



MEETING OF THE COUNCIL OF THE COLLEGE OF
PHYSIOTHERAPISTS OF ONTARIO
AGENDA

March 22 & 23, 2017

At

The College Board Room

375 University Avenue, Suite 901, Toronto

9:00AM	<u>Welcome</u>	<u>Page #</u>
	1 Approval of the Agenda	4
Motion	For Decision	
	2 Approval of the Council Meeting Minutes of December 12 &13, 2016	10
Motion	For Decision	
	3 Registrar's Report: Final Report on the 2013 -2017 Strategic Plan	17
	For Information	
	4 FHRCO Patient Website: Presentation	—
	For Information	
	5 By-law Review 2016/17	26
Motion	For Decision	
	After a full legal and policy review, as well as a round of consultation with members and other stakeholders, the Executive Committee is recommending that Council approve College's revised by-laws.	
	6 Strategic Goals	88
	For Discussion	
	Council will be asked to approve a budget that is built around tactics that have been developed to pursue the strategic plan. This note provides a description of those tactics.	
	7 Request to go <i>in camera</i> pursuant to Section 7(2) of the Health Professions Procedural Code	93
Motion	For Decision	
	8 Q3 Financial Reports for Fiscal Year 2016/2017	94
	For Information	



- 9 Approval of the Operating and Capital Budgets 2017/2018 101**
Motion For Decision

The Operating and Capital Budgets for 2017/2018 is provided to Council for approval.

- 10 What is Physiotherapy? —**
For Information

Presentation:

CAPR has developed a tool to assist in answering the question of whether a particular modality is in or outside of the scope of practice of physiotherapy. This tool will be adopted across the Country.

Fiona Campbell will present the tool which should be of use to Committees as well as all other stakeholders.

- 11 Supervision Workshop 113**
For Input

Staff will be conducting a workshop with Council to obtain their feedback on expectations for a Supervision Standard.

Day 2 - March 23, 2017

- 9:00AM 12 Canadian Alliance of Physiotherapy Regulators Exam Scoring 139**

Presentation by Dr. Hervé Jodouin, National Director, Credentials & Examinations

- 13 Canadian Alliance of Physiotherapy Regulators Update 147**
For Information

An update from the College CAPR Representative, Darryn Mandel, is included for your information.

- 14 Collaborative Care Guideline 149**
Motion For Decision

Council is asked to approve the development of a Collaborative Care Guideline which will replace the existing "Concurrent Treatment of a Patient by a Physiotherapist and Another Health Care Professional Standard".



15	Duty to Provide Care Guideline	170
Motion	For Decision	
	Council is asked to approve the development of a Duty to Provide Care Guideline.	
16	Bill 87 “Protecting Patients Act”	183
	For Discussion	
	In December Bill 87 received first reading. It contains extensive changes to the <i>Regulated Health Professions Act</i> .	
	FHRCO has made a submission that supports the intention behind Bill 87 – to enhance patient protection and prevention of sexual abuse by health care providers – and suggests many amendments to improve the functionality of the proposed provisions.	
17	AGRE’s Governance Work	195
	For Information	
	Could health regulatory Colleges better serve the public interest if their governance structures were changed?	
	This issue has been the subject of a Task Force at the College of Nurses of Ontario and is currently under consideration by AGRE.	
18	President’s Report	239
	For Information	
	<ul style="list-style-type: none">• Q3 Committee Activity Summary• Executive Committee Report to Council	
19	Election: Executive Committee	—
Motion	For Decision	

Adjournment

- June 21 & 22, 2017



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 1

Motion

**Council Meeting
March 22 – 23, 2017**

Agenda #1: Approval of the agenda

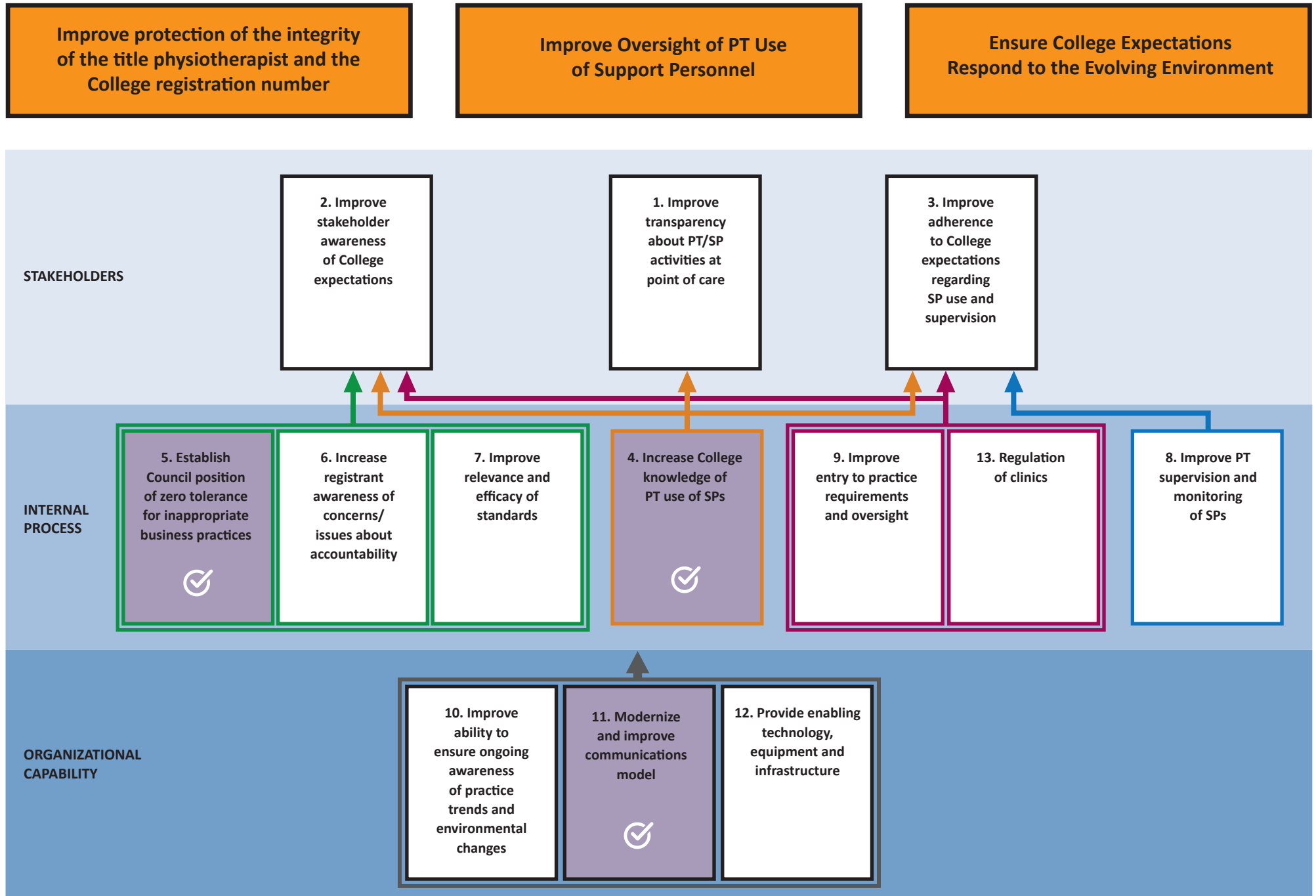
It is moved by

and seconded by

that:

the agenda be approved as presented.

Strategy Map 2013–2017



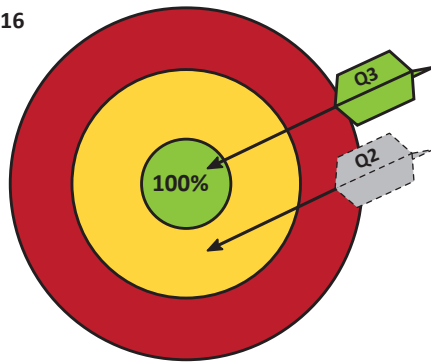
* colours used for clarity only and are not indicators

College Dashboard

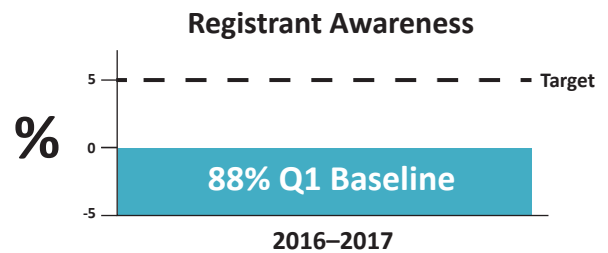
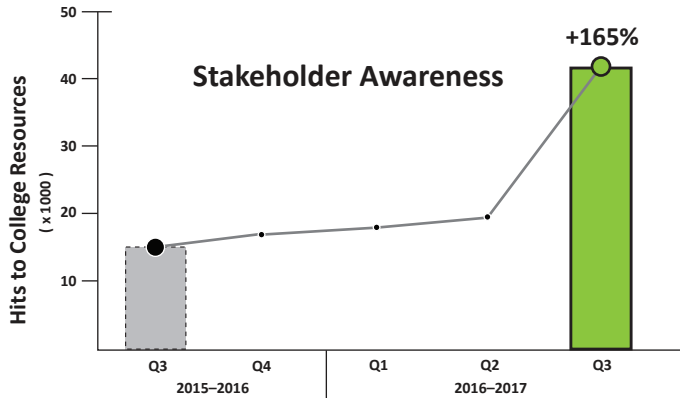
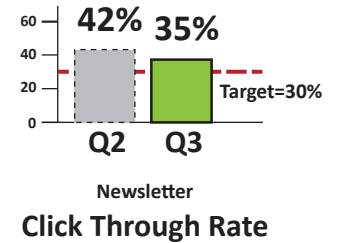
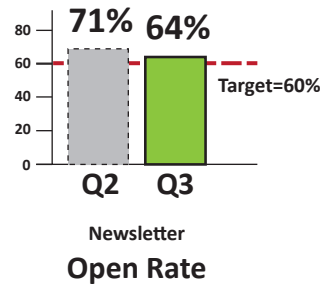
(Q3) OCTOBER–DECEMBER 2016

Strategic

Completion of Tactics

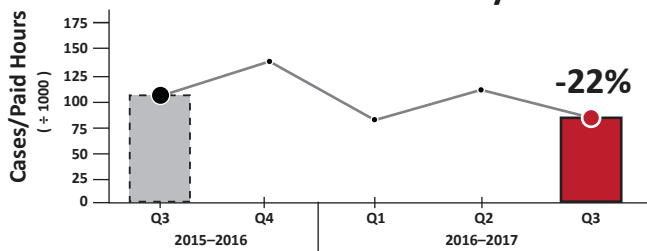


Improved Communications



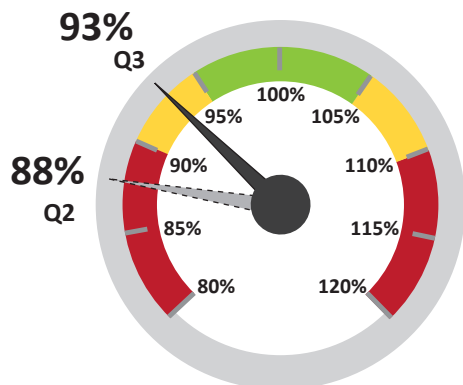
Operational

Staff Productivity









Financial Accountability



Actual to Budget Spending (Year to Date)







	Target	Q2	Q3
Human Resource Excellence			
Absenteeism	< 1.7 days per employee	●	■
Committee Performance			
ICRC	Met all Statutory timelines	■	■
Quality Management	Met all Statutory timelines	●	●
Registration	Met all Statutory timelines	●	●
Technology Disruptions	Met all targets	●	●






OPERATIONAL INDICATORS

What We Measure	Why We Measure	Quarterly Results
<p>Financial Accountability Ratio of actual spending to budgeted spending</p> 	<p>To demonstrate sound financial management by monitoring what was spent compared to what was budgeted.</p> <p>Target = Within 95% Year to Date (YTD)</p>	<p> Close to target</p> <p>93% actual to budgeted spending for YTD</p> <p>Higher spending than anticipated in the areas of Hearings, Legal, Translation and Audit contributed to 93% YTD.</p>
<p>Human Resource Excellence Measure of absenteeism rates</p> 	<p>To provide an indication of overall organizational health.</p> <p>Absenteeism rates serve as a proxy for good recruiting and performance management policies.</p> <p>Target = Absenteeism rate is within industry standard.</p> <p>Absenteeism ≤ 1.7 days per employee</p>	<p> Targets not achieved</p> <p>(2.13 days absent per employee) – over target</p> <p>One staff member required a high number of sick days. When the staff member is removed from the measure absenteeism rate falls within industry standard (1.65).</p>
<p>Staff Productivity Ratio of the number of cases closed per number of staff paid hours</p> 	<p>To monitor the relationship between staff paid time and the number of member-specific cases processed.</p> <p>Managing PT-specific cases is an important aspect of the work that staff do.</p> <p>Target = Maintain or improve productivity levels</p>	<p> Targets not achieved</p> <p>(22% decrease in cases per person hours paid compared to Q3 2015)</p> <p>Practice Assessment annual selection target distributed evenly over 12 months resulted in a lower number of cases processed, as expected this year. Professional Conduct saw a 30% reduction of cases in the door and the</p>

		addition of one staff person compared to Q3 2015.
<p>Committee Performance Composite measure of the statutory obligations of all 3 committees</p> 	<p>To ensure that each Committee meets the specific timeline and notice requirements outlined in the RHPA.</p> <p>Target = Meet all statutory requirements each quarter</p>	<p> Targets not achieved</p> <p>Committees met the requirement to provide notice, though there were some delays in ICRC cases. A performance improvement plan was put in place during Q3. The number of delays are decreasing.</p>

STRATEGIC INDICATORS

What We Measure	Why We Measure	Quarterly Results
<p>Stakeholder Awareness Hits to College Resources</p> 	<p>To monitor whether our communications efforts effectively bring people to our resources.</p> <p>We assume that if there are more visits to our resources, we can improve awareness of standards and other requirements.</p> <p>Target = Increase by 5% the number of times College resources are accessed year over year</p>	<p> Targets achieved</p> <p>(165% increase in hits to College resources)</p> <p>The mandatory Jurisprudence Module for all PTs ran from October to November 31, 2016, driving a huge increase in views of the College Standards.</p>
<p>Completion of Strategic Tactics Projects meeting benchmarks as set out in approved project plans</p> 	<p>To ensure that strategic projects stay on track.</p> <p>Target = All projects meet all milestones each quarter</p>	<p> Targets achieved</p>

<p>Registrant Awareness Awareness as measured by survey every 6 months</p> 	<p>If our communications are effective, they are educating PTs so we test PTs on an issue every six months to see whether their scores improve.</p> <p>Target = Increase survey awareness scores by 5% every 6 months</p>	<p>N/A</p> <p>Baseline survey conducted and reported in Q1. Average score across 7 questions = 88%. Second survey results will be included in the Q4 dashboard.</p>
<p>Improved Communications with PTs Newsletter: a) open rate b) click through rate</p> 	<p>In order to reach our target audience, we must make our messages compelling. This measure tells us whether our messages are interesting enough for PTs to read them and the materials they reference.</p> <p>Target = Maintain or improve newsletter open rates ($\geq 60\%$) and click through rates ($\geq 30\%$) each per quarter</p>	<p> Targets achieved</p> <p>(Newsletter Open Rate = 64% Click Through Rate = 35%)</p>
<p>Technology Disruptions Number and severity of incidents</p> 	<p>To ensure that we have technology, equipment and infrastructure that meets our needs.</p> <p>Target = Maintain technology related incidents within predetermined limits:</p> <p>Zero critical incidents AND < 10 major incidents AND < 40 minor incidents per quarter</p>	<p> Targets achieved</p> <p>(2 major, 14 minor tech incidents)</p>



Motion No.: 2

Motion

**Council Meeting
March 22 – 23, 2017**

Agenda #2: Approval of the Council Meeting Minutes of December 12 and 13, 2016

It is moved by

and seconded by

that:

the Council meeting minutes of December 12 and 13, 2016 be approved as presented.



**DRAFT – MEETING OF THE COUNCIL OF THE COLLEGE OF
PHYSIOTHERAPISTS OF ONTARIO**

MINUTES

December 12 & 13, 2016

At

The College Board Room

375 University Avenue, Suite 901, Toronto

Attendees:

Mr. Stephen Mangoff (President)
Mr. Gary Rehan (Vice President)
Mr. Ron Bourret
Ms. Jane Darville
Ms. Zita Devan
Ms. Theresa Stevens
Ms. Nadine Graham
Mr. Darryn Mandel
Ms. Deborah Lucy

Ms. Janet Law
Mr. James Lee (December 12, 2016)
Ms. Catherine Hecimovich
Ms. Jennifer Dolling
Ms. Sharee Mandel
Mr. Tyrone Skanes
Ms. Lisa Tichband
Ms. Shadi Katirai (December 13, 2016)

Recorder: Ms. Elicia Ramdhin

Regrets: Ms. Shadi Katirai (December 12, 2016)
Mr. James Lee (December 13, 2016)

Observers: Ms. Kate McLeod, Ontario Physiotherapy Association (December 12 and 13, 2016)

CALL TO ORDER

9:00 AM Mr. Stephen Mangoff, President, called the meeting to order at 9:02 a.m., and welcomed members of Council and guests.

1.0 Approval of the Agenda

Motion 1.0

It is moved by Ms. Catherine Hecimovich and seconded by Ms. Zita Devan that:

The agenda be approved as circulated.

CARRIED.

2.0 Approval of the Council Meeting Minutes of September 20 & 21, 2016

Motion 2.0

It is moved by Ms. Jane Darville and seconded by Mr. Tyrone Skanes that:



The Council meeting minutes of September 20 & 21, 2016 be approved.

CARRIED.

3.0 Registrar's Report

Ms. Shenda Tanchak, Registrar, provided an update on operational activities and the Dashboard. Two important developments in the environment were also noted: highlights from the proposed Legislative changes (Bill 87) following the Sexual Abuse Task Force report and key recommendations from the College of Nurses' Governance review.

Mr. Darryn Mandel entered the Council chambers at 9:25 a.m.

4.0 Jurisprudence Failures – Remediation Program

Ms. Nadine Graham declared a conflict of interest and left the Council chambers for the discussion of this item.

Motion 4.0

It is moved by Mr. Tyrone Skanes and seconded by Mr. Gary Rehan that:

Council approves the proposed remedial education plan for physiotherapists who fail the Jurisprudence Education Module and recommends the participants pay all costs.

CARRIED.

Following the motion, it was noted Ms. Graham is to confirm she will not be receiving any financial benefit from the program.

5.0 Fees, Billing and Accounts Standard: Final Approval

Motion 5.0

It is moved by Mr. James Lee and seconded by Ms. Sharee Mandel that:

Council approves the proposed Fees, Billing and Accounts Standard with an effective date of March 1, 2017.

CARRIED.

6.0 Cross-Border Memorandum of Understanding

Motion 7.0

It is moved by Mr. Tyrone Skanes and seconded by Mr. Darryn Mandel that:

Council approves that the College enter into the Cross Border Memorandum of Understanding.

CARRIED.

7.0 National Code of Ethical Conduct

Mr. Tyrone Skanes provided an introduction to the National Code of Ethical Conduct. It was presented as a final document that could not be amended or accepted in parts.



Council reviewed the content and raised major concerns with the expectations of Section C: Responsibilities to Self and the Profession; they expressed concern that this section presented a contradiction to the mandate of the College and was unenforceable.

It was identified that the overall guiding principles of the proposed document are already reflected in the College's current ethical document REACH; at this time there is no motion to move forward with adopting the National Code of Ethical Conduct.

8.0 Patients' First Act

Ms. Catherine Hecimovich reviewed the Ontario Legislative Process and highlighted the goals, key changes and next steps of the Patients First legislation.

9.0 Canadian Alliance of Physiotherapy Regulators

Guest Speaker: Ms. Katya Masnyk, CEO, Canadian Alliance of Physiotherapy Regulators (CAPR).

Ms. Masnyk presented an overview of CAPR including the credentialing program and its relationship with the College. Key points included:

- Examination scoring: moving from a reference-based scoring approach to a criteria-based scoring framework to improve reliability and validity.
- Review of criteria for scoring clinical component of exam: will move to a combination of checklist and non-checklist.
- Exam questions will change: Building their item bank to include images, videos, and sound recordings for the written component.
- Strategic planning discussions this spring: three key things that will be discussed are privacy of information, data sharing agreements and the development of a universal physiotherapist identification numbers (PTING).

10.0 By-law Review 2016 **Motion 9.0**

It is moved by Mr. James Lee and seconded by Ms. Sharee Mandel that:

Council approves in principle the amended by-laws, and as required by the Regulated Health Professions Act, circulate certain parts of the by-laws to members for consideration prior to final approval.

CARRIED.



11.0 Request to go *in camera* pursuant to s. 45(2)(b) of the Health Professions Procedural Code

Motion 10.0

It is moved by Ms. Catherine Hecimovich and seconded by Mr. James Lee that:

Council moves *in camera* to discuss matters pursuant to Section 45(2)(b) of the Health Professions Procedural Code.

CARRIED.

It is moved by Mr. Gary Rehan and seconded by Mr. Tyrone Skanes that:

The first day of Council be adjourned.

CARRIED.

9:00 AM

Day 2: December 13, 2016

12.0 Strategic Tactics

Council was presented with a preliminary list of strategic tactics developed by staff and were asked to vote for their top three tactics for each goal. Staff will take Council's direction and continue to develop the chosen tactics.

Goal One: Ensure physiotherapists' business practices meet professional standards and do not damage the reputation of the profession.

Top three tactics:

1. New Physiotherapist and Internationally Educated Physiotherapist Outreach Focus
2. Random Billing Audits for Private Practitioners
3. Registration Ceremony

Goal Two: Promote quality physiotherapy services by ensuring registered physiotherapist are aware of and adhere to professional standards and expectations.

Top three tactics:

1. Revisions to the Quality Assurance Program
2. Outreach to Educators
3. Develop New Member E-learning Tools / Focused Student Outreach

Goal Three: Increase the value and awareness of the services the College provides for Ontarians.

Top three tactics:

1. Live Call Answering
2. Patient Outreach
3. Employer Outreach



13.0 Ontario Physiotherapy Association Presentation

Guest Speaker: Ms. Dorianne Sauvé, CEO, Ontario Physiotherapy Association.

Ms. Sauvé reviewed the Ontario Physiotherapy Association organizational structure, vision and relationship with the College.

Major initiatives discussed were current and emerging challenges and opportunities including scope, access, defining physiotherapy and accountability.

14.0 Provisional Practice – Further Considerations for Change
Motion 14.0

It is moved by Ms. Zita Devan and seconded by Mr. Gary Rehan that:

Council approves the following changes to the Provisional Practice Certificate of Registration:

1. Change operational policies and procedures as required to hold monitors accountable to the commitment set out in the present monitoring agreement.
2. Change the requirement for supervision to appear on the Public Register for new applicants as of April 8, 2017.

CARRIED.

15.0 Appointment of Committee Members to the Discipline and Fitness to Practise Committees
Motion 15.0

It is moved by Ms. Catherine Hecimovich and seconded by Ms. Theresa Stevens that:

Council moves that Mr. Daniel Negro and Mr. James Wernham be appointed to the College's Discipline and Fitness to Practise Committees.

CARRIED.

16.0 Standards Reviews Project – Status Report

Mr. Rod Hamilton, Associate Registrar, provided Council with an update on the status of the Standards Review project, noting staff anticipate it will be completed by the end of 2017.

17.0 Senior Physiotherapist Advisor Report

Ms. Fiona Campbell, Senior Physiotherapist Advisor, shared feedback from the College outreach events, provided an update on her role with Inquiries, Complaints and Reports Committee and Quality Assurance remedial



programs and presented new approaches developed to increase the efficiency of practice advice.

18.0 Proposed Regulation Governing the Performance of Diagnostic Interventions Update

The proposed Professional Misconduct Regulation changes that the College submitted to the Ministry of Health and Long-Term Care in 2011 have been withdrawn as a result of the government's delay in approving physiotherapists' authority to perform diagnostic interventions; Bill 179 continues to live.

19.0 President's Report

Mr. Mangoff provided a brief report of his key learnings from the 2016 Federation of State Board for Physical Therapists Annual Meeting.

20.0 Member's Motion

None.

21.0 Adjournment

It was moved by Ms. Zita Devan and seconded by Mr. Darryn Mandel that:

The Council meeting be adjourned.

CARRIED.

Mr. Mangoff adjourned the meeting at 2:16 p.m.

Stephen Mangoff, President

Meeting Date:	March 22-23, 2017
Agenda Item:	3
Issue:	Completion of Strategic Plan
Submitted by:	Shenda Tanchak, Registrar

Did we accomplish our goals and how does this contribute to the public interest?

Goal 1: Improve Protection of the Integrity of the Title Physiotherapist and the College Registration Number

This goal was intended to offer a better level of reassurance to patients and others that the services provided by physiotherapists are delivered with trustworthiness and integrity. Patients will seek the help that they need and are more likely to follow the advice of professionals they trust.

Our communications efforts have yielded an improved awareness that inappropriate business practices are a significant problem in the profession. This awareness has led to, or is in conjunction with, significant member support for standards with high expectations for member behaviour, as well as for clinic regulation. Committee actions demonstrate a trend towards increased intervention in inappropriate behaviour.

While it would be impossible to quantify the impact of the improvements, it would appear that this goal has been achieved (although there is significant potential for continued improvement).

Goal 2: Improve College Oversight of Physiotherapists' Use of Support Personnel/Assistants

This goal was adopted with a view to direct improvement in the quality and safety of patient care as the College became aware of increasing use of unregulated health care providers nominally or truly assisting physiotherapists. Improved ability for the College to exercise regulatory rigour over those using PTAs would offer patients the same sort of reassurance that they get in knowing that they are seeing a regulated health professional.

There is clear evidence of improved awareness of the requirements of use of PTAs. In addition to providing the College with information that will enable us to monitor compliance with expectations should the College determine this is necessary in future, the requirement to roster for the use of assistants will heighten the understanding of the obligation to provide appropriate supervision.

Goal 3: Ensure College Expectations Respond To The Evolving Environment

This goal was developed in recognition that the health care environment is changing quickly and that if the College Standards were not suitable, they would not offer adequate support for professionals or patients.

We undertook research about the current state of practice (“This is PT Now”), created a new prototype for Standards that better reflects member needs and will have amended all of our Standards and guidelines to ensure that they comply with current expectations of physiotherapy behavior. This goal was achieved.

Overview

No specific measures were established for the highest-level goals. Instead, we specifically measured the results of the tactics. The table below sets out the accomplishments at the tactical level.

Goal 1: Improve Protection of the Integrity of the Title Physiotherapist and the College Registration Number	
Tactics	Results
<p>T2: Improve Stakeholder Awareness of College Expectations</p> <p>The idea was that if we could ensure that physiotherapists and others knew what the rules were, that would be a first step in increasing adherence to those rules.</p>	<p>Awareness was measured by visits to relevant pages on our website and calls to our Practice Advisor (on the assumption that contact improves awareness)</p> <p>In 2016, compared to 2013:</p> <p>22% increase in average hits to website materials per quarter.</p> <p>31% increase in average hits to the public register per quarter.</p> <p>20% increase in average number of calls to Practice Advice per quarter.</p> <p>Note: In 2016/17, we had 40,000 document downloads in Q3 compared to the usual 7,000, related to the Jurisprudence Module. We count this as a tremendous asset in terms of increasing and ensuring awareness of expectations.</p> <p>See also T4, below which is expected to significantly contribute to awareness and understanding of Standards.</p>
<p>T5: Establish a Council Position of Zero Tolerance for Inappropriate Business Practices</p>	<p>Impact towards overall goals is measured by changes to Committee behavior and member awareness that inappropriate business practices are a matter of professional and ethical concern (which should</p>

<p>Statement adopted and used by Council, Committees and Communications as philosophical guidance.</p> <p>The expectation was that establishing a College philosophy of zero tolerance would have an impact on our communications strategy and enforcement, which would have a future impact on compliance with expectations.</p> <hr style="border: 1px solid gray;"/>	<p>reduce incidence for those who had previously been unaware or are afraid of getting caught).</p> <ol style="list-style-type: none"> 1. ICRC <ul style="list-style-type: none"> • The statement was built into the decision-making tool and was, therefore, used in evaluating outcomes from every investigation. • Since March 2014 there have been 9 hearings which included billing practices. All penalties included a reprimand – of the cases where we know the content of the reprimand (7)5 included reference to the zero tolerance statement. • May also have had an impact on severity of penalties – typically now 15 months, earlier cases around 6 months. 2. QAC <ul style="list-style-type: none"> • In 2013 the QAC did not initiate any SCERPs, make recommendations, or have discussions related to business practices (based on the minutes reviewed). • In 2015, 7 files included recommendations or other actions related to business practices, including one practice enhancement with a coach. 3. Communications strategy <p>In this sector we can measure activity, but not results: a minimum of 2 tweets per month on the topic. Facebook a minimum of one per month on the topic. Have included more than 20 articles in Perspectives related to the topic. PT awareness survey includes a question related to inappropriate business practices each year and has shown an increase of 5 % improvement in answering over the 3- year period.</p> 4. Practice Advice <p>In 2015, compared to 2013 - 100% increase in calls to the Practice Advisor related to use of registration</p>
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	<p>number and an 84% increase in calls related to inappropriate business practices.</p>
<p>T6: Increase Member Awareness of Strategic Issues</p> <p>Issues include: professionalism, accountability, use of title and registration number, oversight of assistants, and inappropriate business practices.</p> <p>As with T2, above, the concept was that increasing member awareness of the type of problems that arise in the profession would yield increased professionalism through peer pressure, mandatory reporting and improved personal performance.</p>	<p>The measure is performance of members on annual awareness quizzes conducted at the beginning and end of each communication cycle. Improved scores would demonstrate an overall heightened understanding of targeted issues. As well, participation increase steadily over the 4-year period showing improved College management.</p> <p>An additional measure is the number of PAS calls related to specific communications themes. Compared to 2013, there have been significant increases: Professionalism – increase by 44%, Accountability – increase by 42%, mandatory reports, making a complaint and third party payor issues - 44% increase in calls, use of title and registration number/inappropriate business practices – 25% reduction in calls, steady decline since introduction of zero tolerance statement, oversight of assistants – calls are up by 57%.</p>

<p>T9: Improved Entry to Practice Oversight and Requirements</p> <ul style="list-style-type: none"> a. Eliminate four month certificates and introduce pro-rated fees b. Explore a pre-registration jurisprudence and ethics test c. Explore revisions to the provisional practice category of registration d. Explore national alignment re good standing 	<p>Measures are set out below</p> <ul style="list-style-type: none"> a. The only measure established for T9a was completion of the activity. It is noteworthy, however, that there has been a significant reduction in admin time – and that we have potentially eliminated up to 10 people per year practicing after their certificate had expired (based on past practices). b. The measure for item T9b was also project completion. An impact measure is not possible because the exam will not be introduced until change in Registration Regulation. Anticipated impact is a higher level of awareness of professional standards at entry to practice, with resulting reduction in incidences of unethical business practices and other professionalism issues. c. Changes include elimination of ‘automatic’ renewal of provisional practice certificates for those who fail clinical exam and higher expectations for supervision of this category of registrant. Too soon to measure impact on patient care. Anticipated improvements to patient safety and quality of care. d. Incomplete: ongoing in partnership with Canadian Alliance of Physiotherapy Regulators (“CAPR”).
<p>T13: Explore the Regulation of Clinics</p> <p>Council approved a project to explore regulating the settings where care occurs that started with six partner colleges, and later grew to 13 formal partners and six with observer status.</p>	<p>The project was “exploration”, rather than implementation. The result was interest and ongoing dialogue from the Ministry of Health and the Health Professions Regulatory Advisory Council. Some action related to clinic regulation is anticipated.</p> <p>However, ancillary benefits are also noteworthy:</p> <ol style="list-style-type: none"> 1. <i>Collaborative Partnerships</i> that can be leveraged for future collaborations with other colleges. 2. <i>Stakeholder Engagement</i> - Through the formal consultation process, various communication

	vehicles (website, webinar, in-person meetings, written comments, Citizen’s Advisory Panel) there were over 10,000 contacts with stakeholders to receive input from regulated health professionals, patients, members of the public, clinic owners, and others.
Goal 2: Improve College Oversight of Physiotherapists’ Use of Support Personnel/Assistants	
Tactics	Results/Impact
<p>T1: Improve Transparency about PT/Assistant Activity at Point of Care</p> <p>The rationale behind this tactic was that if patients and other stakeholders were better aware of who was providing their treatment, they would be empowered to require or monitor appropriate consent, billing and supervision.</p>	<p>Measure is that specific changes were made to improve transparency:</p> <ul style="list-style-type: none"> • Use of PTAs indicated on invoices. • Use of PTAs appears on public register commencing with annual renewal this year.
<p>T4: Increase College Knowledge of Physiotherapists’ Use of Support Personnel/Assistants</p> <p>The expectation is that the more information the college has about where PTAs are used, and by whom, the better we will be able to ensure that their use is appropriate.</p>	<p>Measure is College’s ability to identify all PTs who use PTAs (to ensure ability to communicate directly with them). This is achieved through the annual renewal form and PTs began to roster for use of PTAs beginning with annual renewal this year.</p>
<p>T7: Improve the Relevance and Efficacy of College Standards</p> <p>The anticipated result of improved relevance and efficacy was that PTs would be more likely to go to the Standards for guidance, so the output measure is increased use of Standards by stakeholders. (see results for T2, above).</p>	<p>The input measure was improving the presentation and content of the standards to ensure they meet stakeholders’ needs.</p> <p>COMPAS did a phone and electronic survey of 1,600 PTs (about 20% of the membership at that time) on what they wanted/needed in Standards and the template was changed accordingly.</p> <p>Following extensive stakeholder consultation (advertising standard 580 responses, controlled acts 800 responses, PTA Standard, 1100 response – with about 2,500 comments in all), 3, significantly revised Standards began launching in 2016. All Standards to be reviewed and implemented by end of 2017.</p>

	<p>Not all Standards have been revised and it will be difficult to determine whether the Standards are used more often because they are better or because other efforts have increased traffic to the website.</p>
<p>T8: Improve Physiotherapists' Supervision and Monitoring of Support Personnel/Assistants</p> <p>This tactic should have a direct impact on patient safety and billing practices.</p>	<p>We cannot measure whether individual PTs are more effectively monitoring and supervising assistants, so instead the measure is the number of communication and education contacts with PTs, with expectation that clarity of expectations. The expectation is that increased familiarity with our requirements will improve supervision.</p> <p>The PTA Competency Checklist for working with assistants was launched in July 2016 and has received more than 1000 hits.</p> <p>The PTA Standard was revised and Practice Advise saw a 57% increase in calls and emails about working with a PTA. It has also been the main subject of a 2016/17 "roadshow" which about 1,000 PTAs, PTs and employers attended. It was also the primary subject of a webinar that was watched by 350 stakeholders live and, to date, by about 600 in archived format.</p> <p>The Supervision Standard contains the same expectations as the PTA Standard and is expected to be launched in April or May 2017.</p> <p>Note: At least one hospital has changed its scheduling practices to support PTs in meeting the Standard.</p>
<p>T11: Modernize and Improve Communications</p> <p>Modernization included moving primarily to email rather than paper communications, sending significantly fewer emails overall; including all important information in a monthly online newsletter with refreshed content; and introducing a variety of new communication channels such as YouTube videos, Twitter, Facebook and blog etc.</p> <p>The rationale for this tactic was that better methods of delivery of our messages would achieve a higher</p>	<p>The measure of effectiveness was the level of attention that our communications efforts achieved.</p> <p>See T2, above for impact measures.</p> <p>We maintained the average number of interactions with PTs per quarter (117,000+) despite a 68% reduction in the number of mass emails sent.</p> <p>Our newsletter open rates and click through rates remain very high:</p> <ul style="list-style-type: none"> • open rate ~ 70%

<p>level of penetration and understanding, leading to higher compliance levels.</p>	<ul style="list-style-type: none"> click through rate >30% - has been as high as 41% in November and 39% in January <p>98% reduction in the number of members who did not complete the mandatory, online, annual professional issues self-assessment questionnaire (PISA).</p> <p>Note also, a 44% increase in the average number of calls to Practice Advice compared to 2013.</p> <p>Note an unintended consequence of our improved communications appears to be a huge increase in the frequency of calls that we get that are physiotherapy, but not College-related. We appear to have positioned ourselves as the first place people contact for advice about physiotherapy.</p>
<p>Goal 3 : Ensure College Expectations Respond To The Evolving Environment</p>	
<p>Tactics</p>	<p>Results/Impact</p>
<p>T7: Improve the Relevance and Efficacy of College Standards</p>	<p>See above.</p>
<p>T11 Modernize and Improve the Communications Model</p>	<p>See above.</p>
<p>T12: Provide Enabling Technology, Equipment and Infrastructure Improvements</p> <p>Activity in this area has included, but is not limited to:</p> <ul style="list-style-type: none"> Technology improvements to enhance connectivity in the office and to facilitate staff working from home Review and improvement of HR practices Business process review of all program areas In-house recording capabilities 	<p>Various results demonstrate effectiveness:</p> <p>Decrease in per capita operating costs in three of the past four years while maintaining consistent or improved productivity and quality – present cost is \$545.57 per member. Down from \$577.37 in the first year of the strategic plan. In 2015/16 this was a savings of \$31.80 per member (or about \$270,490).</p> <p>As of April 2014 (when we landed on a reliable metric) 55% reduction in the average number of technology-related incidents per quarter (in first year) and a 46%</p>

<ul style="list-style-type: none"> • Development of in-house expertise in website management, exam delivery and website analytics <p>The rationale for this tactic was that developing an appropriate infrastructure would support our endeavors across all goals.</p>	<p>decrease (as compared against 1024) in the first 3 quarters of 2016.</p> <p>59% increase in the average number of staff education events per quarter in the first year and 50% increase in the first 3 quarters of 2016.</p>
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Decisions for Council

This item is for information only.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 5

Motion

**Council Meeting
March 22 – 23, 2017**

Agenda #5: By-law Review 2016/17

It is moved by

and seconded by

that:

Council approve the proposed revisions to the by-laws.

Meeting Date:	March 22-23, 2016
Agenda Item #:	5
Issue:	By-law Review 2016/17
Submitted by:	Rod Hamilton, Associate Registrar

Issue:

Council is asked to approve the proposed changes to the College's by-laws.

Background:

Council will recall that at its last meeting it reviewed a significantly revised version of the College's by-laws. Council provided advice on the content of the updated by-laws and in keeping with the requirements of the RHPA, sent them to the College's members and other stakeholders for input prior to final approval.

Council will also recall that although this year's review has been a substantial one, most of the changes to the by-laws were intended to clarify and simplify the language rather than make substantial policy changes.

In fact, of the hundreds of changes that were made to the by-law to shorten it and make it easier to read, only seven of these were significant policy changes that were specifically asked about in the consultation.

A summary of the feedback results on these seven issues is provided below.

Please note that the number of people who responded to the request for feedback on the by-laws is somewhat lower than is typical for standards (at the time of writing, 74 responses). The College made the same kind of efforts to communicate the opportunity to comment as we would have on any other consultation. However, there are some factors which we think may have contributed to the lower response rate:

- The complete by-law is a long and complex document to read and provide feedback upon
- Most of the specific changes upon which we sought feedback do not necessarily affect every member
- Even the changes that have the potential to effect most members (i.e. the fee changes) were not expected to have significant impact on most members (since they removed some fees and incorporated fees for services that not everyone uses)

It is also important to note that although the by-law was distributed to members and other stakeholders for feedback, most of the feedback came from College members. In fact, of the 73 people who responded to the question in which they were asked about themselves, 71 of them were College members. One was a member of another health profession and one was a member of the public.

Feedback obtained from the Consultation

1. Eligibility for election or appointment to Council

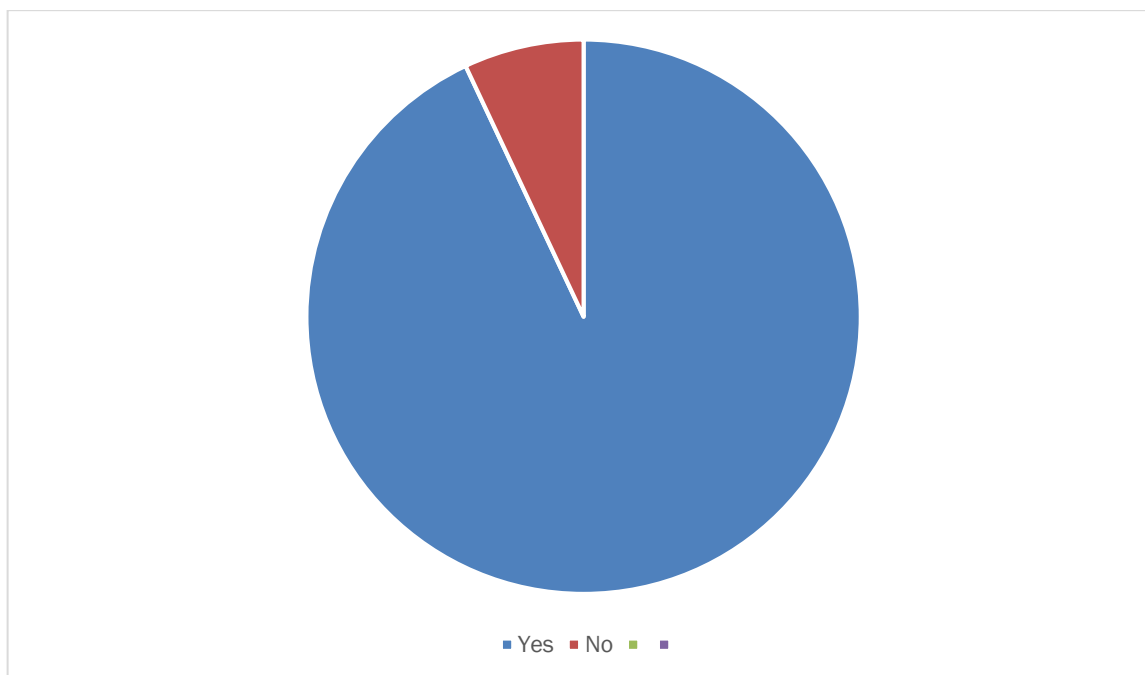
Relevant sections: By-law sections 3.1(8) Eligibility for Election and 3.2(2) Academic Councillor Eligibility

Council proposed to extend the list of criteria it uses to exclude members from either running for election as an elected member of Council or being appointed as an academic member of Council. The proposed additions included:

- Criminal Code or Health insurance Act offences in the prior three years
- Removal from Council in the prior three years
- Holding a position of responsibility with a competing organization in the prior year
- Participation in a legal proceeding against the College
- Having a SCERP, Caution or Undertaking in the previous three years

Feedback

73 people responded to the request for feedback on this issue. 68, or 93% agreed that the College should extend the list of criteria it uses to exclude people from running for or being appointed to Council:



Very few concerns were identified with the proposed change. The few concerns included the following:

- One person suggested that legal actions against the College should not be included because it might be a legitimate issue that prompted the case
- One person suggested that it was not fair to be excluded on the basis of SCERPs, Cautions or Undertakings on the register since these do not imply a guilty finding.

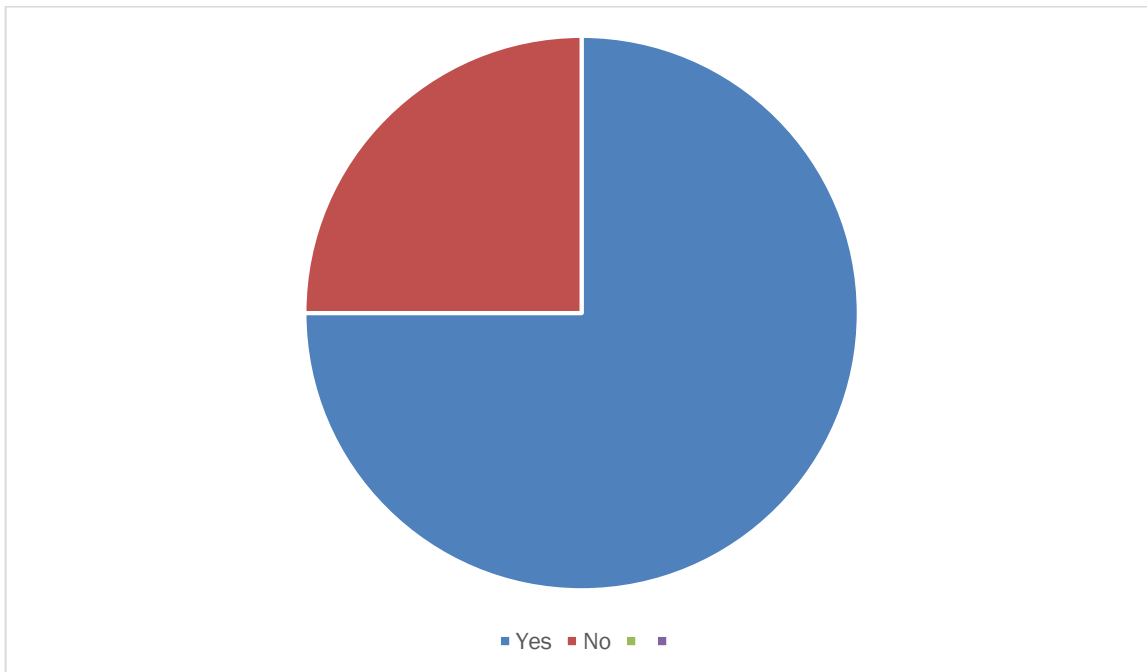
2. Eligibility to serve as a non-Council Committee member

Relevant section: By-law section 7.5 – Appointment of Non-Council Committee members

Council proposed to change its by-laws to allow it to appoint any qualified person to be a non-Council member of a committee.

Feedback

73 people responded to the request for feedback on this issue. 55, or 75% agreed that the College should have flexibility to appoint people who might not be members of the physiotherapist profession to its committees.



21 people made comments on this proposed change.

- 14 of those who commented noted their belief that College committee membership should still include at least 50% physiotherapists to ensure that the profession retained self-governance.
- The remainder noted the importance of having additional input into committees or a desire to ensure that people were appointed to committees on the basis of clear criteria.

3. Code of Conduct to be incorporated into College By-laws

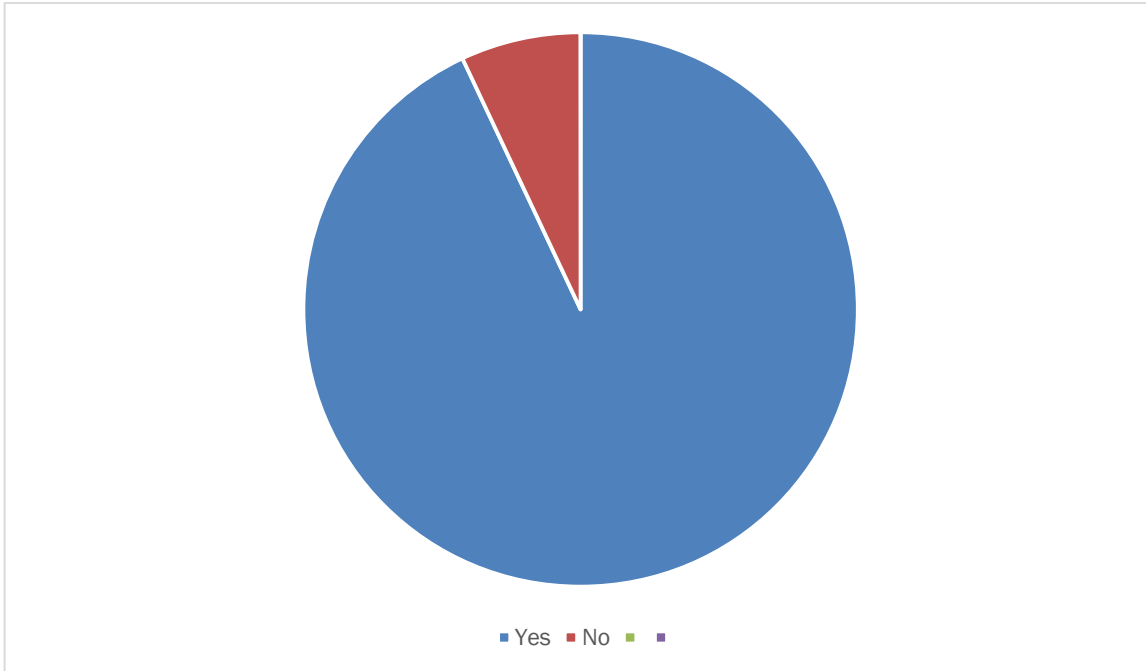
Relevant sections: By-law section 5.2 – Code of Conduct for Councillors and non-Council Committee Members, By-law Appendix C – Code of Conduct.

