



**ANNUAL GENERAL MEETING OF THE COUNCIL OF THE COLLEGE OF  
PHYSIOTHERAPISTS OF ONTARIO**

**AGENDA**

*June 24 and 25, 2019*

*At*

*Pinestone Resort*

*4252 Country Rd. #21, Haliburton ON*

*Council Member Networking Breakfast 8:30am – 9:00am*

**9:00 AM**

**Welcome**

- |               |   |
|---------------|---|
| <b>1</b>      | <b>Approval of the Agenda</b>   |
| <b>Motion</b> | For Decision  |
| <b>2</b>      | <b>Approval of the Council Meeting Minutes of March 21 and 22, 2019</b> |
| <b>Motion</b> | For Decision  |

**Annual General Council Meeting**

- |               |   |
|---------------|---|
| <b>3</b>      | <b>2018 – 2019 Audited Financial Statements</b> |
| <b>Motion</b> | For Decision                                    |

Teleconference Presentation by Hilborn LLP.

Council is being asked to review and approve the 2018-2019 Audited Financial Statements ending March 31, 2019.

- |          |  |
|----------|--|
| <b>4</b> | <b>Annual Committee Reports – 2018-2019</b>  |
|          | <ul style="list-style-type: none"><li>• Executive Committee</li><li>• Registration Committee</li><li>• Quality Assurance Committee</li><li>• Inquiries, Complaints and Reports Committee</li><li>• Patient Relations Committee</li><li>• Discipline and Fitness to Practice Committees</li><li>• Finance Committee</li></ul> |

- |          |                           |
|----------|---------------------------|
| <b>5</b> | <b>President's Report</b> |
|          | For Information           |

- |          |                           |
|----------|---------------------------|
| <b>6</b> | <b>Registrar's Report</b> |
|          | For Information           |

Includes a brief status report on the College's technology infrastructure renewal project.



**7**  
**Motion**      **Approval of the 2019-2020 Committee Slate**  
For Decision

Council is being asked to approve the proposed committee slates for 2019-2020 (with chairs) that has been recommended by the Executive Committee. This includes the appointment of six new non-council committee members.

**8**  
**Motion**      **Motion to go *in camera* pursuant to section 7(2) of the Health Professions Procedural Code**  
For Decision

**Adjournment**

**9:00 AM**

**June 25, 2019**

**9**  
**Motion**      **Strategic Tactics Update**  
For Decision

Staff are seeking direction from Council regarding the remainder of the strategic tactics work for the 2017-2021 strategic cycle. The Executive Committee has recommended that we resume work on five tactics and forestall three tactics.

**10**  
**Quality Assurance Program Review – Project Update**  
For Information

This is an update on the Quality Assurance Program Review project. This briefing provides a report about the remote assessment pilot test and next steps.

**11**  
**Motion**      **Finance Committee: Reserve Management Recommendations**  
For Decision

After considering advice provided by the auditor on the appropriate level for the College reserves, the Finance Committee is making four recommendations to Council on how to manage the College reserves.

**12**  
**Members' Motion/s**

**Adjournment (12:30 P.M.)**

**Future Council Meeting Dates:**

- September 26 and 27, 2019
- December 16 and 17, 2019
- March 23 and 24, 2020
- June 25 and 26, 2020



