future priorities, with additional opportunities for written comments.

Section:	Evaluation	Policy #8.1
Title:	Measurement and Reporting	
Applicable to:	Board and Non-Board Committee Members	
Date approved:	June 2002	
Date revised:	September 2007, December 2009, February 2013, March 2015, June 2021	

Policy

The Board of the College is committed to an organizational culture that measures and reports on organizational performance and continually evaluates and improves the performance of its Board and committees.

To demonstrate its commitment to these goals, the College will:

A. Incorporate mechanisms into its operational activities to assure that data are regularly gathered to measure effectiveness. This data forms a basis on which the College reports annually to the Minister on meeting expectations within its mandated public interest role.

B. Annually conduct performance evaluations of its Board and Non-Board Committee members and use the output of this evaluation to improve its orientation, education and committee appointment processes.

Procedure

Measurement

1. The College will use performance measurement tools, such as a balanced scorecard approach, to collect and assess organizational performance data and report on this data using the current version of the College's dashboard.

Evaluation

2. Committee Chairs will evaluate the performance of every member of the Committee based on the performance expectations for Non-Board Committee members as defined in the By-laws and Governance Policies and provide that information to the Chair.

3. The Chair will evaluate the performance of every member of the Board based on the performance expectations for Directors as defined in the By-laws and Governance Policies.

4. The Chair will evaluate Committee Chairs based on the best information available to them.

5. The Chair will collate the evaluation information for Board and Non-Board Committee members and have a discussion with each of them.

6. The Chair is responsible for managing any performance issues or concerns in accordance with the College's Code of Conduct.

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

December 2026
Agenda Item: 20.0

20.0 Engagement with Physiotherapists Educated Outside of Canada

Taylor Turner