Council incorporated a requirement into the by-laws that will require Councillors and non-Council Committee members to comply with the College's code of conduct. The Code itself would also be moved to the by-laws

as an appendix. This expectation was previously in the College's governance policies however legal advice suggested it would be more enforceable in the by-laws.

Feedback

72 people responded to the request for feedback on this issue. 67, or 93% agreed that the Code of Conduct should be incorporated into the College's by-laws.



Only one person identified a concern with this proposal. This person was quite concerned and suggested that the desire to incorporate the Code of Conduct into the by-laws was motivated by a desire on the part of some Councillors to silence the physiotherapist members of Council who speak out against the status quo. This person suggests the change will create even more friction between the College and the profession.

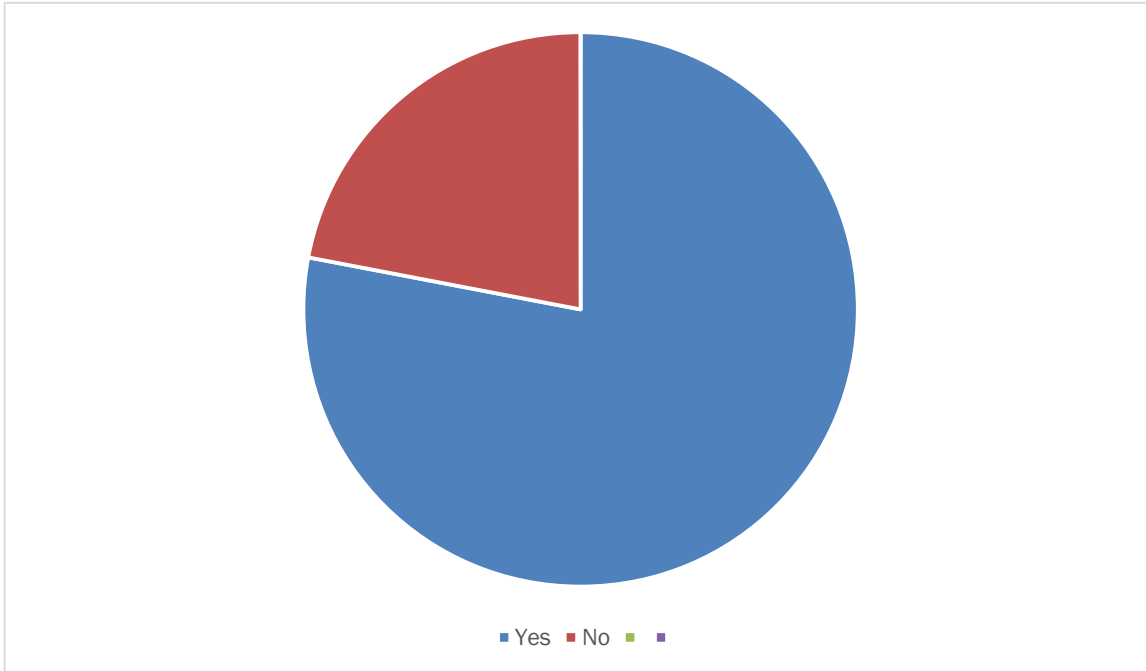
4. Sexual Abuse Awareness Training

Relevant section: By-law section 5.3 – Sexual Abuse Awareness Training for Councillors and non-Council Committee members

Council incorporated a requirement for Councillors and non-Council Committee members to take sexual abuse awareness training in order to be prepared to deal with any sexual abuse matters that come to committees.

Feedback

68 people responded to the request for feedback on this issue. 53, or 78% agreed that the College should require its Councillors and non-Council committee members to take sexual abuse awareness training.



17 people offered comments on this proposal:

- The majority of comments recognized the value or necessity of such training and some expressed surprise that it was not already required
- 4 people questioned the value and utility of the training on the assumption that councillors would already be aware of such issues

5. Removal of some College Fees

Relevant sections: 8.4 – Registration Fees, 8.6 – Fees General, 9.2 – Professional Corporation

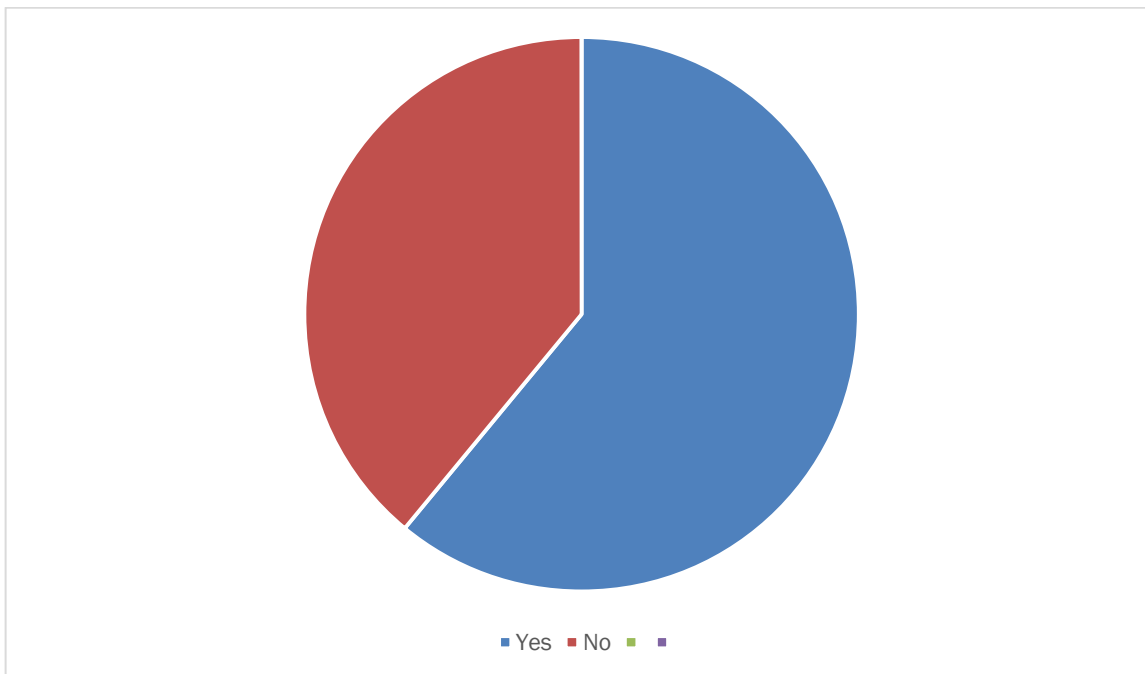
Council proposed to stop charging members for certain services the College offers. This is the list of the changes:

Product or Service	Current Cost	Recommended Change to fee (if any)
Duplicate Tax Receipts	\$5.00	Remove Fee. Process of providing tax receipts is not labor intensive.
Notice fee – failure to provide information	\$50.00	Remove Fee. Process of providing notice is not labor intensive although many colleges do charge a similar fee.

Product or Service	Current Cost	Recommended Change to fee (if any)
Notice fee – T.C.Ls	\$500.00	Remove Fee. Process of providing notice for TCLs is not labor intensive. Most colleges do not charge this fee and lawyer is concerned that this fee looks punitive.
Professional Corporation – notice fee	\$50.00	Remove Fee. Process of providing notice is not labor intensive although many colleges do charge a similar fee.
Professional Corporation certificate – after first one	\$25.00	Remove Fee. Additional requests for certificates are extremely rare.

Feedback

69 people responded to the request for feedback on this issue. 42, or 61% agreed that the College should remove these fees.



A number of people commented on the proposed changes. Of the 16 people who commented, all but 2 were concerned that the removal of these fees might have an impact on the general membership fee and were opposed to the change on that basis.

6. New College Fees

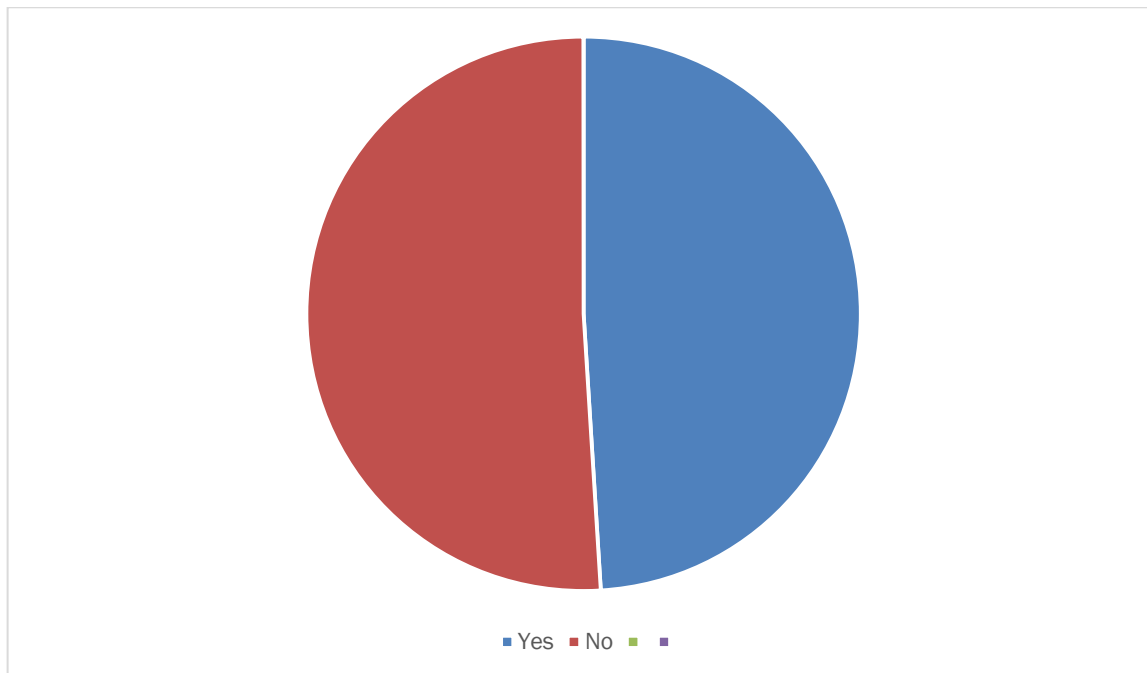
Relevant sections: 8.4 – Registration Fees, 8.6 – Fees General

Council proposed to begin charging members for certain services the College offers. This is the list of the changes:

Product or Service	Current Cost	Recommended Change to fee (if any)
Data Request	Not in by-laws – current charge cost recovery	Add to by-law. Continue with cost recovery
Letters of Professional Standing	Not in by-law – no charge currently	Add to by-law. \$50.00 fee proposed, which is generally consistent with other Colleges and apparent workload costs.
Returned Cheque/credit card	Not in by-laws – No current charge	Add to by-law. \$50.00 fee proposed, which is generally consistent with other Colleges and apparent workload costs.
Wall Certificates	Not in by-law. Currently charge \$25.00	Add to by-law. \$25.00 fee proposed, which is generally consistent with other Colleges and apparent workload costs.

Feedback

67 people responded to the request for feedback on this issue. 33, or 49% agreed that the College should begin charging these fees and 34, or 51% did not agree with the proposal.



18 people offered comments on the proposal. These comments fell into the following categories:

- A number of people were opposed to the idea of the charge for wall certificates and suggested alternatives such as sending people a PDF version that they could print themselves without a fee

- A number of other people suggested that the actual amounts of the fees were too high (however these comments were offset by the views of others who suggested they were too low)

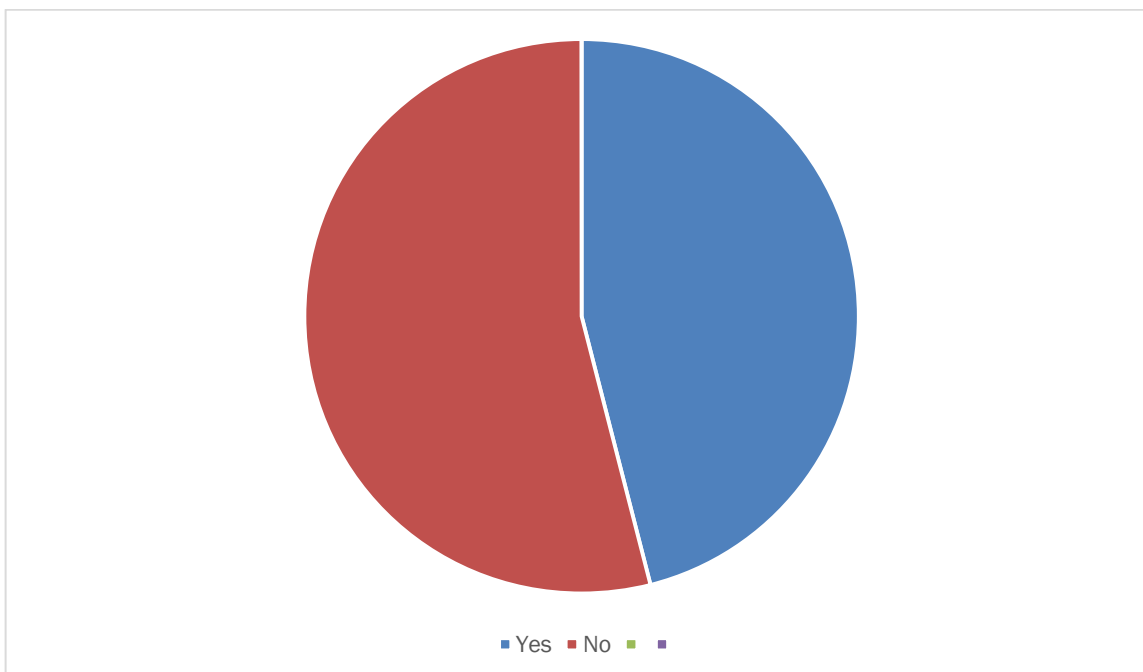
7. Interpretation of Application Fee

Relevant section: 8.4 – Registration Fees

Council proposed to require people who apply for College registration to pay a \$100 application fee for each application that is made. In other words, rather than have the application fee apply to multiple applications made, each new application would require a new application fee (this fee would not apply to renewals).

Feedback

67 people responded to the request for feedback on this issue. 31, or 46% agreed that the College should charge for each application and 36, or 54% did not agree with the proposal.



14 people offered comments on the proposal. Based on the comments, it was clear that many of the respondents were not clear on the intent of the proposal. It appeared that many people interpreted the proposal as something that would apply to every College member each year (i.e. as a part of the renewal process) and they were opposed to it on this basis. Those who voted in favour of the proposal appear not to have felt the need to make comments about it.

In retrospect, it is clear that more explanation on the proposed change would have been useful to some readers.

Summary of Feedback

Based on the feedback received, there is no strong general opposition to the majority of the policy-based proposals. However, some people do have concerns which do not appear to be broadly shared by the profession and there is some concern about the possibility of erosion of self-governance if Council were to use its new authority to appoint too many non-physiotherapists to its committees.

With respect to the fee changes, there is some opposition to the fee changes but the opposition that does appear seems to be based on concerns about how the changes to the fees will actually affect membership fees.

It should be noted that the revenue that the College obtains from the kinds of fees that are being changed is only a tiny portion of its total revenue (less than 1%) and is unlikely to have any impact on registration fees.

Based on the overall tenure of the feedback, there do not seem to be any issues that require substantial reconsideration in the by-law itself.

Decision Sought:

That Council approve the proposed revisions to the by-laws.

Attachments:

Appendix 1 - College By-laws – Proposed Amendments, 2016/17



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

2017

**Official By-Laws of
The College of Physiotherapists of Ontario/ L'Ordre
des Physiothérapeutes de l'Ontario**

Official By-Laws of The College of Physiotherapists of Ontario/ L'Ordre des Physiothérapeutes de l'Ontario

Proposed Revision for consideration by Council March 2017

Made pursuant to section 94 of the *Health Professions Procedural Code* (being Schedule 2 of the *Regulated Health Professions Act, 1991*)

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Official By-Laws of the College of Physiotherapists of Ontario

Revised June 21, 2012.

Amended February 28, 2013; June 20, 2013; December 6, 2013; March 6, 2014; June 27, 2014; December 19, 2014; March 26, 2015; June 23, 2015; December 18, 2015.

All previous by-laws relating to the administration of the affairs of the College are hereby repealed and replaced with this by-law.

Part 1—Definitions

DEFINITIONS

1.1. In these by-laws, unless otherwise defined or required by the context:

- (a) “Academic Councillor” means a Councillor who is selected from a faculty of physiotherapy or physical therapy of a university in Ontario in accordance with section 3.2 of these By-laws and section 6(1)(c) of the Act;
- (b) “Act” means the *Physiotherapy Act, 1991*;
- (c) “Associate Registrar” means a senior employee of the College with signing authority as set out in the By-laws and policies of the College;
- (d) “Auditor” means the person or firm appointed under subsection 2.7 (1) of the By-laws;
- (e) “By-laws” means the By-laws of the College;
- (f) “Chair” means the person designated to preside over meetings of Committees or panels of Committees of the College;
- (g) “Code” means the Health Professions Procedural Code, being Schedule 2 to the RHPA;
- (h) “College” means the College of Physiotherapists of Ontario (l’Ordre des Physiothérapeutes de l’Ontario);
- (i) “Committee” means a committee mentioned in Part 7 of these By-laws and includes those committees set out in section 10 of the Code;
- (j) “Council” means the Council of the College established by section 6 of the Act;
- (k) “Councillor” means a member of Council and includes an Elected Councillor, an Academic Councillor and a Publicly-Appointed Councillor;
- (l) “Elected Councillor” means a Councillor who is a Member and who is elected or appointed in accordance with section 3.1 of these By-laws;
- (m) “Fiscal Year” means April 1 to March 31;
- (n) “Mail” means regular postal mail, courier mail, facsimile, or email;
- (o) “Member” means a member of the College as set out in section 13 of the Code;
- (p) “Minister” means the Minister of Health and Long-Term Care;

- (q) “Non-Council Committee Member” means a person who is not a Councillor and who is appointed to serve on a Committee in accordance with section 7.5 of these By-laws;
- (r) “Place of Practice” means any location where the Member practises physiotherapy and includes any location or facility where records related to the Member’s practice are stored;
- (s) “President” means the President of Council and Chair of the Executive Committee;
- (t) “Publicly-Appointed Councillor” means a Councillor who is appointed by the Lieutenant Governor in Council in accordance with section 6(1)(b) of the Act;
- (u) “Registrar” means the Registrar of the College as required by the Code and as further described in section 2.10 of these By-laws;
- (v) “Regulations” mean the regulations under the RHPA and the Act;
- (w) “RHPA” means the *Regulated Health Professions Act, 1991*, and includes the Code;
- (x) “Signing Officer” means the Registrar, Associate Registrar(s), President and Vice-President; and
- (y) “Vice-President” means the Vice-President of Council.

Part 2—College Administration

SEAL



- 2.1. The seal depicted on the right is the seal of the College.

BANKING

- 2.2. (1) Council shall appoint one or more Canadian banks chartered under the Bank Act (Canada) for the use of the College.
- (2) All money belonging to the College shall be deposited in the name of the College, at such banks without deduction for any purpose whatsoever.
- (3) A staff member designated by a Signing Officer of the College may endorse a negotiable instrument for collection on account of the College through the bank or for deposit to the credit of the College with the bank.

BORROWING

- 2.3. (1) The President or Vice-President, together with the Registrar and such other officer or person as may be authorized by resolution of Council, may:
- (a) borrow money on the credit of the College;
- (b) limit or increase the amount or amounts that may be borrowed;
- (c) issue, sell or pledge debt obligations of the College, including without limitation bonds, debentures, notes or similar obligations of the College, whether secured or unsecured; and
- (d) charge, mortgage, hypothecate or pledge all or any currently owned or subsequently acquired real or personal, moveable or immovable property of the College, including book debts, rights, powers, franchises and undertakings, to secure any such debt obligations or any money borrowed or other debt or liability of the College.

INVESTMENT

- 2.4 The Registrar may invest or reinvest funds of the College in keeping with the financial policies of the College.

CONTRACTS AND EXPENDITURES

- 2.5.** (1) Council shall approve annually,
- (a) an operating budget for the College for each Fiscal Year; and
 - (b) a capital budget for the College for each Fiscal Year.
- (2) One or more Signing Officers may obtain services for the benefit of the College as set out in the financial policies of the College.
- (3) One or more Signing Officers may authorize the purchase or lease of capital goods for the benefit of the College as set out in the financial policies of the College.
- (4) One or more Signing Officers may sign or authorize a cheque, electronic funds transfer or other document with financial implications for the College as set out in the College's financial policies as approved by Council.
- (5) A Signing Officer of the College must conduct his or her duties as set out in the College's financial policies as approved by Council.

OTHER DOCUMENTS (Revised March 6, 2014)

- 2.6.** (1) A Signing Officer may impress the seal of the College upon a document if the seal is required.
- (2) The Registrar, or one of the College's Associate Registrars when designated by the Registrar, may sign notices and other documents on behalf of any Committee of the College, except where otherwise provided by law.
- (3) No person shall sign or seal a document affecting the College unless authorized by the Act, the Regulations or these By-laws.

AUDIT (Revised March 6, 2014)

- 2.7.** (1) Council shall appoint annually one or more Auditors who are licensed under the *Public Accounting Act, 2004* to audit the College's financial statements.
- (2) Financial statements for the College shall be prepared at the close of each Fiscal Year and audited financial statements, together with the Auditor's report, shall be presented annually to Council.
- (3) The Auditor shall serve for a term of one year, but if an appointment is not made the Auditor shall continue to serve until a successor is appointed.
- (4) The Auditor may be re-appointed provided that the Auditor does not serve for more than five consecutive one-year terms.
- (5) If the Auditor is unable to continue his or her duties or in the event Council is dissatisfied with the Auditor, Council may appoint a new Auditor.
- (6) Council shall cause the performance of the Auditor to be evaluated on an annual basis and shall take such evaluation into account when considering the re-appointment of the Auditor.
- (7) Council shall set the remuneration of the Auditor and confirm the appointment and remuneration in writing.

- (8) The Auditor has a right of access at all reasonable times to all records, documents, books, accounts and vouchers of the College and is entitled to require from the Councillors, officers and employees and relevant payees of the College such information as in his or her opinion is necessary to enable him or her to report as required by law or under this section.
- (9) The Auditor is entitled to attend any meeting of Council and to be heard at any such meeting that he or she attends on any part of the business of the meeting that concerns him or her as Auditor. The Registrar shall provide reasonable notice of every Council meeting to the Auditor for this purpose.

BY-LAWS (Revised March 6, 2014)

- 2.8.** (1) The making, amending or revoking of a by-law shall be determined by a majority vote of the Councillors present and voting. Advance notice is required for all motions or resolutions applying to the making, amending or revoking of a by-law.
- (2) Proposed By-laws made under the authority of clauses (l.2), (l.3), (s), (t), (v), (w) or (y) of subsection 94 (1) of the Code shall be circulated to every Member at least 60 days before they are approved by Council.
 - (3) Every by-law shall be signed by the President or Vice-President and by the Registrar.
 - (4) Every by-law, including every amendment and revocation, shall be maintained in the College's records.
 - (5) The College shall provide copies of By-laws to the Minister and each Member and make them available to the public during normal business hours as set out in section 94 of the Code.

MEMBERSHIP IN ASSOCIATIONS (Revised March 6, 2014)

- 2.9.** (1) The College shall maintain membership in the Canadian Alliance of Physiotherapy Regulators to ensure opportunity for networking and issue development related to national physiotherapy regulatory matters. This shall include,
- (c) payment of the annual or other fees,
 - (d) regular representation at business meetings by the President, or a person designated by the President in consultation with the members of the Executive Committee, and
 - (e) representation on working groups and at meetings by College members, College staff and Councillors as permitted by the by-laws of the Alliance and in keeping with conflict of interest provisions.
- (2) The membership referred to in subsection (1) shall not include representation on the Evaluation Services Committee or any related subcommittees.
 - (3) The College may maintain memberships in any organizations that are of benefit to the College, and shall pay the annual fees and other fees required for the memberships.

THE REGISTRAR

- 2.10.** (1) The Registrar is the chief executive officer of the College.

- (2) The Registrar is subject to the direction of Council and between meetings, the related guidance of the Executive Committee and the President.
- (3) If the office of the Registrar becomes vacant, Council or the Executive Committee shall appoint an employee of the College to act as interim Registrar.
- (4) In circumstances where Council or the Executive Committee is not able to meet promptly to make the appointment referred to in subsection (3) the President may appoint an employee of the College to act as interim Registrar. This appointment is subject to the ratification of Council or the Executive Committee.
- (5) During absences, the Registrar may appoint, in writing, a senior employee of the College to act as the interim Registrar.
- (6) The Registrar has the powers and responsibilities and shall perform the duties set out in the RHPA, the Act, the Regulations and the By-laws and the policies approved by Council.
- (7) An interim Registrar has all of the powers and responsibilities and shall perform all of the duties of the Registrar.

MANAGEMENT OF COLLEGE PROPERTY

- 2.11.** The Registrar shall maintain responsibility for the management and maintenance of all College property.

RELATIONSHIPS WITH EXTERNAL ORGANIZATIONS

- 2.12.** (1) Any proposal for a relationship with an external organization, grant proposal or funding request made by the College shall be consistent with the RHPA, the Act, the Regulations and the By-laws and the policies approved by Council.
- (2) The Registrar shall assume responsibility for monitoring relationships with external organizations and for the use of any grant or other money received.

Part 3—Election or Appointment of Councillors

ELECTIONS

Electoral Districts (Revised March 6, 2014)

- 3.1.** (1) The following electoral districts are established for the purpose of the election of members to Council:
- (a) Electoral district 1 (the south western electoral district): composed of the counties of Bruce, Elgin, Essex, Grey, Huron, Lambton, Middlesex and Oxford and Perth, and the municipality of Chatham-Kent.
 - (b) Electoral district 2 (the central western electoral district): composed of the counties of Dufferin and Wellington, the regional municipalities of Niagara and Waterloo, and the municipalities of the City of Hamilton, Haldimand County, Norfolk County, the County of Brant, and Brantford.
 - (c) Electoral district 3 (the central eastern electoral district): composed of the counties of Haliburton, Northumberland and Peterborough, the regional municipalities of Durham and York, and the municipality of the City of Kawartha Lakes.
 - (d) Electoral district 4 (the eastern electoral district): composed of the counties of Frontenac, Hastings, Lanark, Lennox and Addington, Renfrew, Leeds and Grenville, Prescott and Russell and Stormont, Dundas and Glengarry, and the municipalities of the City of Ottawa and Prince Edward County.
 - (e) Electoral district 5 (the northern electoral district): composed of the city of Greater Sudbury, the districts of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Parry Sound, Rainy River, Sudbury, Thunder Bay and Timiskaming and the District Municipality of Muskoka.
 - (f) Electoral district 6 (the Toronto west electoral district): composed of the City of Toronto to the west of the centre of Yonge Street.
 - (g) Electoral district 7 (the Toronto east electoral district): composed of the City of Toronto to the east of the centre of Yonge Street.
 - (h) Electoral district 8 (the central electoral district): composed of the county of Simcoe and the regional municipalities of Halton and Peel.
- (2) If it is unclear to which electoral district a Member should be assigned, the Registrar may assign the Member to one of the electoral districts.
- (3) The counties, regional municipalities, districts, district municipalities, and single-tier municipalities described in this section are those that existed as of October 19, 2016 and the geographical territory of each electoral district shall be interpreted to ensure that all parts of Ontario fall into one of the above counties, united counties, regional municipalities, district municipalities, cities and districts. For greater certainty, separated municipalities found within the geographical territory of counties will fall within the electoral district of the county.

Entitlement to Vote

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

Number of Members Elected

- (5) One Member shall be elected to Council for each electoral district.

Term of Office

- (6) The term of office of an Elected Councillor is approximately three years, commencing with the first regular Council meeting after the election and expiring when his or her successor takes office after the next election in his or her electoral district, unless the Councillor resigns, dies, is disqualified as set out in subsection 25 or is removed from office in accordance with the Code of Conduct.

Election Date

- (7) (a) There shall be an election,
- (i) for south western and central western electoral districts, in 2019 and every third year thereafter,
 - (ii) for central, eastern and northern electoral districts, in 2017 and every third year thereafter, and
 - (iii) for central eastern and Toronto east and west electoral districts, in 2018 and every third year thereafter.
- (b) An election shall be held on the third Wednesday in April.
- (c) If there is an interruption in Mail service or in access to the electronic voting system during a nomination or election, the Registrar shall extend the holding of nominations and the election for such minimum period of time as the Registrar considers necessary to compensate for the interruption.

Eligibility for Election

- (8) A Member is eligible for election to Council for an electoral district if:
- (a) the Member is entitled to vote in an election in accordance with subsection (4);
 - (b) at all times between the 90th day before the election and the date of the election:
 - (i) the Member continues to practise or reside in Ontario;

- (ii) the Member's home address registered with the College continues to be in the electoral district for which the election is being held or, if the Member resides outside Ontario, the Member's primary business address is in the electoral district for which an election is being held;
- (iii) the Member is not in default of any obligation to the College under the Regulations or the By-laws; and
- (iv) the Member is not the subject of Discipline or Fitness to Practise proceedings;
- (c) the Member has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated in the six years before the election;
- (d) the Member's certificate of registration has not been revoked or suspended for professional misconduct, incompetence or incapacity at any time in the six years immediately before the election;
- (e) the Member has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act*;
- (f) the Member's certificate of registration has not been subject to a term, condition or limitation other than a term, condition or limitation prescribed by the Regulations in the six years before the election;
- (g) the Member has not been found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Member's suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
- (h) the Member has not been disqualified or removed from Council in the three years before the election;
- (i) the Member is not and has not been in the 12 months before the election, a director, officer, committee member, employee, or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
- (j) the Member does not hold and has not held in the 12 months before the election, a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
- (k) the Member is not a participant (other than on behalf of the College) in a legal action or application against the College;
- (l) the Member does not have a current notation on the register of a caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
- (m) the Member is not and has not been in the 12 months before the election an employee of the College; and
- (n) the Member discloses all potential conflicts of interest in writing to the Registrar within five business days of being nominated and either does not have a conflict of interest to serve as a Councillor or has agreed to remove any such conflict of interest before taking office.

- (9) Any disputes about a person’s eligibility for election shall be determined by the Executive Committee. If the Executive Committee determines that a Member is ineligible for election, the Member may appeal that decision to Council and Council’s determination shall be final, without appeal.

Notice of Election and Nominations (Revised March 6, 2014)

- (10) At least 90 days before the date of an election, the Registrar shall send by Mail to every Member entitled to vote in an election a notification that an election will be held to elect a Councillor and detailed instructions about the nomination procedure.

Nomination Procedure (Revised March 6, 2014)

- (11) (a) A Member who is eligible for election to Council may be nominated for election in an electoral district if the Member:
- (i) is nominated by a Member who is entitled to vote in the election and if the nomination is:
 - (A) in the form and manner required by the Registrar; and
 - (B) received by the Registrar no later than two o’clock in the afternoon Eastern Standard Time on the date set by the Registrar; and
 - (ii) consents to the nomination.
- (b) A candidate in an election may withdraw his or her candidacy by notifying the Registrar of the withdrawal in writing within ten days of the date set by the Registrar.
- (12) (a) At the close of the nomination period, if no candidates eligible to be nominated in an electoral district have been nominated, the Registrar shall establish a new election schedule, including, where necessary, a new date for the election.
- (b) The new election schedule may permit two additional calls for nomination, after which time the office of the Councillor will be declared vacant in accordance with subsection (22) (c).

Acclamation

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

Administration (Revised March 6, 2014)

- (14) (a) The Registrar shall supervise the nomination and election of Elected Councillors.
- (b) The Registrar shall appoint an independent electronic voting organization to administer the voting process and the counting of electronic ballots.
- (c) All questions arising in the counting of ballots, the recording of results or the determination of the result shall be decided by the Registrar.
- (d) Where the By-laws do not address an issue, the Registrar shall use his or her best judgment to ensure that the election is fair and democratic.

Voting (Revised March 6, 2014)

- (15) (a) Except for an election in which the Registrar has declared a candidate elected to Council by acclamation, the Registrar shall, at least 30 days before the date of an election, send by Mail to every Member entitled to vote in the election:
 - (i) access to an electronic ballot listing all eligible candidates;
 - (ii) instructions for voting, including information on the electronic voting process; and
 - (iii) suitable biographical information about each candidate and any statement from each candidate in accordance with the College's governance policies as approved by Council.
- (b) The electronic ballot shall contain the name of each candidate in random order.
- (c) A Member entitled to vote in the election and who does not, for any reason, obtain access to an electronic ballot may ask the Registrar for replacement access to an electronic ballot and the Registrar shall provide the Member with such access provided the request is received at least 48 hours before the election day.
- (16) A Member may cast only one vote in an election for the electoral district in which the Member is entitled to vote.
- (17) Only electronic ballots cast by two o'clock in the afternoon Eastern Standard Time shall be counted.

Counting Votes (Revised March 6, 2014)

- (18) (a) The electronic voting organization appointed by the Registrar shall accept electronic ballots until two o'clock in the afternoon Eastern Standard Time on the election day and, promptly after that time, shall:
 - (i) count and record the total number of votes cast and the number of votes cast for each candidate in each election;
 - (ii) subject to paragraph (b), determine the candidates who received the highest number of votes in each election; and
 - (iii) provide a report of the voting results to the Registrar.
- (b) If two or more candidates receive the same number of votes in an election, the Registrar shall have the votes recounted.
- (c) The counting of the electronic votes shall be secret and conducted so that no person knows for whom any Member voted.

By-election Where a Tie Occurs (Revised March 6, 2014)

- (19) (a) If following the recount in subsection (17) (b), two or more candidates have received the same number of votes in an election, the Registrar will hold a by-election in the electoral district in which the tie occurred.
- (b) The candidates in the by-election shall be only those candidates who were tied.

- (c) The by-election shall be held in accordance with the procedures for a general election, with necessary modifications as determined by the Registrar.
- (d) In the event that the by-election results in a tie, the Registrar shall select by random draw one name from the names of the candidates who were tied and the Registrar shall declare that person to be elected.

Documentation and Notification of Results (Revised March 6, 2014)

- (20) (a) Promptly after receiving the report of the voting results from the electronic voting organization, the Registrar shall:
 - (i) sign a copy of the report and retain the report in the College’s records;
 - (ii) declare the name of the candidate elected in each election; and
 - (iii) inform:
 - (A) each candidate of the results of the election and the right to seek a report from the electronic voting organization in accordance with subsection 21;
 - (B) Council and the Members of the results of the election; and
 - (C) each elected candidate of the time and place of the first regular Council meeting following the election.
- (b) For each election, the Registrar shall require the electronic voting organization to retain an electronic record of all electronic ballots.
- (c) Unless the results of an election are challenged, the Registrar shall direct the electronic voting organization to destroy all ballots and other material from the election 31 days after the election.

Validity of Election and Inquiries (Revised March 6, 2014)

- (21) (a) Within 30 days of being notified of the results of the election, a candidate may make a written request to the Registrar, together with a payment of \$150 to the College, to obtain a report from the electronic voting organization to review the validity of the voting and counting process.
- (b) The Registrar shall report to Council at its first meeting following any request for a report under paragraph (a), and Council shall,
 - (i) if satisfied with the results, take no further action; or
 - (ii) decide to hold an inquiry under subsection (22).
- (22) (a) If Council is of the opinion that there is a reasonable ground for doubt or dispute as to the validity of the election of any Councillor, Council shall hold an inquiry and decide whether the election of the Councillor is valid and, if an election is found to be invalid, Council shall direct another election to be held.
- (b) No election is invalid merely because a person has not strictly complied with a requirement of this by-law.

Vacancies

- (23) (a) If an Elected Councillor dies, resigns, is disqualified or is otherwise removed from Council, the President shall declare the office of the Councillor to be vacant.
- (b) If, during an election for Council, no candidates eligible for nomination in an electoral district have been nominated after two additional calls for nominations, despite subsection (7) (d), the President shall declare the office of the Councillor to be vacant.

Filling Vacancies

- (24) (a) If the office of an Elected Councillor is declared to be vacant and the remainder of that Councillor's term is less than one year, Council shall:
- (i) leave the office vacant; or
 - (ii) appoint a successor from among the Members who would be eligible for election if an election were held.
- (b) If the office of an Elected Councillor is declared to be vacant as a result of subsection (23) (b), Council shall appoint a successor from among the Members who would be eligible for election if an election were held.
- (c) If the office of an Elected Councillor is declared to be vacant as a result of subsection (23) (a) and the remainder of the term of the Councillor whose office became vacant is more than one year, the Registrar shall hold a by-election for the electoral district.
- (d) A by-election to fill a vacancy on Council shall be held on a date set by the Registrar and the President.
- (e) A by-election shall be held in accordance with the procedures for a general election, with necessary modifications as determined by the Registrar.

Disqualifications

- (25) (a) An Elected Councillor is disqualified from sitting on Council if the Councillor:
- (i) ceases to be a Member;
 - (ii) no longer practises physiotherapy in Ontario or is no longer a resident of Ontario;
 - (iii) is in default of any obligation to the College under the Regulations or the By-laws for over 60 days;
 - (iv) becomes the subject of Discipline or Fitness to Practise proceedings;
 - (v) is found guilty of professional misconduct, to be incompetent, or to be incapacitated;
 - (vi) is found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Elected Councillor's suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
 - (vii) remains or becomes a director, officer, committee member, employee, or holder of any position of decision-making influence of any organization of

- physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
- (viii) is found to be mentally incompetent under the *Substitute Decisions Act, 1992* or *Mental Health Act*;
 - (ix) continues to hold or assumes a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - (x) becomes a participant (other than on behalf of the College) in a legal action or application against the College;
 - (xi) has a notation posted on the register of a caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
 - (xii) fails to attend two consecutive regular meetings of Council without good reason in the opinion of Council; or
 - (xiii) fails, in the opinion of Council, to discharge properly or honestly any office to which he or she has been elected or appointed.
- (b) An Elected Councillor does not become disqualified from sitting on Council merely because his or her home address registered with the College ceases to be in the electoral district for which he or she was elected.
 - (c) Subsections (25) (a) (i), (iv), (v), (vi) and (viii) shall result in automatic disqualification.
 - (d) Subsections (25) (a) (ii), (iii), (vii), (ix), (x), (xi), (xii) and (xiii) shall result in a vote by Council regarding disqualification of the Councillor.

ACADEMIC COUNCILLORS (Revised June 21, 2012)

- 3.2.** (1) For the purposes of section 6 (1) (c) of the Act, two Members who are members of a faculty of physiotherapy or physical therapy of a university in Ontario shall be selected in accordance with this section to serve on Council as Academic Councillors.
- (2) A Member is eligible to serve on Council as an Academic Councillor if:
- (a) the Member holds a certificate of registration authorizing independent practice;
 - (b) the Member is not in default of any obligation to the College under the Regulations or the By-laws;
 - (c) the Member is not the subject of a Discipline or Fitness to Practise proceeding;
 - (d) the Member has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated at any time in the six years before the date of the selection;
 - (e) the Member's certificate of registration has not been revoked or suspended for professional misconduct, incompetence or incapacity at any time in the six years immediately before the selection;
 - (f) the Member has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992* or the *Mental Health Act*;

- (g) in the six years before the selection, the Member’s certificate of registration has not been subject to a term, condition or limitation other than one prescribed by regulation;
 - (h) the Member has not been found guilty of an offence under the Criminal Code or the Health Insurance Act that is relevant to the Member’s suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
 - (i) the Member has not been disqualified or removed from Council in the three years before the election;
 - (j) the Member is not a director, officer, committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - (k) the Member is not a participant (other than on behalf of the College) in a legal action or application against the College;
 - (l) the Member does not have a current notation on the register of a caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
 - (m) the Member does not hold a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College; and
 - (n) the Member discloses all potential conflicts of interest in writing to the Registrar within five business days of being nominated and either does not have a conflict of interest to serve as a Councillor or has agreed to remove any such conflict of interest before taking office.
- (3) One Member shall be selected from a university mentioned in Column 1 of the following Table in the corresponding years indicated in Column 2:

Column 1	Column 2
Queen’s University	2017 and thereafter every 7 and 8 years alternatively
University of Ottawa	2018 and thereafter every 8 and 7 years alternatively
University of Toronto	2020 and thereafter every 8 and 7 years alternatively
University of Western Ontario	2014 and thereafter every 7 and 8 years alternatively
McMaster University	2015 and thereafter every 8 and 7 years alternatively

- (4) An Academic Councillor shall be selected by Council in accordance with the above schedule at the first regular Council meeting following an election of Council and the Academic Councillor shall serve for a three-year term of office.
- (5) In a selection year for a university, the physical therapy or physiotherapy faculty at that university shall submit for Council approval the name of a Member who is willing and eligible to serve as a Councillor. The candidate may be any member of the physical therapy or physiotherapy faculty. If the university does not submit a name of an eligible candidate for Council’s approval in accordance with this section, Council may nevertheless select a Member that meets the above eligibility requirements from any faculty of physiotherapy or physical therapy of a university in Ontario.

- (6) If an Academic Councillor dies, resigns, is disqualified or otherwise removed from Council, an eligible replacement shall be selected to serve the remainder of the term of office from among the members of the faculty of physiotherapy or physical therapy from which the former Academic Councillor was selected.
- (7) An Academic Councillor selected under this section is disqualified from sitting on Council if the Academic Councillor:
 - (a) ceases to be a Member with a certificate of registration authorizing independent practice;
 - (b) no longer is a member of the faculty of physiotherapy or physical therapy from which he or she was selected;
 - (c) is in default of any obligation to the College under the Regulations or the By-laws for over 60 days;
 - (d) becomes the subject of a Discipline or Fitness to Practise proceeding;
 - (e) is found guilty of professional misconduct, to be incompetent, or to be incapacitated;
 - (f) is found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Academic Member's suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
 - (g) remains or becomes a director, officer, committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - (h) is found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act*;
 - (i) continues to hold or assumes a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - (j) becomes a participant (other than on behalf of the College) in a legal action or application against the College;
 - (k) has a notation posted on the register of a caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
 - (l) fails to attend two consecutive regular meetings of Council without good reason in the opinion of Council; or
 - (m) fails, in the opinion of Council, to discharge properly or honestly any office to which he or she has been selected or appointed.
- (8) Subsections (7)(a), (b), (d), (e), (f) and (h) shall result in automatic disqualification.
- (9) Subsections (7)(c), (g), (i), (j), (k), (l) and (m) shall result in a vote by Council regarding the disqualification of the Councillor.

DECLARATION OF OFFICE

- 3.3** (1) A person elected, appointed or selected to be a Councillor must sign for the records of the College a declaration of office in the form attached as Appendix A.
- (2) A person cannot act as a Councillor unless and until he or she signs the declaration of office.
- (3) Any suspected or actual breach by a Councillor of the declaration of office shall be addressed in the same manner as the College addresses a breach or suspected breach of the Code of Conduct.

REMUNERATION OF COUNCILLORS AND COMMITTEE MEMBERS

- 3.4.** (1) Councillors and Committee members, other than Publicly-Appointed Councillors, may be paid for hours spent for preparation time, meeting time and travel time in accordance with the College's governance policies as approved by Council.
- (2) Councillors and Committee members, other than Publicly-Appointed Councillors, may be reimbursed for reasonable expenses in accordance the College's governance policies as approved by Council.

INDEMNIFICATION

- 3.5.** (1) Every Councillor, Committee member, officer, employee, agent and appointee of the College, including assessors, investigators and inspectors, and each of his or her heirs, executors and administrators and estate, respectively, shall from time to time and at all times be indemnified and saved harmless out of the funds of the College from and against:
- (a) all costs, charges, expenses, awards and damages whatsoever that he or she sustains or incurs in any action, suit or proceeding that is brought, commenced or prosecuted against him or her, for or in respect of any act, deed, omission, matter or thing whatsoever, made done or permitted by him or her, in the execution of the duties of his or her office; and
- (b) all other reasonable costs, charges, expenses, awards and damages that he or she sustains or incurs in or in relation to the affairs of the College, except such costs, charges, expenses, awards or damages as are occasioned by his or her own wilful neglect or default.
- (2) The College will purchase and maintain insurance to protect itself and its Councillors, Committee members, officers, employees, agents or appointees and to provide coverage for the indemnity referred to in subsection (1).

Part 4—Meetings of Council and Committees

COMPOSITION AND DUTIES OF COUNCIL

- 4.1.** (1) Council shall be composed of the Elected Councillors elected in accordance with section 3.1, the Academic Councillors selected in accordance with section 3.2, and the Publicly-Appointed Councillors appointed by the Lieutenant Governor in Council pursuant to section 6 of the Act.
- (2) Council has the duties set out in section 2.1 of the Code and as set out in these By-laws and the policies of the College.

REGULAR MEETINGS

- 4.2.** (1) Council shall hold at least four regular meetings in each Fiscal Year.
- (2) A regular meeting of Council shall be called by the President.
- (3) At a regular meeting, Council may only consider or transact:
- (a) matters brought by the Executive Committee;
 - (b) recommendations and reports by Committees;
 - (c) motions or matters where notice was given by a Councillor at the preceding Council meeting or in writing to the Registrar at least 14 days before the meeting;
 - (d) matters which Council agrees to consider by a majority of those in attendance and voting; and
 - (e) routine and procedural matters in accordance with the rules of order.

SPECIAL MEETINGS

- 4.3.** (1) A special meeting of Council may be called by the President or the majority of Councillors by submitting to the Registrar a written request for the meeting containing the matter or matters for decision at the meeting.
- (2) At a special meeting, Council may only consider or transact the specific matter or matters referred to in subsection (1).

NOTICE OF MEETINGS (Revised March 6, 2014)

- 4.4.** (1) The Registrar shall provide notice by Mail to all Councillors at least 30 days before a regular meeting of Council.
- (2) The Registrar shall provide notice by Mail to all Councillors at least five days before a special meeting of Council.
- (3) The notice of any meeting of Council shall state the date, time, and location of the meeting, and the nature of the matter or matters to be considered at the meeting. Where the meeting is held by technological means, the notice shall include details on how to access the meeting.

- (4) A College employee involved in the activity of a Committee shall make reasonable efforts to notify all the Committee members of every Committee meeting and to arrange the meeting date and time based on the availability of the Committee members.
- (5) The date of notice shall be the date on which the notice was sent if it was sent by email or five days after the notice was sent if it was sent by regular mail.
- (6) Reasonable notice of every meeting of Council shall be given to the Members, the Minister and the public as set out in section 7 of the Code.
- (7) Council meetings shall be open to the public except as provided in section 7 (2) of the Code.
- (8) No Council or Committee meeting shall be made void because of an inadvertent or accidental error or omission in giving notice. In addition, any Councillor may waive notice of a meeting and ratify, approve and confirm any proceedings taken at the meeting.

MEETINGS HELD BY TECHNOLOGICAL MEANS

- 4.5.** (1) Any meeting of Council or of a Committee or of a panel of a Committee may be held in any manner that allows all the persons participating to communicate with each other simultaneously and instantaneously. Meetings may be held wholly or partly by technological means.
- (2) Persons participating in the meeting by such means are deemed to be present at the meeting.
 - (3) A vote called at a meeting under subsection (1) shall be taken in such a manner as determined by the President or Chair unless a member of Council, Committee or panel requests a roll call vote, in which case, a roll call vote shall be taken.
 - (4) This section does not apply to hearings before a Committee or a panel of a Committee.

WRITTEN RESOLUTIONS

- 4.6.** A resolution in writing, signed by all persons entitled to vote on that resolution at a meeting of Council or a Committee, is as valid as if it had been passed at a meeting. This section does not apply to hearings before a Committee or a panel of a Committee.