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 1.0**

**Council Meeting  
June 24-25, 2019**

**Agenda #1: Approval of the Agenda**

**It is moved by**

\_\_\_\_\_

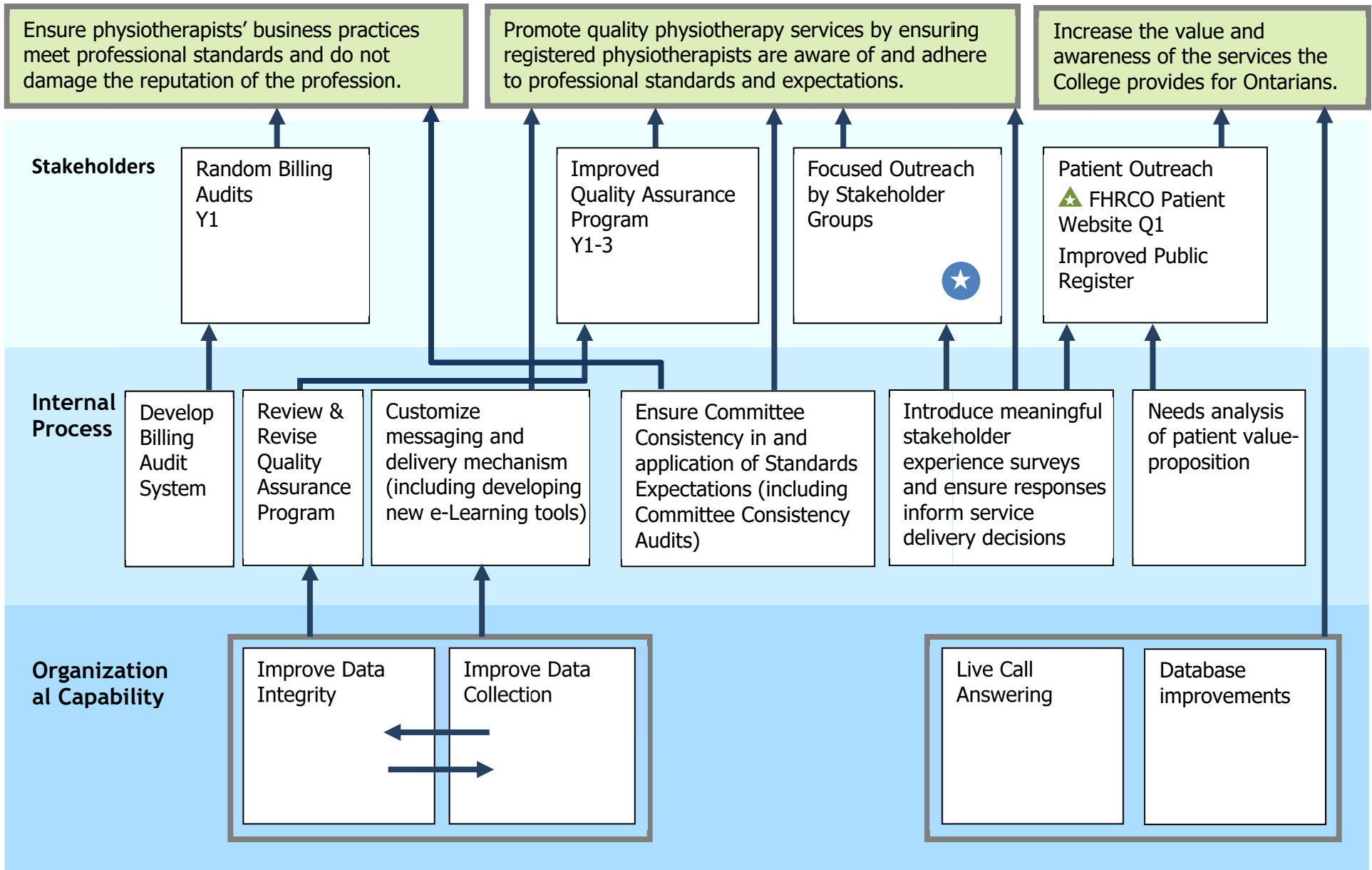
**and seconded by**

\_\_\_\_\_

**that:**

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

# Strategy Map 2017 - 2021



Ongoing/External



Y1: Supervisors, Students, Educators

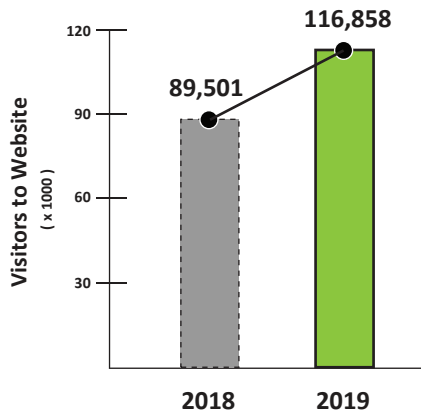
Y2-3: Internationally Educated PTs, Employers, Insurers and Registration Ceremony for new graduates