MINUTES

- 4.7.** (1) The President shall cause the proceedings of Council meetings to be recorded. The Chair shall cause the proceedings of Committee meetings to be recorded.
- (2) The written record of the proceedings of Council or Committee meetings when approved at a subsequent Council or Committee meeting, subject to any corrections made at a subsequent meeting, is conclusive proof of the accuracy of the contents of every such record.
 - (3) After its approval, the written record of every Council or Committee meeting shall be retained in keeping with College policies.

RULES OF ORDER

- 4.8. Kerr and King's Procedures for Meetings and Organizations, Third Edition, are the rules of order for meetings of Council and form part of these By-laws.

Part 5 — Conduct of Councillors and Committee Members

CONFLICT OF INTEREST - COUNCIL AND COMMITTEE MEMBERS

- 5.1.** (1) A conflict of interest exists where a reasonable person would conclude that a Councillor or Committee member’s personal or financial interest may affect his or her judgment or the discharge of his or her duties to the College. A conflict of interest may be real or perceived, actual or potential, or direct or indirect.
- (2) All Councillors and Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Councillors and Committee members have a duty to uphold and further the intent of the Act to regulate the practice and profession of physiotherapy in Ontario, and not to represent the views of advocacy or special interest groups.
- (3) Without limiting the generality of subsection (1), a Councillor or Committee member’s personal or financial interests include the interests of the Councillor or Committee member’s spouse or relative. For the purposes of this section, the term “spouse” includes a person with whom the Councillor or Committee member has cohabited for at least one year and the term “relative” includes a person to whom the Councillor or Committee member is related by blood, marriage or adoption.
- (4) Without limiting the generality of subsection (1), a Councillor or Committee member shall be perceived to have a conflict of interest in a matter and shall not serve on Council or its Committees at all if he or she is a director, officer, committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession.
- (5) Without limited the generality of subsection (1), a Councillor or Committee member shall be perceived to have a conflict of interest in a matter and should refrain from participating in any discussion or voting on that matter if he or she is a director, officer, committee member, employee or holder of any position of decision-making influence of an organization where his or her duties may be seen by a reasonable person as influencing his or her judgment in the matter under consideration by Council or the Committee.
- (6) An individual who has a conflict of interest in a matter before Council or a Committee shall:
- (i) declare the conflict to the President, Registrar, Committee Chair or Chair of the panel at the time the individual identifies the conflict;
 - (ii) not participate in the discussion, consideration or voting on the matter;
 - (iii) withdraw from the meeting or portion of the meeting when the matter is being considered; and

- (iv) not attempt in any way to influence the voting or do anything that may be perceived as attempting to influence the decision of other Councillors or Committee members on the matter.
- (7) Every declaration of a conflict of interest shall be recorded in the minutes of the meeting together with a description of the nature of the conflict.

CODE OF CONDUCT FOR COUNCILLORS AND NON-COUNCIL COMMITTEE MEMBERS

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

SEXUAL ABUSE PREVENTION TRAINING

- 5.3.** (1) All Councillors and Non-Council Committee Members shall participate in sexual abuse prevention training as set out in the College's governance policies approved by Council.

Part 6—Election of Executive Committee

ELECTION OF PRESIDENT AND VICE-PRESIDENT (Revised March 6, 2014; Revised December 18, 2015)

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

ELECTION OF REMAINING EXECUTIVE COMMITTEE MEMBERS (Revised December 18, 2015)

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

DUTIES AND POWERS OF PRESIDENT AND VICE-PRESIDENT

- 6.3.** (1) The duties of the President are to:
- (a) be cognisant of the affairs of the College;
 - (b) give or cause to be given notice of all meetings of Council and the Executive Committee;
 - (c) preside or ensure that a designate presides at all meetings of Council and meetings of the Executive Committee;
 - (d) ensure that the College is represented at all relevant meetings;
 - (e) oversee the implementation of all orders and resolutions of the Executive Committee and Council;
 - (f) act as a liaison between the College and other professional organizations as appropriate; and

- (g) perform other duties as outlined in the College’s governance policies as approved by Council.
- (2) The duties of the Vice-President are to,
 - (a) act on behalf of the President in the President’s absence; and
 - (b) perform other duties as outlined in the College’s governance policies as approved by Council.
- (3) The President is the most senior official and representative of the College and the Vice-President shall assist the President in the discharge of the President’s duties.

Part 7—Statutory and Non-statutory Committees

STATUTORY COMMITTEES (Revised March 6, 2014; Revised March 26, 2015)

The Executive Committee

- 7.1. (1) (a) The Executive Committee shall be composed of five persons of whom:
- (i) at least three are Councillors who are Members; and
 - (ii) at least one and not more than two are Publicly-Appointed Councillors.
- (b) In a manner consistent with subsection (1) (a), the President and Vice-President of the College shall be included in the membership of the Executive Committee.
- (c) The President of Council shall be the Chair of the Executive Committee.

The Registration Committee

- (2) (a) The Registration Committee shall be composed of at least five persons of whom:
- (i) at least one is an Elected Councillor;
 - (ii) at least one is an Academic Councillor;
 - (iii) at least two are Publicly-Appointed Councillors; and
 - (iv) at least one is a Non-Council Committee Member.
- (b) Quorum for panels of the Registration Committee is set out in subsection 17(3) of the Code.

The Inquiries, Complaints and Reports Committee

- (3) (a) The Inquiries, Complaints and Reports Committee shall be composed of at least six persons of whom:
- (i) at least two are Councillors who are Members;
 - (ii) at least two are Publicly-Appointed Councillors; and
 - (iii) at least one is a Non-Council Committee Member.
- (b) Quorum for panels of the Inquiries, Complaints and Reports Committee is set out in subsection 25 (3) of the Code.

The Discipline Committee

- (4) (a) The Discipline Committee shall be composed of at least 10 persons of whom:
- (i) at least two but no more than seven are Councillors who are Members;
 - (ii) at least three are Publicly-Appointed Councillors; and

- (iii) at least one is a Non-Council Committee Member.
- (b) Quorum for panels of the Discipline Committee is indicated in set out in subsection 38 (5) of the Code.

The Fitness to Practise Committee

- (5) (a) The Fitness to Practise Committee shall be composed of at least 10 persons of whom:
 - (i) at least two but no more than seven are Councillors who are Members;
 - (ii) at least three are Publicly-Appointed Councillors; and
 - (iii) at least one is a Non-Council Committee Member.
- (b) Quorum for panels of the Fitness to Practise Committee is set out in subsection 64 (3) of the Code.

The Quality Assurance Committee

- (6) The Quality Assurance Committee shall be composed of at least six persons of whom:
 - (a) at least two are Councillors who are Members;
 - (b) at least two are Publicly-Appointed Councillors; and
 - (c) at least two are Non-Council Committee Members.

The Patient Relations Committee

- (7) The Patient Relations Committee shall be composed of at least four persons of whom:
 - (a) at least two are Councillors who are Members;
 - (b) at least one is a Publicly-Appointed Councillor; and
 - (c) at least one is a Non-Council Committee Member.

EXECUTIVE DELEGATION

- 7.2.** The Executive Committee may exercise all the powers and duties of Council with respect to any matter that, in the opinion of the Executive Committee, requires attention between meetings of Council except to make, amend or revoke a regulation or by-law or unless the Executive Committee is otherwise restricted by the Executive Committee limitations established in the College's governance policies as approved by Council.

NON-STATUTORY COMMITTEES

The Finance Committee

- 7.3.** (1) The Finance Committee shall be composed of at least five Councillors, being:
- (a) the President and Vice-President; and
 - (b) at least three other Councillors, at least one whom shall be a Publicly-Appointed Member.

- (2) The Finance Committee shall have the duties set out in the College’s governance policies as approved by Council.

- 7.4. Council may, by resolution, establish non-statutory committees. For each non-statutory committee, Council shall specify in the resolution the duties and responsibilities of the committee, its composition and its termination date or event.

APPOINTMENT OF NON-COUNCIL COMMITTEE MEMBERS (Revised June 21, 2012)

- 7.5. (1) Council may appoint persons who are not Councillors to serve on both statutory and non-statutory Committees.
- (2) A Member is eligible for appointment to a Committee under this section if, on the date of the appointment, the Member meets the eligibility requirements set out in section 3.1.(8) of these By-laws and any other criteria set out in the governance policies as approved by Council.
- (3) A person who is not a Member is eligible for appointment to a Committee under this section if, on the date of the appointment:
- (a) the person resides in Ontario;
 - (b) the person is not the subject of a discipline or fitness to practise proceeding before any regulator;
 - (c) the person has not been found guilty of professional misconduct, to be incompetent or to be incapacitated by any regulator in the preceding six years;
 - (d) the person has not had a certificate of registration revoked or suspended for professional misconduct, incompetence or incapacity at any time in the six years immediately before the appointment;
 - (e) the person has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act*;
 - (f) the person has not been found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the person’s suitability to serve as a Committee member, unless a pardon or record suspension has been granted with respect to the finding;
 - (g) the person has not been disqualified or removed from Council or a Committee in the preceding three years;
 - (h) the person is not a director, officer, committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - (i) the person does not hold a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - (j) the person is not an employee of the College;
 - (k) the person is not a participant (other than on behalf of the College) in a legal action or application against the College; and

- (l) the person meets any other criteria set out in the governance policies as approved by Council.
- (4) A Non-Council Committee Member is disqualified from serving on a Committee if the person ceases to meet the requirements in subsection (2) or (3) above or if the person:
 - (a) fails to attend two consecutive meetings of the Committee without good reason in the opinion of Council; or
 - (b) fails, in the opinion of Council, to discharge properly or honestly any office to which he or she has been appointed.
- (5) The determination of Council as to whether a person is eligible for appointment or becomes disqualified under this section is final and without appeal.

SELECTION OF STATUTORY AND NON-STATUTORY COMMITTEES AND COMMITTEE CHAIRS

- 7.6.**
- (1) As soon as possible after the annual election of the President, the Vice-President and the Executive Committee, Council shall appoint the Chair and members of each Committee in accordance with the College’s governance policies as approved by Council.
 - (2) If any vacancies occur in the Chair or membership of any Committee, Council or the Executive Committee may appoint a replacement Chair or Committee member in accordance with the College’s governance policies as approved by Council.
 - (3) Where the Chair of a Committee is unable to act for a matter or a period of time, he or she shall appoint from the Committee a person to act on his or her behalf, failing which the President shall appoint an acting Chair from the Committee.

STATUTORY AND NON-STATUTORY COMMITTEE PROCEDURES

- 7.7.**
- (1) Each Committee shall meet from time to time at the direction of Council or the Executive Committee or at the call of the Chair at a place in Ontario and at a date and time set by the Chair.
 - (2) Subject to subsection (3), unless otherwise provided in the RHPA, the Act or the Regulations, a majority of members of a Committee, or of a panel of a Committee, including at least one Publicly-Appointed Councillor constitutes a quorum.
 - (3) Unless otherwise provided in the RHPA, the Act or the Regulations, in exceptional circumstances, the Chair of a Committee may determine that a Committee meeting may proceed without the presence of at least one Publicly-Appointed Councillor.
 - (4) The Chair or a designate shall preside over meetings of the Committee.
 - (5) Every question which comes before the Committee may be decided by a majority of the votes cast at the meeting (including the Chair’s) and, if there is an equality of votes on a question, the question shall be deemed to have been decided in the negative.
 - (6) Every appointment to a Committee shall be made in accordance with the College’s governance policies as approved by Council.
 - (7) A Non-Council Committee Member is eligible for re-appointment to a Committee, except that a Non-Council Committee Member may not serve for more than nine consecutive years.

- (8) Where one or more vacancies occur in the membership of a Committee, the Committee members remaining in office constitute the Committee as long as any composition or quorum requirements in the RHPA, the Act or the Regulations are satisfied.
- (9) In addition to other provisions in these By-laws that permit the removal of a Committee member in specific circumstances, any Committee member may be removed from the Committee, with or without cause, by a two-thirds majority vote of the Councillors present at a Council meeting duly called for that purpose.

Part 8 — Members' Obligations

THE REGISTER (Revised December 19, 2014; Revised March 27, 2015; Revised June 23, 2015)

- 8.1.** (1) (a) A Member's name in the register shall be the Member's full name and shall be consistent with the documentary evidence of the Member's training.
- (b) The Registrar may direct a Member's name in the register to be different than the documentary evidence of the Member's training if the Member applies and satisfies the Registrar that the Member has validly changed his or her name since his or her training and that the use of the newer name is not for an improper purpose.
- (c) The Registrar may give a direction under paragraph (b) before or after the initial entry of the Member's name in the register.
- (2) In addition to the information referred to in subsection 23 (2) of the Code, the following information shall be kept in the register:
- (a) the Member's name and any changes in the Member's name since his or her training;
- (b) the Member's registration number;
- (c) if the Member ceases to be a Member or has died, a notation of the reason the registration terminated or a notation that the Member has died and the date of death if known;
- (d) information on a former Member that was on the register just before the registration terminated (including due to death), for a period of at least two years after the termination of registration, except for any information related to the registration and discipline history of the Member in Ontario which shall be entered on the register for a period of 50 years after the termination of registration;
- (e) the name of the school from which the Member received his or her degree or diploma in physiotherapy and the date the Member received the degree or diploma;
- (f) all classes of certificate of registration held by the Member and the dates that each started and terminated;
- (g) the name, business address, and business telephone number of each current and previous Place of Practice of the Member;
- (h) a notation of which business address is the Member's primary Place of Practice;
- (i) for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and has not been finally resolved, until the matter has been resolved:
- (i) a notation of that fact, including the date of the referral;
- (ii) each specified allegation that has been referred, including the particulars of the specified allegations as set out in the notice of hearing (except that personal information shall be removed);
- (iii) any hearing dates, including dates for the continuation of the hearing; and

- (iv) the status of the discipline hearing;
- (j) for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Fitness to Practise Committee under section 61 of the Code and has not been finally resolved, until the matter has been resolved:
 - (i) a notation of that fact, including the date of the referral; and
 - (ii) the status of the Fitness to Practise hearing;
- (k) a notation of the fact and status of any appeal from a decision of the Discipline Committee or the Fitness to Practise Committee and the anticipated date of the hearing, if the date has been set;
- (l) any information jointly agreed to be placed on the register by the College and the Member;
- (m) where the Member's certificate is subject to an interim order under section 37 or section 62 of the Code, a notation of that fact, the nature of the order and date that the order took effect;
- (n) where the Member's certificate of registration is subject to a suspension for failure to pay a fee, the reason for the suspension and the date of the suspension in addition to the fact of the suspension;
- (o) where, during or as a result of a proceeding under section 25 of the Code a Member has resigned, a notation of that fact;
- (p) the Member's name as used in their Place(s) of Practice;
- (q) the language(s) in which the Member is able to provide physiotherapy services;
- (r) the Member's area(s) of practice and categories of patients seen;
- (s) details of the controlled acts (except performing the controlled act of communicating a diagnosis) and other statutorily authorized acts (such as procedures described in subsection 6 (2) of the *Healing Arts Radiation Protection Act* and procedures authorized to Members in regulations made under the *Laboratory and Specimen Collection Centre Licensing Act*) that the Member performs in the course of practising physiotherapy;
- (t) where there have been charges laid against a Member under the *Criminal Code* or the *Health Insurance Act*, made on or after July 1, 2015, and if the person against whom the charges were laid was a Member at the time of the charges, and if the charges are known to the College, a brief summary of:
 - (i) the charges;
 - (ii) the date the charges were laid; and
 - (iii) the status of the proceedings against the Member where known to the College;
 provided that any such summary shall be removed upon the written request of the Member if the charges do not result in a finding of guilt against the Member;
- (u) a summary of any existing restriction imposed on or after July 1, 2015, on a Member by a court or other lawful authority and of which the College is aware that, in the reasonable discretion of the Registrar, may restrict or otherwise impact the Member's right or ability to practise, may prompt a regulatory action on the part of the College or

is connected to an existing or ongoing regulatory action by the College. The summary shall include the name of the court or other lawful authority that imposed the restriction and the date on which it was imposed;

- (v) where there has been a finding of guilt against a Member under the *Criminal Code* or the *Health Insurance Act*, made on or after July 1, 2015, if the person against whom the finding was made was a Member at the time of the finding, and if the finding is known to the College, a brief summary of:
 - (i) the finding;
 - (ii) the sentence, if any;
 - (iii) where the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of; and
 - (iv) the dates of (i) – (iii), where known to the College;

provided that any such summary shall be removed upon the written request of the Member if the finding is reversed on appeal or if the Member receives a pardon or record suspension;

- (w) whether, on or after July 1, 2015, the Member uses the services of support personnel (whether employees or independent contractors) in the course of practising physiotherapy;
- (x) on or after July 1, 2015, information about the Member’s registration with any other professions inside or outside of Ontario;
- (y) on or after July 1, 2015, information about the Member’s registration in any other jurisdictions as a physiotherapist or physical therapist;
- (z) where the College is aware, on or after July 1, 2015, that a finding of professional misconduct or incompetence or similar finding has been made against the Member by a body that governs a profession, inside or outside of Ontario, and that finding has not been reversed on appeal:
 - (i) information on the finding;
 - (ii) the name of the governing body that made the finding;
 - (iii) a brief summary of the facts on which the finding was based;
 - (iv) the penalty and any other orders made relative to the finding;
 - (v) the date the finding was made; and
 - (vi) information regarding any appeals of the finding;

provided that where a decision referred to in paragraph (z) is no longer available to the public in the originating jurisdiction, the information on the finding under paragraph (z) shall be removed from the register upon the written request of the Member.

- (aa) when a decision of the Inquiries, Complaints and Reports Committee, relating to a complaint or report made against the Member on or after July 1, 2015, includes or is contingent upon an undertaking to perform certain obligations given by the Member (except for an undertaking relating to the Member’s capacity):
 - (i) a summary of the decision;

- (ii) where applicable, a notation that the decision has been appealed; and
- (iii) a notation, if and when applicable, that the requirements of the undertaking have been fulfilled or completed by the Member;

provided that where a decision referred to in paragraph (aa) is overturned on appeal or review, the summary under paragraph (aa) shall be removed from the register.

The summary under paragraph (aa) shall be removed from the register in the following circumstances:

- (A) where the Inquiries, Complaints and Reports Committee established a period in its decision that the undertaking shall remain on the register after the requirements of the undertaking have been fulfilled or completed by the Member, that period of time;
 - (B) where the Inquiries, Complaints and Reports Committee did not establish a period in its decision that the undertaking shall remain on the register after the requirements of the undertaking have been fulfilled or completed by the Member, three years after the requirements of the undertaking have been fulfilled or completed by the Member; or
 - (C) the Member has made a written request to the Registrar for the removal of the information under paragraph (aa) because the information is no longer relevant to the Member's suitability to practise, and the Registrar believes that the removal of the information from the register outweighs the desirability of public access to the information in the interest of any person affected or the public interest;
- (bb) when a decision of the Inquiries, Complaints and Reports Committee, relating to a complaint or report made against the Member on or after July 1, 2015, includes a caution:
- (i) a summary of the decision; and
 - (ii) where applicable, a notation that the decision has been appealed;

provided that where a decision referred to in paragraph (bb) is overturned on appeal or review, the summary under paragraph (bb) shall be removed from the register.

The summary under paragraph (bb) shall be removed from the register in the following circumstances:

- (A) three years after the decision was made unless a subsequent caution has been given to the member, or the member is participating in an undertaking, or the member has been required to participate in an initial or subsequent specified continuing education or remediation program, in which case all records of cautions or specified continuing education or remediation programs shall remain on the register until three years after the most recent caution or specified continuing education or remediation program were made available on the register or the undertaking was completed; or

- (B) the Member has made a written request to the Registrar for the removal of the information under paragraph (bb) because the information is no longer relevant to the Member’s suitability to practise, and the Registrar believes that the removal of the information from the register outweighs the desirability of public access to the information in the interest of any person affected or the public interest.
- (cc) when a decision of the Inquiries, Complaints and Reports Committee, relating to a complaint or report made against the Member on or after July 1, 2015, includes a requirement that the Member participate in a specified continuing education or remediation program:
 - (i) a summary of that decision;
 - (ii) where applicable, a notation that the decision has been appealed; and
 - (iii) a notation, if and when applicable, that the requirements of the specified continuing education or remediation program have been fulfilled or completed by the Member;

provided that where a decision referred to in paragraph (cc) is overturned on appeal or review, the summary under paragraph (cc) shall be removed from the register.

The summary under paragraph (cc) shall be removed from the register in the following circumstances:

- (A) three years after the decision was made unless the member was required to participate in a subsequent specified continuing education or remediation program or the member is participating in an undertaking or an initial or subsequent caution has been given to the member, in which case all records of specified continuing education or remediation programs or cautions shall remain on the register until three years after the most recent specified continuing education or remediation program or caution were made available on the register or the undertaking was completed; or
- (B) the Member has made a written request to the Registrar for the removal of the information under paragraph (cc) because the information is no longer relevant to the Member’s suitability to practise, and the Registrar believes that the removal of the information from the register outweighs the desirability of public access to the information in the interest of any person affected or the public interest;
- (3) All the information contained in the register is designated as public for the purposes of subsection 23 (5) of the Code.
- (4) (a) The Registrar may give any information contained in the register that is designated as public to any person in printed or oral form.
- (b) The Registrar may refuse to allow a person to obtain some or all of the information contained in the register that is designated as public if the Registrar has reasonable grounds to believe that the disclosure of the information may jeopardize the Member’s safety.

INFORMATION TO BE PROVIDED BY MEMBERS

- 8.2.** (1) A Member shall provide the following to the College when requested to do so by the Registrar:
- (a) information required to be contained in the register by subsection 23 (2) of the Code;
 - (b) information required to be contained in the register by section 37 of these By-laws;
 - (c) information that the College is required to collect for the purpose of health human resource planning by the Minister by section 36.1 of the RHPA;
 - (d) the Member's date of birth;
 - (e) the Member's electoral district;
 - (f) the Member's home address;
 - (g) the Member's home telephone number, if available;
 - (h) the Member's mobile telephone number, if available;
 - (i) an email address for the Member that is distinct from the email address of any other Member;
 - (j) the mailing address, and if different, the street address of each current and previous Place of Practice of the Member (provided that no client home address is required where the Member provides home care) and if available, the business facsimile number of each current Place of Practice;
 - (k) the Member's employment information including employer, job title, area and focus of practice, sector of practice, employment status (such as full or part-time status), and description of the place(s) of employment;
 - (l) the Member's practice hours, including the percentage of time spent in each area of practice;
 - (m) whether the Member's preferred language of communication with the College is English or French;
 - (n) the following information about any finding of incapacity or similar finding that has been made against the Member by a body that governs a profession, inside or outside of Ontario, provided that the finding has not been reversed on appeal:
 - (i) information on the finding;
 - (ii) the name of the governing body that made the finding;
 - (iii) the date the finding was made;
 - (iv) a summary of any order made; and
 - (v) information regarding any appeals of the finding;
 - (o) whether the Member successfully completed the examination required for registration and if so, the date;
 - (p) information required under section 85.6.1 of the Code about any finding of guilt of any offence against the Member made after June 3, 2009;
 - (q) information required under section 85.6.2 of the Code about any finding of professional negligence or malpractice by a court against the Member made after June 3, 2009; and

- (r) information about any post-secondary education (full or partial degree, certificate or program courses) the Member has completed through a college or university, together with evidence of completion.
- (2) A Member shall notify the Registrar in writing of any change to any previously provided information within 30 days of the change.

PROFESSIONAL LIABILITY INSURANCE

- 8.3.**
- (1) All Members who provide patient care in the practice of physiotherapy, whether in a paid or volunteer capacity, must hold professional liability insurance in accordance with this section.
 - (2) The professional liability insurance coverage referred to in subsection (1) may be obtained by the Member directly or may be provided through the policy of an employing agency so long as it covers the Member's entire practice of physiotherapy.
 - (3) The professional liability insurance referred to in subsection (1) must have:
 - (a) a liability limit of at least \$5,000,000 for any one incident; and
 - (b) a \$5,000,000 minimum for the annual policy period for each insured individual.
 - (4) The professional liability insurance referred to in subsection (1) must not be subject to a deductible.
 - (5) The professional liability insurance referred to in subsection (1) must provide coverage for incidents that occurred during the Member's physiotherapy practice and must provide coverage for claims made up to 10 years after the Member ceases practice.
 - (6) The professional liability insurance referred to in subsection (1) shall be subject only to such exclusions and conditions and terms as are consistent with standard insurance industry practices.
 - (7) Within 30 days of any request by the College, a Member required to hold the professional liability insurance referred to in subsection (1) shall provide current documentary proof, acceptable to the Registrar, that his or her professional liability insurance coverage complies with the requirements set out in this section.

FEES – REGISTRATION (Revised June 21, 2012; Revised December 6, 2013; Revised June 27, 2014; Revised June 23, 2015)

- 8.4.**
- (1)
 - (a) Upon application for registration, every applicant shall pay a non-refundable application fee and a non-refundable registration fee.
 - (b) The application and registration fees are as follows:

Application fee	For an initial application or re-application	\$100.00
Certificate of Registration Authorizing Independent Practice	For a certificate issued until the next March 31 (the College may in its discretion pro-rate registration fees for part year certificates or may bank registration fees for the future credit of a Member for part year certificates in accordance with Appendix B)	\$595.00
Certificate of Registration Authorizing Provisional Practice		\$ 75.00

- (2) (a) Every Member with a certificate of registration authorizing independent practice shall pay a non-refundable renewal fee as follows:

Certificate of Registration Authorizing Independent Practice	For a certificate issued until the next March 31 (the College may in its discretion pro-rate renewal fees for part year certificates or may bank renewal fees for the future credit of a Member for part year certificates in accordance with Appendix B)	\$595.00
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- (3) (a) The renewal fee is due on or before March 31 in each membership year.
- (b) If a Member holding a certificate of registration authorizing independent practice fails to pay a renewal fee on or before the day on which the fee is due, the Member shall pay a penalty in addition to the renewal fee, as follows:

Certificate of Registration Authorizing Independent Practice – Penalty	\$225.00
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- (4) If the Registrar suspends a Member's certificate of registration for failure to pay a prescribed fee in accordance with section 24 of the Code, the Registrar shall terminate the suspension on:
 - (a) completion of a new application form (in the form of an initial application form) and payment of a new initial application fee; and
 - (b) payment of:
 - (i) all outstanding amounts owing to the College, including the current renewal fee; and
 - (ii) any applicable penalties relating to such outstanding amounts.
- (5) In addition to the amounts set out in subsections (1), (2) and (3), any outstanding fees owing to the College in respect of any decisions made by a Committee and any fees payable under these By-laws will be added to and included in the annual renewal fees.

FEES – REINSTATEMENT (Approved December 6, 2013)

- 8.5.** A person whose certificate of registration was suspended or revoked by a panel of the Discipline Committee or the Fitness to Practise Committee and who applies for reinstatement of his or her certificate of registration pursuant to section 72 of the Code shall pay:
- (a) at the time the person makes the first such application, a fee of 1.5 times the fee for a certificate of registration authorizing independent practice; and
 - (b) at the time the person makes the second or any subsequent application, a fee of 3 times the fee for a certificate of registration authorizing independent practice.

FEES – GENERAL

- 8.6.** (1) The Registrar may charge a fee for anything he or she is required or authorized to do under the RHPA, the Code, the Act, the Regulations or the By-laws.
- (a) The fees for anything the Registrar is required or authorized to do, except for the fees for those things that are set out in these By-laws, are the fees set by the Registrar.
 - (b) The fee for a report regarding the results of a Council election from the electronic voting organization is \$150.00.
 - (c) The fee for a copy of any College information or documents required to be provided under sections 3.1(2) or 23(12) of the Code shall be the actual costs to the College of providing the copies.
 - (d) The fee for a letter of Professional Standing is \$50.00.
 - (e) The fee for a returned cheque or declined credit card is \$50.00.
 - (f) The fee for an official certificate of registration with embossed gold logo (also known as a "wall certificate") is \$25.00.
- (2) The Registrar may charge Members a fee for anything that a Committee is required or authorized to do under the RHPA, the Code, the Act, the Regulations or the By-laws.
- (a) The fees for the following programs or services that Committees are:

- (i) for the College Review Program – the actual cost of the program to a maximum of \$500.00;
- (ii) for an Onsite Assessment – the actual costs of the assessment to a maximum of \$500.00 (this does not apply to those Members who are randomly selected or volunteer for the annual Quality Assurance Program Competency Assessment process, or who are at the completion of a first cycle of remediation or enhancement at the request of the Quality Assurance Committee);
- (iii) for the first ten hours of the first cycle of any remediation or enhancement program that a Member volunteers for or undertakes at the request of the Quality Assurance Committee – no charge. All successive hours are billed at the rate of \$100.00 per hour;
- (iv) for any course or program the College provides to a Member pursuant to an order of the Discipline Committee, Fitness to Practise Committee or Registration Committee – the cost associated with providing the program to the Member;
- (v) for a specified continuing education or remediation program as required by the Inquiries, Complaints and Reports Committee – the cost associated with providing the program to the Member, and
- (vi) for fees that the Member agrees to pay in relation to an Acknowledgement & Undertaking– the cost specified in the written agreement.

Part 9 – Professional Corporations

THE REGISTER (Revised March 26, 2015; Revised June 23, 2015)

- 9.1.** (1) In addition to the information referred to in subsection 23 (2) of the Code, the following information shall be kept in the register,
- (a) the name of the professional corporation as registered with the Ministry of Government and Consumer Services;
 - (b) any business names used by the professional corporation,
 - (c) the name, as set out in the register, and registration number of each shareholder of the professional corporation;
 - (d) the name, as set out in the register, of each officer and director of the professional corporation, and the title or office held by each officer and director;
 - (e) the primary business address, telephone number, and email address of the professional corporation, and if available, the facsimile number;
 - (f) the address and telephone number of all other locations, other than residences of clients, at which the professional services offered by the professional corporation are provided; and
 - (g) a brief description of the professional activities carried out by the professional corporation.
- (2) The information specified in subsection (1) is designated as public for the purposes of subsection 23 (5) of the Code.
- (3) Every Member of the College shall, for every professional corporation of which the Member is a shareholder, provide in writing the information required for the register in subsection (1) on the application and annual renewal forms for a certificate of authorization, upon the written request of the Registrar within 30 days and upon any change in the information within 30 days of the change.

FEES – PROFESSIONAL CORPORATION

- 9.2.** (1) The application fee for a certificate of authorization, including on any reinstatement of a certificate of authorization, for a professional corporation is \$700.00.
- (2) The fee for the annual renewal of a certificate of authorization is \$250.00.

Part 10 — Council Approval

COUNCIL APPROVAL

APPROVED BY COUNCIL ON [INSERT DATE] as confirmed by the signatures of the President and Vice-President of the College.

President

Vice-President

Appendix A

DECLARATION OF OFFICE FOR COUNCILLORS

I, _____, (Name of Councillor) hereby agree that I will:

- Accept the office as a duly elected, selected or appointed Councillor of the College of Physiotherapists of Ontario;
- Act at all times, while serving as a Councillor, to fulfil the statutory duty of the Colleges “to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals” (Section 2.1 of the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*);
- Act at all times, while serving as a Councillor, to fulfil the statutory duty of the College to serve and protect the public interest while carrying out the objects of the College (Section 3 of the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*. A copy of the objects are set out in Schedule 1 to this Declaration);
- Comply with the College’s Code of Conduct, as amended by Council from time to time, including the confidentiality obligations contained therein; and
- Comply with the other policies of the College applicable to Councillors, as amended by Council from time to time.

[Councillor Signature]

Witness Signature

Date

Name of Witness

SCHEDULE 1 TO THE DECLARATION OF OFFICE FOR COUNCILLORS – OBJECTS OF THE COLLEGE

The College has the following objects:

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.
- 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable.

Appendix B

REGISTRATION FEES DISCRETION

Pro-Rated Fees

- Physiotherapists who register in the independent practice category after April 1 will only pay for the number of days remaining until the end of the renewal year (March 31), in which they register with the College.

Fee Credits - Effective April 1, 2014

- Physiotherapists who resign more than three months before the end of the registration year (that is a resignation that occurs prior to December 31st in any registration year) may apply to the College to have a non-refundable financial credit maintained on their College record for the number of days not used in the registration year. The credit can be applied to future registration fees, up to one year from the date of resignation.
- Physiotherapists resigning in the final three months of the registration year are not eligible for a fee credit.
- Physiotherapists who wish to obtain a fee credit may apply for it at the time they tender their resignation or up until the end of the registration year in which they resigned.
- Fee credits will expire one year after the date of resignation.
- Fee credits are transferable into the next registration year, provided they are used within one year of resignation.

Appendix C

CODE OF CONDUCT

Title:	Code of Conduct
Applicable to	Members of Council and Council Committees
Date approved:	December 2003
Date revised:	June 2006, March 2008, June 2010, February 2013, June 2014

Purpose

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

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

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

Performance Expectations

In performing his/her role, each Councillor and Committee member will:

1. Promote the public interest in his/her contributions and in all discussions and decision-making.
2. Direct all activities toward fulfilling the College's objects as specified in the legislation.
3. Comply with the provisions of the Regulated Health Professions Act, the Physiotherapy Act, the regulations made under these acts and the by-laws of the College.
4. Conduct him/herself in a manner that respects the integrity of the College by striving to be fair, impartial and unbiased in his/her decision making.
5. Refrain from engaging in any discussion with other Council or committee members that takes place outside the formal Council or committee decision making process and that is intended to influence the decisions that the Council or a committee makes on matters that come before it.
6. Respect the power, authority and influence associated with his/her role and not misuse this for personal gain.

7. Recognize, understand and respect the roles and responsibilities of Council, committees and staff and maintain respectful working relationships with other Council members, committee members and staff members. This includes acknowledging the appropriate authorities of the Registrar and the President.
8. Acquire, apply and maintain knowledge of Council and committee policies, procedures, relevant legislation, College functions and current issues facing the College and the committees he/she participates in.
9. When personal circumstances may affect his/her ability to function objectively in his/her role, address the conflict situation by complying with the College by-laws that govern conduct in this situation by, as a minimum, declaring the conflict, abstaining from discussing or voting on the matter and removing oneself from the meeting.
10. Maintain the confidentiality of information coming into his/her possession in keeping with the provisions set out in the RHPA and the confidentiality policies of the College.
11. Maintain appropriate decorum during all Council and committee meetings by adhering to the rules of order adopted by the Council.
12. Review and consider the information provided for Council and committee meetings and identify any information to enhance effective Council and committee decision-making as needed.
13. Respect the views and the expertise of other Council and Committee members and appreciate the opportunity for varied viewpoints to be brought forward, considered and resolved through robust discussion.
14. Publicly uphold and support the decisions of Council and respect the President's role as Council spokesperson.
15. Attend meetings to the best of his/her ability and be available to mentor and assist new members.
16. Regularly evaluate his/her individual performance, and that of the collective to assure continuous improvement.
17. Promote general interest in the physiotherapy community for Council and non-Council positions.

Sanctions

1. All concerns related to the conduct or performance of a Councillor or of a Council committee member should be brought to the attention of the President of the College.
2. All concerns must be documented, specifically the questionable conduct or performance, in sufficient detail to enable it to be understood. The document should identify the element (s) of the Code that is of concern and include, where relevant, any supporting evidence.
3. After review of the material and dependent on the issue, the President has the discretion to either meet with the Councillor or Committee member and provide individual coaching, or to raise the matter for Council's consideration. At any time the President may seek advice from the Executive Committee and/or the Registrar. All decisions taken are to be recorded and kept in the member's corporate file.
4. When the President identifies that an alleged breach of this Code of Conduct may have occurred and raises it for Council's consideration, Council shall adopt a process to deal with the alleged breach that is consistent with the rules of order of Council and that provides the person whose conduct has been called into question with an opportunity to explain his/her actions.

5. When Council determines that a breach of the Code of Conduct did take place, the Council may, on the basis of a resolution that has been properly moved, seconded and assented to by two thirds of Councillors, impose a sanction that may include one or more of the following:
 - a. Requesting a change in the behaviour of the person;
 - b. Requesting that the person apologize for his/her behaviour;
 - c. Censuring the person for his/her behaviour;
 - d. Declining to appoint a person to any committee or to a specific committee;
 - e. Declining to provide confidential information to the person, in circumstances where concern over breach of confidentiality has occurred;
 - f. Requesting the person's resignation from the Council, committee or other activity in which he/she had been acting on behalf of the College;
 - g. Removing an Elected Councillor or Academic Councillor from the Council, committee or other activity in which he/she had been acting on behalf of the College in accordance with the by-laws;
 - h. Removing a Publicly-Appointed Councillor appointed by the Lieutenant Governor from the committee or other activity that he/she had been acting on, on behalf of the College in accordance with the by-laws; or
 - i. Requesting that the Minister remove a Publicly-Appointed Councillor from the Council.
6. If the Council removes an Elected Councillor it shall treat the circumstances as if the vacancy was a result of the resignation of the Councillor.

Procedural and Other Safeguards

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

Meeting Date:	March 22-23, 2017
Agenda Item #:	6
Issue:	Strategic Goals: 2017 - 2020
Submitted by:	Shenda Tanchak, Registrar

Issue:

Council will be asked to approve a budget that is built around tactics that have been developed to pursue the strategic plan.

This note provides a description of those tactics.

Detail:

The attached Strategy Map follows a modified balanced score card model. The concept of a balanced score card is that activities need to take place in a variety of sectors and that while each is equally important, those on the lower levels ought to feed into activities in higher levels. Simply put, if activities build on each other, an organization can maximize its accomplishments.

The map should clearly demonstrate how each activity will contribute to achievement of at least one of the strategic goals.

Organizational Capability

At the organization capability level of our plan, there are four specific tactics. All of these are infrastructure improvement activities that will enhance CPO's ability to achieve its goals

- Improve data integrity:
 - Presently we have data stored in several different paper and electronic systems. It is not all catalogued or coded consistently.
 - In order to best use the data to measure success in a program area for instance, or to identify high risk physiotherapy practices, the data will need to be 'cleaned up'.
 - We also need to develop rules to ensure ongoing consistency (integrity) for data collected in future.
- Improve data collection:
 - Can we identify opportunities to collect useful data that we currently do not?
 - Is there information that we gather that is not, in fact, useful to us?
 - Are there ways that we can structure our website, annual renewal forms and other documents to maximize the amount of valuable information that we collect?
 - This tactic requires identifying answers to these questions and putting the necessary policies in place.

- Live call answering:
 - We are aware that we lose a certain number of practice advisory callers to the requirement that they leave a voicemail.
 - If we hope to improve the quality of the services that we provide to these callers, as well as to expand our 'market' to serve more members of the public, we need to provide better customer service, without significantly increasing operational costs.
- Database improvements:
 - This long term project has been abandoned and restarted.
 - We are seeking workflow, customer service, public register and data reporting improvements through a new database.

Internal Process

- Review and Revise Quality Assurance Program:
 - Based on the research that we have undertaken in the past few years, we will be analyzing how best to restructure our QA program (which includes the a requirement that all PTs keep a portfolio of continuing education, annually complete PISA (an on-line self-assessment module) and undergo random practice assessments).
 - Part One of the project will be developing recommendations for change, in year two we imagine implementing the changes (as represented by the tactic at the Stakeholder level of the map).
- Customize messaging and delivery mechanisms (including developing new e-Learning tools):
 - Building on some of the strengths in communications that we have developed during the last strategic plan, we will now move to a more systematic approach of using collected data to identify educational or communications gaps and identifying the best method to ensure uptake of the messaging.
- Ensure Committee Consistency in, and application of, standards expectations (including Committee Consistency Audits):
 - We leverage Committee decisions into learning opportunities not only for the individual who was before the Committee, but also for the PT population (through communications channels such as outreach activities and 'case of the month'.
 - If our Standards are effectively communicated and our Committees appropriately resourced, the Committee decisions should demonstrate consistency – both from meeting to meeting within each Committee and across the Committees (i.e. QAC and ICRC should evaluate behaviour consistently and should order reasonably consistent outcomes).
 - This tactic will identify any consistency weaknesses, undertake a root cause analysis and make recommendations for appropriate training, resource or other improvements.
- Introduce meaningful stakeholder experience surveys and ensure responses inform service delivery decisions:
 - This tactic relates closely to "Improve Data Collection".
 - Stakeholder experience information is a type of data that CPO will collect in order to ensure that we are meeting the needs of physiotherapists as well as members of the public who are involved in our processes.

- We need to develop a mechanism for collecting the information (something that will yield a high response rate and meaningful responses which can also easily be collated into a meaningful report).
- Once we begin to collect the data, we will use it for ongoing quality improvements.
- Needs Analysis of Patient Value-Proposition:
 - Council has identified a goal of improving services that we offer to members of the public
 - The first phase of this project is to identify what activities are most meaningful to the public: what health systems gaps exist that we could fill?

Stakeholders

This is the level of the plan which involves a direct impact on external parties. You will observe that the lower levels are primarily about readying ourselves to deliver something to, or otherwise interact with, external stakeholders.

- Random Billing Audits:
 - In order to yield direct improvements in PTs' billing activities, Council identified random billing audits as a worthwhile tool.
 - This tactic will identify the most cost effective and reasonable method to audit PTs as well as the appropriate response to audit results
- Improved Quality Assurance Program:
 - This is part two of the tactic described above at the "internal process" level.
- Education for Supervisors, Student Outreach and Educator Outreach:
 - These are all specific communications initiatives identified at the Council brainstorming session.
 - The nature of the education/outreach will be determined by and change according to information collected through a variety of sources.
- FHRCO Patient Website/Patient Outreach and Improved Public Register:
 - These activities are grouped together because they are all patient/public focussed.
 - The FHRCO patient website will launch this year – it will include information about all regulated health professionals and links to the appropriate page on each College's website.
 - For example, googling "find a physiotherapist" might take you to the FHRCO website, where you would be linked back to "find a physio" on our website. The same approach will apply when a member of the public wishes to make a complaint.
 - The FHRCO website will be subject to a marketing campaign and, because it has been designed exclusively to appeal to those who are not health professionals, should be easier to navigate than the College's own website.
 - The nature of the patient outreach will depend on the results of the needs analysis, described above.
 - Upon completion of the database, the new Public Register will provide users with a much improved experience when looking for information about a physiotherapist.
 - It will integrate all of the information previously identified in the CPO's transparency initiatives, and also includes greatly improved search functionality. This will make it simpler for anyone using the Public Register to quickly find the information they require to make an informed choice.
 - For example, users will have the ability to search for a physiotherapist in their neighbourhood by postal code, clinic name or first or last name.

- They can choose to find a PT who speaks their preferred language or filter their results using advanced search options.
- The online Find a Physiotherapist tool will be and responsive and work equally well on desktops, tablets and phones.

Decision Sought:

This item is for discussion only.

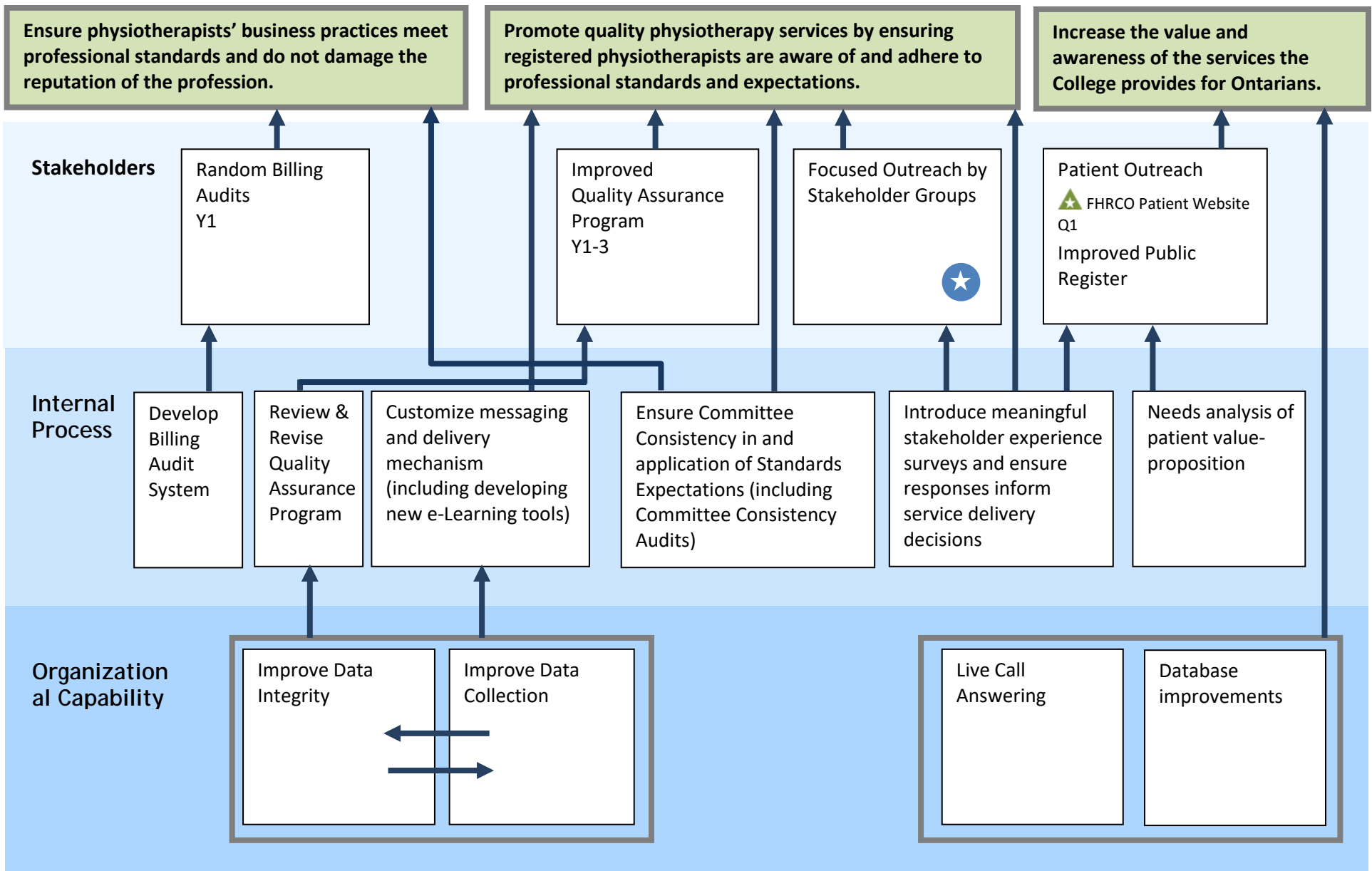
Is it clear to Executive Committee how these tactics will help in achieving the goals?


Should additional information be provided to Council to tie the tactics with the proposed budget?


Attachments:

- Strategy Map

Strategy Map 2017–2020



 Ongoing/External

 Y1: Supervisors, Students, Educators

Y2-3: Internationally Educated PTs, Employers, Insurers and Registration Ceremony for new graduates



Motion No.: 7

Motion

**Council Meeting
March 22 – 23, 2017**

Agenda #7: Request to go *in camera* pursuant to Section 7(2) of the Health Professions Procedural Code

It is moved by

and seconded by

that:

Council move *in camera* to discuss matters pursuant to Section 7(2) of the Health Professions Procedural Code.

Meeting Date:	March 22-23, 2017
Agenda Item #:	8
Issue:	Q3 Financial Reports for Fiscal Year 2016/2017
Submitted by:	Robyn MacArthur, Accountant and Shenda Tanchak, Registrar

The following pages show various reports on Q3 of fiscal year 2016/2017. They have been reviewed by Finance Committee.

The reports are:

- 2016-2017 Q3 Statement of Operations with variance analysis
- Balance sheet as at 12/31/2016

Executive Summary

The College's spending level was at 93% of target. Please see variance analysis for details.

Attachments:

- 2016-2017 Q3 Statement of Operations with variance analysis
- Balance sheet as at 12/31/2016

College of Physiotherapists of Ontario
Statement of Operations - Budget vs. Actual
April 2016 through March 2017

	YTD			Annual	Notes for Council
	Q3 YTD	Budget	% of Budget	Budget	
Ordinary Income/Expense					
Income					
4007 - Registration fee credits	-42,529.52	-30,527.00	139.32%	-30,527.00	While Q1 saw a low number of applications for restart, Q2 & Q3 saw a higher number of restarts leading to more fee credits.
4004 - Cost recovery from cost orders	14,000.00	17,550.00	79.77%	24,300.00	
4003 - Remediation Chargeback	15,533.20	18,600.00	83.51%	28,800.00	This is based on a cost recovery model - link to 5880. Currently tracking fewer PT's than anticipated.
4001 - Registration Fees	4,002,018.01	3,909,111.00	102.38%	5,237,952.20	
4002 - Interest Income	75,228.05	49,309.11	152.56%	65,745.48	As indicated in Q1, Budget missing interest from savings account. Effect of variance larger in earlier quarters where savings account balance will be higher.
4010 - Miscellaneous Income	2,128.35	3,900.00	54.57%	4,200.00	Sexual abuse therapy usage from ongoing cases dropped off. No new cases reported.
Total Income	4,066,378.09	3,967,943.11	102.48%	5,330,470.68	
Gross Profit	4,066,378.09	3,967,943.11	102.48%	5,330,470.68	
Expense					
5000 - Committee Per Diem					
5001 - Chairs meeting - per diem	821.16	1,635.40	50.21%	1,635.40	Q1 Chair's training didn't occur. Q3 includes unbudgeted DC training for President and VP.
5002 - ICRC - per diem	20,004.00	26,101.80	76.64%	31,624.20	One ICRC Meeting has been cancelled, and claim forms are slow to be presented.
5003 - Council - per diem	28,620.00	34,024.50	84.12%	45,366.00	
5005 - Discipline Committee - per diem	22,425.00	16,182.76	138.57%	21,722.76	Contested hearings required more days than anticipated. Overall, in several cases we have been able to deal with more than one referral in one day.
5006 - Executive - per diem	7,811.50	13,422.96	58.2%	17,225.28	Lower than anticipated costs due to President not claiming for additional time for presidential duties.
5017 - Finance Committee - per diem	1,604.00	1,180.00	135.93%	2,956.65	
5010 - Patient Relations - per diem	1,408.00	4,001.80	35.18%	5,837.20	Meetings are scheduled for Q4. Committee members are not submitting claim forms on time.
5011 - QM Committee - per diem	8,204.00	3,924.96	209.02%	5,233.28	Higher cost than anticipated due to preparation time for new Committee members.
5012 - Registration Com. - per diem	1,271.50	4,550.24	27.94%	5,774.94	Budgeted in person meeting was changed to a 2-hour teleconference in Q2 and applications requiring committee consideration are down compared to previous years.
Total 5000 - Committee Per Diem	92,169.16	105,024.42	87.76%	137,375.71	
5050 - Committee Reimbursed Expenses					
5051 - Chairs meeting - expenses	8,531.22	2,141.32	398.41%	2,141.32	Unbudgeted Discipline Chair's training and facilitation training for President and Vice President.
5052 - ICRC - expenses	18,652.49	18,630.57	100.12%	22,356.69	
5053 - Council - expenses	56,402.53	56,348.96	100.1%	68,220.91	Claims being submitted on time.
5055 - Discipline Committee - expenses	24,076.19	29,395.50	81.9%	39,395.50	Hearings did not proceed as anticipated.
5056 - Executive Committee - expenses	8,072.35	5,889.18	137.07%	7,852.24	Average travel/accommodation cost for Executive Committee higher than overall average used for budgeting. Should be offset against shortages elsewhere.
5075 - Finance Committee - expenses	1,255.72	0.00	100.0%	984.79	No Budget.
5061 - Patient Relations - expenses	746.03	7,008.76	10.64%	10,513.14	Committee members were local - travel expenses were minimal and accommodations were not required
5062 - QM Committee - expenses	4,314.37	5,139.18	83.95%	6,852.24	2 Members do not require travel expenses that were built into the budget, and 1 Member cost shares with ICRC.
5063 - Registration Comm. - expenses	0.00	1,384.79	0.0%	1,384.79	No meetings required in this quarter
Total 5050 - Committee Reimbursed Expenses	122,050.90	125,938.26	96.91%	159,701.62	

College of Physiotherapists of Ontario
Statement of Operations - Budget vs. Actual
April 2016 through March 2017

	YTD			Annual	Notes for Council
	Q3 YTD	Budget	% of Budget	Budget	
5100 - Information Management					
5102 - Software	4,728.23	3,365.79	140.48%	5,890.86	Accounting software subscription not budgeted. As reported in Q1, Managed IT services vendor failed to review rates in time for budget planning. The unanticipated rate hike affects the remaining quarters. Total annualized overage should be around \$10,000. Data migration post-poned due to delayed delivery of new database.
5103 - IT Maintenance	54,095.66	60,502.25	89.41%	75,503.00	
5104 - IT Database	0.00	20,000.00	0.0%	20,000.00	
Total 5100 - Information Management	58,823.89	83,868.04	70.14%	101,393.86	
5200 - Insurance	7,109.91	7,030.80	101.13%	9,374.40	
5300 - Networking, Conf. & Travel	29,944.13	31,426.00	95.29%	37,658.00	Switching priorities between events as agendas become available. Spending could still occur in 4th quarter.
5400 - Office and General					
5402 - Bank & service charges	109,826.58	123,024.72	89.27%	164,825.14	Correction: Q1's applied rate should have read 2.81%. Applied credit card charges for Q2 at 2.5% for a combined YTD figure of 2.67%. Last year's effective rate used in the budget was 3.07% causing a variance of about \$10K in credit card charges. Remainder of variance stems from various ad-hoc service fees.
5403 - Maintenance & repairs	4,900.91	18,966.37	25.84%	19,455.16	Budgeted Move Expenses not spent. Move to occur in Q1 F'18.
5405 - Memberships & publications	139,076.68	143,687.26	96.79%	193,523.21	Alliance membership for Q1-Q3 lower by \$1,657.80 per quarter.
5407 - Office & kitchen supplies	12,788.80	12,900.00	99.14%	17,200.00	
5408 - Postage & courier	8,592.54	8,400.00	102.29%	11,200.00	
5409 - Rent	187,689.54	209,272.87	89.69%	305,914.87	Rent increase originally anticipated for January 1st based on an offer to lease (Yonge Street) that did not materialize.
5411 - Printing, Filing & Stationery	7,750.69	9,369.00	82.73%	12,492.00	Printing volume below plan as part of the paperless initiative.
5412 - Telephone & Internet	22,639.61	26,080.69	86.81%	33,430.92	Switched to wireless phone plan with flexible data realizing savings compared to fixed plan in some months.
Total 5400 - Office and General	493,265.35	551,700.91	89.41%	758,041.30	

College of Physiotherapists of Ontario
Statement of Operations - Budget vs. Actual
April 2016 through March 2017

	YTD			Annual	Notes for Council
	Q3 YTD	Budget	% of Budget	Budget	
5500 - Regulatory Effectiveness					
5503 - Council Education	30,660.15	29,200.00	105.0%	36,053.00	
5504 - Elections	3,650.00	0.00	100.0%	3,200.00	Item budgeted in Q4
5505 - Policy Development	103,367.46	89,045.00	116.09%	119,845.00	Citizens' Advisory Group meetings are being held in different quarters than had been planned for, which leads to a timing mismatch for spending.
Total 5500 - Regulatory Effectiveness	137,677.61	118,245.00	116.43%	159,098.00	
5600 - Communications					
5622 - In-Person Communication	16,935.83	18,300.00	92.55%	19,800.00	Less outreach to students and other stakeholder groups took place in this quarter than had been anticipated. We anticipate coming in on budget by year-end.
5621 - Online Communication	73,848.12	132,457.45	55.75%	164,200.60	Website work, webinars and video production will take place in Q4 and we anticipate coming in on budget.
5620 - Print Communication	5,138.15	0.00	100.0%	0.00	Line items mistakenly omitted from budget. \$18K of spending at Registrar's discretion anticipated to support the importance of Communications vehicles.
5605 - French Language Services	5,443.05	4,000.00	136.08%	6,000.00	Requests for translation were more than were anticipated.
Total 5600 - Communications	101,365.15	154,757.45	65.5%	190,000.60	
5700 - Professional fees					
5904 - Consultant fees	48,272.64	74,000.00	65.23%	87,500.00	Extension of current office space lease means a later move with related design/planning expenses pushed back. Some spending should occur in Q4, the balance delayed to new fiscal (anticipated to be moved into CapEx).
5701 - Audit	17,088.35	9,000.00	189.87%	12,000.00	Audit closure took more hours than accrued for. Approval of new auditor also brought with it higher accruals compared to budget.
5702 - Hearing Expenses	12,619.40	5,886.17	214.39%	7,967.63	Contested hearing required more days than budgeted.
5704 - Investigations	13,010.76	21,700.00	59.96%	27,600.00	Resources not required as anticipated.
5750 - Legal					
5753 - Legal - Professional Conduct					
5763 - Divisional Court appeals	5,649.15	35,000.00	16.14%	35,000.00	Case is not progressing through the court system as anticipated.
5762 - Hearing Counsel	81,994.14	83,964.65	97.65%	123,119.15	Some cases not progressing through the court system as anticipated.
5761 - Independent Legal Advice	34,245.07	50,307.60	68.07%	69,291.60	ILC assistance was not required contrary to expectation due to the nature of the proceedings.
5760 - General Counsel	16,080.61	41,250.00	38.98%	55,000.00	Prosecutorial viability assessments were not required as anticipated.
5753 - Legal - Professional Conduct - Other	-2,702.06	0.00	100.0%		
Total 5753 - Legal - Professional Conduct	135,266.91	210,522.25	64.25%	282,410.75	
5755 - General Legal	17,120.10	7,500.00	228.27%	10,000.00	HPARB advice
Total 5750 - Legal	152,387.01	218,022.25	69.9%	292,410.75	
Total 5700 - Professional fees	243,378.16	328,608.42	74.06%	427,478.38	
5800 - Programs					
5810 - Quality Mgmt Program					
5811 - QM Program Development & Eval.	0.00	156.00	0.0%	242.00	
5821 - Assessor Travel	59,056.99	69,450.00	85.04%	87,850.00	Well below budget due to reduced random selections Aug, Sept, October.
5823 - Assessor Training	51,997.52	51,344.51	101.27%	51,344.51	
5824 - Assessor Onsite Assessment Fee	85,995.00	100,464.00	85.6%	133,952.00	
Total 5810 - Quality Mgmt Program	197,049.51	221,414.51	89.0%	273,388.51	

College of Physiotherapists of Ontario
Statement of Operations - Budget vs. Actual
April 2016 through March 2017

	YTD			Annual	Notes for Council
	Q3 YTD	Budget	% of Budget	Budget	
5802 - Jurisprudence	27,477.12	25,680.00	107.0%	31,330.00	
5870 - Practice Enhancement - QM					
5872 - QM Practice Enhancement travel	648.16	0.00	100.0%		
5871 - QM Practice Enhancement fees	2,535.00	0.00	100.0%		Actuals and Budget showing on different lines
5870 - Practice Enhancement - QM - Other	0.00	3,150.00	0.0%	4,200.00	
Total 5870 - Practice Enhancement - QM	3,183.16	3,150.00	101.05%	4,200.00	
5880 - Remediation - PC	16,141.87	18,600.00	86.78%	28,800.00	Fewer referrals than anticipated
5890 - Sexual Abuse Therapy	1,450.00	9,000.00	16.11%	12,000.00	Fewer claims than anticipated
Total 5800 - Programs	245,301.66	277,844.51	88.29%	349,718.51	
5900 - Staffing					
5912 - EI - Employment Insurance	22,152.35	21,086.55	105.05%	35,554.12	Budget assumptions below actual rates
5911 - CPP - Canadian Pension Plan	47,117.19	40,277.33	116.98%	67,516.15	Budget assumptions below actual rates
5913 - EHT - Employer Health Tax	39,317.28	34,909.16	112.63%	37,090.17	Budget assumptions below actual rates
5901 - Salaries	1,791,207.69	1,804,678.44	99.25%	2,367,262.14	
5902 - Employer Benefits	64,603.80	60,617.08	106.58%	80,152.96	Budget assumptions below actual rates
5903 - Employer RRSP Contribution	86,893.96	86,410.49	100.56%	116,151.53	
5905 - Staff Development	75,836.30	109,498.24	69.26%	125,007.62	Courses delayed until Qtr 4
5907 - Staff Recognition	4,819.52	9,230.00	52.22%	11,330.00	Smaller tokens of appreciation being chosen than budget allowed for.
5906 - Recruitment	1,297.24	1,200.00	108.1%	1,600.00	
Total 5900 - Staffing	2,133,245.33	2,167,907.29	98.4%	2,841,664.69	
Total Expense	3,664,331.25	3,952,351.10	92.71%	5,171,505.07	
Net Ordinary Income	402,046.84	15,592.01	2,578.54%	158,965.61	
Other Income/Expense					
Other Income					
6001 - Amortization	-85,505.72	-36,050.04	237.19%	-217,236.72	New amortization schedules that allow for the change in accounting method were not available at budgeting time.
Total Other Income	-85,505.72	-36,050.04	237.19%	-217,236.72	
Net Other Income	-85,505.72	-36,050.04	237.19%	-217,236.72	
Net Income	316,541.12	-20,458.03	-1,547.27%	-58,271.11	Variance % appears skewed because we are presenting as YTD, but budgeting occurs for us Quarterly. Accordingly income for the year has all been recognized but 1 quarter of the spending is yet to come.

College of Physiotherapists of Ontario
Balance Sheet

As of 31 December 2016

31 Dec 16

31 Dec 15

ASSETS

Current Assets

Chequing/Savings

1000 - Cash on Hand

1005 - Operating - RBC - 102-953-7	9,573.13	6,723.36
1001 - Petty Cash	250.00	250.00
1002 - Petty Cash (USD)	200.00	200.00
1003 - CC Clearing - RBC - 100-999-2	3,111.84	1,979.19
1000 - Cash on Hand - Other	195.16	195.16

Total 1000 - Cash on Hand 13,330.13 9,347.71

1100 - Investments

1103 - Savings - RBC - 100-663-4	3,683,070.02	3,249,401.70
1102 - Royal Dominion Securities	4,646,977.07	4,575,740.98

Total 1100 - Investments 8,330,047.09 7,825,142.68

Total Chequing/Savings 8,343,377.22 7,834,490.39

Accounts Receivable

1200 - Accounts Receivable 250,585.64 260,164.02

Total Accounts Receivable 250,585.64 260,164.02

Other Current Assets

1400 - Prepaid Expenses

1410 - Prepaid meetings	9,765.56	5,950.00
1408 - Prepaid staff development	4,257.74	4,691.34
1401 - Prepaid Software	118,733.89	11,904.89
1403 - Prepaid IT services	23,025.74	5,829.37
1405 - Prepaid Insurance	7,053.20	8,663.76
1406 - Prepaid Membership	3,903.84	

Total 1400 - Prepaid Expenses 166,739.97 37,039.36

1201 - Allowance for Doubtful Accounts -223,500.00 -243,374.90

1205 - Undeposited Funds 2,750.00

Total Other Current Assets -54,010.03 -206,335.54

Total Current Assets 8,539,952.83 7,888,318.87

Fixed Assets

1301 - Computer equipment	274,977.12	274,977.12
1305 - Computer equipment - Acc dep	-253,310.14	-244,070.69
1302 - Computer Software	89,027.94	192,188.20
1306 - Computer Software - Acc Dep	-62,227.63	
1310 - Furniture and Equipment	464,531.23	464,531.23
1312 - Furniture and Equipment - Dep	-444,135.76	-404,400.75
1320 - Leasehold Improvements	402,013.85	402,013.85
1322 - Leasehold Improvements -Acc dep	-402,013.85	-367,329.32

Total Fixed Assets 68,862.76 317,909.64

TOTAL ASSETS 8,608,815.59 8,206,228.51

LIABILITIES & EQUITY

Liabilities

Current Liabilities

College of Physiotherapists of Ontario
Balance Sheet

As of 31 December 2016

	31 Dec 16	31 Dec 15
Accounts Payable		
2000 - Accounts Payable	41,507.38	164,667.51
Total Accounts Payable	41,507.38	164,667.51
Other Current Liabilities		
2010 - Accrued Liabilities	38,500.00	35,726.06
2100 - Deferred Revenue		
2110 - Banked refunds	39,175.70	30,010.51
2101 - Deferred Registration Fees	1,294,557.23	1,406,317.56
2105 - Deferred credit card charges	-32,854.92	-42,108.60
Total 2100 - Deferred Revenue	1,300,878.01	1,394,219.47
2150 - Other Payables		
2151 - Due to Great-West Life		1,204.09
2152 - Due to London Life (RRSP)		3,966.84
Total 2150 - Other Payables	0.00	5,170.93
Total Other Current Liabilities	1,339,378.01	1,435,116.46
Total Current Liabilities	1,380,885.39	1,599,783.97
Long Term Liabilities		
2190 - Lease Inducements		31,565.24
Total Long Term Liabilities		31,565.24
Total Liabilities	1,380,885.39	1,631,349.21
Equity		
3000 - Unrestricted Reserve	258,058.34	274,387.30
3001 - Invested in Capital Assets	153,330.65	185,034.69
3010 - Restricted Reserves		
3012 - Fee Stabilization Reserve	1,328,000.19	379,439.19
3011 - Contingency Reserve	5,171,999.81	5,480,560.81
Total 3010 - Restricted Reserves	6,500,000.00	5,860,000.00
3900 - Retained Earnings	0.09	
Net Income	316,541.12	255,457.31
Total Equity	7,227,930.20	6,574,879.30
TOTAL LIABILITIES & EQUITY	8,608,815.59	8,206,228.51



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 9

Motion

**Council Meeting
March 22 – 23, 2017**

Agenda #9: Approval of the Operating and Capital Budgets for 2017/2018

It is moved by

and seconded by

that:

Council approves the 2017-2018 Operating and Capital Budgets.

Meeting Date:	March 22 & 23, 2017
Agenda Item #:	9
Issue:	Approval of the Operating and Capital Budgets for 2017/2018
Submitted by:	Robyn MacArthur and Shenda Tanchak

Background

As Council knows, we use zero-based budgeting at CPO. This involves preparation of a fresh budget every year with each item needing to be justified, whether new or not. Every line item of the budget is approved by Council. Blanket increases or decreases are not used, allowing funding to shift more freely according to strategic needs.

Where the notes include reference to the past budget, this is intended as a 'reality check' or to provide a clear explanation of this year's costs.

Notes about the Operating Budget

Overall, the budget is fairly stable as compared to last year despite predicting an overall deficit of \$118,492.22.

A few highlights:

1. The Registration Fee income reflects increased membership numbers.
2. Experience has taught us that the number of requests for registration fee refunds is higher than we had previously thought, so this amount has increased by about \$17,433.40 in comparison.
3. Patient Relations Committee costs have been decreased significantly because we plan no "in-person" meetings this year.
4. Networking, Conferencing and Travel Costs, as well as Council Education costs, are higher than last year because this year we budgeted for two international conferences (INPTRA/WCPT and CLEAR International) that take place only every second year. For 2017-2018 these conferences are in South Africa and Australia, respectively.
5. Memberships and Subscriptions are up somewhat, largely due to an anticipated 2% cost-of-living increase in Alliance fees.
6. Rent is budgeted to go up in accordance with the College's anticipated move. There is an increased cost per square foot as our current lease comes to an end, and the new space is larger than the current space. Note as well, a 1 month overlap in rental expense where we pay for both spaces at the same time (April 2017).
7. Policy Development is reduced dramatically because several research projects have now been completed and we anticipate cost sharing in the CAG.
8. Print Communication was a missed budget item last year, so the amount is an increase over last year.

9. Online Communication has also been reduced in reliance on the yield from this year's investments. Much of the design and Content Management System is in place at this point and we are confident that we will be able to build up from there.
10. In-Person Communications will cost more as part of a focused effort to reach out to PTs and develop personal relationships in accordance with our Strategic Plan.
11. Hearing expenses, including legal costs and Divisional Court costs are budgeted in keeping with known referrals to the Discipline Committee and are higher than previously budgeted.
12. Assessor Training is dramatically down as compared with last year because assessor training takes place every other year and is not required this year.
13. Salaries are budgeted to increase. The increase includes regular cost of living and merit increases. In addition, some positions previously recognized as consultants have been moved into the salary line. Some minor increases in staffing are also planned: .5 practice advisor; .2 investigator and a temporary six month contract for data support.
14. Staff Development costs have been deliberately decreased to off-set this year's international travel expenses.

Notes about Capital Expenditures

Council will note a shift in the approach to the Capital Budget. We have previously attempted to budget capital expenses as though they would occur in a single fiscal year. However, this is not how the spending actually takes place. For example, both the move and the database development projects span two or more fiscal years. Accordingly, the Capital Budget is expressed on a per project basis.

Some of the money for these projects has already been spent. You are being asked to approve the total project costs. These projects are funded from our reserves and will not have an effect on operating expenses throughout the year.

There are two huge investments looming: the database (an expense that was originally approved for our current year, but has been delayed) and the costs associated fitting out the new office space.

The Move: We had presented an overspend budget for the move to both Finance Committee and to Executive, without much detail. We are now able to detail by line item where the project manager's budget and the CPO's budget had not aligned.

The Database: The contract with the original service provider has been terminated following delays of nearly two years.

We are exploring a new provider. We have undergone the first stage of this process, which is a 'discovery' that analyzes our business needs against their 'out of box' product and are awaiting a final quote for the whole database. Preliminary discussions suggest that their product is more cost effective than our previous provider. As a result, when compared with the current year budget, the new budget for the database is lower by \$73,400.

Please note that the budget figure for the database is a very rough estimate – it will not be possible to ascertain a firm price before the Council meeting. Council will be updated as soon as possible should the final quote be higher.

Impact of Moving Expenses and Database Costs on Membership Fees

The budget materials include a sheet titled “**Cash Flow & Reserves**”. This projection of the CPO’s projected revenues and expenses over the next five years is intended to help put the high capital cost projects into perspective, and to explain how and where the cash is coming from and where it is going.

If we maintain operations at the current level, both in terms of activity and expense, we are likely to continue to see deficit budgets over the long term. Council will remember that this was the planned and anticipated impact of reducing membership fees/revenue a few years ago.

The intention of the reduction in fees was to prevent continued accrual of reserves and high cash balances. Continued accrual of reserves is, in effect, income to the College. Where income repeatedly exceeds expenses, there is a risk that the Canada Revenue Agency could reevaluate our position as a not-for-profit entity. In that event, we would be subject to taxation and our operating costs would increase dramatically.

At the time of the fee reduction, Council designated a “Fee Stabilization Reserve” as a holding place for any accumulated revenue that exceeded our Contingency Reserve. The Contingency Reserve is intended to be held in case of emergency or operational wind-up. The intention was that membership fees would be kept stable as long as there were funds available in the Fee Stabilization Reserve as operating costs in excess of revenue could be drawn from that fund.

As the “Cash Flow & Reserves” table demonstrates, our Fee Stabilization Reserve will be reduced significantly by our costly capital projects. However, it will not be exhausted. Accordingly, there is no reason to anticipate that fees would need to be increased in the next five years.

Decision

Staff seeks approval of the 2017-2018 Operating and Capital Budgets.

College of Physiotherapists of Ontario
Operating Budget for Fiscal 2017-2018

Last Year Budget Full Year		FISCAL 2018 (Future Year)					CHANGE	NOTES
		Sum of Q1	Sum of Q2	Sum of Q3	Sum of Q4	Sum of Annual		
Income Section - If Change is GREEN = INCREASE (Greater) Income								
5,237,952.20	4001 · Registration Fees	1,269,795.00	1,329,382.50	1,322,002.60	1,332,201.54	5,253,381.64	15,429.44	
65,745.48	4002 · Interest income	16,624.06	16,624.06	16,624.06	16,624.06	66,496.25	750.77	
28,800.00	4003 · Remediation chargeback	8,198.25	8,198.25	8,198.25	8,198.25	32,793.00	3,993.00	
24,300.00	4004 · Cost Order Recovery	3,000.00	7,000.00	13,000.00	23,000.00	46,000.00	21,700.00	Anticipated increase in Discipline Cost Orders
-30,527.00	4007 · Registration fee credits	-11,810.75	-18,814.80	-17,334.85	0.00	-47,960.40	17,433.40	Adjustment to reflect Last Year's Actuals
4,200.00	4010 · Miscellaneous Income	6,525.00	6,525.00	6,525.00	6,525.00	26,100.00	21,900.00	Enhanced collection efforts and By-Law Changes added new fees
5,330,470.68	Total Income	1,292,331.56	1,348,915.01	1,349,015.06	1,386,548.85	5,376,810.49	46,339.81	
Expense Section - If Change is GREEN = DECREASE (lower) Expenses								
1,635.40	5001 · Chairs meeting - per diem	0.00	0.00	0.00	0.00	0.00	-1,635.40	No Meeting Planned
31,624.20	5002 · ICRC - per diem	7,487.10	4,991.40	4,991.40	7,487.10	24,957.00	-6,667.20	
45,366.00	5003 · Council - per diem	11,341.50	11,341.50	11,341.50	11,341.50	45,366.00	0.00	
21,722.75	5005 · Discipline Committee - per diem	6,680.00	0.00	9,700.00	19,400.00	35,780.00	14,057.25	Anticipated increase in Hearings
17,225.28	5006 · Executive - per diem	5,497.20	3,481.20	3,697.20	3,697.20	16,372.80	-852.48	
5,837.20	5010 · Patient Relations - per diem	331.00	0.00	331.00	0.00	662.00	-5,175.20	removed the 3 workshops
5,233.28	5011 · QA Committee - per diem	2,810.00	2,810.00	2,810.00	2,810.00	11,240.00	6,006.72	Last Budget did not include Prep Time
5,774.94	5012 · Registration Com. - per diem	1,226.70	2,102.84	1,226.70	1,226.70	5,782.94	8.00	
2,956.65	5017 · Finance Committee - per diem	478.13	478.13	478.13	1,434.38	2,868.75	-87.90	
2,141.32	5051 · Chairs meeting - expenses	0.00	0.00	0.00	0.00	0.00	-2,141.32	No Meeting Planned
22,356.69	5052 · ICRC - expenses	5,889.17	3,926.11	3,926.12	5,889.17	19,630.58	-2,726.12	
68,220.91	5053 · Council - expenses	35,196.99	11,871.96	11,871.96	11,871.95	70,812.86	2,591.95	

College of Physiotherapists of Ontario
Operating Budget for Fiscal 2017-2018

Last Year Budget Full Year		FISCAL 2018 (Future Year)					CHANGE	NOTES
		Sum of Q1	Sum of Q2	Sum of Q3	Sum of Q4	Sum of Annual		
39,395.50	5055 · Discipline Committee - expenses	7,371.90	0.00	9,936.66	19,885.32	37,193.88	-2,201.62	Calculated based on Actual Panel Members vs Average Costs used for other Committees
7,852.23	5056 · Executive Committee - expenses	2,149.51	2,149.51	2,149.51	2,149.51	8,598.03	745.80	
10,513.14	5061 · Patient Relations - expenses	0.00	0.00	0.00	0.00	0.00	-10,513.14	No in person meetings planned
6,852.23	5062 · QA Committee - expenses	1,790.46	1,790.46	1,790.46	1,790.46	7,161.84	309.61	
1,384.79	5063 · Registration Comm. - expenses	0.00	1,384.79	0.00	0.00	1,384.79	0.00	
984.79	5075 · Finance Committee - expenses	0.00	0.00	0.00	1,725.00	1,725.00	740.20	
0.00	5101 - IT Hardware	1,934.37	1,934.37	1,934.37	1,934.37	7,737.48	7,737.48	Leasing rather than purchasing new computers
5,890.86	5102 - Software	2,030.41	2,030.41	2,030.41	17,834.02	23,925.25	18,034.39	Reflects needs associated with new Database in Q4
75,503.00	5103 · IT Maintenance	18,972.00	18,972.00	18,972.00	18,972.00	75,888.00	385.00	
20,000.00	5104 · IT Database	0.00	0.00	0.00	0.00	0.00	-20,000.00	Moved to Capital Budget
9,374.40	5200 · Insurance	2,344.40	2,344.40	2,375.75	2,375.75	9,440.30	65.90	
37,658.00	5300 · Networking, Conf. & Travel	2,394.50	13,403.52	29,074.76	1,298.00	46,170.78	8,512.78	Note: 2 International Conferences (Bi-Annually)
164,825.13	5402 · Bank & service charges	41,367.98	43,227.25	42,929.49	43,300.42	170,825.13	6,000.00	Adjusted to reflect actuals
19,455.16	5403 · Maintenance & repairs	488.79	488.79	488.79	488.79	1,955.16	-17,500.00	Moved to Capital Budget
193,523.20	5405 · Memberships & subscriptions	54,137.17	47,460.82	46,542.40	48,244.67	196,385.06	2,861.86	Increases in several membership fees
17,200.00	5407 · Office supplies	4,300.00	4,300.00	4,300.00	4,300.00	17,200.00	0.00	
11,200.00	5408 · Postage & courier	2,240.00	2,240.00	2,240.00	2,240.00	8,960.00	-2,240.00	
305,914.87	5409 · Rent	129,697.16	106,975.44	106,975.44	106,975.44	450,623.48	144,708.61	
12,492.00	5411 · Printing, Filing & Stationery	2,875.00	2,875.00	2,875.00	2,875.00	11,500.00	-992.00	
33,430.92	5412 · Telephone & Internet	6,972.74	6,972.74	6,972.74	6,972.74	27,890.96	-5,539.96	Planned switch to VOIP
0.00	5413 - Bad Debt	839.87	1,139.87	1,589.87	2,339.87	5,909.48	5,909.48	

College of Physiotherapists of Ontario
Operating Budget for Fiscal 2017-2018

Last Year Budget Full Year		FISCAL 2018 (Future Year)					CHANGE	NOTES
		Sum of Q1	Sum of Q2	Sum of Q3	Sum of Q4	Sum of Annual		
36,053.00	5503 · Council Education	4,932.20	21,803.51	37,218.59	3,770.00	67,724.30	31,671.30	Note: 2 International Conferences (Bi-Annually)
3,200.00	5504 · Elections	0.00	0.00	0.00	3,200.00	3,200.00	0.00	
119,845.00	5505 · Policy Development	12,500.00	1,750.00	7,500.00	250.00	22,000.00	-97,845.00	Reduction reflects completion of several research projects and anticipated cost-sharing with the CAG
6,000.00	5605 · French Language Services	2,000.00	2,000.00	2,700.00	2,000.00	8,700.00	2,700.00	
	5620 · Print Communication	3,200.00	6,400.00	2,600.00	2,600.00	14,800.00	14,800.00	Missed Budget Item Last Year
164,200.60	5621 · Online Communication	17,490.00	24,590.00	36,040.00	34,390.00	112,510.00	-51,690.60	Reduced Video Recording Budget reflects increased in-house capabilities
19,800.00	5622 · In-Person Communication	900.00	4,500.00	19,200.00	3,000.00	27,600.00	7,800.00	Increased Outreach in accordance with Strategic Plan
12,000.00	5701 · Audit	4,520.00	4,520.00	4,520.00	4,520.00	18,080.00	6,080.00	
7,967.63	5702 · Hearing Expenses	2,986.00	1,991.60	3,483.20	7,958.00	16,418.80	8,451.17	
27,600.00	5704 · Investigations	1,032.61	3,025.65	2,029.13	2,029.13	8,116.52	-19,483.48	Staff Reorg hopes to result in savings
0.00	5710 - Temporary Staff	3,735.00	0.00	0.00	0.00	3,735.00	3,735.00	
10,000.00	5755 · General Legal	5,000.00	5,000.00	5,000.00	5,000.00	20,000.00	10,000.00	
55,000.00	5760 · General Counsel	2,911.53	21,288.00	2,911.00	2,911.00	30,021.53	-24,978.47	Reduced to reflect actuals
69,291.60	5761 · Independent Legal Advice	35,595.00	14,712.60	29,425.20	80,207.40	159,940.20	90,648.60	Increase to reflect anticipated increased # of hearings
123,119.15	5762 · Hearing Counsel	23,057.65	9,136.05	18,272.10	56,121.45	106,587.25	-16,531.90	Reduced to reflect actuals
35,000.00	5763 · Divisional Court appeals	0.00	10,000.00	0.00	0.00	10,000.00	-25,000.00	Based on actual appeals anticipated
31,330.00	5802 · Jurisprudence	22,600.00	0.00	0.00	0.00	22,600.00	-8,730.00	5 year cycle complete, resulting in lower volume in 2016/17
242.00	5811 · QA Program Development & Eval.	20,000.00	20,000.00	51.00	51.00	40,102.00	39,860.00	
87,850.00	5821 · Assessor Travel	23,581.81	23,581.81	23,581.81	23,581.81	94,327.25	6,477.25	
51,344.51	5823 · Assessor Training	1,007.50	9,931.00	1,007.50	1,007.50	12,953.50	-38,391.01	Bi-Annual Expense not required this year

College of Physiotherapists of Ontario
Operating Budget for Fiscal 2017-2018

Last Year Budget Full Year		FISCAL 2018 (Future Year)					CHANGE	NOTES
		Sum of Q1	Sum of Q2	Sum of Q3	Sum of Q4	Sum of Annual		
133,952.00	5824 · Assessor Onsite Assessment Fee	34,042.17	34,042.17	34,042.17	34,042.17	136,168.70	2,216.70	
4,200.00	5870 · Practice Enhancement - QA	5,124.79	5,124.79	5,124.79	5,124.79	20,499.17	16,299.17	Increase to reflect actuals
28,800.00	5880 · Remediation - PC	16,837.38	7,058.38	8,653.38	5,858.38	38,407.52	9,607.52	
12,000.00	5890 · Sexual Abuse Therapy Fund	2,000.00	2,000.00	2,000.00	2,000.00	8,000.00	-4,000.00	
2,367,262.12	5901 - Salaries	628,816.35	670,895.21	653,470.67	655,573.74	2,608,755.97	241,493.85	Moved: .5 practice advisor from consultants to salary. Added .5 practice advisor (to manage call volumes and meet strategic goals), .5 data management support (6 month contract) to improve data collection capabilities & .2 investigator
80,152.96	5902 - Employer Benefits	23,412.45	24,209.47	24,607.98	24,607.98	96,837.88	16,684.92	
116,151.56	5903 - RRSP	28,191.89	29,272.25	29,812.05	31,264.26	118,540.44	2,388.88	
87,500.00	5904 · Consultant fees	0.00	0.00	0.00	0.00	0.00	-87,500.00	Moving related fees moved to CapEx, Compensation Survey required as per Policy deferred to next year
125,007.60	5905 · Staff Development	8,117.45	28,993.00	38,265.11	13,675.00	89,050.56	-35,957.05	Reduced to off set International Travel
1,600.00	5906 · Recruitment	400.00	400.00	400.00	400.00	1,600.00	0.00	
11,330.00	5907 - Staff Recognition	2,230.00	2,410.00	5,480.00	2,410.00	12,530.00	1,200.00	
67,516.16	5911 - CPP	23,658.58	14,075.16	6,953.19	31,951.10	76,638.03	9,121.87	
35,554.10	5912 - EI	10,838.38	6,397.51	3,079.98	14,718.37	35,034.24	-519.85	
37,090.19	5913 - EHT	12,261.92	13,082.46	12,742.68	4,008.69	42,095.74	5,005.55	
217,236.72	6001 · Amortization	20,724.96	833.33	16,861.13	29,361.13	67,780.56	-149,456.16	Reflects Move to 8th Floor depreciated over 10 years starting in May. CRM depreciated over 7 years starting in Jan 2018.
5,388,741.75	Total Expenses	1,362,549.67	1,323,716.47	1,370,584.31	1,438,452.27	5,495,302.71	106,560.96	
-58,271.07	Net Income / (Defecit)	-70,218.11	25,198.54	-21,569.24	-51,903.41	-118,492.22	-60,221.15	
		<i>Loss</i>	<i>Income</i>	<i>Loss</i>	<i>Loss</i>	<i>Loss</i>		

**College of Physiotherapists of Ontario
Capital Budget**

	Budgeted 2016-2017 (Last Year) HST <i>NOT</i> included	Updated Project Budget HST included	Change in Overall Capital Budget From 2016-2017	Notes
Office Move to 8th Floor				
See Project Cost Summary for Full Details	678,132.21	812,010.38	133,878.17	
Total Cost to CPO	<u>678,132.21</u>	<u>812,010.38</u>	<u>133,878.17</u>	Total Additional Request over Previously Approved Amount
CRM				
Design, development, configuration, testing and training for database.	468,900.00	395,500.00	-	73,400.00
CRM - licenses	85,000.00		-	-
Totals	<u>553,900.00</u>	<u>395,500.00</u>	<u>-</u>	<u>73,400.00</u>
IT Hardware				
Replace end-of-life computers	10,000.00	10,000.00	-	
Grand Total	<u>1,242,032.21</u>	<u>1,217,510.38</u>	<u>60,478.17</u>	Increase in Total Capital Budget from Last Year

Project Summary shows cost breakdown including items never budgeted for
Total Additional Request over Previously Approved Amount

In negotiations with New Provider for CRM , less expensive Expensing in Operating Budget for new Fiscal
Total Savings on going with New Provider

Need a new Server to run Database

**College of Physiotherapists of Ontario
Projected Balance Sheets to March 31 2018**

	<u>31 Mar 16</u>	<u>31 Mar 17</u>	<u>31 Mar 18</u>
ASSETS			
Current Assets			
Chequing/Savings			
1000 - Cash on Hand			
Total 1000 - Cash on Hand	2,696,435.16	3,071,371.62	3,099,249.42
Total 1100 - Investments	8,622,869.04	8,756,600.21	7,617,125.50
Total Chequing/Savings	11,319,304.20	11,827,971.83	10,716,374.92
Total Accounts Receivable	47,551.60	14,961.74	17,609.74
Other Current Assets			
Total 1400 - Prepaid Expenses	273,319.53	215,352.80	213,674.26
Total Current Assets	11,640,175.33	12,058,286.37	10,947,658.93
Total Fixed Assets	153,331.55	156,625.14	1,149,729.82
TOTAL ASSETS	<u>11,793,506.88</u>	<u>12,214,911.51</u>	<u>12,097,388.75</u>
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Total Accounts Payable	44,996.60	70,496.60	70,496.60
Other Current Liabilities			
2010 - Accrued Liabilities	59,782.40	99,342.40	34,782.40
Total 2100 - Deferred Revenue	4,752,081.06	4,992,501.60	3,527,925.46
Total 2150 - Other Payables	5,170.94	0.00	0.00
Total Other Current Liabilities	4,817,034.40	5,091,844.00	3,562,707.86
Total Current Liabilities	4,862,031.00	5,162,340.60	3,592,704.46
Total Long Term Liabilities	20,086.80	0.00	0.00
Total Liabilities	4,882,117.80	5,162,340.60	3,592,704.46
Equity			
3000 - Unrestricted Reserve (Min 5% of Operating Expenses)	258,058.34	258,058.34	271,376.11
3001 - Invested in Capital Assets	153,330.65	156,625.14	1,149,729.82
3010 - Restricted Reserves			
3011 - Contingency Reserve	5,171,999.81	4,863,339.00	5,427,522.15
3012 - Fee Stabilization Reserve	1,328,000.19	1,774,548.43	1,656,056.21
Total 3010 - Restricted Reserves	6,500,000.00	6,637,887.43	7,083,578.36
3900 - Retained Earnings	-591,967.00	-446,548.24	118,492.22
Net Income	591,967.09	446,548.24	-118,492.22
Total Equity	6,911,389.08	7,052,570.91	8,504,684.29
TOTAL LIABILITIES & EQUITY	<u>11,793,506.88</u>	<u>12,214,911.51</u>	<u>12,097,388.74</u>

College of Physiotherapists of Ontario
Capital Budget - Depreciation / Amortization Schedule
Fiscal Year 2017-2018

	# of Years Amortized	Budget Year				Total	Projected Years			
		Q1	Q2	Q3	Q4		2018-2019	2019-2020	2020-2021	2021-2022
Existing Computer Equipment - to depreciate to zero	3	4,162.82				4,162.82	0	0	0	0
Existing Computer Software - to depreciated to zero	3	15,728.81				15,728.81	0	0	0	0
New Computer Hardware (Server)	3	833.33	833.33	833.33	833.33	3,333.33	3,333.33	3,333.33	0	0
Furniture & Fixtures & Construction (New) **	10	-	-	16,027.80	16,027.80	32,055.60	81,201.04	81,201.04	81,201.04	81,201.04
CRM - comes on board January 2018	7	-	-		12,500.00	12,500.00	50,000.00	50,000.00	50,000.00	50,000.00
		20,724.96	833.33	16,861.13	29,361.13	67,780.56	134,534.37	134,534.37	131,201.04	131,201.04

**** Depreciation / Amortization to begin once all costs have been accumulated and finalized.**

This is not anticipated until sometime in the 2nd Quarter, with Depreciation/Amortization expense to begin in 3rd Quarter.

**College of Physiotherapists of Ontario
5 Year Cash Flow and Reserve Projections**

	<i>Last Year 2015-2016</i>	Current Year 2016-2017	Budgeted Year 2017-2018	<i>Projections</i>			
				2018-2019	2019-2020	2020-2021	2021-2022
Cash Flow:							
Opening Cash Balance:	10,825,529.45	11,319,304.20	11,827,971.83	10,716,374.93	10,664,902.59	10,612,658.17	10,559,630.09
Cash from / (to) Operations:							
Revenues, <i>including Interest Income</i>	5,325,040.17	5,423,894.89	5,376,810.49	5,457,462.65	5,539,324.59	5,622,414.46	5,706,750.67
Operating Expenses ¹	- 4,409,275.07	- 4,863,339.00	- 5,427,522.15	- 5,508,934.98	- 5,591,569.01	- 5,675,442.54	- 5,760,574.18
Amortization/Depreciation ²	- 159,522.86	- 114,007.65	- 67,780.56	- 134,534.37	- 134,534.37	- 131,201.04	- 131,201.04
Cash Income / (Loss)	<u>756,242.24</u>	<u>446,548.24</u>	<u>- 118,492.22</u>	<u>- 186,006.71</u>	<u>- 186,778.79</u>	<u>- 184,229.12</u>	<u>- 185,024.55</u>
Cash to Capital Expenditures:							
Computer Hardware ³	- 36,323.70	-	10,000.00	-	-	-	-
Move to Suite 800 ³	-	139,964.70	672,045.68	-	-	-	-
Database Expenditures ³	- 87,991.01	- 16,660.44	378,839.56	-	-	-	-
Total Cash Spent on Capital Projects: ⁴	<u>- 124,314.71</u>	<u>- 156,625.14</u>	<u>- 1,060,885.24</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Cash from / (to) Misc. Sources:							
Total Misc. Cash:	<u>- 297,675.64</u>	<u>104,736.88</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Closing Cash Balance:⁵	<u><u>11,319,304.20</u></u>	<u><u>11,827,971.83</u></u>	<u><u>10,716,374.93</u></u>	<u><u>10,664,902.59</u></u>	<u><u>10,612,658.17</u></u>	<u><u>10,559,630.09</u></u>	<u><u>10,505,806.58</u></u>
Reserves:							
Unrestricted Reserve (Min 5% of Operating Expenses) ⁶	258,058.34	258,058.34	271,376.11	275,446.75	279,578.45	283,772.13	288,028.71
Invested in Capital Assets	153,330.65	156,625.14	1,149,729.82	1,015,195.45	880,661.08	749,460.04	618,259.00
Restricted Reserves	<u>411,388.99</u>	<u>414,683.48</u>	<u>1,421,105.93</u>	<u>1,290,642.20</u>	<u>1,160,239.53</u>	<u>1,033,232.17</u>	<u>906,287.71</u>
Contingency Reserve (1 Year's Operating Expenses) ⁶	5,171,999.81	4,863,339.00	5,427,522.15	5,508,934.98	5,591,569.01	5,675,442.54	5,760,574.18
Fee Stabilization Reserve ⁷	1,328,000.19	1,774,548.43	1,656,056.21	1,470,049.50	1,283,270.71	1,099,041.59	914,017.04
Restricted Reserves	<u>6,500,000.00</u>	<u>6,637,887.43</u>	<u>7,083,578.36</u>	<u>6,978,984.49</u>	<u>6,874,839.72</u>	<u>6,774,484.13</u>	<u>6,674,591.22</u>
Total Reserves	<u><u>6,911,388.99</u></u>	<u><u>7,052,570.91</u></u>	<u><u>8,504,684.29</u></u>	<u><u>8,269,626.68</u></u>	<u><u>8,035,079.25</u></u>	<u><u>7,807,716.30</u></u>	<u><u>7,580,878.93</u></u>
% of Cash Held in Reserve⁸	61.06%	59.63%	79.36%	77.54%	75.71%	73.94%	72.16%

Notes:

- Operating Expenses do not include Amortization/Depreciation for Capital Assets.
- Amortization / Depreciation is shown separately because it is a non cash item and will not be used to calculate Cash Balances.
- Capital Expenditures are shown in the years where the cash will be spent.
- Please note that the total \$ spent in both Current Year and Budget Year total the Capital Budget of \$1,217,510.38.
- Closing Cash Balance is the cumulation of all the Cash Items, and does not include the Amortization/Depreciation Amount.
- Current Year Reserves are assumed to not be reduced from Previous Balances, and will only be adjusted if an increase is needed.
- Fee Stabilization Reserve is calculated on the Previous Year's Balance and the Current Year's Net Income / (Loss). Even with deficit budgets and the large Capital Projects, projected out 5 years and with ZERO increases in Fees to the Membership, the Reserve remains above the balance at March 31, 2015 which was \$379,439.19.
- When compared with Last Year and Current Year, the Reserves increase to cover the increased Operational Costs and the Capital Investments, but over time they begin to drop (in both \$ and as a % of Total Cash) as it trends back to "normal" in and around 60%.



Meeting Date:	March 22 - 23, 2017
Agenda Item #:	11
Issue:	Supervision Standard Workshop
Submitted by:	Téjia Bain, Junior Policy Analyst

Issue:

Staff will be conducting a workshop with Council to obtain their feedback on expectations for a Supervision Standard.

Summary Information

At the November 2016 Executive Committee meeting, staff was asked to begin the work on developing a Supervision Standard that would provide the expectations for any physiotherapist supervising another person involved in patient care. Since that time, staff has extensively researched policies, standards and literature on supervision and also conducted interviews with supervisors, academic coordinators of supervisory programs, and internal staff at the College to determine what is considered best practice in physiotherapy supervision today.

Council will recall that it approved revisions to its Physiotherapist Assistants Standard a year ago. Staff anticipates that many of the expectations that were incorporated into the Physiotherapist Assistants Standard will align with expectations developed for the more general Supervision Standard.

A Supervision Standard has the potential to have a significant impact on the membership and existing supervisory programs at large. As such, staff is seeking Council’s feedback during a workshop to identify expectations for the Supervision Standard based on the many potential rules for supervision that have been gathered from our research and analysis.

In preparation for the workshop, Council members are being asked to read through the background document attached and answer the proposed questions individually before bringing their feedback to the group discussion at the workshop.

Decision Sought:

None. For Input.

Attachments

- Appendix 1: Background Information – Supervision Standard Workshop
- Appendix 2: Physiotherapist Assistants Standard

Appendix 1: Background Information - Supervision Standard Workshop

This document provides background information for Council’s workshop discussion about a list of possible expectations for the Supervision Standard.

The Supervision Standard will provide the expectations for all physiotherapists providing supervision to another person involved in patient care, regardless of that person’s educational background or experience in physiotherapy. Staff anticipates that many of the expectations in the Physiotherapist Assistants Standard that was approved in March 2016 will align with expectations for the more general Supervision Standard.

This document includes a brief description of each type of supervisee encountered by physiotherapists in practice, followed by a table that lists possible expectations for the Supervision Standard, the source documents for those expectations, and the rationale for consideration of the expectations. To prepare for the workshop, it would be helpful for Councillors to review the information and consider how they would answer the specific questions described below. During the workshop, members of Council will have the opportunity to discuss their opinions about the expectations with each other.

The goal of this exercise is to allow Councillors to provide input about which expectations should be incorporated into the Supervision Standard.