# College Dashboard

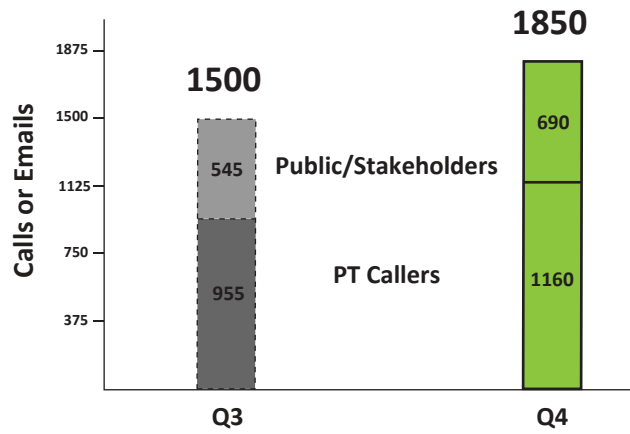
(Q4) JANUARY—MARCH 2019

## Strategic

### Stakeholder Awareness Q4



### Practice Advice

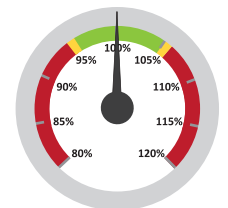
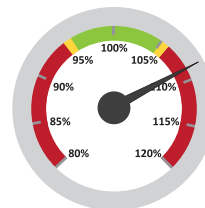
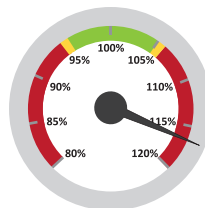
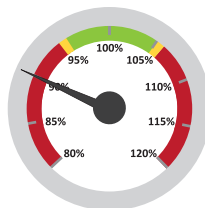
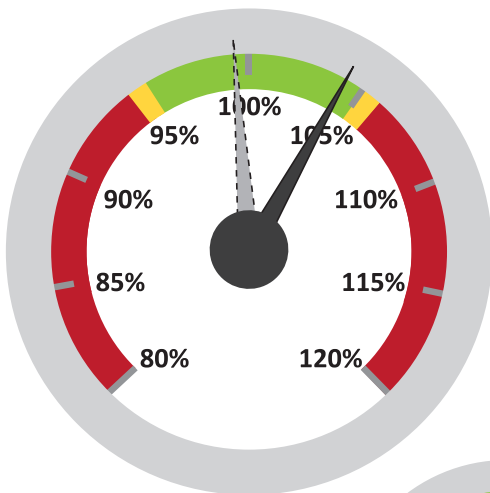


## Operational

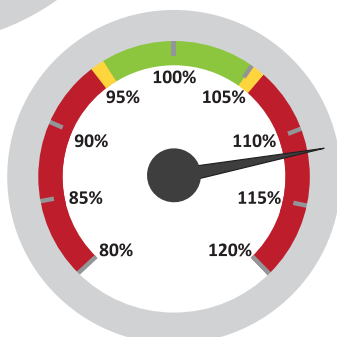
### Financial Accountability

Overall 104% Q4

■ Quality Assurance  
 ■ Investigations and Reports  
 ■ Discipline  
 ● Corporate Services



■ All Committees



|                                  | Target                      | Q4 |
|----------------------------------|-----------------------------|----|
| <b>Human Resource Excellence</b> |                             |    |
| Absenteeism                      | < 1.7 days per employee     | ▲  |
| Turnover                         | Green ≤ 3<br>Amber > 3 ≤ 5  | ▲  |
| <b>Stat Program Performance</b>  |                             |    |
| ICRC                             | Met all Statutory timelines | ■  |
| Quality Management               | Met all Statutory timelines | ●  |
| Registration                     | Met all Statutory timelines | ●  |

Dashboard Explanatory Notes, Q4 2018-2019

**OPERATIONAL INDICATORS**

| What We Measure   | What this Demonstrates and How   | Quarterly Results  |
|---|--|--|
| <p><b>Financial Accountability</b><br/>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% each quarter</p>   | <p>Detailed explanations are contained in the quarterly statement of operations.</p>   |
| <p><b>Human Resource Excellence</b><br/>Composite measure of absenteeism and turnover rates</p>                         | <p>To provide an indication of overall organizational health.</p> <p>Absenteeism and turnover rates serve as proxies for good recruiting and performance management policies.</p> <p>Target = Absenteeism and turnover rates that are within industry standard based on the Conference Board of Canada</p>   | <p><u>Absenteeism:</u> Absenteeism was slightly up this quarter due to a short-term sick leave.</p> <p><u>Turnover:</u> In the past 12 month's four employees left. Two to pursue other opportunities and two were involuntary.</p>  |
| <p><b>Meeting Statutory Obligations:</b><br/>Composite measure of the statutory obligations of all three committees</p> | <p>To monitor performance of core statutory duties. Specifically, whether each committee meets the specific timeline and notice requirements of the RHPA.</p> <p>Target:</p> <p><b>QA</b><br/>% PTs provided an opportunity to make a submission</p> <p><b>Reg</b><br/>% applicants provided 30 days to make a submission<br/>% individuals requiring notice of right to appeal were notified</p> <p><b>ICRC</b><br/>% complaints closed within 150 days <u>or with notice of delay</u><br/>% complaints and reports given 14-day notice</p> | <p><u>Quality Assurance:</u> on target.</p> <p><u>Registration:</u> on target.</p> <p><u>Inquiries, Complaints and Reports Committee:</u><br/>One delay letter was not sent. The ICRC offered the physiotherapist the opportunity to enter into an undertaking with the College. Negotiations are still in progress.</p> |

Dashboard Explanatory Notes, Q4 2018-2019

**STRATEGIC INDICATORS**

| What We Measure   | What this Demonstrates and How   | Quarterly Results  |
|---|--|--|
| <p><b>Stakeholder Awareness</b><br/>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 in the number of times College resources are accessed year over year</p> | <p>Hits to College Resources: 29% increase</p> <p>Increase in hits to College resources likely related to the following activities that were completed over the past year:</p> <ul style="list-style-type: none"> <li>• Increased Search Engine Optimization of the collegept.org</li> <li>• Ran digital advertising campaigns (both organic and paid)</li> <li>• Focused on different stakeholder groups than in the past (patients, employers, insurers)</li> <li>• Open and click through rates for Perspectives are up slightly over the past year which increases website traffic.</li> </ul> |
| <p><b>Practice Advice</b><br/>Increased number of calls over time to demonstrate improved stakeholder value</p> | <p>We assume that calls to practice advice reflect access to a valued service. Accordingly, increased call volume should indicate increase value to stakeholders.</p> <p>Target = increase from previous quarter</p>   | <p>PT Callers: 19% increase</p> <p>Public/Stakeholders: 20% increase</p> <p>Total calls have increased by 19%</p> <p>Increase in calls likely related to the following two activities:</p> <ul style="list-style-type: none"> <li>• Improved technology has increased live call answering to 90% of all calls received</li> <li>• Various communication activities designed to drive stakeholders to College resources which includes practice advice.</li> </ul>  |

Dashboard Explanatory Notes, Q4 2018-2019

|  |  |  |
|--|--|--|
|  |  | Q4 practice advice call trends: physiotherapist assistants (PTAs), billing and professional obligations. |
|--|--|--|





**Motion No.: 2.0**

**Council Meeting  
June 24-25, 2019**

**Agenda #2: Approval of the Council Meeting Minutes of March 21 and 22, 2019**

**It is moved by**

\_\_\_\_\_

**and seconded by**

\_\_\_\_\_

**that:**

the Council meeting minutes of March 21 -22, 2019, be approved.

MEETING OF THE COUNCIL OF THE COLLEGE OF  
PHYSIOTHERAPISTS OF ONTARIO

MINUTES

*March 21 and 22, 2019*

*At*

*The College Board Room*

*375 University Avenue, Suite 800, Toronto*

**Attendees:**

Mr. Gary Rehan (President)  
Mr. Darryn Mandel  
Mr. Ron Bourret  
Ms. Jane Darville  
Mr. Martin Bilodeau  
Ms. Theresa Stevens  
Mr. Mark Ruggiero  
Mr. Ken Moreau

Ms. Janet Law  
Ms. Nicole Graham  
Ms. Sharee Mandel  
Mr. Tyrone Skanes  
Ms. Lisa Tichband  
Ms. Jennifer Dolling  
Ms. Kathleen Norman

**Staff:**

Mr. Rod Hamilton  
Ms. Anita Ashton  
Ms. Joyce Huang

**Recorder:** Ms. Elicia Persaud

**Guests:** Sarah Kibaalya, Senior Policy Analyst

9:00 AM

**Welcome**

**1.0 Motion Approval of the Agenda 1.0**

It was moved by Ms. Nicole Graham and seconded by Mr. Ken Moreau that:

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

**CARRIED.**

**2.0 Motion Approval of the Council Meeting Minutes of December 17-18, 2018 2.0**

It was moved by Ms. Theresa Stevens and seconded by Mr. Tyrone Skanes that:

The Council meeting minutes of December 17-18, 2018 be approved.

**CARRIED.**



### **3.0 President and Executive Committee Election**

Mr. Rod Hamilton, Registrar, provided an overview of the online voting system and indicated the new office will take effect in June 2019. Mr. Hamilton appointed Ms. Elicia Persaud as the scrutineer.

#### **Election of the President:**

The following nomination was highlighted:

President:

- Mr. Darryn Mandel

Mr. Hamilton called for additional nominations from the floor; none were presented.

Mr. Mandel provided a verbal statement.

Mr. Mandel was acclaimed President.

#### **Election of the Vice President**

The following nominations were highlighted:

Vice President:

- Ms. Theresa Stevens

Mr. Hamilton called for additional nominations from the floor; none were presented.

Ms. Stevens provided a verbal statement.

Ms. Stevens was acclaimed Vice President

#### **Election of the Executive Committee: members-at-large**

The following nominations were highlighted:

Executive Committee:

- Mr. Ron Bourret
- Mr. Gary Rehan
- Ms. Sharee Mandel
- Mr. Tyrone Skanes

Mr. Hamilton called for additional nominations from the floor; none were presented.



Councillors anonymously voted using the electronic voting system.

The following were elected to the Executive Committee as members-at-large for the 2019-2020 year:

- Mr. Gary Rehan
- Mr. Tyrone Skanes
- Ms. Sharee Mandel

The following councillors will make up the Executive Committee for the 2019-2020 year:

- Mr. Darryn Mandel (President)
- Ms. Theresa Stevens (Vice President)
- Mr. Tyrone Skanes
- Ms. Sharee Mandel
- Mr. Gary Rehan

#### **4.0 Registrar's Report**

Mr. Hamilton, provided an update on the following items:

- Database project
- By-law and Governance policy review work of the Executive Committee
- Scent free environment policy

Mr. Ron Bourret entered the Council chambers at 9:50 a.m.

#### **5.0 Q3 Financial Report**

Council reviewed and accepted the Q3 Financial Report.

#### **6.0 Program Review: Entry to Practice**

Council discussed the pros and cons to conducting a review of the Entry to Practice program and determined a scoping review would be beneficial.

Mr. Hamilton reviewed the Request for Proposal process. Council set the parameters as follows:

- In keeping with the RFP process, staff will select the consultant and provide Council with an update.
- If the proposals are over budget and requires additional funds and/or if the consultant is outside of Canada, this will be brought back to Council for approval.



**Motion 6.0**

It was moved by Ms. Sharee Mandel and seconded by Mr. Tyrone Skanes that:

Council approves the \$75,000 budgeted in line 5904– Consultant Fees, to complete a preliminary review of the Entry to Practice Program as outlined as phase one.