Task:

Council members are being asked to review each expectation in the table below, consider how they would answer the questions below, and record the answers in the spaces provided:

- 1. Is it the College’s responsibility to enforce this expectation?**
- 2. Which group of supervisees does this expectation apply to?**

Supervisees for consideration:

- 1. Physiotherapist Assistants** – hired and trained to assist and work under the supervision of a physiotherapist. Physiotherapist Assistants (PTAs) can come from multidisciplinary backgrounds and are usually hired by the same employer of the physiotherapist for the purpose of assisting the physiotherapist. *Physiotherapists working with PTAs are required to comply with the College’s Physiotherapist Assistants Standard, which is included for your reference.*
- 2. Students of physiotherapy programs, the bridging program, and other health professional programs (Student learners):**
 - Physiotherapy students – required to complete a minimum of 1025 hours of supervised clinical practice in order to complete a Master’s level physiotherapy program. Their supervision is coordinated by universities and has very structured tiers of authority and expectations for supervising physiotherapists.
 - Ontario Internationally Educated Physical Therapy Bridging Program (OIEPB) students – required to complete two 5-week supervised internships as part of the program to meet competency minimum requirements determined by the CAPR (formerly the Alliance). In Ontario, the supervision

for this group is arranged by the University of Toronto. All OIEPB students would have obtained a degree in physiotherapy outside of Canada before entering the program.

- High school cooperative education students – a supervisory placement is arranged for these students by their high school administration as a learning requirement before graduation. The placement consists mainly of job-shadowing and basic clinical activities.
- Physiotherapist Assistant students and students of other health professions – required to complete a certain number of supervised clinical practice hours in order to complete an educational program. The supervision for these groups is usually structured by their colleges or universities and can vary based on the goals and objectives of the student for each placement.

The Standard for Supervision of Student Learners currently sets the expectations for physiotherapists who supervise students.

3. Physiotherapists under supervision:

- Physiotherapy Residents – registered with the College to practice under the supervision of a registered physiotherapist pending the results of the clinical physiotherapy competency exam (PCE). All Physiotherapy Residents have met the education requirements to practice physiotherapy in Ontario and have successfully passed the written component of the PCE. They are held accountable to the College to maintain the Standards of Practice while practicing as a Physiotherapy Resident.
- Physiotherapists under supervision as part of a remediation program with the College – the College may require certain physiotherapists undergoing remediation to be supervised by another physiotherapist as a term, condition or limitation on their certificate of registration. These physiotherapists would have met the entry-to-practice requirements but have been found to be lacking in some particular aspect of practice that requires monitoring.

Table of Expectations for the Supervision Standard

*For the purpose of the discussion, the expectations below use the term “supervisee” to refer broadly to any person who is being supervised by a physiotherapist.

Expectation	Source Document(s)	Rationale	Is it the College’s responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
<p>1. A physiotherapist must not supervise a relative or a person with whom they have a personal relationship.</p>	<ul style="list-style-type: none"> Framework for Entry to Practice Supervision by Physiotherapy Regulators in Canada, 2014 	<p>Having a dual relationship (i.e. a professional and personal relationship) with a supervisee can lead to the physiotherapist’s professional judgement being impaired when interacting with the supervisee. Patient safety may be put at risk if the physiotherapist is unable to maintain professional objectivity.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> <i>Physiotherapist Assistants</i></p> <p><input type="checkbox"/> <i>Student Learners</i></p> <p><input type="checkbox"/> <i>Physiotherapists under supervision</i></p>
<p>2. The physiotherapist must have a written communication [plan] that states:</p> <ul style="list-style-type: none"> how and when they will discuss patient care with the [supervisee], how to contact the physiotherapist, and how to contact the alternate supervisor if the physiotherapist cannot be reached. 	<ul style="list-style-type: none"> Physiotherapist Assistants Standard 	<p>This expectation is directly from the PTA Standard and was aimed at ensuring that the physiotherapist maintains oversight of the work performed by the PTA.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> <i>Physiotherapist Assistants</i></p> <p><input type="checkbox"/> <i>Student Learners</i></p> <p><input type="checkbox"/> <i>Physiotherapists under supervision</i></p>
<p>3. The physiotherapist must designate an alternate supervisor. A physiotherapist who agrees to be the alternate contact for a [supervisee] must:</p>	<ul style="list-style-type: none"> Physiotherapist Assistants Standard 	<p>The rationale for this expectation from the PTA Standard is that by the physiotherapist designating an alternate supervisor, patients will continue to receive safe and effective care when the primary supervisor is not</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> <i>Physiotherapist Assistants</i></p> <p><input type="checkbox"/> <i>Student learners</i></p>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
<ul style="list-style-type: none"> • be able to assume this responsibility • have the knowledge, skill, and judgement to perform the assigned care • be able to intervene according to the communication [plan] 		available. It also increases transparency about who delivers care.		<input type="checkbox"/> <i>Physiotherapists under supervision</i>
<p>4. A physiotherapist must not assign care that he or she does not have the knowledge, skill and judgment to perform.</p>	<ul style="list-style-type: none"> • Physiotherapist Assistants Standard 	Physiotherapists are required to practice within the scope of physiotherapy by using their knowledge, skill and judgement to provide quality care. With this in mind, supervising physiotherapists should not assign or supervise activities that they do not have the knowledge, skill and judgement to perform. This expectation was pulled directly from the PTA Standard.	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Student learners</i> <input type="checkbox"/> <i>Physiotherapists under supervision</i>
<p>5. The physiotherapist must ensure that the [supervisee] has the knowledge, skill and judgement to deliver the assigned care safely and with the same quality of care as the physiotherapist would provide.</p>	<ul style="list-style-type: none"> • Physiotherapist Assistants Standard • Standard for Supervision of Student Learners • All supervision manuals and policies of all regulators, educators and associations reviewed 	This expectation is lifted directly from the PTA Standard, and similar language is used in the Standard for Supervision of Student Learners. As the supervisor, the physiotherapist must be able to assess the knowledge, skill and judgement of the supervisee and assign activities to the supervisee that are appropriate for his or her capabilities. This is important to ensure that	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Student learners</i> <input type="checkbox"/> <i>Physiotherapists under supervision</i>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
		patients receive safe and competent care.		
6. The physiotherapist must ensure that the Standards of Practice are upheld when a supervisee is involved in patient care.	<ul style="list-style-type: none"> • Framework for Entry to Practice Supervision by Physiotherapy Regulators in Canada, 2014 • Physiotherapy Alberta College + Association Supervision Agreement • College of Physiotherapists of Manitoba Supervised Practice Agreement 	This expectation captures the responsibility of any physiotherapist providing supervision, whether or not the supervisee is registered with the College. All regulatory policies on supervision reviewed incorporate the language of this expectation and recognize that the responsibility must fall on the physiotherapist to ensure that care provided to patients by any person under their supervision is safe.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Student learners</i> <input type="checkbox"/> <i>Physiotherapists under supervision</i>
7. A physiotherapist who assigns care to a [supervisee] remains responsible for all of the patient's care.	<ul style="list-style-type: none"> • Physiotherapist Assistants Standard • Standard for Supervision of Student Learners 	This expectation ensures that physiotherapists are held to account for decisions and actions that involve assigning care to a supervisee. Physiotherapists should understand that they are ultimately responsible for the patient's care even when some or all of the tasks are assigned to someone else.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Student learners</i> <input type="checkbox"/> <i>Physiotherapists under supervision</i>
8. The physiotherapist must discuss the roles and responsibilities of the physiotherapist and the [supervisee] with each patient or their substitute	<ul style="list-style-type: none"> • Physiotherapist Assistants Standard • Health Care Consent Act 	The patient has the right to know who will be providing their care and also to deny consent to treatment by a supervisee. Patients should always be placed in the position to make an	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Student learners</i>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
decision maker. They should know the [supervisee] by name and job title.		informed decision about the care they are provided.		<input type="checkbox"/> <i>Physiotherapists under supervision</i>
9. The physiotherapist must ensure that the patient or their substitute decision maker has given informed consent when a [supervisee] is involved in their care. The patient's response must be documented in their clinical record.	<ul style="list-style-type: none"> • Standard for Supervision of Student Learners • Physiotherapist Assistants Standard • Health Care Consent Act 	As the person seeking care, the patient's voice must be heard when it comes to decisions about the care they are being provided. The Health Care Consent Act requires that patient consent be obtained prior to rendering any physiotherapy services and the consent be documented. This includes services provided by a supervisee.	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Student learners</i> <input type="checkbox"/> <i>Physiotherapists under supervision</i>
10. The physiotherapist must directly observe the activities performed by the supervisee until he or she can determine the level of supervision required for the supervisee.	<ul style="list-style-type: none"> • Framework for Entry to Practice Supervision by Physiotherapy Regulators in Canada, 2014 • Standard for Supervision of Student Learners 	Direct observation of a supervisee at the onset of the supervisory period allows the physiotherapist to conduct a first-hand assessment of the supervisee's competence and skill when completing tasks. For some supervisory groups, the supervisee must always have onsite supervision. However, in circumstances where the supervisee has a mixture of direct and indirect supervision, such as with physiotherapist residents, literature on supervision suggests that the supervisee should be observed directly until the physiotherapist can determine the appropriate level of supervision required for the supervisee.	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Student learners</i> <input type="checkbox"/> <i>Physiotherapists under supervision</i>
11. The physiotherapist must provide a level of	<ul style="list-style-type: none"> • Physiotherapist Assistants Standard 	Once the physiotherapist has assessed the knowledge, skill and judgement of	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>Physiotherapist Assistants</i>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
supervision suitable for the patient's condition, the clinical environment, the abilities of the [supervisee], and any other relevant factors.	<ul style="list-style-type: none"> Standard for Supervision of Student Learners 	the supervisee, the level of supervision provided should balance the learning needs of the supervisee with the need to maintain patient safety and quality care. Physiotherapist supervisors interviewed have identified this as a unique skill required for supervisors that can be challenging at times.	<input type="checkbox"/> No	<input type="checkbox"/> Student learners <input type="checkbox"/> Physiotherapists under supervision
12. The physiotherapist must not assign any controlled act that has been delegated to him or her.	<ul style="list-style-type: none"> Controlled Acts and Other Restricted Activities Standard The Regulated Health Professions Act, 1991 Physiotherapist Assistants Standard 	This expectation is derived from the Controlled Acts and PTA Standards, and based on provisions in the <i>RHPA</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Physiotherapist Assistants <input type="checkbox"/> Student learners <input type="checkbox"/> Physiotherapists under supervision
13. The physiotherapist must ensure that the supervisee does not perform any controlled act that the supervisor is not rostered with the College to perform.	Identified by staff	Staff identified that some physiotherapy residents may be performing controlled acts that their supervisors are not able to perform. All supervisors interviewed felt that physiotherapy residents should be restricted from doing this since the supervisor would not have the knowledge, skill and judgement to properly supervise the resident when performing the controlled act.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Physiotherapist Assistants <input type="checkbox"/> Student learners <input type="checkbox"/> Physiotherapists under supervision
14. The physiotherapist must not assign any part of acupuncture, communicating	<ul style="list-style-type: none"> Controlled Acts and Other Restricted Activities Standard 	This expectation is grounded in the expectations of the Controlled Acts Standard. The rationale is that	<input type="checkbox"/> Yes	<input type="checkbox"/> Physiotherapist Assistants

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
a diagnosis, spinal manipulation or internal assessment, or internal rehabilitation of pelvic musculature.	<ul style="list-style-type: none"> Physiotherapist Assistants Standard 	performing these controlled acts requires ongoing assessment of the patient's condition. For that reason, Council believed that they should not be assigned to anyone else.	<input type="checkbox"/> <i>No</i>	<input type="checkbox"/> <i>Student learners</i> <input type="checkbox"/> <i>Physiotherapists under supervision</i>
15. A physiotherapist must not assign initial assessments and re-assessments [to a supervisee].	<ul style="list-style-type: none"> Physiotherapist Assistants Standard 	This expectation is found in the PTA Standard. The rationale for this expectation is that physiotherapist assistants do not have the knowledge, skill and judgement to conduct assessments and re-assessments of patients.	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Student learners</i> <input type="checkbox"/> <i>Physiotherapists under supervision</i>
16. The physiotherapist must not assign treatment that would require the [supervisee], on their own, to change the established plan of treatment.	<ul style="list-style-type: none"> Physiotherapist Assistants Standard 	This expectation is found in the PTA Standard. The rationale for this expectation is that physiotherapist assistants do not have the knowledge, skill and judgement to change a patient's plan of treatment. This may not be the case for other supervisory groups.	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Student learners</i> <input type="checkbox"/> <i>Physiotherapists under supervision</i>
17. The physiotherapist must not assign supervision of another person to a supervisee.	<ul style="list-style-type: none"> College of Physical Therapists of British Columbia Practice Standard: Assignment of Task to a Physical Therapist Support Worker 	Staff identified this expectation on the basis that physiotherapists may work with multiple supervisees who complete similar tasks but have different competency levels. For example, a PT could be supervising a PTA and a PTA student simultaneously. Since the physiotherapist is responsible for all of the care assigned, only the physiotherapist should be providing the supervision required for each	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Student learners</i> <input type="checkbox"/> <i>Physiotherapists under supervision</i>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
		supervisee. In the circumstance above, the PTA should not be assigned to assess the competence of or teach an assigned task to the PTA student.		
18. The physiotherapist must ensure the [supervisee's] name and job title appear on invoices whenever they have provided all or part of the patient's care.	<ul style="list-style-type: none"> Physiotherapist Assistants Standard Guide to the Record Keeping Standard 	This expectation is only found in the PTA Standard and referenced in the Guide for the Record Keeping Standard. Council approved this expectation on the basis that it would encourage increased transparency with patients so that they are aware of who has provided their care.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Student learners</i> <input type="checkbox"/> <i>Physiotherapists under supervision</i>
19. The physiotherapist must co-sign all of the supervisee's charting.	<ul style="list-style-type: none"> Standard for Supervision of Student Learners 	This expectation aims to ensure transparency in patient documentation. The supervision policies of all Ontario universities make reference to the Supervision for Student Learners Standard and require their clinical supervisors to meet the expectations in the this Standard, including the expectation to co-sign all students' documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Student learners</i> <input type="checkbox"/> <i>Physiotherapists under supervision</i>
20. The physiotherapist must immediately discontinue the [supervisee's] involvement in a patient's care in circumstances where the [supervisee's] actions or deficient knowledge, skills and clinical reasoning places	<ul style="list-style-type: none"> Standard for Supervision of Student Learners 	This expectation is aimed at protecting patients from possibly being put at risk by a supervisee's involvement in their care. The physiotherapist must use their judgement to determine if this course of action is necessary when the supervisee does not demonstrate the knowledge, skill and judgement needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Student learners</i> <input type="checkbox"/> <i>Physiotherapists under supervision</i>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
<p>the public at risk, or where the patient withdraws consent for treatment [by the supervisee].</p>		<p>to ensure safe care is provided. Additionally, the physiotherapist must discontinue the supervisee's involvement when requested by the patient.</p>		
<p>21. The physiotherapist must meet the obligations to evaluate the supervisee as agreed upon with the institution that arranged the supervision.</p>	<ul style="list-style-type: none"> • Ministry of Education Cooperative Education Policies and Procedures • Supervision manuals and policies of physiotherapy universities reviewed • Provisional Practice Monitoring agreement • College of Physiotherapists of Manitoba Supervised Practice Agreement 	<p>The requirements for evaluating a supervisee vary depending on the type of supervisee. For example, all Ontario universities have adopted the Assessment of Clinical Performance (ACP) as the assessment tool for physiotherapy students during their clinical placements while some regulators use the Clinical Performance Instrument (CPI). How formal the evaluation of the supervisee is depends on the agreement between the institution and the supervisor. Regardless of the type of evaluation, a written report of the supervisee's progress by the physiotherapist is of particular importance to most institutions.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> <i>Physiotherapist Assistants</i></p> <p><input type="checkbox"/> <i>Student learners</i></p> <p><input type="checkbox"/> <i>Physiotherapists under supervision</i></p>
<p>22. The physiotherapist must provide ongoing feedback to the supervisee to assist the supervisee in meeting their goals and objectives.</p>	<ul style="list-style-type: none"> • University of Toronto Physical Therapy handbook for Clinical Supervision 	<p>Literature on supervision specifies that good feedback and communication between the supervisor and supervisee is paramount to effective supervision. Respectful and effective communication between the supervisor and supervisee can ensure that a patient's progress is properly</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> <i>Physiotherapist Assistants</i></p> <p><input type="checkbox"/> <i>Student learners</i></p> <p><input type="checkbox"/> <i>Physiotherapists under supervision</i></p>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
	<ul style="list-style-type: none"> • McMaster University Physiotherapy Program Clinical Instructor Manual • Queen's University Physiotherapy Program Clinical Education Resource manual 	<p>monitored and adjusted so that the optimal patient outcome is achieved. The responsibility for ensuring that professionals know the expectations about feedback and communication varies across professions and can fall on a range of organizations involved in the supervision.</p>		
<p>23. The physiotherapist must make a report to the College if:</p> <ul style="list-style-type: none"> • the [supervisee] has demonstrated a lack of knowledge, skills or abilities to practice safely, • the [supervisee] is acting in an unethical manner • the [supervisee] is failing to meet the Standards of Practice • the [supervisee] is suffering from health conditions that prevents him or her from practicing safely, or • the physiotherapist has reasonable grounds to believe that the [supervisee] has sexually abused a patient 	<ul style="list-style-type: none"> • Provisional Practice Monitoring Agreement • Professional Misconduct Regulations • Framework for Entry to Practice Supervision by Physiotherapy Regulators in Canada, 2014 	<p>This expectation combines the reporting obligations for physiotherapists from College regulations and policies. It is based on the rationale that any of the circumstances listed puts patients at risk of harm by the supervisee.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> <i>Physiotherapist Assistants</i></p> <p><input type="checkbox"/> <i>Student learners</i></p> <p><input type="checkbox"/> <i>Physiotherapists under supervision</i></p>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
<p>24. The physiotherapist must immediately notify the College, in writing, if he or she is unable to fulfill their responsibilities as a supervisor.</p>	<ul style="list-style-type: none"> • Provisional Practice Monitoring Agreement • Physiotherapy Alberta College + Association Supervision Agreement 	<p>Supervision must always be provided for the supervisee when they are providing care to the public. If a physiotherapist can no longer provide supervision the responsible authority should be notified so that appropriate action can be taken.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> <i>Physiotherapist Assistants</i></p> <p><input type="checkbox"/> <i>Student learners</i></p> <p><input type="checkbox"/> <i>Physiotherapists under supervision</i></p>

Table of Expectations for the Supervision Standard

*For fluidity of the expectations, any reference to a specific supervisory group from a source document has been replaced by the word “[supervisee]” in the expectations.

Expectation	Source Document(s)	Rationale	Is it the College’s responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
<p>1. A physiotherapist must not supervise a relative or a person with whom they have a conflict of interest.</p>	<ul style="list-style-type: none"> Framework for Entry to Practice Supervision by Physiotherapy Regulators in Canada, 2014 	<p>Having a dual relationship (i.e. a professional and personal relationship) with a supervisee can lead to the physiotherapist’s professional judgement being impaired when interacting with the supervisee. It can also affect the supervisee’s ability to respect the power differential that exists in favour of the supervisor. Ultimately, patient safety is put at risk if the professionals providing care are unable to maintain professional objectivity and respect for the roles that exist between them.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> <i>Physiotherapist Assistants</i></p> <p><input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i></p> <p><input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i></p>
<p>2. The physiotherapist must have a written communication [plan] that states:</p> <ul style="list-style-type: none"> how and when they will discuss patient care with the [supervisee], how to contact the physiotherapist, and how to contact the alternate supervisor is the physiotherapist cannot be reached. 	<ul style="list-style-type: none"> Physiotherapist Assistants Standard 	<p>This expectation is directly from the PTA Standard and was aimed at ensuring that the physiotherapist maintains oversight of the work performed by the PTA.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> <i>Physiotherapist Assistants</i></p> <p><input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i></p> <p><input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i></p>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
<p>3. The physiotherapist must designate an alternate supervisor. A physiotherapist who agrees to be the alternate contact for a [supervisee] must:</p> <ul style="list-style-type: none"> • be able to assume this responsibility • have the knowledge, skill, and judgement to perform the assigned care • be able to intervene according to the communication [plan] 	<ul style="list-style-type: none"> • Physiotherapist Assistants Standard 	<p>The rationale for this expectation from the PTA Standard was that by the physiotherapist designating an alternate supervisor, patients will continue to receive safe and effective care when the primary supervisor is not available. It also increases transparency about who delivers care.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i> <input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i>
<p>4. A physiotherapist must not assign care that he or she does not have the knowledge, skill and judgment to perform.</p>	<ul style="list-style-type: none"> • Physiotherapist Assistants Standard 	<p>Physiotherapists are required to practice within the scope of physiotherapy by using their knowledge, skill and judgement to provide quality care. With this in mind, supervising physiotherapists should not assign or supervise activities that they do not have the knowledge, skill and judgement to perform. This expectation was pulled directly from the PTA Standard.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i> <input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i>
<p>5. The physiotherapist must ensure that the [supervisee] has the knowledge, skill and judgement to deliver the assigned care safely and</p>	<ul style="list-style-type: none"> • Physiotherapist Assistant Standard • Standard for Supervision of Student Learners 	<p>This expectation is lifted directly from the PTA Standard, and similar language is used in the Supervision of Student Learners Standard. As the supervisor, the physiotherapist must be able to</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Students of PT programs, bridging</i>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
with the same quality of care as the physiotherapist would provide.	<ul style="list-style-type: none"> All supervision manuals and policies of all regulators, educators and associations reviewed 	<p>assess the knowledge, skill and judgement of the supervisee and assign activities to the supervisee that are appropriate for his or her capabilities. This is a foundation of supervision.</p>		<p><i>program, other health professions</i></p> <p><input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i></p>
<p>6. The physiotherapist must ensure that the Standards of Practice are upheld when a supervisee is involved in patient care.</p>	<ul style="list-style-type: none"> Framework for Entry to Practice Supervision by Physiotherapy Regulators in Canada, 2014 Physiotherapy Alberta College + Association Supervision Agreement College of Physiotherapists of Manitoba Supervised Practice Agreement 	<p>This expectation captures the responsibility of any physiotherapist providing supervision, whether or not the supervisee is registered with the College. All regulatory policies on supervision reviewed incorporate the language of this expectation and recognize that the responsibility must fall on the physiotherapist to ensure that care provided to patients by any person under their supervision is safe.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> <i>Physiotherapist Assistants</i></p> <p><input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i></p> <p><input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i></p>
<p>7. A physiotherapist who assigns care to a [supervisee] remains responsible for all the patient's care.</p>	<ul style="list-style-type: none"> Physiotherapist Assistant Standard Standard for Supervision of Student Learners 	<p>This expectation ensures that physiotherapists are held to account for decisions and actions that involve assigning care to a supervisee and impact the patient.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> <i>Physiotherapist Assistants</i></p> <p><input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i></p> <p><input type="checkbox"/> <i>Physiotherapists under supervision,</i></p>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
				<i>including PT Residents</i>
8. The physiotherapist must discuss the roles and responsibilities of the physiotherapist and the [supervisee] with each patient or their substitute decision maker. They should know the [supervisee] by name and job title.	<ul style="list-style-type: none"> • Physiotherapist Assistant Standard • Health Care Consent Act 	The patient has the right to know who will be providing their care and also to deny consent to treatment by a supervisee. Patients should always be placed in the position to make an informed decision about the care they are provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i> <input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i>
9. The physiotherapist must ensure that the patient or their substitute decision maker has given informed consent when a [supervisee] is involved in their care. The patient's response must be documented in their clinical record.	<ul style="list-style-type: none"> • Standard for Supervision of Student Learners • Physiotherapist Assistant Standard • Health Care Consent Act 	As the person seeking care, the patient's voice must be heard when it comes to decisions about the care they are being provided. The Health Care Consent Act requires that patient consent be obtained prior to rendering any physiotherapy services and the consent be documented. This includes services provided by a supervisee.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i> <input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i>
10. The physiotherapist must directly observe the activities performed by the supervisee until he or she	<ul style="list-style-type: none"> • Framework for Entry to Practice Supervision by 	Direct observation of a supervisee at the onset of the supervisory period allows the physiotherapist to conduct a first-hand assessment of the	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Physiotherapist Assistants</i>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
can determine the level of supervision required for the supervisee	Physiotherapy Regulators in Canada, 2014 <ul style="list-style-type: none"> Standard for Supervision of Student Learners 	supervisee's competence and skill when completing tasks. For some supervisory groups, the supervisee must always have onsite supervision. However, in circumstances where the supervisee has a mixture of direct and indirect supervision, such as with physiotherapist residents, literature on supervision suggests that the supervisee should be observed directly until the physiotherapist can determine the appropriate level of supervision required for the supervisee.		<ul style="list-style-type: none"> <input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i> <input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i>
11. The physiotherapist must provide a level of supervision suitable for the patient's condition, the clinical environment, the abilities of the [supervisee], and any other relevant factors.	<ul style="list-style-type: none"> Physiotherapist Assistant Standard Standard for Supervision of Student Learners 	Once the physiotherapist has assessed the knowledge, skill and judgement of the supervisee, the level of supervision provided should balance the learning needs of the supervisee with the need to maintain patient safety and quality care. Physiotherapist supervisors interviewed have identified this as a unique skill required for supervisors that can be challenging at times.	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> <input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i> <input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i>
12. The physiotherapist must not assign any controlled act that has been delegated to him or her.	<ul style="list-style-type: none"> Controlled Acts and Other Restricted Activities Standard The Regulated Health Professions Act, 1991 	This expectation is derived from the Controlled Acts and PTA Standards, and based in legislation of the <i>RHPA</i> .	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> <input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Students of PT programs, bridging</i>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
	<ul style="list-style-type: none"> Physiotherapist Assistant Standard 			<p><i>program, other health professions</i></p> <p><input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i></p>
<p>13. The physiotherapist must ensure that the supervisee does not perform any controlled act that the supervisor is not rostered with the College to perform.</p>	<p>Identified by staff</p>	<p>Staff identified that some physiotherapy residents may be performing controlled acts that their supervisors are not able to perform. All supervisors interviewed felt that physiotherapy residents should be restricted from doing this since the supervisor would not have the knowledge, skill and judgement to properly supervise the resident when performing the controlled act. This expectation may only be applicable to certain supervisory groups.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> <i>Physiotherapist Assistants</i></p> <p><input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i></p> <p><input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i></p>
<p>14. The physiotherapist must not assign any part of acupuncture, communicating a diagnosis, spinal manipulation or internal assessment, or internal rehabilitation of pelvic musculature.</p>	<ul style="list-style-type: none"> Controlled Acts and Other Restricted Activities Standard Physiotherapist Assistant Standard 	<p>This expectation is grounded in the expectations of the Controlled Acts Standard. During consultation for the PTA Standard, Council agreed that these specific acts require a degree of skill that only a physiotherapist has the necessary competence to perform. These acts cannot be delegated to a physiotherapist assistant. Some</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> <i>Physiotherapist Assistants</i></p> <p><input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i></p> <p><input type="checkbox"/> <i>Physiotherapists under supervision,</i></p>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
		exceptions may apply for certain supervisory groups.		<i>including PT Residents</i>
15. The physiotherapist must not assign initial assessments and re-assessments.	<ul style="list-style-type: none"> Physiotherapist Assistant Standard 	This expectation is found in the PTA Standard. The rationale for this expectation is that physiotherapist assistants are not trained to have the knowledge, skill and judgement to conduct assessments and re-assessments of patients. This may not be the case for other supervisory groups.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i> <input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i>
16. The physiotherapist must not assign treatment that would require the [supervisee], on their own, to change the established plan of treatment.	<ul style="list-style-type: none"> Physiotherapist Assistant Standard 	This expectation is found in the PTA Standard. The rationale for this expectation is that physiotherapist assistants are not trained to have the knowledge, skill and judgement to change a patient's plan of treatment. This may not be the case for other supervisory groups.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i> <input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i>
17. The physiotherapist must not assign supervision of	<ul style="list-style-type: none"> College of Physical Therapists of British Columbia Practice 	Staff identified this expectation on the basis that physiotherapists may work with multiple supervisees who	<input type="checkbox"/> Yes	<input type="checkbox"/> <i>Physiotherapist Assistants</i>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
<p>another person to a supervisee.</p>	<p>Standard: Assignment of Task to a Physical Therapist Support Worker</p>	<p>complete similar tasks but have different competency levels. For example, a PT could be supervising a PTA and a PTA student simultaneously. Since the physiotherapist is responsible for all care assigned, only the physiotherapist should be providing the supervision required for each supervisee. In the circumstance above, the PTA should not be assigned to assess the competence of or teach an assigned task to the PTA student.</p>	<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i></p> <p><input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i></p>
<p>18. The physiotherapist must ensure the [supervisee's] name and job title appear on invoices whenever they have provided all or part of the patient's care.</p>	<ul style="list-style-type: none"> • Physiotherapist Assistant Standard • Guide to the Record Keeping Standard 	<p>This expectation is only found in the PTA Standard and referenced in the Guide for the Record Keeping Standard. Council approved this expectation on the basis that it would encourage increased transparency with patients so that they are aware of who has provided their care. This expectation may not apply to all supervisory groups.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> <i>Physiotherapist Assistants</i></p> <p><input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i></p> <p><input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i></p>
<p>19. The physiotherapist must co-sign all of the supervisee's charting.</p>	<ul style="list-style-type: none"> • Standard for Supervision of Student Learners 	<p>This expectation aims to ensure transparency in patient documentation. The supervision policies of all Ontario universities make reference to the Supervision for Student Learners Standard and require their clinical supervisors to meet the expectations in</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> <i>Physiotherapist Assistants</i></p> <p><input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i></p>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
		the this Standard, including the expectation to co-sign all students' documentation. This expectation may not apply to all supervisory groups.		<input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i>
20. The physiotherapist must immediately discontinue the [supervisee's] involvement in a patient's care in circumstances where the [supervisee's] actions or deficient knowledge, skills and clinical reasoning places the public at risk, or where the patient withdraws consent for treatment [by the supervisee].	<ul style="list-style-type: none"> Standard for Supervision of Student Learners 	This expectation is aimed at protecting patients from possibly being put at risk by a supervisee's involvement in their care. The physiotherapist must use their judgement to determine if this course of action is necessary when the supervisee does not demonstrate the knowledge, skill and judgement needed to ensure safe care is provided. Additionally, the physiotherapist must discontinue the supervisee's involvement when requested by the patient.	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i> <input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i>
21. The physiotherapist must meet the obligations to evaluate the supervisee as agreed upon with the institution that arranged the supervision.	<ul style="list-style-type: none"> Ministry of Education Cooperative Education Policies and Procedures Supervision manuals and policies of physiotherapy universities reviewed Provisional Practice Monitoring agreement College of Physiotherapists of 	The requirements for evaluating a supervisee vary depending on the type of supervisee. For example, all Ontario universities have adopted the Assessment of Clinical Performance (ACP) as the assessment tool for physiotherapy students during their clinical placements while some regulators use the Clinical Performance Instrument (CPI). How formal the evaluation of the supervisee is depends on the agreement between the institution and the supervisor. Regardless of the type of evaluation, a written report of the supervisee's	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i> <input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
	Manitoba Supervised Practice Agreement	progress by the physiotherapist is of particular importance to most institutions.		
22. The physiotherapist must provide ongoing feedback to the supervisee to assist the supervisee in meeting their goals and objectives.	<ul style="list-style-type: none"> • University of Toronto Physical Therapy handbook for Clinical Supervision • McMaster University Physiotherapy Program Clinical Instructor Manual • Queen's University Physiotherapy Program Clinical Education Resource manual 	<p>Literature on supervision specifies that good feedback and communication between the supervisor and supervisee is paramount to effective supervision. Respectful and effective communication between the supervisor and supervisee can ensure that a patient's progress is properly monitored and adjusted so that the optimal patient outcome is achieved. The responsibility for ensuring that professionals know the expectations about feedback and communication varies across professions and can fall on a range of organizations involved in the supervision.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i> <input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i>
23. The physiotherapist must make a report to the College if: <ul style="list-style-type: none"> • the [supervisee] has demonstrated a lack of knowledge, skills or abilities to practice safely, • the [supervisee] is acting in an unethical manner • the [supervisee] is failing to meet the Standards of Practice 	<ul style="list-style-type: none"> • Provisional Practice Monitoring Agreement • Professional Misconduct Regulations • Framework for Entry to Practice Supervision by Physiotherapy Regulators in Canada, 2014 	<p>This expectation combines the reporting obligations for physiotherapists from College regulations and policies. It is based on the rationale that any of the circumstances listed puts patients at risk of harm by the supervisee. Reporting obligations apply mostly to physiotherapists who are supervising persons that are registered with the College.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i> <input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i>

Expectation	Source Document(s)	Rationale	Is it the College's responsibility to enforce this expectation?	Which group of supervisees does this expectation apply to?
<ul style="list-style-type: none"> the [supervisee] is suffering from health conditions that prevents him or her from practicing safely, or the physiotherapist has reasonable grounds to believe that the [supervisee] has sexually abused a patient 				
<p>24. The physiotherapist must immediately notify the College, in writing, if he or she is unable to fulfill their responsibilities as a supervisor.</p>	<ul style="list-style-type: none"> Provisional Practice Monitoring Agreement Physiotherapy Alberta College + Association Supervision Agreement 	<p>Supervision must always be provided for the supervisee when they are providing care to the public. If a physiotherapist can no longer provide supervision the responsible authority should be notified so that appropriate action can be taken.</p> <p>This expectation is usually found in agreements between a supervisor and the organization that arranges the supervision. Therefore, it may not be necessary to address this expectation in a Standard.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Physiotherapist Assistants</i> <input type="checkbox"/> <i>Students of PT programs, bridging program, other health professions</i> <input type="checkbox"/> <i>Physiotherapists under supervision, including PT Residents</i>

Standard for Professional Practice: Physiotherapists Working with Physiotherapist Assistants

1. Authority and responsibility

A physiotherapist who assigns care to a physiotherapist assistant remains responsible for all of the patient's care. *The physiotherapist must be listed on the College's roster. *This expectation will not come into effect until the required technology is in place.*

2. Duties that cannot be assigned

A physiotherapist must not assign the following activities to a physiotherapist assistant:

- care the physiotherapist does not have the knowledge, skills, and judgement to perform
- initial assessments and re-assessments
- treatment that would require the physiotherapist assistant, on their own, to change the established plan of treatment
- any controlled act that has been delegated to the physiotherapist
- any part of acupuncture, communicating a diagnosis, spinal manipulation or internal assessment or internal rehabilitation of pelvic musculature.

3. Assigning and supervising care

The physiotherapist must carefully balance the risks of assigning and supervising care with the patient's best interests and quality of care. The supervising physiotherapist must:

- Ensure that the physiotherapist assistant has the knowledge, skill, and judgment to deliver the assigned care safely and with the same quality of care as the physiotherapist would provide
- Discuss the roles and responsibilities of the physiotherapist and the physiotherapist assistant with each patient or their substitute decision maker. They should know the physiotherapist assistant by name and job title and give their consent to the care.
- Ensure the physiotherapist assistant's name and job title appear on invoices whenever they have provided all or part of the treatment
- Provide a level of supervision suitable for the patient's condition, the clinical environment, the abilities of the physiotherapist assistant, and any other relevant factors

4. Communication

The physiotherapist must have a written communication protocol that states:

- how and when they will discuss patient care with the physiotherapist assistant
- how to contact the physiotherapist
- how to contact the alternate supervisor if the physiotherapist cannot be reached

5. Responsibilities of the alternate supervisor

The physiotherapist must designate another physiotherapist that the physiotherapist assistant can contact if they cannot be reached. If this happens, a transfer of care takes place. The alternate supervisor assumes responsibility for decisions about the patient's care and the care the physiotherapist assistant delivers.

A physiotherapist who agrees to be the alternate contact for a physiotherapist assistant must:

- be able to assume this responsibility
- have the knowledge, skill, and judgement to perform the assigned care
- be available to intervene according to the communication protocol

Date Approved: June 2005

Updated: January 2007, January 2009, March 2010, June 29, 2016



The Physiotherapy Competency Exam

How it's created, how it's scored, how it's changing

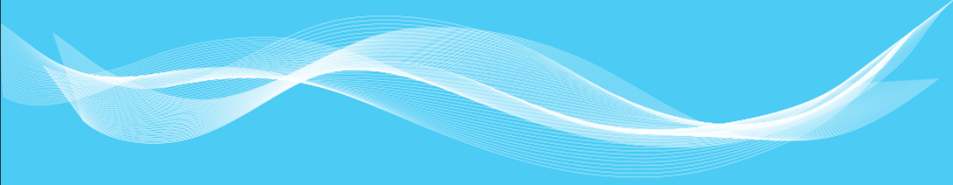
Dr. Hervé Jodouin

National Director, Credentials & Examinations

Overview

1. The Physiotherapy Licensing Exam
2. Item and Exam Development
3. Item Scoring

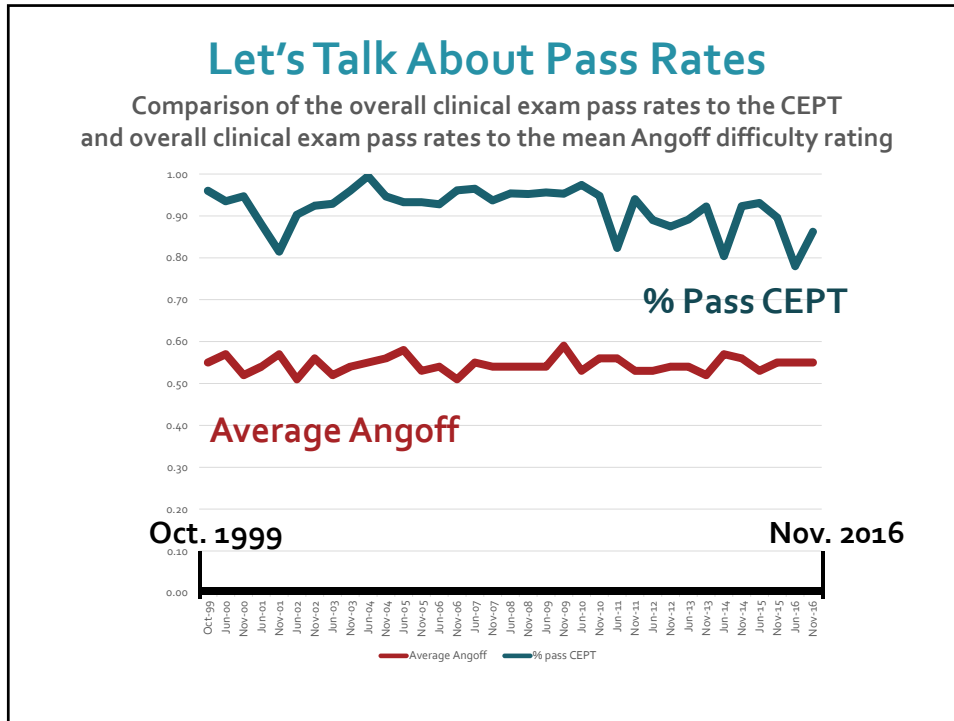
Part 1: PCE Overview

1. A quick word about context
 2. Overall purpose
 3. Pass rates—historically and comparatively
- 

Exam Validity: A Clear Purpose

Physiotherapy Competency Exam Purpose

- To ensure PTs practicing in Canada have the **minimum competence** (knowledge, skills & abilities) required for safe and effective practice regardless of experience or program of education
- To ensure the **assessment** of this competence is standardized for all candidates entering practice in Canada
- **To protect the public**



The Written Exam: Us and Them

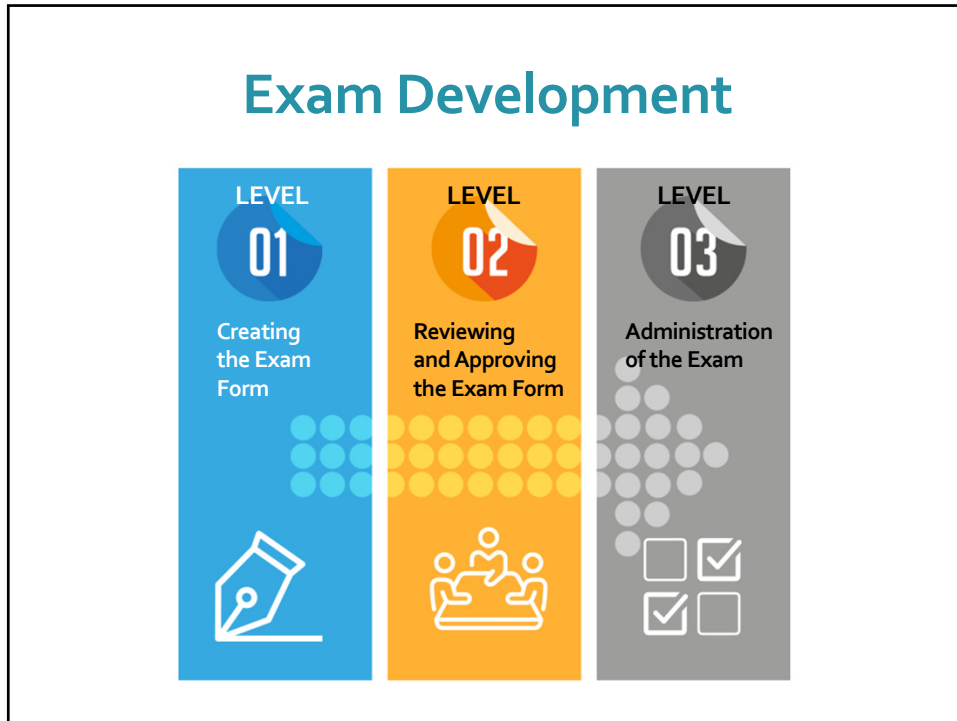
Organization		Pass Rates for First Attempts	2014			2015			2016		
CAPR	Canadian Educated	Written Component	94%	92%	93%						
Medical Doctors	Canadian Trained	MCCQE I written (Medical Council of Canada Qualifying Examination)	98%	95%							
Dietetic		CDRE written (Canadian Dietetic Registration Exam)	95%	96%							
Nursing	Ontario Educated	Written	85%	69%							
Dentists		Written	89%	88%	89%						
Dental Hygienists		NDHCE Written (National Dental Hygiene Certification Examination)								80%	
Chiropractors	Canadian	Component A Written		91%							
	Canadian	Component B Written		97%							
Occupational Therapists		Written	88%	86%							
Optometry		Written and Clinical	86%	90%	90%						
Physiotherapy	FSBPT (US PT testing agency)	Written US candidates	91%	91%	94%						

The Clinical Exam: Us and Them

Organization			Pass rates for first attempts			
			2013	2014	2015	2016
CAPR	Canadian Educated	Clinical component	92%	91%	90%	84%
Medical Doctors	Canadian Trained	MCCQE II clinical (Medical Council of Canada Qualifying Examination)	95%	94%	92%	
Dentists		OSCE	97%	99%	95%	94%
Chiropractors	Canadian	Component COSCE			93%	
Opticians		National Optical Sciences Examination—Eyeglasses Examination		85%	84%	84%
		National Optical Sciences Examination—Advanced Practice Contact Lens Examination		68%	68%	69%
Optometry		Written and Clinical	95%	86%	90%	90%

Item Development Process

- **Blueprint Inked** item assigned to writing team
- **Team develops and reviews**
- **Second team** provides feedback
- **Original team** edits per feedback
- **National chairs** and others review
- **Accepted items** added to bank for field test, rejected back to start
- **CLINICAL ONLY**—items selected for exam
- **CLINICAL ONLY**—reviewed by local team
- **CLINICAL ONLY**—reviewed by National CTDG
- **Field tested and reviewed** (examiner comments for clinical)
- **Inserted into item bank**
- **Selected for exam**



Creating the Exam Form

- **200 items are selected** from the item bank to match the blueprint(Yardstick)
- **Items are reviewed** for content and level of difficulty, balance of content (e.g. not all questions are about pediatrics or about knees)
- **CAPRs PT Advisor reviews each item—** She approves the final version of the exam.

Reviewing and Approving the Exam Form

02



- **16 stations are selected** from the item bank to match the blueprint by our PT advisor.
- **The Clinical Development Test Group reviews each station.** They approve the final version of the exam.
- **Items are reviewed** for content and level of difficulty, balance of content, potential for safety issues (critical step given that only have 16 stations)

Standard Setting

03



The Written Exam

- Modified Angoff to recommend cut score to the Board of Directors
- Done either when the Blueprint has changed or every 3 to 5 years

The Clinical Exam

- Modified Angoff at each administration to determine the borderline candidates used for the calculation of the cut score

Scoring: The Written Exam

- **All questions are equally weighted.** Correct responses are worth 1 mark. Incorrect responses receive no marks. No deduction for incorrect responses.
- **Raw scores** are standardized to allow for comparability across administrations.
- **Standard depends** on reference group of Canadian first-time test takers (until now).
- **The passing score** for the Written Component is currently set at 330 on the standard score scale.
- **Any questions that perform poorly** is reviewed by the Key Validation Committee. The Committee may change the accepted answer or may delete the question from the final scoring.

03



Scoring: The Clinical Exam

Pass/Fail determinations are made for each candidate using three criteria:

1. The candidate has a score above the cut score (total score criterion)
2. The candidate has passed a minimum number of stations.
3. The candidates has fewer than 1 major or two minor safety and/or professionalism flags.

03



Your Turn
Final Discussion Period



REPORT OF CAPR BOARD OF DIRECTORS MEETING OF DECEMBER 14, 2016

(Darryn Mandel)

The Board of Directors held a teleconference to:

- a. Approve the budget for 2017
- b. Receive the resignation of the representative from Yukon Territories
- c. Approve the exam eligibility policy

The 2017 budget anticipates \$5.78 million in revenue, and a deficit of \$ 262 000, which will be funded from a draw on the unrestricted reserves, if required.

Please also note that revenues factor in an ANNUAL 2% increase in the PER REGISTRANT levies to all Colleges (including CPO). This will raise our per registrant fee to \$ 19.64.

There was thorough discussion regarding the exam eligibility policy. This was of particular interest, as at our Council meeting, Nadine spoke of students focusing on the CAPR exam rather than on their studies in their last semester in their programs. However, the Board was informed of mixed viewpoints from the academic community on whether allowing Canadian educated students to write PRIOR to completion of their program had any negative impact on their studies. Further, there was no evidence to suggest that the pass rate was negatively impacted. And finally, student feedback indicated that the importance of the early opportunity to challenge the written portion of the exam was essential to a smooth transition to employment.

As such, the Board decided to leave this aspect of the policy unchanged.

The Board did change two aspects of the policy:

- a. The requirement to have a minimum of 1025 hours of supervised clinical practice was removed. This is an essential component of the educational programs. Further, it was removed to be consistent with the requirements of the internationally educated candidates (IEPTs).
- b. Completing the clinical practice requirements in the province in which they receive their education was removed (it was recognized that some students may receive clinical practice training in a province other than their home province).



REPORT OF CAPR BOARD OF DIRECTORS MEETING OF JANUARY 26 AND FEBRUARY 8, 2017

(Darryn Mandel)

The Board of Directors held these two teleconferences to:

- a. discuss issues pertaining directly to the November, 2016 iteration of the clinical component,
- b. affirm the passing score as set by the board of examiners.

After each sitting of the clinical component of the Physiotherapy National Examination (PNE), a thorough psychometric analysis is performed on the data. In this iteration, there was extensive study performed on the data, which required more time than usual. As such, there was a delay in releasing the results.

Ultimately, when the results were released (on February 10, 2017 – ten days later than expected), the CAPR website crashed.

In the aftermath of all this activity, processes were developed to address similar matters in the future.

Finally, the CAPR board of directors reconvenes in April, 2017, to continue its strategic planning exercises.

Darryn



Motion No.: 14.0

Motion

**Council Meeting
March 22 – 23, 2017**

Agenda #14: Collaborative Care Guideline

It is moved by

and seconded by

that:

Council approve the development of a Collaborative Care Guideline.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 14.1

Motion

**Council Meeting
March 22 – 23, 2017**

Agenda #14: Collaborative Care Guideline

It is moved by

and seconded by

that:

Council endorse the proposed set of principles and best practices as the foundation for the Collaborative Care Guideline.