**CARRIED.**

**11:56 AM**

**Adjournment**

**Motion** It was moved by Ms. Lisa Tichband and seconded by Mr. Tyrone Skanes that:

Day one of the meeting be adjourned.

**CARRIED.**

Council spent the remainder of the afternoon in a Sensitivity and Awareness education session.

**9:03 AM**

**March 22, 2019**

**7.1 Quality Assurance Program Review: Part One: Project Update**

Ms. Joyce Huang, Strategic Projects Manager, reviewed the project work to date including the remaining work that is left to be completed.

**7.2 Part Two: Program Policies**

Council recommended wording changes to two of the proposed draft Quality Assurance Program policies and directed staff to monitor any trends around conflict of interest and bring those forward to Council for decision around changes to the process.

**Motion 7.2**

It was moved by Ms. Theresa Stevens and seconded by Mr. Tyrone Skanes that:

Council approve the following draft QA program policies:

1. Eligibility and Selection Criteria for Practice Assessments,
2. Pre-Assessment Questionnaire,
3. Remote Assessment,
4. On-Site Assessment, and
5. Deferral and Extension.

**CARRIED.**



**7.3 Motion**      **Motion to Rescind QA Program Policies**  
**7.3**

It was moved by Ms. Jane Darville and seconded by Ms. Kathleen Norman that:

Council rescind the following QA program policies:

- QM Program Policy 1.4 File Storage
- QM Program Policy 2.1 Practice Reflection: Professional Portfolio
- QM Program Policy 3.1 Onsite Assessment – Selection and Procedure
- QM Program Policy 3.3 Practice Assessments – Exemptions

**CARRIED.**

**7.4 Motion**      **Motion for Minor Changes to QA Program Policies**  
**7.4**

It was moved by Ms. Kathleen Norman and seconded by Mr. Ron Bourret that:

Council approve the minor changes to the following QA program policies:

- QM Program Policy 1.3 Communication
- QM Program Policy 3.5 Practice Assessment: Onsite Assessment – Assessor Selection and Utilization
- QM Program Policy 3.4 Refusing to Participate in the Quality Management Program
- QM Program Policy 3.6 Practice Assessment: Onsite Assessment – Observers present at the On-site Assessment

**CARRIED.**

**7.5 Motion**      **Part Three: Program Evaluation Plan**  
**7.5**

It was moved by Ms. Lisa Tichband and seconded by Ms. Sharee Mandel that:

Council approve the QA program evaluation plan.

**CARRIED.**

**8.0 Motion**      **Approval of 2019-2020 Budget**  
**8.0**

It was moved by Ms. Nicole Graham and seconded by Mr. Tyrone Skanes that:

Council approves the Operating and Capital Budgets for the 2019-2020 Fiscal Year.

**CARRIED.**

**9.0 Motion**      **Non-Council Appointment Process and Recruitment**  
**9.0**

It was moved by Ms. Sharee Mandel and seconded by Mr. Martin Bilodeau that:



Council approves the non-council appointment process and directs staff to recruit a pool of six non-council committee members.

**CARRIED.**

**10.0 Approval of Auditor Tool**

Following the audit, the Finance Committee will provide Council with a report and recommendation based on the outcome of the auditor evaluation tool.

**Motion 10.0**

It was moved by Mr. Ron Bourret and seconded by Ms. Kathleen Norman that:

Council approve the auditor evaluation tool.

**CARRIED.**

**11.0 Report – Annual Outreach Activities**

Ms. Fiona Campbell, Senior Physiotherapist Advisor presented an overview of the key learnings and topics from this year's outreach activities.

**12.0 President's Report**

Mr. Gary Rehan, President, provided an updated on the following:

- Committee activity summary
- Results of the Council Evaluation calls
- Exploration of an Honorary PT Title

**13.0 Members' Motion/s**

No motions were made.

**Adjournment**

**Motion** It was moved by Mr. Ken Moreau and seconded by Ms. Lisa Tichband that the meeting be adjourned.

**CARRIED.**

The Council meeting was adjourned at 1:00 p.m.

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Darryn Mandel, President



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 3.0**

**Council Meeting  
June 24-25, 2019**

**Agenda #3: 2018 – 2019 Audited Financial Statements**

**It is moved by**

\_\_\_\_\_

**and seconded by**

\_\_\_\_\_

**that:**

Council approve the 2018 – 2019 Audited Financial Statements ending March 31, 2019.



**COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO**

**FINANCIAL STATEMENTS**

MARCH 31, 2019

*Draft Statements Subject to Revision*

**HILBORN**<sub>LLP</sub>

## Independent Auditor's Report

To the Council of the College of Physiotherapists of Ontario

### Opinion

We have audited the financial statements of the College of Physiotherapists of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2019, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2019, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

### Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.

## Independent Auditor's Report (continued)

### Auditor's Responsibilities for the Audit of the Financial Statements (continued)

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario  
Date

Chartered Professional Accountants  
Licensed Public Accountants

Draft Statements Subject to Revision

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Statement of Financial Position

| March 31   | 2019<br>\$        | 2018<br>\$ |
|--|-------------------|------------|
| <b>ASSETS</b>  |                   |            |
| Current assets   |                   |            |
| Cash   | 7,035,323         | 6,119,060  |
| Investments (note 3)   | 722,934           | 1,185,153  |
| Prepaid expenses   | 277,988           | 260,779    |
|  | <b>8,036,245</b>  | 7,564,992  |
| Investments (note 3)   | 4,204,278         | 3,637,499  |
| Capital assets (note 4)                                      | 838,479           | 965,574    |
|  | <b>5,042,757</b>  | 4,603,073  |
|  | <b>13,079,002</b> | 12,168,065 |
| <b>LIABILITIES</b>   |                   |            |
| Current liabilities  |                   |            |
| Accounts payable and accrued liabilities (note 5)            | 1,338,418         | 626,927    |
| Deferred registration fees                                   | 5,638,274         | 4,862,751  |
|  | <b>6,976,692</b>  | 5,489,678  |
| Deferred lease incentives (note 6)                           | 219,118           | 246,225    |
|  | <b>7,195,810</b>  | 5,735,903  |
| <b>NET ASSETS</b>  |                   |            |
| Invested in capital assets                                   | 619,361           | 719,349    |
| Internally restricted for complaints and discipline (note 8) | 1,000,000         | 1,000,000  |
| Internally restricted for sexual abuse therapy (note 9)      | 100,000           | 100,000    |
| Internally restricted for strategic initiatives (note 10)    | 500,000           | 500,000    |
| Internally restricted for IT improvements (note 11)          | 250,000           | 250,000    |
| Unrestricted (note 12)                                       | 3,413,831         | 3,862,813  |
|  | <b>5,883,192</b>  | 6,432,162  |
|  | <b>13,079,002</b> | 12,168,065 |

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Statement of Operations

| Year ended March 31                       | 2019<br>\$       | 2018<br>\$       |
|---|------------------|------------------|
| Revenues                                  |                  |                  |
| Registration fees                         | 5,839,607        | 5,575,488        |
| Investment income                         | 169,878          | 158,158          |
|   | <u>6,009,485</u> | <u>5,733,646</u> |
| Expenses                                  |                  |                  |
| Salaries and benefits                     | 3,635,617        | 3,091,727        |
| Administration and office (note 6)        | 965,201          | 916,542          |
| Programs                                  | 264,215          | 246,373          |
| Communications                            | 153,867          | 176,671          |
| Professional fees (note 7)                | 555,352          | 358,308          |
| Organizational effectiveness              | 69,218           | 123,220          |
| Committee fees and expenses               | 270,712          | 239,796          |
| Information technology                    | 467,149          | 860,323          |
| Networking, representation and travel     | 22,611           | 33,502           |
| Amortization                              | 154,513          | 145,621          |
|   | <u>6,558,455</u> | <u>6,192,083</u> |
| Excess of expenses over revenues for year | <u>(548,970)</u> | <u>(458,437)</u> |

The accompanying notes are an integral part of these financial statements

Draft Statements Subject to Revision

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Statement of Changes in Net Assets

Year ended March 31

|  | Invested in<br>capital<br>assets<br>\$ | Internally<br>restricted for<br>complaints<br>and<br>discipline<br>\$ | Internally<br>restricted for<br>sexual abuse<br>therapy<br>\$ | Internally<br>restricted for<br>strategic<br>initiatives<br>\$ | Internally<br>restricted for IT<br>improvements<br>\$ | Unrestricted<br>\$ | 2019<br>Total<br>\$ |
|--|--|---|---|--|---|--------------------|---------------------|
| Balance, beginning of year                   | 719,349                                | 1,000,000   | 100,000   | 500,000  | 250,000   | 3,862,813          | 6,432,162           |
| Excess of expenses over<br>revenues for year | (127,406)                              | -   | -   | -  | -   | (421,564)          | (548,970)           |
| Purchase of capital assets                   | 27,418                                 | -   | -   | -  | -   | (27,418)           | -                   |
| Balance, end of year                         | 619,361                                | 1,000,000   | 100,000   | 500,000  | 250,000   | 3,413,831          | 5,883,192           |