Meeting Date:	March 22-23, 2017
Agenda Item #:	14
Issue:	Collaborative Care ¹ Guideline
Submitted by:	Joyce Huang, Policy Analyst

Issue:

Council is asked to:

- 1) Approve the development of a Collaborative Care Guideline, and
- 2) Endorse the proposed principles and best practices as the foundation for the Collaborative Care Guideline.

Background:

At the outset of the Standards Review project, staff conducted a comprehensive scan of the physiotherapy practice environment to determine what changes should be made to the College's Standards. The scan strongly indicated that the College's existing "Concurrent Treatment of a Patient by a Physiotherapist and Another Health Care Professional Standard" ("Concurrent Treatment Standard") is no longer relevant to how physiotherapists practice. The Standard appears to reflect a siloed approach to care, whereas the research suggests interprofessional collaboration is increasingly the norm. A copy of the Concurrent Treatment Standard is attached in Appendix 1.

The research suggested that it would be more helpful to members to provide a set of expectations and guidance for practicing in a collaborative care model, and how they should manage their relationships with other healthcare providers. As such, staff are proposing that the Concurrent Treatment Standard be replaced with a document about collaborative care.

Staff undertook research to identify the practice issues and questions that the College has encountered related to collaborative care. Staff used that data to assess whether the collaborative care issue meets the College's threshold for developing a Standard. The assessment found that this issue does not meet the threshold for developing a Standard. However, the collaborative care issue is relevant for a significant portion of members, and they have expressed the need for more guidance in this area. Therefore staff are of the view that there is value in developing a guidance document. The full needs assessment is attached in Appendix 2.

Staff recognize that there are existing tools which provide guidance about interprofessional collaboration, for example, the Interprofessional Collaboration eTool created by the Federation of Health Regulatory Colleges of Ontario (FHRCO). The college guideline will pull together the high level principles and best practices that should guide collaborative practice, and refer to the specific guidance found in other resources like the FHRCO eTool, to provide members with a single point of access to all of the relevant information.

¹ "Collaborative care" refers to when a team of health providers and a patient/client work in a participatory, collaborative and coordinated approached to shared decision-making around health and social care.

The Executive Committee considered this proposal, and recommends that Council approve the development of a Collaborative Care Guideline.

Because the guideline will not create new expectations on members, staff do not anticipate seeking Council approval of the final content. However, staff will provide the guideline to Council for their information.

Proposed principles and best practices for collaborative care

Staff believed that there was an opportunity to come up with content for a collaborative care document that is as relevant as helpful as possible by incorporating the perspectives and expertise from other healthcare professions. With that in mind, we reached out to staff at other health regulatory colleges to solicit interest in developing this content together. Four other colleges expressed interest in doing this work together – dietitians, medical radiation technologists, occupational therapists, and respiratory therapists. Staff from these colleges formed an informal working group to determine what type of guidance might be useful for those involved in collaborative care.

The goal of the working group was to identify principles and best practices related to the delivery of collaborative care, which could form the basis for a collaborative care standard or guideline.

The group undertook a number of activities to achieve this goal. These included:

- Identifying a set of criteria that could be used to assess which principles and best practices are most relevant and applicable to our members
- Identifying current issues and concerns about collaborative care in the participating professions and in other professions
- Conducting research to identify principles and best practices that contribute to effective collaborative care
- Assessing the principles and best practices against the criteria to identify those that could be used as the basis for a standard or guideline

Additional information about the outcomes of the working group's work can be found in Appendix 3.

The working group proposed a set of principles and best practices that could be used as the basis for a collaborative care standard or guideline. The working group further divided the proposed principles and best practices into two types – those that are specific to healthcare practice, and those that relate to effective teamwork in any context. The working group participants agreed that each College may adapt these principles and best practices to suit the specific needs of their members.

The Executive Committee reviewed and discussed the proposed principles and best practices. They were generally in support of the proposed principles and best practices, and in some cases made suggestions for articulating the concepts in a clearer way. They noted that not all of the principles and best practices can be implemented in the same way across different practice settings, but believe that is acceptable since the purpose of the guideline is to provide advice to members rather than to set out obligations.

The Executive Committee recommends that Council endorse the following proposed principles and best practices as the foundation of the Collaborative Care Guideline.

Proposed healthcare-specific principles and best practices for collaborative care

1. Collaborative care should be patient-/client-centred.
 - The patient/client² is a key participant in the collaborative care team.
 - Whenever possible, the patient/client should be treated as a member of the team, or even as the team leader.
2. Members of a collaborative care team³ should have clearly-understood roles and responsibilities.
 - Members of a collaborative care team should clearly understand: who is on the team; the team members' roles and responsibilities; and which task(s) each team member will perform (this is especially important when there is overlapping scope or shared authority to perform controlled acts).
 - There should be mutual respect and trust in the team, based on a clear understanding of each team member's competencies.
3. Each healthcare provider in the team should be individually accountable for the quality of the care they provide.
4. There should be shared decision-making in the team.
 - Decisions about care should be shared within the team, meaning they should incorporate the knowledge, skills, judgment, and evidence from all team members.

Proposed best practices for working effectively in teams

5. Effective collaboration requires effective communication.
 - The team should establish a clear process for communicating within the team, and a shared language/lexicon.
 - There should be timely and clear record keeping.
6. There should be a strategy for conflict management.
 - The team should establish a clear process for conflict resolution and decision-making in the team.
 - Team members should be able to identify conflict when it occurs.
7. The team should have a team leader.

² "Patient/client" also refers to the patient/client's substitute decision-maker, family and caregivers.

³ "Collaborative care team" refers to where the patient/client and their healthcare providers work together to achieve the optimal health outcomes. It could refer to where the team is located in the same practice setting and interact closely, or it could refer to providers who work independently but are providing care to the same patient/client.

- In the collaborative care context, the “collaborative leadership” model means that team members collaboratively determine who will provide group leadership in any given situation.
8. The team should measure and evaluate its performance.
 - The team should establish a clear process to evaluate whether the team is meeting its goals, and how well the team is functioning.
 9. Each team member should be individually accountable for their contribution to team functioning.
 10. Team members should receive education and training for how to work effectively in a team.

Rescinding the Concurrent Treatment Standard

As noted above, staff recommend rescinding the existing Concurrent Treatment Standard and replacing it with the Collaborative Care Guideline. This is based on the assessment that the Concurrent Treatment Standard reflects a siloed approach to care, whereas interprofessional collaboration is increasingly the norm.

To ensure that rescinding the standard will not result in gaps in patient protection, staff compared the expectations in the existing Concurrent Treatment Standard to expectations in higher-level documents, such as the Professional Misconduct Regulations, the Essential Competency Profile, and Codes of Ethics.

The assessment found that all of the expectations in the Concurrent Treatment Standard can be mapped to same or similar expectations in those higher-level documents. Therefore the expectations will continue to be part of the standards of practice of the profession generally even after the standard is rescinded.

The full assessment is available upon request.

The Executive Committee considered this proposal, and supported the recommendation to rescind the Concurrent Treatment Standard. However, to ensure continuity in the guidance we provide to members, staff suggest keeping the standard in place until the guideline is published.

Decision Sought:

Council is asked to:

- 1) Approve the development of a Collaborative Care Guideline, and
- 2) Endorse the proposed set of principles and best practices as the foundation for the Collaborative Care Guideline.

Attachments:

- Appendix 1: Concurrent Treatment of a Patient by a Physiotherapist and Another Health Care Professional Standard
- Appendix 2: Collaborative Care – Assessment of the Need for a Standard
- Appendix 3: Background about the Collaborative Care Working Group

Concurrent Treatment of a Patient by a Physiotherapist and Another Health Care Professional

College publications contain practice parameters and standards which should be considered by all Ontario physiotherapists in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Introduction

Concurrent treatment of a patient by a physiotherapist and another health care professional, including another physiotherapist, may be beneficial. However, unless concurrent treatment is provided appropriately, concerns such as the following may arise:

- The treatments provided to the patient for the same or related conditions may inadvertently counteract each other;
- Conflicting advice and/or information may be provided to the patient;
- The physiotherapist may not be able to determine the impact of his or her treatment intervention on the patient; and
- The concurrent treatment may result in an unethical or inefficient use of health care resources.

Standard Statement

In the event of any inconsistency between this standard and any legislation that governs the practice of physiotherapists, the legislation governs.

A physiotherapist will only provide concurrent care when, in his or her professional judgment, the treatment is required, appropriate and compatible with treatment approach of the other treating professional and the care does not constitute an unethical or inefficient use of health care resources.

Performance Expectations

A physiotherapist demonstrates the standard by:

1. Providing concurrent treatment in circumstances where the treatment:
 - is appropriate to the needs of the patient;
 - is complementary to the treatment provided by the other health care professional;
 - is provided following consultation with the other health care professional; and
 - is coordinated with the other health care professional.

2. Not providing concurrent treatment in circumstances where:
 - The other health care professional has a conflicting treatment approach or patient care objective; or
 - The physiotherapy services are an unethical or inefficient duplication of health care services.
3. Ensuring that the health care professional providing the concurrent treatment has a shared scope of practice and similar patient care objectives.
4. In circumstances where, in his or her judgment, the concurrent treatment is unnecessary, clearly communicating this decision to the patient.
5. Ensuring that the funding mechanism that is paying for the care permits more than one health care professional to provide treatment for the patient.
6. Not commenting on other health professionals' qualifications or services other than to provide professional opinions that are necessary in the circumstances.

Definitions

Concurrent Treatment: The circumstance where more than one health care professional is administering or applying remedies, including medical, surgical or other therapies, to a patient for the same or related disease or injury. The circumstance where a patient may be receiving care from multiple health care professionals for different diseases or injuries is not considered to be concurrent care.

References

Professional Misconduct Regulation, Ontario Regulation 388/08
Date approved: February 2005
Reviewed January 2007

Appendix 2: Collaborative Care – Assessment of the Need for a Standard

Summary

Using the College’s “Criteria for the Development of Standards of Professional Practice”, **the existing data and research does not seem to suggest a strong need to develop a separate and distinct Standard for Collaborative Care.** The following is a summary of the assessment.

Criteria	Assessment
1. Must meet all of the following criteria:	
There is no higher level document (e.g. a statute, regulation, ethical obligation or essential competency) that specifically defines the College’s expectations in relation to the issue.	Does not meet this criteria. Most of the issued identified related to collaborative care are addressed in higher level documents. There are a few exceptions, however those issues cannot necessarily be addressed effectively in a Standard. The one issue that seems to warrant further consideration is the supervision of assistants and student learners in an interprofessional practice environment.
There is a reasonable belief that if a standard is developed, it will continue to have relevance for an extended period of time.	Meets this criteria. Research about physiotherapy practice trends and government policy documents suggest that collaborative care will become more common and necessary in the future.
The practice issue applies to the practices of a reasonable number of physiotherapists.	Meets this criteria. Data shows that a majority of PTs already coordinate care or work collaborative with other healthcare providers.
2. Must meet one of the following criteria:	
There is a reasonable expectation that the practice issue places patients at a substantial degree of risk (this could be physical, financial, etc).	Does not meet this criteria. Even though the known issues related to collaborative care have the potential to lead to sub-optimal care for patients, there is currently no data to suggest that those issues pose a significant risk of harm to patients.
There is a reasonable expectation that physiotherapists dealing with the practice issue	Does not meet this criteria.

Criteria	Assessment
are likely to be at risk of unprofessional or unethical conduct.	College data shows that issues related to collaborative care are relatively uncommon.

Recommendation

There may be value in developing a guidance document regarding collaborative care, for the following reasons:

- We know that the collaborative care model is already common among our members, and will likely become more common in the future.
- We have heard from some members that they would like to get more advice and guidance about how to work effectively with other healthcare providers.
- There is a wealth of research and resources that already exist which can be used as content for a guidance document.

It is also clear that PTs require clearer direction regarding the supervision of assistants and student learners in an interprofessional practice environment. We should consider whether that could be addressed in the collaborative care guidance document, or whether it should be included in another Standard (e.g. Supervision Standard).

Detailed Analysis

Does the practice issue apply to the practices of a reasonable number of physiotherapists?

Yes. Based on information provided by members on the renewal form, in 2015, 72.7% of members said that they provide care concurrently or collaborate with other health care providers; in 2014, 66.3% said that they do.

Is there a reasonable belief that if a standard is developed, it will continue to have relevance for an extended period of time?

Yes, for a few reasons:

- According to recent research about trends and drivers in physiotherapy practice, physiotherapists report that patients are presenting with more complex and chronic conditions, and many have co-morbidities. The same research also found that patients are living longer. The report suggested that these factors will drive the need for more multi-disciplinary treatments and chronic disease management plans.
- In the same research study about trends and drivers in physiotherapy practice, the researchers found that the profession is moving more towards becoming more team-focused and using a team or network model with primary and secondary health care professions. The researchers point to the changing needs of patients and policy direction from government as reasons for this change.
- The research also points to a shift in the healthcare system which focuses more on value-for-money in healthcare provision. This shift also points to more collaboration and interprofessional practices in all settings to create opportunity for innovation and address human resources needs.
- Recent policy documents from the Ministry of Health point to a desire to increase coordination and integration of different types of health care providers to provide more comprehensive care to patients (especially seniors) with complex conditions.

Is there any higher level document (e.g. a statute, regulation, ethical obligation or essential competency) that specifically defines the College's expectations in relation to the issue?

The College does not currently have specific expectations related to Collaborative Care. The following analysis looks at collaborative care issues identified in our own College as well as in other Colleges, and whether the issues are addressed in higher level documents.

Most of the issues identified related to collaborative care are addressed in higher level documents.



Issue/Concern	Document that defines expectations	Resources
Issues identified within the College		
Failure to identify when a referral to another healthcare provider would be appropriate	<p><i>Essential Competency Profile:</i></p> <p>1.5.3 Identifies when physiotherapy services are not required or indicated and refers for other services as appropriate.</p> <p>3.1.2 Integrates knowledge and understanding of the physiotherapist role and the roles of others in providing client-centred care.</p> <p><i>Professional Misconduct Regulations:</i></p> <p>42. Failing to refer a patient to a regulated health professional when the member recognizes or ought to recognize an abnormality or condition which indicates such a referral.</p> <p><i>Proposed National Code of Ethical Conduct:</i></p> <p>A. 15. Practice the profession of physiotherapy according to their own competence and limitations, referring the client to others as necessary.</p>	
Failure to coordinate care with other healthcare providers	<p><i>Essential Competency Profile:</i></p> <p>3.1.3 Consults and shares relevant information with clients, other health professionals, and all relevant individuals or groups in a timely manner.</p> <p><i>Proposed National Code of Ethical Conduct:</i></p>	FHRCO IPC eTool – FAQ: Coordinating Patient/Client-Centred Care



	A. 16. Practice collaboratively with colleagues, other health professionals and agencies for the benefit of clients.	
How to supervise assistants or students in an interprofessional team/practice	<p>There are currently no explicit expectations regarding this issue in any higher-level document or in the existing Standards of the College.</p> <p>There is some practice advice developed based on existing standards of practice.</p>	
How to manage situations when there is a difference in diagnosis, assessment, or treatment recommendation between different healthcare professionals	<p><i>Essential Competency Profile:</i></p> <p>3.2.1 Identifies the issues that may contribute to the development of conflict between the physiotherapist and client or between team members (e.g., recognizes that one’s own beliefs, perceptions, and values may contribute to interprofessional tension).</p> <p>3.2.2 Addresses conflicts in a timely manner.</p> <p>3.2.3 Demonstrates a respectful attitude towards other colleagues and members of an interprofessional team.</p> <p>3.2.4 Employs collaborative techniques to resolve conflicts.</p>	FHRCO IPC eTool – FAQ: Difference of Opinion within a Team
What to do when the physiotherapist has concerns about care that is provided by another healthcare provider	<p><i>Essential Competency Profile:</i></p> <p>5.1.2 Speaks out on health issues identified by clients and, together with other health care providers/team members, empowers client’s to speak on their own behalf.</p>	



	<p><i>Proposed National Code of Ethical Conduct:</i></p> <p>B. 7. Be professionally and morally responsible for addressing incompetent, unsafe, illegal, or unethical practice of any health care provider and legally responsible for reporting conduct that puts the client at risk to the appropriate authority/ies.</p>	
<p>What to do when other healthcare providers do not respond to requests to discuss the patient's care (Communication)</p>	<p>There are currently no explicit expectations regarding this issue in any higher-level document or in the existing Standards of the College.</p> <p>Since the College cannot place expectations on other healthcare professionals, most likely we can only offer advice to PTs on what they can do in these situations.</p>	
<p>Issues identified by other Colleges</p>		
<p>Lack of understanding and confusion about scopes of practice of different healthcare professions.</p>	<p><i>Essential Competency Profile:</i></p> <p>3.1.1 Demonstrates an understanding of and respects the roles, responsibilities and differing perspectives of team members.</p>	<p>FHRCO IPC eTool – Scopes of Practice Chart (and detailed information about scope of each profession)</p> <p>FHRCO IPC eTool – FAQ: Overlapping Scopes of Practice</p>
<p>Confusion when multiple professions share the same controlled acts.</p> <p>Lack of understanding about authorizing mechanisms.</p>	<p><i>Essential Competency Profile:</i></p> <p>3.1.1 Demonstrates an understanding of and respects the roles, responsibilities and differing perspectives of team members.</p>	<p>FHRCO IPC eTool – Controlled Acts Chart (and detailed information about which professions can do each controlled act)</p>



Council

<p>Proper patient record keeping when care is provided by an inter-professional team</p>	<p><i>Record Keeping Standard</i></p> <p>Physiotherapists will maintain clinical records and other records that document the management of their practices in order to:</p> <ul style="list-style-type: none"> • facilitate reasonable and effective care of their patients • enhance outcomes and safety for their patients • provide information to enable collaboration, continuity and smooth transfer of care for their patients • ensure their accountability to patients, payors, the College, the profession and other health care providers • demonstrate their judgment, reasoning and adherence to the standards of practice of the profession • meet any other requirements mandated by the organizations they are associated with or where required by law 	<p>FHRCO IPC eTool – FAQ: Team Member Documentation</p> <p>Health Collaborative Practice: An Inter-Professional Record Keeping Resource</p>
<p>Obtaining consent when care is provided by an inter-professional team</p>	<p><i>Health Care Consent Act, 1996</i></p> <p>Plan of treatment</p> <p>13. If a plan of treatment is to be proposed for a person, one health practitioner may, on behalf of all the health practitioners involved in the plan of treatment,</p> <p>(a) propose the plan of treatment;</p>	<p>FHRCO IPC eTool – FAQ: Consent to Treatment</p>



	<p>(b) determine the person’s capacity with respect to the treatments referred to in the plan of treatment; and</p> <p>(c) obtain a consent or refusal of consent in accordance with this Act,</p> <p style="padding-left: 40px;">(i) from the person, concerning the treatments with respect to which the person is found to be capable, and</p> <p style="padding-left: 40px;">(ii) from the person’s substitute decision-maker, concerning the treatments with respect to which the person is found to be incapable. 1996, c. 2, Sched. A, s. 13.</p>	
Confusion about who is accountable for what when providing care in an inter-professional team	<p><i>Essential Competency Profile:</i></p> <p>3.1.1 Demonstrates an understanding of and respects the roles, responsibilities and differing perspectives of team members.</p>	<p>FHRCO IPC eTool – FAQ: Accountability</p> <p>FHRCO IPC eTool – FAQ: Clarifying Roles</p>
Lack of common terminology which leads to misunderstanding (Communication)	<p>This issue is difficult to address in a Standard.</p> <p>Ensuring that there is common terminology across healthcare professions would likely require collaboration across all of the health regulatory Colleges, or be addressed at the Ministry or legislation level.</p>	
Continuity of care (could be related to or a result of poor coordination)	<p><i>Professional Misconduct Regulations:</i></p> <p>2. Discontinuing professional services that are needed unless,</p> <p style="padding-left: 20px;">i. the patient requests the discontinuation,</p>	



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	<ul style="list-style-type: none">ii. alternative services are arranged,iii. the patient is given a reasonable opportunity to arrange alternative services,iv. the member is unable to provide adequate physiotherapy services because there are insufficient resources available,v. the patient has failed to make payment within a reasonable time for physiotherapy services received and all reasonable attempts on the part of the member to facilitate such payment have been unsuccessful,vi. the member has reasonable grounds to believe that the patient may abuse the member, verbally, physically or sexually, orvii. the patient's lack of cooperation or compliance with his or her treatment plan is such that, in the member's opinion, the services are not effective.	
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Is there a reasonable expectation that the practice issue places patients at a substantial degree of risk (this could be physical, financial, etc.)?

Based on data from the College and on other research, poor collaboration in patient care could lead to sub-optimal health outcomes for patients, failure to access services from the most appropriate healthcare providers, and wasted resources due to duplication of work. However, there is no evidence to suggest that these problems currently pose a significant risk of harm to patients.

- Based on cases in our College, the risks that collaborative care issues may pose to patients include:
 - A failure to refer a patient to a pharmacist about pain relief medication and to analyze drug interactions could have led to a missed opportunity for more comprehensive treatment, or an adverse event due to drug interactions. We do not know what the actual outcomes were for this particular patient.
 - A failure to refer a patient when psychological care may be needed suggests a missed opportunity for more comprehensive treatment. We do not know what the actual outcomes were for this particular patient.
 - Concerns about PTs providing a different diagnosis or recommendation for treatment than those from other healthcare professionals, and those about PTs failing to coordinate care with other providers, could lead to the patient receiving inconsistent or contraindicated care. However in the complaints received by the College about these issues, there was no evidence that patients were seriously harmed.
 - Concerns about PTs who communicate with other healthcare providers in an unprofessional manner could lead to a breakdown in the working relationship which could result in poor coordination of care for the patient. However in the complaints received by the College about these issues, there was no evidence that patients were seriously harmed.
- Based on other research about collaborative care, the failure to collaborate could lead to duplication of treatment and effort, which is an inefficient use of health human resources. The harm to patients is indirect, as a result of fewer resources being available to provide care. However there is no data to show the extent of this harm.

Is there a reasonable expectation that physiotherapists dealing with the practice issue are likely to be at risk of unprofessional or unethical conduct.

Likely not. Issues related to collaborative care have not been common in the different program areas:

- At Practice Advice, questions about collaborative/concurrent care are not common (about 1% of calls in the last year)
- In Quality Assurance, issues related to collaborative care seldom come up during assessments
- In Professional Misconduct, when looking at cases referred to ICRC in the last three years, only eight cases were about collaboration with other healthcare providers. Three of the eight cases resulted in some kind of action:



- One PT received advice about communicating with patients in a more helpful manner
- One PT was cautioned about being more professional, thoughtful and purposeful when managing challenging interpersonal situations
- One PT received advice about acting in a more professional manner towards colleagues in an interprofessional team

Appendix 3: Background about the Collaborative Care Working Group

How the group defines collaborative care:

For the purpose of their research and discussions, the working group agreed to use the following definition of “collaborative care”:

When a team of health providers and a client work in a participatory, collaborative and coordinated approach to shared decision-making around health and social care.

Issues related to collaborative care:

The working group members looked at data from their respective colleges, and surveyed other colleges in Ontario, in order to identify current issues and concerns related to collaborative care. The group identified the following issues.

- Scope – confusion / lack of understanding
- Overlapping scope – leading to conflict / duplication
- Privacy – how information should be shared
- Consent to care – who has to get it?
- Record-keeping – how to do this when multiple professionals are providing treatment?
 - From the professional’s point of view and from the patient-care point of view
 - Timeliness
 - Implementation of electronic health records could lead to confusion
- Inadequate / ineffective communication – impacting continuity of care
- Language – lack of common lexicon
- Accountability – confusion / lack of clarity in the team
- Inter-professional supervision of assistants (could be related to accountability and scope)
- Difference in professional opinion
 - What to do about it?
 - How to communicate?
 - Shared decision-making (as a solution/goal)
- Lack of understanding about authorizing mechanisms
- Lack of response / cooperation from other professionals providing care

Criteria for assessing principles and best practices for collaborative care:

The working group members brainstormed, discussed, and agreed on a list of criteria that they will use to assess the principles and best practices they identify in the research.

The principles and best practices should:

- Contribute to good outcomes for patients/clients
- Not impose barriers to collaboration
- Not be too onerous to do in practice (across different settings)
- Address the issues that the group identified
- Build on members' existing knowledge and skills
- Not contradict individual professional obligations
- Be relevant to practice
- Be consistent with our regulatory mandate

Research sources

In the course of researching principles and best practices that contribute to effective collaborative care, the working group looked at a variety of sources, including:

- Policies, standards and resource related to collaborative care of other regulators or organizations (in Canada, a sample of states in the US, the UK, Australia, New Zealand, and South Africa)
- Professional literature (association publications, journals, resources)
- Relevant case law across Canada

The working group also consulted two reports which summarize previous research on the literature and evidence related to collaborative care and patient safety:

- "The Safety Competencies". Canadian Patient Safety Institute. August 2009. <http://www.patientsafetyinstitute.ca/en/toolsResources/safetyCompetencies/Documents/Safety%20Competencies.pdf>
- "A National Interprofessional Competency Framework". Canadian Interprofessional Health Collaborative. February 2010. http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 15

Motion

**Council Meeting
March 22 – 23, 2017**

Agenda #15: Duty to Provide Care Guideline

It is moved by

and seconded by

that:

Council approve the development of a Duty to Provide Care Guideline.

Meeting Date:	March 22-23, 2017
Agenda Item #:	15
Issue:	Duty to Provide Care Guideline
Submitted by:	Joyce Huang, Policy Analyst

Issue:

Council is asked to approve the development of a Duty to Provide Care Guideline.

Background:

As the first phase of the large Standards Review project, staff undertook a comprehensive scan of the physiotherapy practice environment to identify relevant practice issues, and determine what updates were required to the College's Standards. The findings from that scan suggested that the College should create a document which articulates a physiotherapist's duty to provide care, and to explicitly lay out expectations related to concluding care.

Currently there is no higher level obligation on physiotherapists to provide care to everyone who needs care.

The concept of duty to provide care is that in certain situations a physiotherapist has a moral and professional obligation to provide services to patients to further their welfare and advance their well-being.

The duty to provide care issue typically arises in the following practice scenarios:

- Accepting new patients (fair access to care, non-discrimination)
- Discontinuing services (particularly patient abandonment)
- Providing services during health emergencies
- Providing services during job actions

Staff undertook targeted research into these types of issues to determine whether they are relevant in physiotherapy practice, how frequently these issues have come up in the past, and what risk they pose to patients.

Based on the data collected, staff then applied the College's framework for assessing the need to develop a Standard. The assessment showed that the duty to provide care issue does not meet the College's threshold for developing a Standard.

However the needs assessment was near the threshold for the development of a standard. This suggests that it would be worthwhile for the College to provide some guidance on the topic as members might benefit from this. The full needs assessment is attached in Appendix 1.

Recommendation:

Staff recommend that the College develop a guideline that would provide members with a compilation of the existing requirements about specific issues related to the duty to provide care. Staff believe that a guideline is needed because there is a real risk of harming patients if members do not understand the current rules. Further, the issue has broad application and relevance to members. A guideline is the recommended format because the rules and expectations relevant to the issue already exist. The guideline would compile the existing obligations and provide advice to physiotherapists on how to meet the obligations.

Because the guideline will not create new expectations on members, staff do not anticipate seeking Council approval of the final content. However, staff will provide the guideline to Council for their information.

Decision Sought:

That Council approve the development of a Duty to Provide Care Guideline.

Attachments:

- Appendix 1: Duty to Provide Care – Assessment of the Need for a Standard

Appendix 1: Duty to Provide Care – Assessment of the Need for a Standard

Summary

Using the College’s “Criteria for the Development of Standards of Professional Practice”, **the existing data and research does not demonstrate a need to develop a separate and distinct Standard for Duty to Provide Care.** The following is a summary of the assessment.

Criteria	Assessment
1. Must meet all of the following criteria:	
There is no higher level document (e.g. a statute, regulation, ethical obligation or essential competency) that specifically defines the College’s expectations in relation to the issue.	Does not meet this criteria. Expectations related to the duty to provide care are covered in higher level documents in some way, either directly or indirectly.
There is a reasonable belief that if a standard is developed, it will continue to have relevance for an extended period of time.	Meets this criteria. The duty to provide care relates to issues like fair and non-discriminatory practices when accepting new patients, and not abandoning patients. These issues are enduring rather than transitory.
The practice issue applies to the practices of a reasonable number of physiotherapists.	Meets this criteria. Over 90% of our members work in clinical care, where these obligations may apply.
2. Must meet one of the following criteria:	
There is a reasonable expectation that the practice issue places patients at a substantial degree of risk (this could be physical, financial, etc).	Meets this criteria. Issues related to the duty to provide care can harm patients by preventing or interrupting their access to care that is needed to alleviate suffering and prevent deterioration of their condition.
There is a reasonable expectation that physiotherapists dealing with the practice issue are likely to be at risk of unprofessional or unethical conduct.	Does not meet this criteria. Issues related to the duty to provide care are relatively uncommon (about 1% of Practice Advice questions and PC cases). However, it is not clear whether that is because most PTs are already doing the right thing, or there is a lack of awareness about these issues.

Recommendation

There may be value in developing a guidance document regarding the duty to provide care. This issue has a real risk of harming patients, and it has broad application and relevance to members. Most of the rules and guidance already exist, the guidance document would simply compile existing obligations and provide advice to physiotherapists about how to meet them.

Detailed Analysis

Does the practice issue apply to the practices of a reasonable number of physiotherapists?

Yes. The duty to provide care refers to a moral and professional obligation to provide services to patients to further their welfare and advance their well-being. Any physiotherapist who provides patient care would be subject to this duty. Over 90% of our members work in clinical care, where this obligation may apply.

Is there a reasonable belief that if a standard is developed, it will continue to have relevance for an extended period of time?

Yes. The duty to provide care relates to issues like fair and non-discriminatory practices when accepting new patients, and not abandoning patients. These issues are enduring rather than transitory.

Is there any higher level document (e.g. a statute, regulation, ethical obligation or essential competency) that specifically defines the College's expectations in relation to the issue?

The College does not currently have a Standard that articulates expectations related to the duty to provide care. The following analysis looks at issues related to the duty to provide care identified in our own College and from research, and whether the issues are addressed in higher level documents.

It appears that obligations related to the duty to provide care are covered in higher level documents in some way, either directly or indirectly.



Issue/Concern	Document that defines expectations	Resources
Issues identified within the College		
Patient abandonment or inappropriate discharge	<p><i>Misconduct Regulations:</i></p> <p>2. Discontinuing professional services that are needed unless,</p> <ul style="list-style-type: none"> i. the patient requests the discontinuation, ii. alternative services are arranged, iii. the patient is given a reasonable opportunity to arrange alternative services, iv. the member is unable to provide adequate physiotherapy services because there are insufficient resources available, v. the patient has failed to make payment within a reasonable time for physiotherapy services received and all reasonable attempts on the part of the member to facilitate such payment have been unsuccessful, vi. the member has reasonable grounds to believe that the patient may abuse the member, verbally, physically or sexually, or vii. the patient's lack of cooperation or compliance with his or her treatment plan is such that, in the member's opinion, the services are not effective. 	<p>1. <i>CPO Practice Tool: Leaving a Practice</i></p> <ul style="list-style-type: none"> - Prepare for your departure by providing each patient with treatment options. <p>2. <i>CPSO Policy: Ending the Physician-Patient Relationship</i></p> <ul style="list-style-type: none"> - Includes a list of specific actions to take when ending the physician-patient relationship



Issue/Concern	Document that defines expectations	Resources
	<p><i>Essential Competency Profile:</i></p> <p>1.6.5 Maintains continuity in physiotherapy service delivery, where resources permit (e.g., communicates with physiotherapists and other health professionals who share responsibility for service delivery; arranges for substitute service, as appropriate).</p> <p>1.8.3 Discontinues physiotherapy intervention as planned or upon the client’s request.</p> <p>1.8.4 Communicates with the client about service completion (e.g., recommends service options; self-management plan).</p>	
<p>Refusal to provide services to a patient</p>	<p><i>Ontario Human Rights Code:</i></p> <p>Cannot refuse to provide care to a patient based on any of the protected grounds in the Code: Age; Ancestry, colour, race; Citizenship; Ethnic origin; Place of origin; Creed; Disability; Family status; Marital status (including single status); Gender identity, gender expression; Sex (including pregnancy and breastfeeding); Sexual orientation.</p> <p><i>Supreme Court of Canada case law:</i></p> <p>Healthcare professionals have a right to refuse to provide services based on conscience or religion, however they must not impede the patient’s rights to access services.</p>	<ol style="list-style-type: none"> 1. <i>Ontario Human Rights Commission, Guide to your rights and responsibilities under the Human Rights Code.</i> 2. <i>Ontario Human Rights Commission, Policy on Competing Human Rights.</i> 3. <i>CPSO Policy: Professional Obligations and Human Rights.</i> 4. <i>CPSO Policy: Accepting New Patients.</i>



Issue/Concern	Document that defines expectations	Resources
	<p><i>CPO Code of Ethics:</i></p> <p>Respect: Physiotherapists are respectful of the differing needs of each individual and honour the patient’s right to privacy, confidentiality, dignity and treatment without discrimination.</p> <p><i>Professional Boundaries Standard (draft):</i></p> <p>Physiotherapists must not provide physiotherapy services to their relatives or those with whom they have a personal relationship.</p>	<p>5. CPO Code of Ethics</p>
<p>Failure to provide accessible services</p>	<p><i>Ontario Human Rights Code:</i></p> <p>The Code establishes a duty to accommodate the needs of people with disabilities unless the accommodation will result in undue hardship on the person who is responsible for accommodating those needs.</p> <p><i>Accessibility for Ontarians with Disabilities Act:</i></p> <p>The Act requires that any person or organization that provides goods or services to members of the public must provide the goods or services in a manner that respects the dignity and independence of persons with disabilities.</p>	<p>1. <i>Ontario Human Rights Commission, Guide to your rights and responsibilities under the Human Rights Code.</i></p> <p>2. AODA Training Resources.</p> <p>3. AccessForward. Making Ontario Accessible Online Staff Training Course.</p>
<p>Obligation to provide care when there is risk of injury to the PT or staff</p>	<p><i>Occupational Health and Safety Act</i></p>	<p>1. <i>Public Services Health and Safety Association. Guidance Note: Right to Refuse Unsafe Work.</i></p>



Issue/Concern	Document that defines expectations	Resources
	<p>In Ontario, the OHSA establishes the right of workers to refuse work that they believe is likely to endanger without fear of reprisal by the employer.</p> <p><i>Essential Competency Profile:</i></p> <p>4.3.2 Delivers physiotherapy services in a safe physical environment for self, other team members, and staff.</p>	<p>2. Ontario Ministry of Labour. Health and Safety information for Health and Community Care workplaces.</p>
Issues identified in research		
<p>Providing services during health emergencies</p>	<p><i>Essential Competency Profile:</i></p> <p>7.1.1 Provides services within physiotherapy scope of practice and personal competence.</p> <p>7.1.3 Provides services upholding professional ethical values (e.g., adheres to professional codes of ethics and standards of practice when making decisions with client).</p> <p>4.3.1 Anticipates, recognizes, and prevents hazards in the physical environment (e.g., infection prevention and control; hazardous waste; electrical safety; equipment).</p> <p>4.3.2 Delivers physiotherapy services in a safe physical environment for self, other team members, and staff.</p> <p><i>Code of Ethics:</i></p>	<p>1. <i>CPO Position Statement.</i> Pandemic Planning – Key Considerations for Physiotherapists</p> <p>2. <i>CPSO Policy.</i> Physicians and Health Emergencies.</p>



Issue/Concern	Document that defines expectations	Resources
	<p>Physiotherapists are at all times guided by a concern for the patient's well-being.</p>	
<p>Providing services during job actions</p>	<p><i>Misconduct Regulations:</i></p> <p>2. Discontinuing professional services that are needed unless,</p> <ul style="list-style-type: none"> ii. alternative services are arranged, iii. the patient is given a reasonable opportunity to arrange alternative services, iv. the member is unable to provide adequate physiotherapy services because there are insufficient resources available, <p><i>Essential Competency Profile:</i></p> <p>1.8.4 Communicates with the client about service completion (e.g., recommends service options; self-management plan).</p> <p>5.1.3 Understands the limits and opportunities within the practice setting to address health issues, and works collaboratively to develop strategies to optimize client care (e.g., Supports clients to access timely and affordable service; assists clients to navigate and coordinate the health care system).</p> <p>7.1.3 Provides services upholding professional ethical values (e.g., adheres to professional codes of ethics and standards of practice when making decisions with client).</p>	<p>1. <i>CPSO Policy: Providing Physician Services During Job Actions.</i></p>



Council

Issue/Concern	Document that defines expectations	Resources
	<p><i>Code of Ethics:</i></p> <p>Physiotherapists are at all times guided by a concern for the patient's well-being.</p>	

Is there a reasonable expectation that the practice issue places patients at a substantial degree of risk (this could be physical, financial, etc.)?

Yes. Issues related to the duty to provide care can harm patients by preventing or interrupting their access to care that is needed to alleviate suffering and prevent deterioration of their condition. We know that some conditions that physiotherapists treat require timely intervention in order to prevent the condition from getting worse, or becoming a chronic one.

The failure to adhere to human rights and non-discrimination principles would violate the rights of patients and hinder their access to care that they need.

Patient abandonment, inappropriate discharge, and failure to transfer care could harm patients by jeopardizing their treatment outcomes, leading to suffering or a deterioration of their condition.

Is there a reasonable expectation that physiotherapists dealing with the practice issue are likely to be at risk of unprofessional or unethical conduct.

No. Questions and complaints about issues related to the duty to provide care are relatively uncommon at the College.

- Since July 2016, questions received by the Practice Advisor related to the duty to provide care make up around 1% of the total
- Issues related to the duty to provide care have not come up in QA assessments (though this is most likely because we do not have a Standard on this issue)
- Since April 1, 2013, professional misconduct cases involving issues related to the duty to provide care make up around 1% of all cases

The one caveat is that the data does not show whether the relatively low number of questions and cases indicate that most physiotherapists are doing the right thing, or because there is a lack of awareness about this issue among physiotherapists and patients.

Meeting Date:	March 22-23, 2017
Agenda Item #:	16
Issue:	Bill 87 “Protecting Patients Act”
Submitted by:	Shenda Tanchak, Registrar

Issue:

In December Bill 87 went through first reading. It contains extensive changes to the *Regulated Health Professions Act*.

FHRCO has made a submission that supports the intention behind Bill 87 – to enhance patient protection and prevention of sexual abuse by health care providers – and suggests many amendments to improve the functionality of the proposed provisions. A copy of the FHRCO submission is attached.

Background:

On December 8, 2016 the Ontario Minister of Health and Long-term Care (MOHLTC) introduced for first reading Bill 87, which includes significant changes to the RHPA and Code in the following areas:

1. Increased powers of the Minister of MOHLTC;
2. Investigations, prosecution of and mandatory revocations related to sexual misconduct and funding for victims of sexual abuse, etc.; and
3. Transparency, including expansion of the public register and new self-reporting obligations.

Many of the provisions in Bill 87 had been discussed by CPO Council at its meeting in September in the context of the recommendations of the Sexual Abuse Task Force and potential next steps for our College. Based on the guidance provided by Council during those discussions, the Registrar felt that she could provide approval for the submission on behalf of Council.

Decision Sought:

This item is for information and discussion only.

Attachments:

- FHRCO Submission to Ministry of Health and Long - Term Care, dated February 27, 2017



Federation of Health Regulatory Colleges of Ontario (FHRCO)
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February 27, 2017

Hon. Dr. Eric Hoskins, Minister
Ministry of Health and Long-Term Care
Hepburn Block, 10th Flr
80 Grosvenor St
Toronto ON M7A 2C4

TRANSMITTED BY FAX AND EMAIL

Dear Minister Hoskins:

Re: Submissions of the Federation of Health Regulatory Colleges of Ontario on Bill 87

The Federation of Health Regulatory Colleges of Ontario welcomes the opportunity to make submissions on the proposed amendments to the *Regulated Health Professions Act (RHPA)* found in Schedule 4 of Bill 87, *Protecting Patients Act, 2016*.

Introduction

The Federation is the provincial organization that brings together the 26 health regulatory Colleges for the health professions governed under the *RHPA*. Under the statutory mandate to protect the public interest through regulation, the Colleges govern more than 300,000 health professionals in Ontario.

The members of the Federation are committed to having the strongest legislative framework available to support patients and prevent sexual abuse. The Federation supports the intent and assumed goals of Bill 87; many of the provisions in Bill 87 that pertain to transparency have already been implemented by many *RHPA* Colleges. In some areas, Bill 87 could go further to protect the public and support the effectiveness of College complaints, investigations, and discipline processes.

The Federation's members, with their expertise in regulating health professionals in the public interest, can provide a unique perspective in ensuring that the proposals are effective and able to achieve the outcomes that will protect the public. As such, the Federation is making a number of suggestions, collating the amendments into four substantive topics dealing with:

1. Reducing and Eliminating Sexual Abuse;
2. Enhancing Transparency;
3. Increased Powers of the Minister; and
4. Miscellaneous Amendments.

We have also provided an appendix which addresses drafting issues. The Federation understands and supports the intentions behind these revisions to the *RHPA* and the *Health Professions Procedural Code* (the “Code”) but there are some matters that we believe are quite significant and need to be carefully considered in order to avoid unintended negative consequences.

While we have provided as much feedback as possible in this early submission, we know that more could be achieved through ongoing discussion as the Bill moves through the legislative process.

1. Reducing and Eliminating Sexual Abuse

a. Minister Prescribed Functions: RHPA s. 43(1)(w). This amendment permits the Minister to make regulations specifying how Colleges are to investigate and prosecute sexual misconduct cases. In addition, the Minister can make regulations providing for further “functions and duties” for Colleges.

Federation member Colleges, with experience in sexual abuse matters, are continually working to improve their procedures for dealing with such cases; many of the proposals relating to sexual abuse in Bill 87 and in the Sexual Abuse Task Force report have already been implemented. Federation members, who operationalize legislation, are offering to work with the Ministry on regulations as they are developed. Federation members also look forward to working with the external advisor who will be appointed. Our suggestions in this area are put forward to strengthen the legislative framework to ensure that the provisions will achieve the desired outcome and avoid unintended negative consequences.

The Federation will have additional comments to make about this amendment and would welcome further information from the Ministry about the intent of the legislative amendments.

b. Funding for Sexual Abuse: RHPA s. 43(1)(y), Code s. 1.1, 85.7, 95(1)(q). The intention of this amendment is to expand funding for individuals who may have been sexually abused. As we understand it, eligibility for funding for a person who makes a complaint, or is the subject of a report that alleges sexual abuse, commences when the complaint or report is made. In addition, the Minister may make regulations expanding the types of expenses for which funding will be provided. The amendments also state that awarding funding will not be taken as a finding that sexual abuse occurred and cannot be considered by any other committee of the College, which reduces the likelihood that an appearance of bias challenge could be successfully made.

While the Federation supports broader access to funding, we note that these amendments may have a contrary effect in some instances.

Under the amendments, Colleges will no longer be able to maintain (or create) alternative criteria for funding by regulation (e.g., criminal findings of sexual assault of a patient; where the patient has not been named in a complaint or report). Accordingly, where Colleges intended to go beyond the criteria established in the Code, it might not be possible to do so. We urge revisions to avoid this.

c. Mandatory Revocation: RHPA s. 43(1)(u) and (v), Code 51(5) and (5.1), 71.1. The criteria for a mandatory revocation (and the corresponding inability to apply for reinstatement for at least five years) will be expanded to include a list of additional sexual acts. Additional grounds can be enacted through a Minister's regulation. The mandatory revocation also applies where a regulator outside of Ontario makes a finding of professional misconduct that involves the expanded list of revocable sexual acts. In addition, the Minister can make a regulation designating certain offences (e.g., sexual assault, fraud) as also requiring mandatory revocation.

The Federation supports the expansion of mandatory revocation for frank acts of sexual abuse. We are concerned about whether using a prescribed list of sexual acts is too restrictive an approach to take and would welcome the opportunity to discuss other approaches which might afford a higher level of protection without unintentionally excluding some acts that are potentially no less egregious than those on the list.

d. Other Orders by the Discipline Committee in Sexual Abuse Cases: Code s. 51(4.1) and (4.2), 51(5).2, 51(5).3(vi) and (vii). A discipline panel will be prevented from ordering gender-based restrictions in any case (not just sexual abuse cases). Where a discipline panel makes a finding of sexual abuse that requires mandatory revocation and defers the penalty portion of the hearing, it must immediately suspend the member's certificate of registration until the mandatory revocation is ordered. In addition, where a finding of sexual abuse is made and mandatory revocation is not required, a suspension must be ordered.

The Federation supports these changes. In our view, the requirement to suspend a member immediately where there is a finding that requires mandatory revocation is essential to public protection. We note that beyond sexual abuse findings, there are other situations in which mandatory revocation arises and this provision should be expanded to cover all such findings (i.e., offence findings resulting in mandatory revocation discussed in submission 1(c) above). There is no reason to permit a practitioner to keep practising where revocation will inevitably result when the penalty hearing is held. In fact, permitting the practitioner to practise in the interim could encourage attempts by the member to delay the penalty hearing.

e. Definition of Patient for Sexual Abuse Purposes: RHPA s. 43(1)(o), Code s. 1(6). These amendments address the definition of persons who constitute patients in the context of sexual abuse. A "patient" will include former patients for a period of one year after the professional relationship ends (or such longer time as prescribed in a College's regulation). In addition, the Minister can make regulations setting additional criteria for the definition of a "patient".

The Federation supports the intent of these proposed amendments, but urges an approach that will reduce the risk of unintended consequences. The Federation appreciates the need to prevent a practitioner from circumventing the mandatory penalty provisions in this amendment. The ambiguity in the proposed wording could prevent Colleges from fully addressing the goals of this amendment.

Colleges recognize that defining a "patient" is challenging and many have worked on defining a patient as appropriate for professions' practices and practice settings. We concur that there can be

value in consistency across professions but note that the provider/patient interface is highly variable. The nature of a “patient” may even vary considerably within a single profession (e.g., a radiologist viewing an x-ray as compared to a psychiatrist, both of whom are physicians).

In order to recognize this variability, courts show deference to the contextual approach taken by College Discipline Committees (e.g., *College of Physicians and Surgeons of Ontario v. McIntyre*, 2017 ONSC 116, and *Clokie v. Royal College of Dental Surgeons (Ontario)*, 2016 ONSC 4164).

We note, as well, that there are implications to having a different definition of “patient” for sexual abuse purposes and other purposes (e.g., abandonment of patients, billing, record retention, conflicts of interest) and this warrants further exploration.

Instead of a “one size fits all” approach, we believe that there would be value in prescribing criteria for defining “patient” for the purposes of sexual abuse (e.g., sharing of personal health information; circumstances where the person might reasonably rely on the practitioner in making health care decisions; reasonable expectation of being able to obtain additional services).

We also note that the proposed wording is ambiguous as it does not identify when the one-year period begins. It might be anticipated that this ambiguity could lead to unnecessary legal proceedings.

The Federation looks forward to further discussion of these issues.

e. Fines Increased for Failing to Make a Mandatory Report: Code s. 93(2) and (3). The maximum fine on a first offence for an individual who fails to make a mandatory report relating to sexual abuse will be doubled to \$50,000. For corporations, it will be quadrupled to \$200,000.

The Federation takes the mandatory reporting provisions seriously and supports these amendments.

2. Enhancing Transparency

The Federation believes that increased transparency, including the proposals in Bill 87, will enhance Ontario’s health professional regulatory system, which is recognized as having one of the most open professional regulation statutes in the world.

a. Expansion of the Public Register: RHPA s. 43(1)(t), Code s. 23, 94(1)(l.2). The mandatory, universal content of the Colleges’ public registers will be expanded. New information would include: the date a former member died if known, cautions, Specified Continuing Education and Remediation Programs (SCERPs), the date and status of referrals to discipline, a copy of the specified allegations, a synopsis of disciplinary and incapacity decisions even where the finding was that the allegations were not proved, acknowledgements and undertakings, and any inspection outcomes. Also, the Minister will be able to make a regulation requiring additional information to be placed on the public register. The Registrar will now have an explicit duty to post all information promptly. The Registrar will also be required to correct information that is incomplete or inaccurate. The “pardon” provision,

permitting the removal of less serious findings after six years, will be amended to prevent the deletion of any findings of sexual abuse, not just those where there has been sexual touching.