Year ended March 31

|  | Invested in<br>capital<br>assets<br>\$ | Internally<br>restricted for<br>contingency<br>\$ | Internally<br>restricted for<br>fee<br>stabilization<br>\$ | Internally<br>restricted for<br>complaints<br>and<br>discipline<br>\$ | Internally<br>restricted for<br>sexual abuse<br>therapy<br>\$ | Internally<br>restricted for<br>strategic<br>initiatives<br>\$ | Internally<br>restricted for IT<br>improvements<br>\$ | Unrestricted<br>\$ | 2018<br>Total<br>\$ |
|--|--|---|--|---|---|--|---|--------------------|---------------------|
| Balance, beginning of year                               | 180,073                                | 6,078,725   | 327,865  | -   | -   | -  | -   | 303,936            | 6,890,599           |
| Excess of expenses over<br>revenues for year             | (120,773)                              | -   | -  | -   | -   | -  | -   | (337,664)          | (458,437)           |
| Purchase of capital assets, net of<br>tenant inducements | 660,049                                | -   | -  | -   | -   | -  | -   | (660,049)          | -                   |
| Internally imposed restrictions<br>(notes 8 to 12)       | -                                      | (6,078,725)                                       | (327,865)  | 1,000,000   | 100,000   | 500,000  | 250,000   | 4,556,590          | -                   |
| Balance, end of year                                     | 719,349                                | -   | -  | 1,000,000   | 100,000   | 500,000  | 250,000   | 3,862,813          | 6,432,162           |

The accompanying notes are an integral part of these financial statements

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Statement of Cash Flows

| Year ended March 31  | 2019<br>\$  | 2018<br>\$  |
|--|-------------|-------------|
| Cash flows from operating activities   |             |             |
| Excess of expenses over revenues for year                                    | (548,970)   | (458,437)   |
| Adjustments to determine net cash provided by (used in) operating activities |             |             |
| Amortization of capital assets   | 154,513     | 145,621     |
| Interest capitalized on investments  | (73,881)    | (75,780)    |
| Interest received on investments capitalized in prior years                  | 148,583     | 138,676     |
| Loss on disposal of investments  | -           | 4,850       |
| Amortization of deferred lease incentives                                    | (27,107)    | (24,848)    |
|  | (346,862)   | (269,918)   |
| Change in non-cash working capital items                                     |             |             |
| Increase in prepaid expenses   | (17,209)    | (34,994)    |
| Increase in accounts payable and accrued liabilities                         | 711,491     | 149,073     |
| Increase (decrease) in deferred registration fees                            | 775,523     | (315,554)   |
|  | 1,122,943   | (471,393)   |
| Cash flows from investing activities   |             |             |
| Purchase of investments  | (1,228,622) | (1,304,860) |
| Proceeds from disposal of investments  | 1,049,360   | 1,121,024   |
| Purchase of capital assets   | (27,418)    | (931,122)   |
| Receipt of lease incentives - tenant inducements                             | -           | 271,073     |
|  | (206,680)   | (843,885)   |
| Net change in cash   | 916,263     | (1,315,278) |
| Cash, beginning of year  | 6,119,060   | 7,434,338   |
| Cash, end of year  | 7,035,323   | 6,119,060   |

The accompanying notes are an integral part of these financial statements

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

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## Notes to Financial Statements

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March 31, 2019

### **Nature and description of the organization**

The College of Physiotherapists of Ontario (the "College") was incorporated as a non-share capital corporation under the Regulated Health Professions Act, 1991 ("RHPA"). As the regulator and governing body of the physiotherapy profession in Ontario, the College's major function is to administer the Physiotherapy Act, 1991 in the public interest.

The College is a not-for-profit organization, as described in Section 149(1)(l) of the Income Tax Act, and therefore is not subject to income taxes.

### **1. Significant accounting policies**

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

#### **(a) Revenue recognition**

##### **Registration fees**

Registration fees are recognized as revenue in the fiscal year to which they relate. The registration year of the College coincides with that of the fiscal year of the College, being April 1 to March 31. Registration fees received in advance of the fiscal year to which they relate are recorded as deferred registration fees.

##### **Investment income**

Investment income comprises interest from cash and investments and realized gains and losses from the disposal of investments.

Revenue is recognized on an accrual basis. Interest on investments is recognized over the terms of the investments using the effective interest method.

#### **(b) Investments**

Investments consist of guaranteed investment certificates and fixed income investments whose term to maturity is greater than three months from date of acquisition. Investments that mature within twelve months from the year-end date are classified as current.



## Notes to Financial Statements (continued)

March 31, 2019

### 1. Significant accounting policies (continued)

#### (c) Capital assets

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, with the exception of expenditures on internally generated intangible assets during the development phase, which are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, upon commencement of the utilization of the assets, on a straight-line basis at rates designed to amortize the cost of the capital assets over their estimated useful lives. The annual amortization rates are as follows:

|                        |         |
|------------------------|---------|
| Furniture and fixtures | 5 years |
| Computer equipment     | 3 years |
| Computer software      | 2 years |

Amortization of leasehold improvements is provided for on a straight-line basis over the remaining term of the lease.

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital asset to its fair value. Any impairment of the capital asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

#### (d) Deferred lease incentives

Lease incentives consist of tenant inducements received in cash used to purchase capital assets.

Lease incentives received in connection with original leases are amortized to income on a straight-line basis over the terms of the original leases. Lease incentives received in connection with re-negotiated leases are amortized to income on a straight-line basis over the period from the expiration date of the original lease to the expiration date of the re-negotiated lease.

#### (e) Net assets invested in capital assets

Net assets invested in capital assets comprises the net book value of capital assets less the unamortized balance of deferred tenant inducements used to purchase capital assets.