Colleges already have made by-laws placing most, if not all, of this information on their public registers and we support the provisions related to transparency in Bill 87. These provisions will bring consistency in the details of precisely how this information is posted on the register. We do note, however, that the expansion of the public register does not appear to include items that some Colleges currently post, such as relevant pending charges, bail conditions, and convictions. Those items appear to remain within the discretion of individual Colleges.

We also note that our ability to ensure that information related to criminal proceedings is complete and up-to-date is hampered by our own access to information. It would be a tremendous advance in the protection of the public interest to require the Attorney General to promptly notify Colleges of these events when they relate to registered practitioners.

In relation to this section, the Federation is quite concerned with the inclusion of an explicit requirement to correct information that is incomplete or inaccurate. Colleges already correct information that they learn is inaccurate or is no longer accurate. The current drafting of this section could allow for court challenges by members who might consider it their legal “right” to dilute the content of the wording on the public register, making the usefulness of the information negligible for the public. The outcome will be public register postings that are of less assistance to the public accessing them. This is a prime example of unintended consequences.

The Federation also raises whether the proposal to place a synopsis of incapacity determinations on the public register has been fully analyzed for compliance with the Ontario *Human Rights Code* and section 15 of the *Canadian Charter of Rights and Freedoms*. These determinations relate to whether the member has a disability that interferes with the safe practice of the profession, e.g., mental illnesses or substance abuse disorders that impair judgment. Even if this provision is found to be legal, there needs to be consideration regarding how public protection is enhanced by publishing details of those proceedings or determinations as opposed to the terms, conditions, and limitations that arise from them which are posted on the public register.

The Federation also notes that Bill 87 does not address transitional issues such as whether the posting of additional information applies to the date of the conduct, the date of the referral to discipline, or to the date of the disposition that occurs after the enactment. This lack of clarity is likely to result in legal challenges that will delay implementation and may lead to inconsistency of interpretation amongst Colleges.

b. New Mandatory Self-Reporting Obligations: Code s. 85.6.3, 85.6.4. Two new self-reporting obligations will be created. The first will require members to report all other regulatory bodies they are registered with and any findings of professional misconduct or incompetence (but not incapacity) made by those bodies. The second will require members to report all charges for an offence and any resulting bail conditions.

Many Colleges already require the reporting of this information through their by-laws. While the Federation generally supports the inclusion of these provisions, it would be desirable also to require the Attorney General to notify Colleges of charges for an offence and release conditions of practitioners.

c. Posting Council Meeting Information on the College Website, Code s. 7(1.1) and (1.2). Colleges will be required to post the dates and agendas for upcoming Council meetings on their websites.

Many Colleges already post this information. Currently the wording of the proposed amendments does not require the posting of Council meeting materials, which would enhance this provision. We note, however, that if Council meeting materials are added to the amendments, explicit exceptions should be specifically included for privileged materials (e.g., legal advice) as well as information that relates to any part of the meeting that it is anticipated will be closed to the public.

3. Increased Powers of the Minister

a. Committee Structure: RHPA s. 43(1)(p) to (s), Code s. 10(3), 17(2) and (3), 25(2) and (3), 38(2), (3) and (5), 64(2) and (3), 73(3).3, 94(1)(h.1) to (h.4). The Minister will have the power to make regulations controlling all aspects of the structure of the statutory committees. This authority will place in the hands of the Minister, and beyond the purview of the Legislature, the power to make fundamental changes to the very essence of self-regulation. Further submissions, including submissions from individual Colleges, will be made on this issue. At this point, the Federation believes it is impossible to assess the significance and impact of these broad ranging amendments without first seeing the proposed Minister's regulations. If enacted, the Federation trusts that the Minister will consult with the Colleges before making any regulations.

4. Miscellaneous Amendments

a. Disclosure of Information where there is a Compelling Public Interest: RHPA s. 36(1)(g). There are significant issues with the confidentiality provisions of the RHPA beyond the ability to disclose confidential information with regulators of long-term care homes (discussed below). For example, some Colleges have experienced media reports to the effect that someone told the College of a threat to public safety "and the College did nothing". Currently a College is generally not able to say anything other than that the matter is under investigation. This inability to respond to the assertion, particularly where it is incorrect, undermines public confidence in the College. Clause 36(1)(g) of the RHPA should be amended to read, "...if, in the opinion of the Registrar, there is a compelling public interest in the disclosure of that information".

b. Earlier Interim Suspensions: Code s. 25.4, 37, 62, 63(1). The ICRC will now be able to make an interim order prior to a referral to discipline. The criteria for making an interim order is expanded to include situations where the member's physical or mental state places the public at risk even in non-incapacity cases. This amendment will enable the earlier protection of the public in urgent cases, especially where an extensive investigation still needs to be done. Interim orders cannot include

gender-based restrictions. There are a number of significant drafting issues with these provisions which are described in the Appendix.

c. Disclosing Information to Regulators of Long-Term Care Homes: RHPA s. 36(1)(d). The confidentiality provision will be amended to permit disclosure of College information to the regulators of long-term care homes. The Federation recommends that this duty should be expanded to include regulators of other similar facilities and would suggest that a corresponding duty be created for the long-term care home (and related) regulators to disclose information to the Colleges.

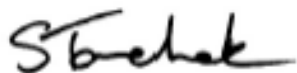
Conclusion

The members of the Federation are offering to work with the Ministry to share their experience and expertise in the regulation of healthcare professionals in Ontario. Daily, Federation members operationalize legislation, and we can help to prevent any undesirable implications of legislative amendments before unintended consequences occur.

Generally, the Federation supports the overarching objectives of the proposed amendments contained in Bill 87. In some cases, members have already implemented the changes that would follow through enactment of these legislative amendments and, as has been identified, some of the proposed changes do not go far enough. The Federation has also made a number of suggestions to ensure that the intent of the Bill is achieved. Finally, the Federation has identified a number of drafting issues, some of which are quite significant, and would ask that these be given close scrutiny.

The Federation appreciates the opportunity to be part of the process to ensure that the public is fully protected.

Sincerely,



Shenda Tanchak, President
Federation of Health Regulatory Colleges of Ontario¹

cc. Dr. Bob Bell, Deputy Minister, Ministry of Health and Long-Term Care
Ms. Denise Cole, Assistant Deputy Minister
Allison Henry, Director, Health System Labour Relations and Regulatory Policy Branch
Stephen Cheng, Manager (Acting), Regulatory Policy Unit
FHRCO Board of Directors

¹ The College of Naturopaths of Ontario has not approved the letter but has agreed to stand aside and allow the Federation's response to proceed.

Appendix 1

Drafting Suggestions (In Sequential Order)

Drafting Suggestions for Amendments to the Act

- S. 5(2) the proposed wording is that the Minister can require Council to disclose the personal or personal health information of a member. It is suggested that the “Council” be replaced with “Registrar” as the current wording would require that Council be informed of the personal or personal health information of a member.
- S. 5(2.2) requires Colleges not to disclose personal information “if other information is sufficient for the purposes set out in subsection (2.1)”. It would be difficult for Colleges to determine these purposes since they are so broad. It might be better to rephrase s. 5(2.2) so that the Minister is not permitted to request personal information or personal health information if it is unnecessary for the purpose since the Minister is more familiar with the purposes.
- S. 43(1)(w) it is unclear whether the phrase “functions and duties” relates only to allegations of sexual misconduct or whether it could relate to anything the Colleges do. While the context is about sexual misconduct it would enhance clarity if the phrase “with respect to matters involving allegations of a member’s misconduct of a sexual nature” was repeated after the words “functions and duties”.

Drafting Suggestions for Amendments to the Code

- S. 7(1.2) indicates that if the Council intends to exclude the public from a Council meeting, the website posting should indicate this and the grounds for doing so. However, we note that decisions to exclude the public must be made by Council at the meeting. Accordingly, before the meeting is held, one can only speculate as to whether portions of the meeting will be closed and why. Council will not have considered the issue yet. The provision should probably begin with: “If the Registrar anticipates that Council will exclude the public from any meeting or part of a meeting under subsection (2), the anticipated grounds for doing so ...”.
- S. 23(2).2 relates to former members. The phrase “The name of each former member of the College” implies that, without this authorizing provision, information about former members could not be posted on the public register². That undermines the approach taken by most Colleges that information about former members can and should remain on the public register. To eliminate this possible unintended consequence, the provisions should simply begin: “2. Where a member is deceased,...”.³ This drafting concern is potentially of enormous significance.

² There is sometimes an inference in law that making a list (here, a list of information about former members that is on the public register) implies that items not on the list are excluded (i.e., the “*exclusio unius*” rule).

³ Or, in the alternative, at least separate out the two items so that the names of all former members are one paragraph and the date of death is a separate paragraph. This would reinforce the interpretation that additional items about former members could be added through College by-laws.

- S. 23(2).9 refers to the “notice of specified allegations against a member”. There is no such document at most, if not all, Colleges. It should be reworded to read: “A copy of the specified allegations ...”.
- S. 23(2).11 requires acknowledgements and undertakings (A&U’s) to be posted if they are “in relation to professional misconduct and incompetence”. The intent is probably to differentiate them from A&U’s for incapacity and quality assurance. However, the language is unclear as to whether they include ICRC A&U’s or apply just discipline A&U’s. Perhaps the following phrase might be clearer: “in relation to concerns of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee”.
- S. 23(2) refers to a number of dispositions of the ICRC (e.g., cautions, SCERPs, A&U’s) that stay on the public register permanently. However, some Discipline Committee dispositions are eligible to come off the public register after six years (see S. 23(11)). It seems inconsistent to make less serious ICRC dispositions appear on the register permanently while some discipline dispositions are potentially temporary. The two provisions should be reconciled, perhaps by repealing s. 23(11).
- S. 23(14) defines the results of a hearing using the phrase “and where the panel has made no finding, includes the failure to make a finding”. This language is confusing as a finding is always made. Preferable language would be similar to the following: “and including any finding that professional misconduct or incompetence has not been proved”.
- S. 25.4(1) permits interim orders to be made upon receipt of a complaint or “report”. In this context, the “report” refers to the s. 79 report of the Registrar to the ICRC at the conclusion of an investigation. The obvious intent of the amendments is to permit the ICRC to make an interim order immediately upon the concern being identified as urgent, not after a lengthy investigation is undertaken. To achieve this intent, the word “report” should be changed to “the appointment of an investigator under section 75”. This drafting concern is potentially of enormous significance.
- S. 25.4(4) deals with the duration of interim orders. There are two drafting issues with this provision:
 - The language in the Bill says that the order ends upon the “disposition” of the matter by the ICRC which, conceivably, could end the interim suspension upon a referral to discipline. To reduce ambiguity, the provision could be worded: “(4) An order under subsection (1) continues in force until the matter is finally determined.” An alternative, but less satisfactory, solution would be to change the phrase “otherwise disposed of by a panel of the Inquiries, Complaints and Reports Committee” to read: “otherwise *finally* disposed of by a panel of the Inquiries, Complaints and Reports Committee”.
 - It is unclear whether an interim order can be amended if necessary. For example, additional information may come to the attention of the College indicating that a more restrictive interim order is needed to protect the public. On the other hand, the practitioner may propose amendments that would protect the public as much as, or even more than, the original order while having a less severe impact on the member.These drafting concerns are potentially of enormous significance.
- S. 51(5.1) requires a mandatory revocation lasting at least five years where a regulatory body outside of Ontario has made a finding of professional misconduct involving revocable sexual acts. However, this provision does not apply to findings made by regulatory bodies inside Ontario. For

example, if a practitioner was also registered with the Ontario College of Social Workers and Social Service Workers or the Ontario College of Teachers and was revoked by one of them for frank sexual acts, the practitioner would not necessarily be revoked by the *RHPA* College. This result could also conceivably occur where a practitioner is registered with two *RHPA* Colleges. The solution would be to amend 51(1)(b) to remove the requirement that the misconduct finding must be for a regulator outside of Ontario. Including other Ontario regulators is also more consistent with the drafting approach taken in s. 85.6.3. This drafting concern is potentially of enormous significance.

- S. 85.6.4 requires members to self-report when they are charged with an offence and every bail condition imposed. There are a number of drafting issues with this provision.
 - Unlike the other self-reporting duties, the provision does not include a requirement to disclose the location of the entity laying the charges or imposing the bail conditions (i.e. the location of the courthouse where any information has been laid or any indictment has been preferred in relation to the member). This omission will make it difficult for Colleges to verify the accuracy and completeness of the self-report (which sometimes minimizes the conduct).
 - S. 85.6.4 requires members to self-report every bail condition. Not all relevant restrictions on conduct flowing from a charge are contained in bail conditions. Other instruments that contain similar restrictions include terms of release and peace bonds, for example. A more precise list of relevant restrictions might read as follows:

“A member shall file a report in writing with the Registrar if the member has been charged with an offence, and the report shall include information about every condition of release imposed on the member as a result of the charge including, but not limited to, information regarding any summons, appearance notice, promise to appear, undertaking or recognizance whether with or without sureties. A member shall also file a report in writing with the Registrar if the member has entered into a common law peace bond or a recognizance pursuant to s. 810, s. 810.01, s. 810.011, s. 810.02, s. 810.1, s.810.2 or s. 83.3 of the *Criminal Code*.”
- In the alternative a broader provision could be used such as: “every bail condition or other restriction imposed on or agreed to by the member relating to the charge”.

Appendix 2: AGRE Member Regulators - Council Composition

Councils: AGRE Member Regulators - Council Composition					
Ontario College (s. re. Council)	Required in legislation		Additional requirements	Current - January 2017	
	Professional	Public		Professional	Public
<i>College of Nurses</i> (s. 9(1) of the Nursing Act)	21*	14-18	*14 RNs and 7 RPNs	21	15
	Total: 35 - 39			Total: 36	
<i>College of Optometrists</i> (s. 6.(1) of the Optometry Act).	10 (9 + 1*)	7	*selected from faculty of School of Optometry	10	7 (1 resigning)
	Total: 17			Total: 17	
<i>College of Physicians and Surgeons</i> (s.6(1) of the Medicine Act)	19 (16 + 3*)	13 - 15	*16 elected and 6 appointed from faculties of medicine *3 appointed from faculties of medicine are voting members	22	12 (3 vacancies)
	Total: 32 - 34			Total: 34	
<i>College of Physiotherapists</i> (s. 6(1) of the Physiotherapy Act).	8 - 10 (7-8 + 1-2*)	5 - 7	7-8 elected members + 1-2 selected from physiotherapy faculty members	8 elected + 2 faculty members	7
	Total: 13 - 17			Total: 17	
<i>College of Pharmacists</i> (s.7(1) of the Pharmacy Act)	11 - 19*	9 - 16	*9 - 17 elected members, of which 2-4 must be pharmacy techs; Deans of 2 ON Schools of Pharmacy	16	12
	Total: 20 - 35			Total: 28	
<i>Royal College of Dental Surgeons</i> (s. 6. (1) of the Dentistry Act)	12 - 14* (10 - 12 + 2)	9 - 11	*10 - 12 elected members + 2 selected from dentistry faculty	14	10
	Total: 21 - 25			24	

Meeting Date:	March 22-23, 2017
Agenda Item #:	17
Issue:	AGRE's Governance Work
Submitted by:	Shenda Tanchak, Registrar

Issue:

Could health regulatory Colleges better serve the public interest if their governance structures were changed?

This issue has been the subject of a Task Force at the College of Nurses of Ontario and is currently under consideration by AGRE.

Background:

At international and domestic levels, changes are taking place in regulatory governance. These changes are in response to growing mistrust in self-regulation. Some of the changes include more balanced professional/public representation in governance, selection of members from specific practice sectors rather than geographic regions, moving away from election to competency-based appointments of professional members, and reducing Board (or Council) size.

Concern about self-regulation is evident in Bill 87, "Protecting Patients Act, 2016" which, in the words of Richard Steinecke, "go well beyond reforming the sexual abuse provisions. For example, enormous powers will be transferred to the Minister, including the power to restructure the statutory committees of the College, such as by reducing or even removing professional members from their composition."

Following the success of the Transparency Project AGRE identified at their January 14, 2016 meeting a second identified task: the need to focus on governance. Pursuant to this project, AGRE held a retreat which consisted of brain-storming sessions regarding Councils, committees and next steps. Questions included what Councils could look like, who the members would be, how they would become members, what their roles would be etc., with similar questions being considered for the structure and composition of committees.

AGRE's next step was a review of the results of the retreat and a discussion about next steps. It was agreed that we needed a formal discussion paper and to hold a "governance round table" with representatives from all AGRE College Councils and staff.

During this period, a Task Force of the College of Nurses of Ontario produced a paper entitled "Vision: The College of Nurses of Ontario's Board of Directors for 2020" which recommends sweeping changes to the structure of College governance. Gary Rehan, Vice President of our College and Rod Hamilton, Associate Registrar, attended the December 2016 CNO Council meeting at which the paper was discussed.

The most significant changes recommended in the CNO's work include:

- Move from a council to board of directors governance structure.
- Replace the current CNO Council (35 - 39 members) with a 12-member board.
- Have an equal number of nurse and public directors (6 nurses, with at least one registered and one registered practical nurse member) rather than a majority of professional members.
- Eliminate Executive Committee - the Board will act as the Executive Committee.
- Establish and make attendance at a governance "boot camp" mandatory for those interested in participating on the board or committee, to ensure that they understand the roles and expectations.
- Directors (board members) will not serve on statutory committees.
- Make selection of all directors and committee members based on a competency-based application and appointment process (no elections). Ensure that the board is intentionally structured to bring different perspectives.
- Committee members to be appointed to represent a diversity of nursing and other backgrounds and bring specific, relevant knowledge and skills required for committee work.
- Advisory Groups to be established as a new mechanism to ensure continued engagement with the profession, provide knowledge and input to Council on nursing issues specific to sectors, regions, practice areas etc.
- Two standing committees (Governance and Nominating) be established to handle all processes related to appointments to the board and committees.
- All directors will receive the same honorarium, as will all committee members.

The AGRE Registrars' group has now formally supported the paper. We have also received a report from our Consultant, Paulette Blaise, which identifies the key work steps that will be required to move this conversation to its next steps. These issues, found at pages 16 and 17 of the attached report, will be the subject of further discussion at the planned round table as well as additional research.

Decision Sought:

This item is for information and discussion only.

Attachments:

- Governance Discussion Paper, dated February 14, 2017

Governance Discussion Paper

February 14, 2017

Prepared for AGRE by:

Paulette Blais, BA, MIR
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Introduction

The purpose of this discussion paper is to provide background and context for the Advisory Group for Regulatory Excellence (AGRE) roundtable discussion regarding governance.

Since AGRE was formed in 2012 the group has had considerable success in collaborating together to develop the AGRE Transparency Principles, engaging with the provincial government regarding these principles and having them adopted in bylaw by the AGRE regulators. As will be seen from the Bill 87 Protecting Patients Act summary provided in the Background section, this forward-thinking work on transparency both anticipated and was able to shape to some extent the Ontario government's policy direction. Regulators who have adopted the AGRE Principles and amended their bylaws accordingly are therefore well-prepared for transparency amendments to the Regulated Health Professions Act (RHPA) that may become effective through Bill 87.

The current focus of AGRE regulators on governance is similarly intended to position regulators to get "ahead of the curve" on regulatory governance. This is in response to apparent trends in the regulatory landscape, anticipation that the Ontario government is looking to impose changes to the governance sample framework of all regulated health professions and the College of Nurses of Ontario's (CNO's) December 2016 Council decision to pursue a new "Vision 2020" for its governance structure.

While the governance conversation so far has been a high-level discussion among the AGRE Group, this paper is intended to share information and context in order broaden the discussion to AGRE College Executive Committees and eventually Councils.

Background

Trends in Regulatory Governance

There are important external influences and trends that provide both impetus and context for AGRE to look at regulatory governance at this time. These are international (particularly related to regulatory developments in the UK, Australia and New Zealand), national and provincial.

Richard Steinecke, Robert Lapper and others who provide guidance to regulated professions on these issues have highlighted that these trends in regulatory governance have and are anticipated to continue to influence Ontario government policy in the near future.

Robert Lapper, CEO of the Law Society of Upper Canada has spoken about changing trends in regulatory governance, including in a presentation to CPSO Council in February 2016. He was a member of CNO's Governance Task Force and in his address to CNO Council in December 2016 stated that "At very least every professional regulator will have to consider...and be able to justify, in the public interest, its own sample framework of professional regulation, against the benchmarks that these trends arguably establish." External trends that he pointed out are included in the summary here¹:

- "There is a growing tendency in the western democratic world to question whether self-regulating professions truly live up to their mandate to protect the public interest."

¹ Direct quotes are from Robert Lapper's CNO presentation.

- "Regulatory governance is in the spotlight. Regulatory outcomes that are perceived to favour the professional over the public interest are often the subject of intense media scrutiny. Governments are called to account and address the public outcry that ensues."
- Governments have diminished self-regulation in many countries. This has included, in the UK the "co-regulation" of health and legal professions under standards authorities governed by public and not professional members. Similar reforms are being active considered or implemented in Ireland, Australia and New Zealand.
- In Canada, governments are increasingly inclined to oversee the regulation of professions. For example fairness legislation in a number of jurisdictions scrutinizes the registration practices of regulators and imposes significant reporting requirements.
- In recent years governments have become more likely to intervene in professional regulation. In BC both teachers (2012) and the real estate profession (2016) have lost the right to self-regulate. The 2012 appointment of a supervisor for the College of Denturists of Ontario (CDO) also signalled willingness by the government to use a power it had not exercised previously².
- Reviews of professional regulation worldwide have led to trends such as:
 - Moving to more balanced professional/public representatives in governance (UK health and legal professions).
 - Selection of members from specific practice sectors rather than regions (Nursing and Midwifery Board – Ireland).
 - Moving from election of professional members to competency or criteria based appointment of professional members or to a mix of election and appointment of professional members (Federation of Law Societies, Canada / UK Health and Legal Professions).
 - Reducing Board/Council sizes (UK health professions³, *Barreau du Québec*, other Canadian Law Societies).
 - "Professionalizing" or specializing some regulatory functions (Professional discipline tribunals – Law Society of Upper Canada, New Zealand Health Practitioners Disciplinary Tribunal).

² The power to appoint a College supervisor is outlined in the RHPA as "**College supervisor** s. 5.0.1 (1) The Lieutenant Governor in Council may appoint a person as a College supervisor, on the recommendation of the Minister, where the Minister considers it appropriate or necessary. 2014, c. 14, Sched. 2, s. 9." Evidence that this is the first exercise of this power can be read in the CDO Council Highlights of September 12, 2013: <https://cdo.in1touch.org/document/1160/73rd%20Council%20Highlights.pdf%20>.

³ The General Medical Council (GMC) was reduced from 104 members to 35 in 2003 (source: *Dyer, Clare (10 May 2003). "New slimmed down GMC takes shape". BMJ. 326: 1002.*). The Professional Standards Authority report (September 2011) *Board size and effectiveness: advice to the Department of Health regarding health professional regulators*, advised that "boards with a range of 8-12 members are associated with greater effectiveness". Subsequently consultations were undertaken and the boards of health councils were reduced - the GMC and the General Dental Council each now have 12 members, the Nursing and Midwifery Council went from 14 to 12 members, the General Osteopathic Council went from 14 to 10 members.

The UK's Professional Standards Authority (PSA)

- A very significant and influential international development has been the move away from the self-regulation of professions in the UK. As indicated in Grey Areas⁴ "With the publication of its paper on Right Touch Regulation in 2010, the United Kingdom's Professional Standards Authority (PSA) leapt to the forefront of international thinking on professional regulation." The subsequent updating of that paper in 2015 as well as publishing another paper entitled Rethinking Regulation "called for a radical overhaul of the regulation of the health and social service professions in the UK".
- Richard Steinecke reported⁵ that "The PSA is being considered by the Ministry of Health and Long-Term Care of Ontario (Ministry) as a possible sample framework for oversight of the RHPA Colleges."
- The PSA⁶ was established in 2012. It was previously known as the Council for Healthcare Regulatory Excellence (CHRE)⁷. The PSA oversees statutory bodies that regulate health professionals in the UK and social care in England. Where occupations are not subject to statutory regulation, it sets standards for those organisations that hold voluntary registers and accredits those that meet them.
- The PSA is a publicly appointed body. None of the members of the Board of Directors of the PSA can have been practitioners of a profession overseen by the PSA. The PSA is funded by fees and levies charged to the bodies it oversees or, in the case of advice to government agencies or international bodies, fees charged to the recipients of the advice.
- The March 2013 PSA report *Fit and Proper? Governance in the public interest*⁸ indicates that:

"Over the past decade the governance of the health and care professional regulators in the UK has been transformed. The UK approach is no longer self regulation but shared regulation; regulation shared by professions and the public in the interests of society as a whole. The councils or boards of the professional regulators are now much smaller, and have a balanced number of appointed professional and public members, rather than the large, elected, representative bodies of old. Presidents have become chairs and many are public rather than professional members. The focus of regulation on serving the public rather than the professions

⁴ Steinecke Maciura LeBlanc. Grey Areas (October 2016 - No. 210), retrieved January 25, 2016 from: <http://www.sml-law.com/wp-content/uploads/2016/10/Greyar210.pdf>.

⁵ Richard Steinecke provided a 10-page analysis of the legal authority of the PSA and implications for the RHPA to AGRE in July 2016. The points included in this paper are a very brief synopsis of his much more detailed review.

⁶ The full name of this body is the Professional Standards Authority for Health and Social Care.

⁷ The CHRE was established in 2002 as a body to oversee the regulation of healthcare professionals in the UK following the 2001 Kennedy "Bristol heart scandal" report which looked at the causes of high rates of paediatric cardiac deaths at the Bristol Royal Infirmary. "[National body to oversee healthcare professionals](#)". The Guardian. Retrieved February 7, 2017.

⁸ Professional Standards Authority (March 2013) *Fit and Proper? Governance in the public interest*. Retrieved February 7, 2017: <http://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/fit-and-proper-2013.pdf?sfvrsn=2>.

is manifest in these reforms, and is mirrored in similar developments in professional regulation in other sectors, such as the regulation of legal professionals."

- The functions of the PSA fall into four broad categories:
 1. Provide oversight of health and social work regulators, which includes:
 - a) reviewing all disciplinary decisions of regulators;
 - b) conducting an annual performance review of each regulator;
 - c) mentoring and providing advice to regulators (e.g. how to handle dishonest behaviour of members, Rethinking Regulation paper);
 - d) directing regulators to make rules; and
 - e) (in future) considering complaints against regulators.
 2. Accredit unregulated professions: Unregulated professions may apply for may apply to have their "voluntary" register accredited by the PSA. There are currently 50 registers accredited by the PSA - ranging from Acupuncture to Yoga therapy.
 3. Advise government: The PSA provides policy advice and develops discussion papers for government⁹. For example, the PSA undertook research and provided specific advice to government on board size and effectiveness that resulted in the reduction of the size of health councils. The PSA also advises the Privy Council about the quality of the processes eight of the regulators use to recommend candidates for appointment and re-appointment as chairs and members of their councils. The PSA "check(s) the process the regulator has used, and assess(es) whether it is fair, transparent and open, whether it inspires confidence, and whether it ensures all selection decisions are based on evidence of merit."¹⁰ The PSA advises the Privy Council whether each process meets the standard, but does not assess the suitability of individual candidates or have any say in who is appointed.
 4. Other activities: The PSA is sometimes retained to conduct reviews and publish reports internationally, and has done so for the Royal College of Dental Surgeons of Ontario (2013) and the College of Registered Nurses of BC (2015).
- As outlined by Robert Lapper during his December 2016 address to CNO Council:

"In its original report and subsequent updates the PSA has set out governance strategies that it recommends toward the objective of rebuilding trust between professionals, the public and regulators".¹¹ These include:

 - Smaller sized Councils/Boards;
 - Equal numbers of professionals on Councils/Boards; and

⁹ PSA policy advice to government can be found at: <http://www.professionalstandards.org.uk/publications/policy-advice>.

¹⁰ The PSA's role in advising the government on appointments can be found at: <http://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/appointments-to-councils>.

¹¹ Governance recommendations were originally described in the September 2011 CHRE report *Board size and effectiveness: advice to the Department of Health regarding health professional regulators*. Retrieved February 7, 2017: <http://www.professionalstandards.org.uk/docs/default-source/publications/advice-to-ministers/board-size-and-effectiveness-2011.pdf?sfvrsn=12>.

- Transparency of appointment processes (which assumes that Boards/Councils are not elected by members of the profession.)"

The establishment of the PSA and effective removal of the right of self-regulation from health professions is significant and was anticipated to influence Ontario government policy, particularly in response to the recommendations of the Sexual Abuse Task Force Report. While Bill 87 does not create a new oversight body or a separate adjudicative tribunal to handle complaints of sexual abuse, it does create new powers of oversight by the Minister, including direction regarding the structure of and appointments to statutory committees and investigatory activities related to sexual abuse.

Bill 87, Protecting Patients Act, 2016

On December 8, 2016 the Ontario Minister of Health and Long-term Care (MOHLTC) introduced for first reading Bill 87, which includes significant changes to the RHPA and Code in the following areas:

1. Increased powers of the Minister of MOHLTC;
2. Investigations, prosecution of and mandatory revocations related to sexual misconduct and funding for victims of sexual abuse, etc.; and
3. Transparency, including expansion of the public register and new self-reporting obligations.

Richard Steinecke provided an analysis of Bill 87 in a December 22, 2016 memo to the Federation of Health Regulatory Colleges of Ontario (FHRCO). In his introduction he states:

"Bill 87 will make significant changes to the *RHPA*. The changes go well beyond reforming the sexual abuse provisions. For example, enormous powers will be transferred to the Minister including the power to restructure the statutory committees of the College, such as by reducing or even removing professional members from their composition. The Minister will also have the authority to require Colleges to provide information to the Minister about the Colleges' handling of individual cases."

There are several amendments that are specifically relevant to discussions about governance and are anticipated to have a high impact on Colleges. These include the increased power of the Minister of MOHLTC to oversee and direct College functions by controlling the composition and actions of statutory committees. These are highlighted in Steinecke's analysis as follows:

- Committee Structure: RHPA s. 43(1)(p) to (s), Code s. 10(3), 17(2) and (3), 25(2) and (3), 38(2), (3) and (5), 64(2) and (3), 73(3).3, 94(1)(h.1) to (h.4). The Minister will have the power to make regulations controlling all aspects of the structure of the statutory committees (committees established by by-law are not affected). The regulations can establish their composition, panel quorum, eligibility requirements and disqualification grounds. For example, the Minister could require a majority of public members (or even all public members) on committees or panels. *This provision has the potential to compromise a fundamental principle of self-regulation, namely that the profession is governed by its own members* [emphasis added]. However, it should be noted that these regulations would not alter the composition of the Councils of the Colleges in either size or composition
- Sexual abuse: Minister Prescribed Functions: RHPA s. 43(1)(w). The Minister can make regulations specifying how Colleges are to investigate and prosecute sexual misconduct cases (e.g., requiring the use of investigators with particular credentials, mandating the videotaping of witness interviews, making rules of procedure allowing for the videotape to be received as the evidence in-chief of a

witness). In addition, the Minister can make regulations providing for further “functions and duties” for Colleges (e.g., requiring Colleges to provide legal counsel paid for by the College for individuals alleging sexual abuse; requiring Colleges to conduct research on sexual abuse by their members).

- Bill 87 also includes changes to the public register and self-reporting obligations (RHPA s. 43(1)(t) and the Code s. 23, 94(1)(l.2)). These proposed amendments are largely consistent with AGRE’s Transparency Principles and include those related to expansion of information provided on the public register, new mandatory self-reporting obligations and the posting of Council meeting information on College websites.¹²

Regulatory Governance in Ontario

AGRE Discussions

- Following the success of the Transparency Project AGRE identified at their January 14, 2016 meeting a second identified task: the need to focus on governance. This was inspired by comments made by Deputy Minister of MOHTC Bob Bell¹³ and Assistant Deputy Minister Denise Cole at public meetings. Their remarks included:
 - How can College Councils function in the public interest when Council members are elected by peers/College members? Will Council members be considering the interests of those who elected them to Council? Are professional members really needed on College Councils?
 - Councils are too large.
 - There are too many Colleges.
 - Should College Presidents be elected from amongst the full profession, i.e., not by the College Council?
- AGRE recognized an opportunity to proactively and positively influence system change for *RHPA* Colleges, in a manner similar to the successful transparency initiative. There was agreement to hold a retreat to dedicate time to this issue, and the Policy Working Group (WG) developed an initial list of governance issues to be discussed at a retreat.
- The half-day retreat was held April 6, 2016 and was attended by the AGRE representatives. The focus of the governance discussion was on "how anticipated amendments to the RHPA could be influenced at early stages of decision-makers' thoughts and conversations".
- The retreat consisted of brain-storming sessions regarding Councils, committees and next steps. Questions included what Councils could look like, who the members would be, how they would become members, what their roles would be etc., with similar questions being considered for the structure and composition of committees. This discussion yielded good discussion and some general themes emerged, which are briefly summarized here:

¹² These points were excerpted from Richard Steinecke's December 22, 2016 Analysis of Bill 87 prepared for the Federation of Health Regulatory Colleges of Ontario (FHRCO).

¹³ Similar comments were subsequently made at a February 2016 meeting of FHRCO and during a presentation that Mr. Bell gave at a spring 2016 CPSO Council meeting.

- Councils:
 - All Council members (professional and public) should have similar competencies - this is difficult to ensure given the current sample framework of elections and appointments.
 - Possible that appointing rather than electing could enhance recruitment of effective members.
 - Consistent governance training and evaluation is needed to enhance performance and effectiveness of Councils.
 - Theoretically electing members brings geographic representation and connection to the profession, but some professional members may feel that they represent a constituency.
 - Important that public appointments are not political.
 - All Council members have same role so should be remunerated the same.
 - Currently there may be a disproportionate representation of certain demographics (e.g. those who practice in settings that allow paid time away) - how can greater participation be enabled?
 - Principles: Have competent Council members, selected through an application process, reflective of society (gender-balanced, representative of the profession).

The brainstorming also generated the following specific ideas:

- All Council members should have similar competencies: intelligent/knowledgeable; prepared; open-minded/willing to learn; up-to-date with current standards of practice, boundaries, trends, etc.; understanding of the public interest; independent (i.e., not an advocate); available; possessing integrity and transparency.
- Council member skill sets: Should include financial background; critical reasoning skills (actuary or lawyer); similar qualities as those required for members of for-profit Boards; previous regulatory experience (e.g., served on Committees); and perspectives (not representation); from different types of practice.
- Competencies/skill sets should be measured in a transparent, objective way: e.g. formal application; interview; references; recruitment; similar to robust screening processes used when hiring staff.
- Three types of recruitment:
 - Council (Board) members (by External Governance Committee)
 - Committee members (by Internal Governance Committee)
 - Discipline committee members (by Internal Governance Committee)
- Two Governance Committees to be formed:
 1. External Governance Committee: External body to appoint Board members
 2. Internal Governance Committee: to appoint Committee members

Both committees to be comprised of representatives from the College, other Colleges and government.
- Colleges to become Boards:
 - Board activities to be reduced to focus on governance/policy
 - Full Board to serve as Executive - no separate Executive Committee
 - Board members would not sit on Committees.
 - Size of Boards to be same for all health Colleges (e.g., between 8-12 members)

- 50/50 balance of professional and public members
- College Committees to include:
 - Board-Related (comprised of members with Board experience):
 - Governance Committee
 - Finance/Audit Committee
 - Other College-specific committees
 - Member-Related (comprised of members with clinical expertise, appointed by the Board):
 - Registration Committee
 - Quality Assurance Committee
 - Patient Relations Committee
 - Fitness to Practice Committee
 - Inquiries, Complaints, and Reports Committee
 - Discipline Committee
 - All committee members to require same competencies plus additional clinical/profession-specific knowledge as needed. Discipline Committee to be created as a pool of panel members, perhaps with a system similar to jury selection process.
- As an initial follow-up to this retreat in June 2016 the Policy WG provided an update at a subsequent meeting which included the status of governance discussions at AGRE Colleges. The purpose of this review was to evaluate the state of organizational or Council readiness, along a continuum from unaware of governance issues to making a decision to change their governance structure, as follows:

Unaware -> Aware - No discussion -> Aware - Discussion -> Ready -> On board-> Decision
- Generally speaking, most of the Colleges were considered to be at the 'aware' stage. The CNO was at that time characterized, after two years of governance work, to be at the 'ready' stage.
- It was agreed that as a next step a discussion paper should be developed and a "governance roundtable" held to further develop AGRE's governance initiative.
- Subsequent to these discussions, in December 2016 CNO's Leading in Regulatory Governance Task Force Final Report was submitted to Council and all recommendations were approved. In terms of the continuum above CNO can now be considered to be at the "On board" stage of governance transformation and working towards implementation planning and decisions.
- The following section provides an overview of CNO's "Vision 2020" as background and a sample framework for discussion at the AGRE governance roundtable.

CNO's Leading in Regulatory Governance Task Force Report

- The College of Nurses of Ontario's (CNO's) Leading in Regulatory Governance Task Force was formed in December 2014, with the purpose of the work being:
 - To conduct a proactive, objective, expert, best-practice and evidence-based review of all aspects of College governance.
 - To seek new governance perspectives and approaches to enhance Council's excellence in governance.
 - To engage Council in an informed conversation to determine what, if any, changes are needed to governance principles and processes, so that the College is recognized as a leader in regulatory governance.
- As stated in its Final Report "The Task Force believes that Council needs to consider what is fundamental to self-regulation and what needs to change to maintain public trust in nursing regulation in Ontario."¹⁴ The theme was that regulators need to be proactive in order to strengthen public trust.
- Activities undertaken by the Task Force to develop its recommendations included:
 - a Spring 2015 evaluation of CNO Council governance by an external governance expert;
 - an extensive literature review of academic studies about governance sample frameworks and group dynamics including which included looking at: governance sample frameworks and policies; regulatory board and committee structures; election/appointment/recruitment processes; leadership etc.
 - a review of trends and best practices in the governance of regulators around the world;
 - a report of a survey of regulators about governance; and
 - Council's input and insights provided at governance workshops.
- The Governance review milestones included in the attached final report attest to the significant consultation with and involvement of CNO Council in the Task Force's work. Some of the significant issues Council wrestled with regarding the draft framework when it was initially presented were:
 - ensuring that a diversity of views would continue to inform Council decision-making;
 - concerns, including about engagement of members, inherent in moving from an election to appointment process; and
 - concern regarding the power of the Governance Committee.The Task Force used this feedback to modify the vision presented in the final report.
- At its December 6 - 7, 2016 Council meeting, CNO Council devoted a half-day discussion to the Task Force's final report, reviewing the proposed vision (sample framework) and the recommendations.
- The governance vision recommended by the Task Force is very different from the current RHPA model. Some of the most significant elements are:
 - Move from a council to board of directors governance structure.
 - Replace the current CNO Council (35 - 39 members) with a 12-member board.
 - Have an equal number of nurse and public directors (6 nurses, with at least one registered and one registered practical nurse member) rather than a majority of professional members.
 - Eliminate Executive Committee - the Board will act as the Executive Committee.

¹⁴ The Final Report, literature review and all other Task force materials are posted on CNO's website at: <http://www.cno.org/en/what-is-cno/councils-and-committees/council/Governance-Review/>.

- Establish and make attendance at a governance "boot camp" mandatory for those interested in participating on the board or committee, to ensure that they understand the roles and expectations.
- Directors (board members) will not serve on statutory committees.
- Make selection of all directors and committee members based on a competency-based application and appointment process (no elections). Ensure that the board is intentionally structured to bring different perspectives.
- Committee members to be appointed to represent a diversity of nursing and other backgrounds and bring specific, relevant knowledge and skills required for committee work.
- Advisory Groups to be established as a new mechanism to ensure continued engagement with the profession, provide knowledge and input to Council on nursing issues specific to sectors, regions, practice areas etc.
- Two standing committees (Governance and Nominating) be established to handle all processes related to appointments to the board and committees.
- All directors will receive the same honorarium, as will all committee members.

- **CNO's Governance vision:**

With a commitment to the public, the College of Nurses of Ontario's board of directors (the board) will govern the regulation of the nursing profession in accordance with:

- the College's regulatory mandate as set out in Ontario's health regulatory legislation; and
- the governance principles approved by the board.

A small governing board made up of an equal number of public and nurse members - with all members having the needed governance competencies, appropriate conflict of interest provisions and ongoing education and evaluation - will be able to meet the governance principles and the changing expectations of society. It will be, and will be seen to be, a proud protector of the public.

Components¹⁵ of Recommendations for CNO Governance Vision 2020

1. Size

- The board will have 12 members, with no Executive Committee
- The addition of advisory groups (e.g. consumer, educator, clinician) and a stakeholder engagement approach will ensure diverse input on issues the board will consider.

2. Composition

- The board will have equal numbers: 6 public and 6 nurse members (at least 1 RN, 1 RPN, and 1 NP).

3. Competency based

- Directors to be selected based on competencies (knowledge, skills, attitude) needed for the role.

4. Competency-based application and appointments process

- Board, statutory and standing committee members, board and committee leadership will all appointed by the board based on competencies and a transparent, open appointments process.
- A Nominating Committee will recommend appointments of board and committee members.
- Governance Committee will recommend the competencies and board and committee leadership.
- Attendance at a “boot camp” to be required for individuals interested in applying for appointment.

5. Chair and Vice-Chair

- Effective leadership will be characterized by:
 - The Chair and Vice-Chair having the leadership competencies identified by the board.
 - Appointment/succession recommended by Governance Committee, approved by the board.

6. Director and board development

- Each director will be supported in understanding and meeting their role expectations and accountabilities through: participation in a “boot camp” during the appointment process, orientation and ongoing development/continuous learning, support for informed decision-making, staff support.
- Advisory Groups will be constituted by the board to help inform the board on views across the profession and the public.

7. Evaluation of Board and Directors

- Good governance as journey; with performance bar on the board and individual directors rising.
- The board will constantly improve through: a Governance Committee, ongoing meetings, self-evaluation, peer feedback and board evaluation to support continuous improvement; and an evaluation of governance effectiveness by an external expert every 3 years, with the results being publicly available.

8. Role clarity of board and statutory committees

- The roles, responsibilities, expectations and accountabilities of the board and statutory committees will be clearly stated and differentiated.

9. Statutory committees

- Statutory committee members will be appointed by the board on the recommendation of the Nominating Committee.
- Statutory Committee chairs will be appointed by the board on the recommendation of the

¹⁵ Please note that this table is an excerpt of the 2020 Vision Components from pp. 12 - 20 of the Task Force's Final Report. In the Final Report these components are more fully described, with Evidence/Rationale and Principles. A

Governance Committee.

- The board will appoint all statutory committee members and Chairs based on competencies and on the background needed for the specific committee.
- Statutory committees will be composed of non-directors.
- Statutory committees will report to the board on their legislated mandates.

10. Standing Committees

- There will be two new standing committees: Governance and Nominating

11. Terms of office

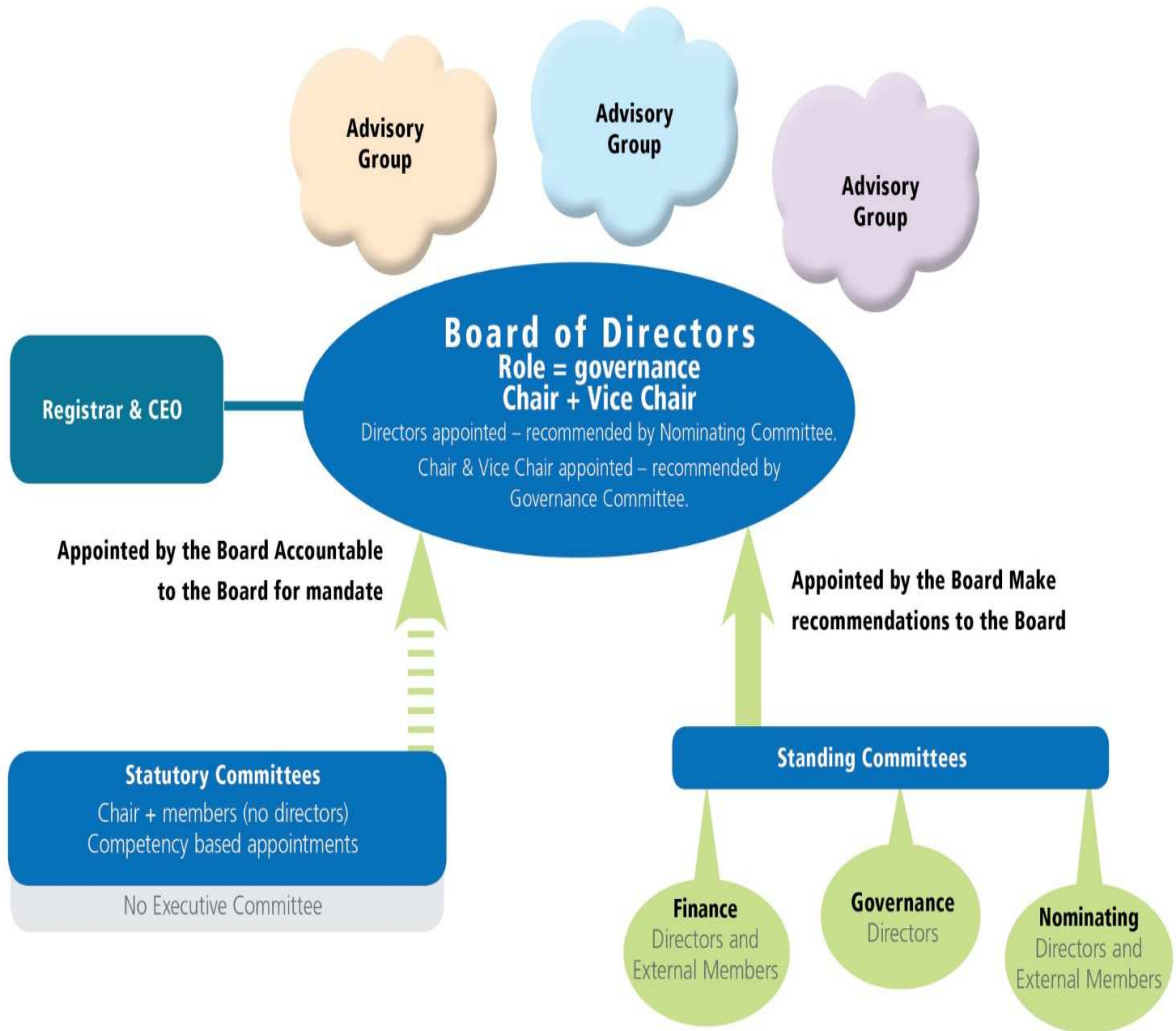
- Directors: 3-year term; 2-term maximum
- Leadership roles (Chair, Vice- Chair, Committee Chairs): 1-year term; one possible reappointment. Possible one-year term extension on the board if the Chair has reached the maximum 6 years of service term on the board.
- Committee members: 3-year term; 2-term maximum. Reappointments will be made within term limits and based on meeting role expectations

12. Funding governance processes

- The College will be accountable for funding the governance and statutory processes.
- all directors will receive the same honorarium; and
- all committee members will receive the same honorarium.

CNO's Governance Model is provided on the next page as background and a sample framework for discussion.

Governance Model



FOUNDATION



CNO Council approved the following motions:

- 1. That Council adopt the recommended vision: “Vision: The College of Nurses of Ontario’s Board of Directors for 2020” as it appears at attachment to the Leading in Regulatory Governance Task Force’s Final Report: A vision for the future.**
- 2. That, in June 2017, Council establish a working group of five Council members to work with Council to develop a plan for implementing the governance vision. The plan will include the communications and stakeholder engagement needed to build understanding of and support for the vision to enhance the likelihood that the needed legislative change will happen in 2020.**
- 3. That the working group’s terms of reference include working with Council to identify changes to advance the governance vision and that can take place before legislative change, and developing an action plan to support implementing those changes.**

Summary

- Trends in regulatory governance internationally, nationally and provincially point to significant changes: more scrutiny of the role of regulators; a greater propensity of governments to oversee and intervene in professional regulation; the creation of bodies that oversee the activities of regulators; and in some cases, the effective removal of the privilege of self-regulation. This has included an overhaul of the structures of governing councils to smaller board structures with equal (to professional) or sometimes complete public membership.
- The Ontario government has been increasingly critical of regulators and has shown a growing interest and has taken actions to "pull back the reins" on self-regulation. In recent years this was evidenced by the oversight function created by the Office of the Fairness Commissioner and the unprecedented exercise of the government's power to appoint a supervisor for a regulatory body. Recent comments by the Deputy Minister and Assistant Deputy Minister of MOHLTC and the proposed increased powers of the Minister to restructure statutory committees, as outlined in Bill 87, point to the Ontario government's intention to increasingly oversee and intervene in the functioning of health Colleges.
- Common themes about the thinking and future of regulatory governance in Ontario are emerging, at least among the AGRE regulators. This can be seen from the notes of the AGRE 2016 governance retreat and CNO's Leading in Regulatory Governance Task Force report, which is provided as background and a sample framework for discussion. These themes include:
 - A smaller Council or board structure may be more effective in discussion and decision-making. ➤ A small board should focus on governance/policy only - no participation in committees.
 - Full Board to serve as Executive - no separate Executive Committee
 - Having an equal number of professional and public members reflects international trends and may foster greater public trust.
 - The competencies required of directors and committee members should be identified and members selected/appointed based on competency and skills suited to the role, not elections.
 - Potential participants in regulatory governance should have access and potentially be required to complete training in governance and the role of regulatory bodies.

- All Council members/directors should be compensated equally as should all committee members - there should be no distinction between the roles and competencies of professional and public members - they are all there to serve the public interest.

Information Gaps & Additional Considerations

Proposed changes to governance represent significant modification of the current RHPA model. The CNO 2020 Vision was informed by broad and deep research into how governance can be made more effective and best serve the public interest. To develop and implement such a framework in Ontario would require additional research and information to fully understand the implications and determine next steps for AGRE regulators.

1. How can a new sample framework for governance as proposed by CNO be implemented in Ontario, and how long may it take? While AGRE transparency initiatives required that individual Colleges gain approval from their Council to make by-law changes, changes to governance as outlined in CNO's Vision 2020 will require amendments to the RHPA and Code, all profession-specific acts and College by-laws.
2. What specific sections of the RHPA and Code, profession-specific acts and bylaws would require amendment? What other legislation would be affected? How will the details such as Committee composition, quorum, performance evaluation and the role of advisory committees be established?
3. In other jurisdictions new governance models have been introduced and implemented by governments, not the governing bodies themselves. What are the challenges of having the governing body (i.e. Council) initiate develop and oversee the changes to its own structure? Will there be concerns regarding conflicts of interest, public perceptions of the College's motivation etc.?
4. How will members and professional associations react to moving from an election to appointment and Council to board structure? Will there be concern that members' perspectives will be less well represented? Will they perceive a new board governance structure as better serving the public interest?
5. The magnitude of the change in number and the new role of board directors outlined in the CNO sample framework is significant - to go from a Council of 36 members to a board of 12 directors. Other AGRE Councils currently have between 17 - 34 members. Does the magnitude of proposed change present different challenges? Would all AGRE Colleges choose to move to a governance structure of 12 members/directors? Alternatively, would the size of boards be determined by other factors, such as being reduced proportional to the current Council or total number of members of a profession?
6. Will the public perceive a new governance framework, such as that proposed in CNO's Vision 2020, as better serving the public interest?
7. What kind of communications will be needed to explain a change of governance structure, given that even the current RHPA model may not be well understood by stakeholders, including the public?

8. What will be the implications of CNO's initiative for other health Colleges (can one College alone change its governance structure)? Could the six AGRE Colleges pursue this collectively, or must the governance framework for all health Colleges be affected?
9. While the Ontario government has signalled through Bill 87 and other initiatives a growing willingness to oversee and intervene in College governance, is it truly willing to "rethink regulation"? How can AGRE best influence the provincial government?
10. How "ready" and what resources/capacity for change has each of the AGRE regulators? Does the proposed sample framework developed by CNO "fit" with the culture, issues, governance experience of each AGRE College?
11. What would be the effect of governance changes on non-health regulatory bodies? As these changes are intended to strengthen governance and better serve the public interest in the health sector, what about non-health professions (engineering, architecture, social work etc.)?

Appendices:

*Appendix 1: College of Nurses of Ontario Leading in Regulatory Governance Task Force. (December 2016)
"Final Report: A vision for the future"*

Appendix 2: AGRE Member Regulators - Council Composition

Final Report:



A vision for the future

Leading in
Regulatory
Governance
Task Force



Members of the Task force



Evelyn Kerr, RN, Chair



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Introduction

Council's Leading in Regulatory Governance Task Force is pleased to present its final report and recommendations to the College of Nurses of Ontario's Council.

When Council established the Task Force in December of 2014, it set out the following goal and purpose. These guided the Task Force throughout its work:

Overall Goal:

The College is recognized as a leader in regulatory governance.

Purpose:

- To conduct a proactive, objective, expert, best-practice and evidence-based review of all aspects of College governance.
- To seek new governance perspectives and approaches to enhance Council's excellence in governance.
- To engage Council in an informed conversation to determine what, if any, changes are needed to governance principles and processes, so that the College is recognized as a leader in regulatory governance.

The following informed the recommendations:

- a report of a point-in-time (Spring 2015) evaluation of Council governance by external governance expert, Cathy Trower;
- a review of academic studies about relevant aspects of governance and group dynamics;
- an review of trends and best practices in the governance of regulators around the world;
- a report of a survey of regulators about governance; and
- Council's input and insights provided at governance workshops.

The Task Force also learned about the unique nature of regulatory governance and about self-regulation. The regulatory literature that the Task Force reviewed reflected the changing nature of regulatory governance and of regulatory models. The underlying theme in all of these was that regulators must be proactive in order to strengthen public trust.

The participation of the profession in regulation is the core of self-regulation. The Task Force believes that Council needs to consider what is fundamental to self-regulation and what needs to change to maintain public trust in nursing regulation in Ontario.

Attachment 4 is a summary of the project timelines, reflecting Council's commitment to, and engagement in, this work.

When developing its recommendations, the Task Force did not limit its thinking to the project goal of "leading in regulatory governance." It was informed by the College's Strategic Plan, particularly the goal to build public trust, as well as the commitment to innovation and evidence-based approaches, which are integrated in the recommended governance vision.



Recommendation:

1. That Council adopt the recommended vision: “Vision: The College of Nurses of Ontario’s Board of Directors for 2020” (attachment 1).

Implementation recommendations:

1. That Council share the governance principles, vision, Task Force reports and supporting documents with government, the public, other regulators, nurses and other stakeholders to broaden the dialogue about the future governance of regulators of professions;
2. That, in June 2017, Council establish a working group of five Council members to work with Council to develop a plan for implementing the governance vision. The plan will include the communications and stakeholder engagement needed to build understanding of and support for the vision to enhance the likelihood that the needed legislative change will happen in 2020; and
3. That the working group’s terms of reference include working with Council to identify changes to advance the governance vision that can take place before legislative change, and developing an action plan to support implementing those changes.

Recommendation 1: That Council adopt the recommended vision: “Vision: The College of Nurses of Ontario’s Board of Directors for 2020” (attachment 1).

Implementing this vision for governance will equip the board to support the College in meeting its strategic vision of leading in regulatory excellence and further the College’s public interest mandate.

The Task Force has identified an integrated vision rooted in the evidence, best practice in regulatory governance and input from Council. The Task Force considered presenting Council with options, but agreed unanimously that its task was to prepare a vision recommendation that was informed by evidence and best practice. Attachment 2 is a model illustrating this vision.

In a June 2016 workshop, Council discussed the building blocks of the vision. The Task Force presented each vision element along a continuum within which Council identified the optimal position. To support its discussions, Council was provided with evidence and information on trends in regulation. At this discussion, Council supported having a small Council, equal public and nurse members, and directors (board members) and committee members having the competencies needed to fulfil their roles. The Task Force developed a model as a result of evidence, best practices and Council’s feedback from this meeting, and presented it to Council in September 2016.

In September 2016, when exploring the model Council flagged some issues. Every member of the Task Force participated in that workshop and listened carefully to the issues raised. The Task Force reviewed the evidence and best practice, explored emerging practices and requested additional information before defining the recommended vision. The vision includes many aspects of the model discussed by Council in September. It also includes changes made as a result of Council’s feedback.



Diversity

An issue raised by Council was whether a board of 12 members — 6 public and 6 nurses — would have the needed diversity. With this integrated model, the Task Force believes that diversity will be strengthened in several ways:

- An emerging practice in governance is advisory groups that are established by the board to bring different perspectives. They report directly to the board. For the College, these groups can be made up of consumers, nurses from different practice sectors (e.g. remote/ marginalized, community, long-term care), different aspects of practice (e.g. clinical, education), members of other professions, or a combination. It would be up to the board at any time to consider the gaps in its perspectives based on the issues under consideration. The board would identify the needed advisory groups and what it needed from a specific group.
- Appointment rather than election of board members supports diversity. For example, our current electoral system is based on regions, and while there are two northern regions, they do not guarantee that the unique needs of remote and rural patients are considered. Usually, candidates from the large teaching hospitals in the north are elected. In an appointments process, the board can identify and seek nurses who work with specific types of patients, such as a nurse who works with high risk communities
- A small board intentionally structured to bring different perspectives, composed of members possessing governance competencies, and provided with additional perspectives through feedback from Advisory Groups and stakeholder engagement, will be able to raise and discuss these diverse perspectives more effectively.

Appointment of Board members

At the September 2016 governance workshop, divergent views were expressed about moving from election to appointment of board members. In particular, some Council members stated that the election is an opportunity for nurse engagement and that nurses and the public could perceive appointments as less transparent.

The Task Force weighed this input, including data on member engagement in the election and the committee appointments process. The data shows that fewer than 15% of members vote in the Council election. While 10 to 20 candidates stand for election each year, over 100 usually volunteer to serve on a statutory committee.

The Task Force believes better, more appropriate mechanisms exist for member engagement, such as advisory groups, consultations and a more engaging quality assurance program.

A theme in the literature about regulatory governance is that electing professional members to regulatory boards sets up a conflict of expectations. This was clearly identified in the Trends in Regulatory Governance document and was flagged by Richard Steinecke in *Will the Real Public Interest Please Stand Up*. Regulatory board members serve the public, not the profession. An election process sets up an expectation of, and perception of, a representational role.

In addition to the concern about the misperceptions created by an election, the following informed the Task Force as it weighed whether to recommend continuing with electing members of the board following a competency screen or moving to an appointment process:



- In September, Council expressed concerns regarding ensuring diversity of perspectives on the board. While the election process can be enhanced through a competency screen, once the candidate passes that bar, there is no ability to screen for a needed perspective or area of practice. This was highlighted in more detail earlier.
- Council has identified the importance of succession planning to effective governance. An appointments process supports succession planning; an election process does not.
- Public members currently are appointed. The Task Force is recommending that in the future they be appointed based on competencies.

The Task Force believes that all members should come onto the board in the same way. Doing so builds mutual respect as each member has met the same expectations and gone through the same process to join the board.

- As part of the implementation process, a robust, objective and transparent recruitment and appointments process would be developed by Council. This process could be piloted for the appointment of committee members, evaluated and further refined. A competency screen could be developed for people seeking to serve on the board. It could be tested as a pre-screen for the election and further refined in anticipation of legislative change and a move to the appointment process.
- To further strengthen the outcome of an appointments process, the Task Force is also recommending having a “boot camp” for people interested in participating on the board or committees. This idea was raised in the October 2016 issue of Grey Areas, “Screening Committee Members,” where it was suggested that the appointment of committee members should be competency based. The boot camp would support potential board and committee members understanding the voluntary roles they are considering and the requirements needed to serve. It would mean that once appointed, they would begin the orientation process with a basic understanding of the roles and expectations.

Role of the Governance Committee

The last issue raised at the workshop that the Task Force will address is the view that the Governance Committee, as envisioned in the model presented in September, was too powerful. The perspective was that another Executive Committee was being created. That input gave the Task Force an opportunity to rethink the role of the Governance Committee. In the proposed vision, the functions initially proposed for the Governance Committee are split as follows:

- A Nominating Committee will recommend appointments for directors and committee members who are not directors, and address succession planning for those roles. To bring broad perspectives, the committee will include directors and individuals who are not directors.
- The Governance Committee — made up of directors — will support the board in remaining attentive to changes in governance, steer evaluation processes, support the board in identifying the competencies, and recommend the appointments of board and committee leadership.

The Task Force also recommends that the terms of reference for both of these committees — which will be determined by Council — include requirements for ongoing engagement of the full board in their work.



Implementation Recommendation 1: That Council share the governance principles, vision, Task Force reports and supporting documents with government, the public, other regulators, nurses and other stakeholders to broaden the dialogue about the future governance of regulators of professions.

Government and other regulators have expressed considerable interest in the work being done by Council on governance. The Task Force is recommending releasing all the information generated by the review in order to support the ongoing dialogue about regulatory governance in Ontario and elsewhere.

The Task Force believes that releasing its reports, the literature review, trends in regulatory governance and report of the survey of regulators will support achieving two of the objectives from the Strategic Plan:

▪ **Advancing the use of CNO knowledge:**

The significant resources the College developed to support the Task Force and Council in working through the governance issues are relevant to government and other regulators. Sharing this information will provide all stakeholders with evidence that supports the governance dialogue.

▪ **Leading in regulatory innovation:**

Sharing the supporting materials will provide leadership to others exploring governance issues and will lead transformative change. For example, The Advisory Group for Regulatory Excellence has already made a commitment to reviewing governance, and the Ministry of Health and Long-Term Care has identified governance as part of its project to modernize the health professions. By sharing this information, the Council will provide leadership to the exploration of new regulatory governance approaches in Ontario.

In addition, releasing the Task Force's reports as well as the briefing materials supports transparency, which is one of Council's governance principles.

Implementation Recommendation 2: That, in June 2017, Council establish a working group of five Council members to work with Council to develop a plan for implementing the governance vision. The plan will include the communications and stakeholder engagement needed to build understanding of and support for the vision to enhance the likelihood that the needed legislative change will happen in 2020.

The Task Force recognizes that governance change will not happen immediately. Many of the proposed changes require legislative change. Some are a change from the current regulatory paradigm. For example, the proposal in the vision that the board be half public and half nurses is different from the current constitution of the councils of Ontario health regulators, where there is a small majority of nurses on all councils.

The Task Force recommends that Council establish a working group of Council members to develop a plan to be ready to implement the vision in 2020. This would mean proposing legislative change to government in 2019.

The Working Group's terms of reference will be determined by Council and explicitly include the requirement that it does its work in collaboration with the full Council.



Governance is the board's business and the board needs to be engaged in, and directing, the process at all times.

The suggested timing of appointing the working group in June of 2017 is to give time for Council to review and provide input into terms of reference and decide how members will be selected in March of 2017, and to appoint the members in June of 2017.

The Task Force believes it is important to engage stakeholders, including other health regulators and government, in order to achieve the vision. In addition to releasing the Task Force materials, the Task Force suggests developing a communications and engagement plan that includes the President and Executive Director sharing Council's work with other health regulatory Councils, nursing stakeholders and government.

Implementation Recommendation 3: That the working group's terms of reference include working with Council to identify changes to advance the governance vision that can take place before legislative change, and developing an action plan to support implementing those changes.

The Task Force believes that several aspects of the vision can be implemented before legislative change and have a positive impact on governance. The Task Force notes that Council has already implemented a number of changes in how it works and believes this should continue.

The following might be considered for implementation before legislative change:

- Establish one or more Advisory Groups: perhaps starting with a pilot of a consumer advisory group in late 2017/early 2018;
- Pilot test competency-based appointments using committee member appointments:
 - identify competencies needed for statutory committees and add collection of information needed to assess competencies in a computer app to be used in the fall of 2017 for the 2018–2019 appointments;
 - establish a rigorous, fair and objective appointments process to be pilot tested with the committee member appointments in late 2018 for the 2019–2020 appointments.
- To ensure the public's confidence that the College's Council and committees are focused solely on the public interest, conflict-of-interest provisions for Council and committee members need to be reviewed to ensure they remain appropriate and consistent for today's high scrutiny environment.
- Develop "boot camp" programs for those seeking election to Council and those seeking appointment to statutory committees so they understand the College's mandate and the expectations for the role.
- Develop and implement an evaluation framework that includes evaluation of Council meetings, self and peer evaluation of Council members and an evaluation of Council effectiveness carried out by an external expert every three years.



Conclusion

In 2014, Council began a journey to advance regulatory governance. It was done with foresight and to support the College’s vision of being a leader in regulatory excellence. This report is not the end of that journey — it is a fork in the road. As Cathy Trower said in her assessment report: “Good governance is a journey”. The Task Force proposes that good governance is a journey without end.

Adopting the recommended vision of the Task Force means that Council and future College of Nurses boards will always be attentive to governance.

The Task Force appreciates the opportunity to have participated in your journey.

It took courage to bring outside eyes and outside perspectives to examine your processes. It took courage and foresight to empower the Task Force with such a broad mandate.

Council and staff have already changed how governance at the College works. We have seen this at the governance workshops that we attended where there was so much engagement and thoughtful dialogue.

The Task Force recognizes that it is recommending transformative change and it will take time to fully implement. It will be dependent on the government making changes to the paradigm for regulatory governance in the province. We have heard that the government has an appetite for that change. While the major changes being recommended in the vision will take time to be implemented, many other measures can be taken in the interim to continue Council’s never-ending governance journey.

Attachments:

1. Vision: The College of Nurses of Ontario’s Board of Directors for 2020
2. A governance model based on the vision
3. Council’s Governance Principles
4. A timeline of the governance review
5. A literature review on governance (on the portal for Council members)
6. A review of trends in regulatory governance (on the portal for Council members)
7. A survey of regulators regarding governance (on the portal for Council members)



Recommended Vision: The College of Nurses of Ontario's Board of Directors in 2020

Introduction

In 2014, Council established the Leading in Regulatory Governance Task Force and charged it with developing recommendations that would position Council as a leader in regulatory governance.

The recommended governance vision is designed to put in place an integrated governance model that will move from a council to a board of directors model. The vision acknowledges the value of the input nurses bring to the board, while building the public's trust that the board is focused on the public's needs and interests by moving to equal public and nurse membership. It is designed to position the board as a leader in regulatory governance and support the College in achieving its strategic vision of leading in regulatory excellence.

The Task Force identified this vision after completing a two-year journey that included:

- ongoing engagement with Council;
- reviewing a point-in-time assessment of Council governance that was conducted by an external governance expert (Cathy Trower);
- considering an extensive examination of peer-reviewed academic literature about governance and group dynamics;
- considering a comprehensive report on trends and best practices in the governance of organizations that regulate professions; and
- reviewing the results of a survey of other regulators about their governance practices.

Governance Vision for 2020:

With a commitment to the public, the College of Nurses of Ontario's board of directors (the board) will govern the regulation of the nursing profession in accordance with:

- the College's regulatory mandate as set out in Ontario's health regulatory legislation; and
- the governance principles approved by the board.

A small governing board made up of an equal number of public and nurse members - with all members having the needed governance competencies, appropriate conflict of interest provisions and ongoing education and evaluation - will be able to meet the governance principles and the changing expectations of society. It will be, and will be seen to be, a proud protector of the public.



The following is the detailed vision for governance of the College of Nurses of Ontario beginning in 2020:

Components of recommendation	Evidence/rationale	Principles
<p>Size</p> <ul style="list-style-type: none"> ▪ The board will have 12 members (see page 13 for composition) ▪ An Executive Committee will no longer be needed. ▪ The board will be small enough to engage in generative discussions with contributions from all members who together provide a balance of the needed competencies and diversity. ▪ The addition of advisory groups (e.g. consumer, educator, clinician) and a stakeholder engagement approach will ensure diverse input on issues the board will consider. 	<ul style="list-style-type: none"> ▪ Evidence about board governance and group dynamics shows that: <ul style="list-style-type: none"> ▸ small boards (e.g. 6 to 9) make more-effective decisions. The proposed size of 12 is a compromise recognizing the need to include both nurse & public on a regulatory board. ▸ a smaller board fosters input from all directors and makes it more comfortable for individual directors to speak up. ▸ “social loafing” occurs with larger boards, meaning not all perspectives are on the table. ▸ regulatory governance is moving away from large, representative elected boards to smaller, competency based appointed boards. ▪ With a small board, an Executive Committee is not needed. Having an Executive Committee is no longer seen as good governance practice ▪ Council members provided feedback, starting with the Cathy Trower review, that <ul style="list-style-type: none"> ▸ size is an issue in relation to effective discussion. ▸ smaller groups work better [the Task Force believes this is valid experiential evidence]. ▸ they would prefer to discuss issues in small groups as they feel more able to participate in those circumstances [this is not congruent with the legislative requirements for open meetings and the principle of transparency]. 	<p>Accountability</p> <ul style="list-style-type: none"> ▪ A small board will not require an Executive Committee. ▪ The board will have full accountability for its agenda and decisions. ▪ Every member will be expected to participate. ▪ Individual directors will carry the expectation for personal accountability. <p>Adaptability</p> <ul style="list-style-type: none"> ▪ A small board will enable the group to come together quickly to respond to emerging issues. <p>Diversity</p> <ul style="list-style-type: none"> ▪ Evidence shows that with a small board all members participate and as a result, diversity of perspectives is more likely to be gained.



Components of recommendation	Evidence/rationale	Principles
<p>Composition</p> <ul style="list-style-type: none"> ▪ The board will have equal numbers of public and nurse members (including at least 1 RN, 1 RPN, 1 NP). 	<ul style="list-style-type: none"> ▪ This composition: <ul style="list-style-type: none"> ▸ is the direction in regulation internationally as it reinforces public confidence that the board is focused on the public and not on professional interests. ▸ reflects the board's commitment to the public interest and confirms the value of nurses' expert input. ▸ is the best compromise between public trust and maintaining professional expertise in regulation (self-regulation). ▪ A board of equal public and nurse members will be seen to be impartial and not controlled by the profession. 	<p>Independence</p> <ul style="list-style-type: none"> ▪ A board made up of equal numbers of nurse and public directors will facilitate both professional and public input into governance decisions. <p>Integrity</p> <ul style="list-style-type: none"> ▪ A board made up of equal numbers of nurse and public directors will maintain, and be seen to maintain, its regulatory integrity through its focus on the public interest.
<p>Competency based</p> <ul style="list-style-type: none"> ▪ Directors will be selected based on having the competencies (knowledge, skills and attitude) needed for the role. ▪ Individual directors will have competencies required: governance, leadership and regulation (protecting the public interest), and analytic, strategic and creative thinking. ▪ Individual directors will have a commitment to the public interest and a passion for nursing regulation. ▪ The board will have the ability to balance innovation and risk. 	<ul style="list-style-type: none"> ▪ Literature supports competency-based boards. ▪ A move to competency-based boards is a trend in regulatory governance, as well as in other sectors. ▪ Roles, responsibilities and expectations for boards and directors are rapidly changing and expanding. Directors will need specific competencies to meet these expectations. ▪ Public confidence will be enhanced if skills and competencies on the board are transparent. 	<p>All</p> <ul style="list-style-type: none"> ▪ Having all directors with the needed competencies and attributes will support the board to meet all of the principles.



Components of recommendation	Evidence/rationale	Principles
<p>Competency-based application and appointments process</p> <ul style="list-style-type: none"> ▪ Board, statutory and standing committee members, and board and committee leadership are all appointed by the board based on competencies ▪ A transparent, open appointments process will be developed by the board, including structure and terms of reference of a Nominating Committee (composed of directors and non-directors) that would recommend appointments of board and committee members and of a Governance Committee to recommend the competencies and board and committee leadership. <ul style="list-style-type: none"> ▸ Attendance at a “boot camp” for individuals interested in applying for appointment will be required. ▸ All applications will be reviewed by the Nominating Committee. ▪ Each year the board will review the criteria for appointment, including addressing any specific needs for the coming years. ▪ The board will identify the needed checks and balances in the process to promote appropriate succession and ensure the needed competencies are in place. ▪ Reappointments to all positions will be based on meeting role expectations as evidenced by director evaluation and peer feedback. 	<ul style="list-style-type: none"> ▪ It is not the role of regulatory directors to represent the electorate. However, there is evidence in the regulatory literature that election of members of a regulatory board sets up an inherent conflict and potential misunderstanding of the role among members of the profession who believe they are being represented. The public may also believe that an election means representation and that the nurse members of Council are there to represent nurses and not serve the public. ▪ Appointment allows the board to consider specific needs for the board at a given time and to identify the competencies and backgrounds needed to meet those needs. ▪ Appointment is a way of ensuring diversity of perspectives. ▪ Council has flagged the importance of succession planning: as confirmed in Cathy Trower’s report. Election does not support succession planning, while appointment does. 	<p>Competence</p> <ul style="list-style-type: none"> ▪ Appointment based on competencies will allow the board to build and maintain a strong, competent group to support evidence-informed, public focused decision-making. <p>Diversity</p> <ul style="list-style-type: none"> ▪ Appointment will allow the board to ensure that it will have the needed diversity of perspectives and skills. <p>Independence</p> <ul style="list-style-type: none"> ▪ An appointed board will be, and be perceived to be, independent of influence by voters, who may be seen to have a professional interest. <p>Transparency</p> <ul style="list-style-type: none"> ▪ Transparency will be supported by <ul style="list-style-type: none"> ▸ clear and public criteria for appointment ▸ an open process to volunteer to serve ▸ an objective and fair process for reviewing candidates, and ▸ a clear rationale for the selection of directors and leadership, including communication with the individuals who were not selected.



Components of recommendation	Evidence/rationale	Principles
<p>Chair and Vice-Chair</p> <ul style="list-style-type: none"> ▪ Effective leadership will be characterized by: <ul style="list-style-type: none"> ▸ The Chair and Vice-Chair having the leadership competencies identified by the board. ▸ Appointment/succession being recommended by the Governance Committee and approved by the board 	<ul style="list-style-type: none"> ▪ Selection of board leadership is consistent with competency-based appointment. ▪ Selection of board leaders based on leadership competencies vs professional designation will support strong leadership. ▪ A succession plan will build and maintain strong leadership. 	<p>Accountability</p> <ul style="list-style-type: none"> ▪ The board will have accountability for setting the leadership competencies and a succession plan. <p>Competence</p> <ul style="list-style-type: none"> ▪ Selecting the best and most competent leaders will support the board in meeting this principle. <p>Transparency</p> <ul style="list-style-type: none"> ▪ How and why members were appointed as chair and vice-chair will be clear to all members of the board.
<p>Director and board development</p> <ul style="list-style-type: none"> ▪ Each director will be supported in understanding and meeting their role expectations and accountabilities. ▪ Participation in a “boot camp” (see page 7) during the appointment process will ensure applicants understand the needed competencies and the regulatory and governance roles and commitments. ▪ Orientation and ongoing development will be expected. ▪ Continuous learning will be part of the board culture. <p>Directors will be well supported in informed decision-making</p> <ul style="list-style-type: none"> ▪ Decision-support materials will be evidence informed. ▪ Staff will provide regulatory expertise, as needed. ▪ Advisory Groups will be constituted by the board to help inform the board on views across the profession and the public. 	<ul style="list-style-type: none"> ▪ In assessing Council governance, Cathy Trower recommended strong orientation and ongoing education. ▪ Orientation and ongoing education: <ul style="list-style-type: none"> ▸ are best practices in governance. ▸ build on the learning from the boot camp prior to appointment to the board. ▪ Ongoing education was identified as a priority in the September 2015 Council workshop on culture. ▪ The board needs knowledge to keep changing and adapting as the expectations and evidence of what is good governance evolves. 	<p>All</p> <ul style="list-style-type: none"> ▪ Having all directors with a sound foundation through orientation and ongoing education and the briefing materials needed to support informed decision-making will support all directors in meeting the governance principles.



Components of recommendation	Evidence/rationale	Principles
<p>Evaluation of Board and Directors</p> <ul style="list-style-type: none"> ▪ Good governance will be recognized as a journey. <ul style="list-style-type: none"> ▸ The performance bar on the board and individual directors will keep rising. ▪ The board will constantly improve through: <ul style="list-style-type: none"> ▸ A Governance Committee that will support the board in meeting its commitments to strong governance. ▸ Ongoing meeting, self-evaluation, peer feedback and board evaluation to support continuous improvement. ▸ An evaluation of governance effectiveness by an external expert every 3 years, with the results being publicly available. This will also support continuous improvement and public accountability. ▪ Terms of reference for the Governance Committee will be developed by Council as part of the implementation plan and will include provisions for ongoing board engagement in its processes. 	<ul style="list-style-type: none"> ▪ A commitment to governance, championed by the Governance Committee together with the board, and supported by strong evaluative and ongoing improvement processes, will ensure that the board maintains its commitment to leading in regulatory governance. <ul style="list-style-type: none"> ▪ The board needs to continually improve to meet changing expectations. ▪ The board will identify competencies. <ul style="list-style-type: none"> ▸ The evaluation processes will measure if specific competencies meet the board's changing needs. ▪ Evaluation will identify gaps, help to identify the Advisory Groups needed, and support succession planning. 	<p>Accountability</p> <ul style="list-style-type: none"> ▪ Evaluation will allow the board to measure whether it is meeting its public interest mandate and will allow directors to determine if they are meeting their duties while identifying opportunities for improvement. ▪ An external evaluation will allow the board to report to stakeholders including the Ministry and the public about how it is meeting its accountability for regulating nursing in the public interest. <p>Competence</p> <ul style="list-style-type: none"> ▪ One indicator of the competence principle is: We evaluate our individual and collective knowledge and skills in order to continuously improve our governance performance. <p>Transparency</p> <ul style="list-style-type: none"> ▪ Conducting oral evaluations of board meetings in the open board supports transparency, as does sharing the results of external evaluations.



Components of recommendation	Evidence/rationale	Principles
<p>Role clarity of board and statutory committees</p> <ul style="list-style-type: none"> The roles, responsibilities, expectations and accountabilities of the board and statutory committees will be clearly stated and differentiated. 	<ul style="list-style-type: none"> Mandates are unique and require different competencies for governance and statutory decision-making. The board sets policies and the statutory committees apply them with respect to individual members and those seeking to become nurses in Ontario. Separation of board and statutory committee functions is a trend in regulation in other jurisdictions. Independence: The group that sets policy should not be making statutory decisions. There is a potential to bring bias and perceptions of bias from the board to statutory committees and vice versa. 	<p>Accountability</p> <ul style="list-style-type: none"> Reporting mechanisms will ensure that statutory committees are accountable to board and public for fulfilling their statutory mandates. <p>Competence</p> <ul style="list-style-type: none"> Directors and members of statutory committees will be specifically selected through a board-approved process to ensure they have the competencies needed to fulfil their respective roles. <p>Independence</p> <ul style="list-style-type: none"> Having no directors on statutory committees will enhance the perception of the independence of those committees.



Components of recommendation	Evidence/rationale	Principles
<p>Statutory committees</p> <ul style="list-style-type: none"> ▪ Statutory committee members will be appointed by the board on the recommendation of the Nominating Committee. ▪ Statutory Committee chairs will be appointed by the board on the recommendation of the Governance Committee. ▪ The board will appoint all statutory committee members and Chairs based on competencies required to fulfil the statutory committees' mandates and on the background needed for the specific committee. ▪ Statutory committees will be composed of non-directors. ▪ Statutory committees will report to the board on their legislated mandates. 	<ul style="list-style-type: none"> ▪ The work of statutory committees is different from that of the governing board, and therefore the competencies and attributes needed for these two distinct roles are different. ▪ The board's commitment to excellence in regulation requires having the right person with the right competencies and attributes doing the right work. ▪ With separate board and statutory committee members, individuals can develop expertise in specific roles. ▪ As members will not move back and forth between the detailed statutory committee role and the broad governing board role, there will be no role confusion. ▪ The risk of conflict from being both a board and statutory committee member is eliminated. ▪ Statutory committee members will gain an appreciation for the regulatory mandate, and some may ultimately seek to join the board if they have the needed governance competencies. 	<p>Accountability</p> <ul style="list-style-type: none"> ▪ Reporting mechanisms will ensure that statutory committees are accountable to the board and the public for fulfilling their statutory mandates. <p>Competence</p> <ul style="list-style-type: none"> ▪ Members of statutory committees will be specifically selected to have the competencies needed to fulfil their roles. <p>Independence</p> <ul style="list-style-type: none"> ▪ Having no directors on statutory committees will enhance the perception of the independence of those committees from the College.

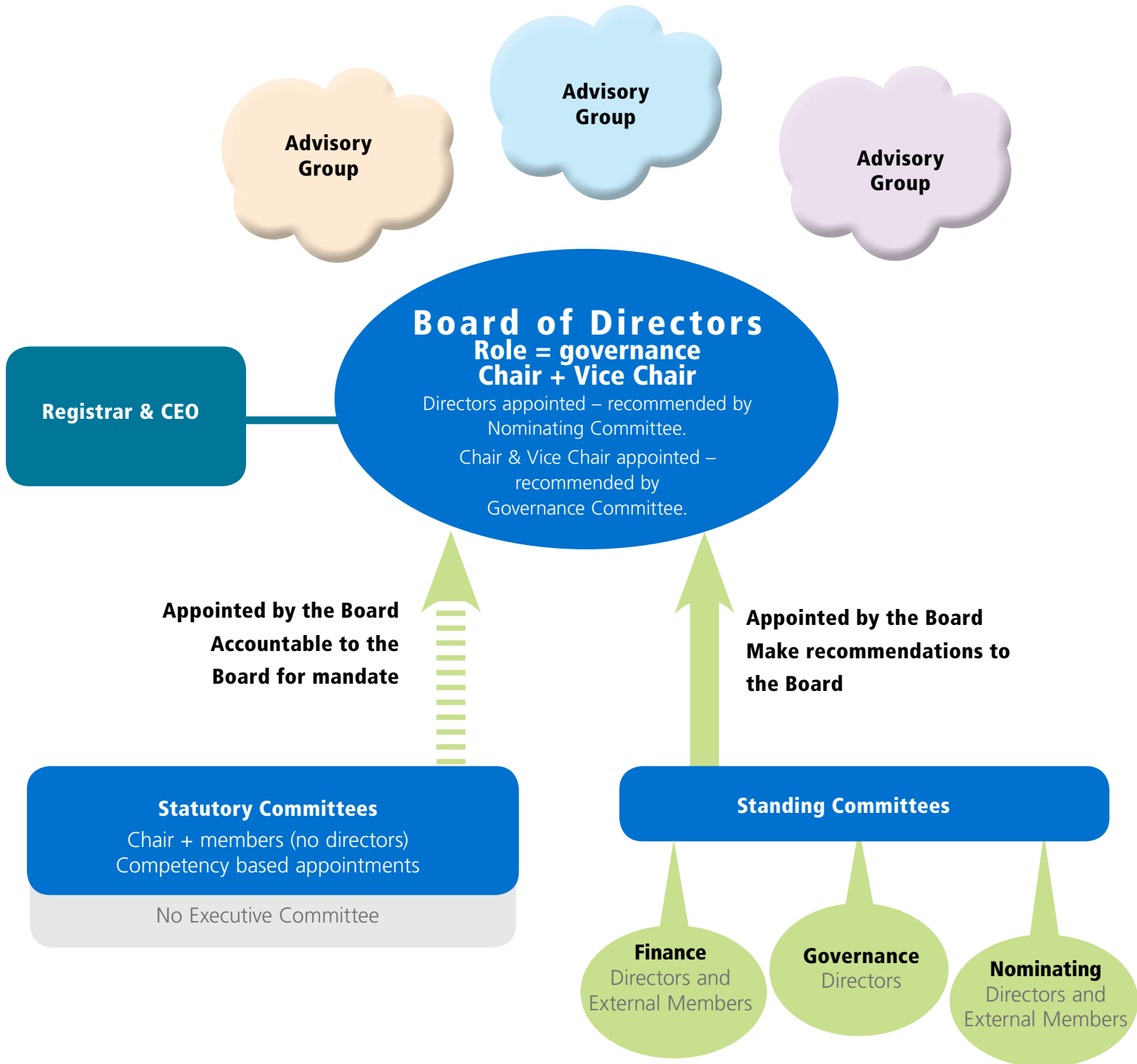


Components of recommendation	Evidence/rationale	Principles
<p>Standing Committees</p> <ul style="list-style-type: none"> ▪ There will be two new standing committees: Governance and Nominating ▪ Terms of reference for those committees will be developed by Council and will include provision for ongoing Council input into the work of the committees ▪ The Governance and Nominating committees will have roles in the appointment of directors, committee members and board and committee leadership 	<ul style="list-style-type: none"> ▪ It is good practice to pay ongoing attention to governance. A Governance Committee, working with the board, will ensure that attention is paid to changing practices and expectations. ▪ The Governance and Nominating committees will ensure effective, competency based appointments (see appointments on page 6) ▪ The Governance Committee will support evaluation processes (see page 7.) 	<p>Accountability</p> <ul style="list-style-type: none"> ▪ Reporting mechanisms will ensure that statutory committees are accountable to the board and the public for fulfilling their statutory mandates. <p>Competence</p> <ul style="list-style-type: none"> ▪ Members of statutory committees will be specifically selected to have the competencies needed to fulfil their roles. <p>Independence</p> <ul style="list-style-type: none"> ▪ Removing directors from statutory committees will enhance the perception of the independence of those committees from the College. <p>All</p> <p>Having committees focusing on governance processes will support the board in meeting all governance principles.</p>



Components of recommendation	Evidence/rationale	Principles
<p>Terms of office</p> <ul style="list-style-type: none"> ▪ Directors: <ul style="list-style-type: none"> ▸ 3-year term ▸ 2-term maximum ▪ Leadership roles (Chair, Vice-Chair, Committee Chairs): <ul style="list-style-type: none"> ▸ 1-year term with one possible reappointment ▸ A 1-year term extension on the board is provided for a Chair to serve a second term if the Chair has reached the maximum 6 years of service term on the board ▪ Committee members: <ul style="list-style-type: none"> ▸ 3-year term ▸ 2-term maximum ▪ Reappointments will be made within term limits and based on meeting role expectations 	<ul style="list-style-type: none"> ▪ Terms of office will ensure appropriate transition and succession. ▪ Appointment rather than election ensures that strong directors are retained and those with new perspectives regularly join the board. ▪ Provisions for a 1-year extension for the Chair will provide for maintenance of effective leadership. ▪ Separating statutory committees and governance allows individuals to serve a maximum of four terms on the board and committees (current limit is three terms). 	<p>Competence</p> <ul style="list-style-type: none"> ▪ Term limits support bringing needed new competencies and backgrounds to the board. <p>Diversity</p> <ul style="list-style-type: none"> ▪ Regular change allows for new perspectives to be brought to the table.
<p>Funding governance processes</p> <ul style="list-style-type: none"> ▪ The College will be accountable for funding the governance and statutory processes. ▪ Since all directors and committee members will be required to meet specific competencies and assessed against those competencies: <ul style="list-style-type: none"> ▸ all directors will receive the same honorarium; and, ▸ all committee members will receive the same honorarium. 	<ul style="list-style-type: none"> ▪ There has been feedback from Council that the unequal remuneration of nurse and public directors is unfair. ▪ Equal pay for equal work is a fundamental societal value. 	<ul style="list-style-type: none"> ▪ All principles will be supported by having a board where directors feel treated as equals. ▪ Equal compensation will allow the College to draw from a broader pool, including individuals in active employment.

Governance Model



FOUNDATION

Public Interest
Mandate

Governance
Principles

Evidence
Informed

Continuous
Improvement



Governance Principles

Council is individually and collectively committed to regulating in the public interest in accordance with the following principles:

Accountability

- We make decisions in the public interest
- We are responsible for our actions and processes
- We meet our legal and fiduciary duties as directors

Adaptability

- We anticipate and respond to changing expectations and emerging trends
- We address emerging risks and opportunities
- We anticipate and embrace opportunities for regulatory and governance innovation

Competence

- We make evidence-informed decisions
- We seek external expertise where needed
- We evaluate our individual and collective knowledge and skills in order to continuously improve our governance performance

Diversity

- Our decisions reflect diverse knowledge, perspectives, experiences and needs
- We seek varied stakeholder input to inform our decisions

Independence

- Our decisions address public interest as our paramount responsibility
- Our decisions are free of bias and special interest perspectives

Integrity

- We participate actively and honestly in decision making through respectful dialogue
- We foster a culture in which we say and do the right thing
- We build trust by acting ethically and following our governance principles

Transparency

- Our processes, decisions and the rationale for our decisions are accessible to the public
- We communicate in a way that allows the public to evaluate the effectiveness of our governance



Governance review milestones

What's been done?	
September 2014	Governance review approved in principle by Council
December 2014	Scope and terms of reference for an evidence and expert informed governance review set by Council.
February 2015	Cathy Trower of Trower and Trower commissioned to undertake a review of current governance and identify opportunities for improvement.
March 2015	Expert Leading in Regulatory Governance Task Force appointed by Council. Council members participate in a survey on the strengths and weaknesses of College governance. Council and staff leaders participate in interviews.
May 2015	Task Force on Leading in Regulatory Governance holds its first meeting. Report on assessment of Council governance provided to the Task Force.
June 2015	Cathy Trower joins Council for its first governance workshop, discussing key findings of her review.
September 2015	Council workshop on culture, possible immediate changes to governance processes – quick wins – identified.
December 2015	Council adopts quick wins recommended by the Task Force
January to April 2016	College staff undertake research to support the review, and prepare : <ul style="list-style-type: none"> • Literature review • Report on trends in regulatory governance • Survey of regulators re. governance processes
June 2016	Council governance workshop provides input on governance principles and key components of a new governance model: <ul style="list-style-type: none"> • Council size and composition • How members join Council • Leadership and • Statutory committees
September 2016	Council approved the Governance Principles (attached) Council provided feedback on governance model recommendations
What's next	
December 2016	Final report and recommendations of the Leading in Regulatory Governance Task Force

² Cathy Trower's summary of the Council survey and final report are in the Governance folder on the Council portal.

³ These reference documents and all Task Force reports are in the Governance folder on the Council portal.



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

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Appendix 2: AGRE Member Regulators - Council Composition

Councils: AGRE Member Regulators - Council Composition					
Ontario College (s. re. Council)	Required in legislation		Additional requirements	Current - January 2017	
	Professional	Public		Professional	Public
<i>College of Nurses</i> (s. 9(1) of the Nursing Act)	21*	14-18	*14 RNs and 7 RPNs	21	15
	Total: 35 - 39			Total: 36	
<i>College of Optometrists</i> (s. 6.(1) of the Optometry Act).	10 (9 + 1*)	7	*selected from faculty of School of Optometry	10	7 (1 resigning)
	Total: 17			Total: 17	
<i>College of Physicians and Surgeons</i> (s.6(1) of the Medicine Act)	19 (16 + 3*)	13 - 15	*16 elected and 6 appointed from faculties of medicine *3 appointed from faculties of medicine are voting members	22	12 (3 vacancies)
	Total: 32 - 34			Total: 34	
<i>College of Physiotherapists</i> (s. 6(1) of the Physiotherapy Act).	8 - 10 (7-8 + 1-2*)	5 - 7	7-8 elected members + 1-2 selected from physiotherapy faculty members	8 elected + 2 faculty members	7
	Total: 13 - 17			Total: 17	
<i>College of Pharmacists</i> (s.7(1) of the Pharmacy Act)	11 - 19*	9 - 16	*9 - 17 elected members, of which 2-4 must be pharmacy techs; Deans of 2 ON Schools of Pharmacy	16	12
	Total: 20 - 35			Total: 28	
<i>Royal College of Dental Surgeons</i> (s. 6. (1) of the Dentistry Act)	12 - 14* (10 - 12 + 2)	9 - 11	*10 - 12 elected members + 2 selected from dentistry faculty	14	10
	Total: 21 - 25			24	

**REPORT TO COUNCIL- COMMITTEE ACTIVITY SUMMARY
(Q3) October, November, December 2016**

	# of Meetings		# of Cases Considered	# of Appeal Decisions Received (HPARB or Divisional Court)	Type of Outcomes	Q3 2016/17	
	F2F	Tel					
Registration	0	1	1	0	Certificate Granted (with or without terms, conditions and limitations)	1	
					Certificate Denied	0	
ICRC	3	0	41	1	Direction provided to staff (case ongoing)	3	
					Investigator appointed	8	
					Referral to Discipline	3	
					Incapacity Inquiry or Referral to Fitness to Practice	0	
					Other decision	27	
Quality Management	1	1	13		Practice Assessment	Successfully Completed (with or without recommendations)	8
						Practice Enhancement Required	3
					Practice Enhancement	Successfully Completed	1
						Second Practice Enhancement or Reassessment Required	0
					Requests for Deferral or Exemption	Granted	0
Denied	1						
Discipline ** deliberation days not included**	7	0	3	0	Hearings Pending		5
					Hearing Outcomes	Revoked	
						Suspended (with or without terms, conditions and limitations)	2
						Terms, Conditions and Limitations only	0
						Other Adjourned indefinitely In progress	1
Fitness to Practice	0	0	0	0	Hearings Pending		0
					Hearing Outcomes	Revoked	0
						Suspended	0
						Terms, Conditions and Limitations	0
Patient Relations	1	0	1	0	Request for Funding	Granted	1
						Denied	0

ISSUES AND TRENDS

Registration – Nothing to report.

ICRC – Nothing to report.

Quality Assurance – nothing to report

Discipline and Fitness to Practice – Increase in the number of referrals to Discipline.

Patient Relations – Nothing to report.

EXECUTIVE COMMITTEE'S REPORT TO COUNCIL

Date: March 23, 2017

Committee Chair: Mr. Stephen Mangoff, President

Committee Members: Mr. Gary Rehan, Vice President
Mr. Darryn Mandel
Ms. Catherine Hecimovich
Mr. Tyrone Skanes

Support Staff: Ms. Shenda Tanchak
Ms. Elicia Ramdhin

Meetings:

Meetings held since last report:

- March 7, 2017

Planned upcoming meetings:

- June 6, 2017

March 7, 2017 EXECUTIVE COMMITTEE MEETING

1. Conflict of Interest Standard: Final approval

Staff were directed to continue the development of the Conflict of Interest Standard with the intent to bring it back to the next Executive Committee meeting.

2. Collaborative Care Guideline

The Executive Committee recommended that Council approve the development of a Collaborative Care Guideline, endorse the proposed set of principles and best practices, and rescind the "Concurrent Treatment of a Patient by a Physiotherapist and Another Health Care Professional Standard".

3. Duty of Care Guideline

The Executive Committee recommended that Council approve the development of a Duty to Provide Care Guideline.



4. By-law Review 2016/17

The Executive Committee recommended that Council approve the proposed revisions to the by-laws.

5. Proposed Sexual Abuse and Boundaries Standard

The Executive Committee recommended that the proposed Sexual Abuse and Boundaries Standard be brought to Council.

6. Councillor Education Attendance 2017/2018

The Executive Committee approved the attendance of the following Councillors at the educational conferences listed below:

- James Lee and Sharee Mandel will attend Council on Licensure Enforcement and Regulation Annual Educational Conference (CLEAR North America);
- Lisa Tichband will attend the 2017 Canadian Network of Associations of Regulators Conference (CNAR);
- Gary Rehan will attend Federation of State Boards of Physical Therapy (FSBPT) 2017 Annual Meeting and Delegate Assembly;
- Theresa Stevens and Ron Bourret will attend The Annual Society of Ontario Adjudicators and Regulators Conference (SOAR);
- Catherine Hecimovich and Jennifer Dolling will attend Council on Licensure, Enforcement & Regulation International Congress (CLEAR International) and
- Janet Law will attend 2018 Ontario Physiotherapy Association Interaction Conference (OPA).

7. Approval of the Operating and Capital Budgets for the 2017/2018 Fiscal Year

The Executive Committee recommended that Council approve the operating and capital budgets for the 2017/2018 fiscal year.