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2019

### 1. Significant accounting policies (continued)

#### (f) Financial instruments

##### Measurement of financial assets and liabilities

The College initially measures its financial assets and financial liabilities at fair value adjusted by the amount of transaction costs directly attributable to the instrument.

The College subsequently measures all of its financial assets and financial liabilities at amortized cost.

Amortized cost is the amount at which a financial asset or financial liability is measured at initial recognition minus principal repayments, plus or minus the cumulative amortization of any difference between that initial amount and the maturity amount, and minus any reduction for impairment.

Financial assets measured at amortized cost include cash and investments.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

##### Impairment

At the end of each year, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the College, including but not limited to the following events: significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; and bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the year in the expected timing or amount of future cash flows from the financial asset.

When the College identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the financial asset to the greater of the following:

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and
- the amount that could be realized by selling the financial asset at the statement of financial position date.

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2019

### 1. Significant accounting policies (continued)

#### (f) Financial instruments (continued)

##### Impairment (continued)

Any impairment of the financial asset is recognized in income in the year in which the impairment occurs.

When the extent of impairment of a previously written-down financial asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, but not in excess of the impairment loss. The amount of the reversal is recognized in income in the year the reversal occurs.

#### (g) Management estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the current year. Actual results may differ from these estimates, the impact of which would be recorded in future years.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

### 2. Financial instrument risk management

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure and concentrations.

The financial instruments of the College and the nature of the risks to which those instruments may be subject, are as follows:

| Financial instrument                     | Credit | Liquidity | Risks    |               |             |
|--|--------|-----------|----------|---------------|-------------|
|  |        |           | Currency | Interest rate | Other price |
| Cash                                     | X      |           |          | X             |             |
| Investments                              | X      |           |          | X             |             |
| Accounts payable and accrued liabilities |        | X         |          |               |             |

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2019

### 2. Financial instrument risk management (continued)

#### Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss. The College does not hold directly any collateral as security for financial obligations of counterparties.

The maximum exposure of the College to credit risk is as follows:

|             | 2019              | 2018              |
|-------------|-------------------|-------------------|
|             | \$                | \$                |
| Cash        | 7,035,323         | 6,119,060         |
| Investments | 4,927,212         | 4,822,652         |
|             | <u>11,962,535</u> | <u>10,941,712</u> |

The College reduces its exposure to the credit risk of cash by maintaining balances with a Canadian financial institution.

The College manages its exposure to the credit risk of investments through its investment policy which restricts the types of eligible investments.

#### Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due.

The College meets its liquidity requirements by preparing and monitoring detailed forecasts of cash flows from operations and anticipated investing and financing activities and holding assets that can be readily converted into cash.

#### Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

#### Currency risk

Currency risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in foreign exchange rates.

The College is not exposed to currency risk.

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2019

### 2. Financial instrument risk management (continued)

#### Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates.

The College does not use derivative financial instruments to manage its exposure to interest rate risk.

#### Other price risk

Other price risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual instrument or its issuer or factors affecting all similar instruments traded in the market.

The College is not exposed to other price risk.

#### Changes in risk

There have been no significant changes in the risk profile of the financial instruments of the College from that of the prior year.

### 3. Investments

|           | 2019<br>\$       | 2018<br>\$       |
|-----------|------------------|------------------|
| Current   | 722,934          | 1,185,153        |
| Long-term | 4,204,278        | 3,637,499        |
|           | <u>4,927,212</u> | <u>4,822,652</u> |

Investments have effective interest rates ranging from 1.50% to 3.55% (2018 - 1.50% to 3.55%), and maturity dates ranging from May 2019 to September 2024 (2018 - May 2018 to March 2023).

### 4. Capital assets

|                        | Cost<br>\$       | Accumulated<br>Amortization<br>\$ | 2019<br>Net<br>\$ |
|------------------------|------------------|-----------------------------------|-------------------|
| Furniture and fixtures | 346,854          | 151,381                           | 195,473           |
| Computer equipment     | 75,325           | 68,823                            | 6,502             |
| Computer software      | 7,941            | 7,941                             | -                 |
| Leasehold improvements | 782,302          | 145,798                           | 636,504           |
|                        | <u>1,212,422</u> | <u>373,943</u>                    | <u>838,479</u>    |

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2019

### 4. Capital assets (continued)

|                        | Cost<br>\$       | Accumulated<br>Amortization<br>\$ | 2018<br>Net<br>\$ |
|------------------------|------------------|-----------------------------------|-------------------|
| Furniture and fixtures | 343,109          | 82,600                            | 260,509           |
| Computer equipment     | 83,402           | 67,425                            | 15,977            |
| Computer software      | 7,941            | 7,941                             | -                 |
| Leasehold improvements | 758,629          | 69,541                            | 689,088           |
|                        | <u>1,193,081</u> | <u>227,507</u>                    | <u>965,574</u>    |

During the year, capital assets with a net book value of nil (cost and accumulated amortization both of \$8,077) were disposed of for no gain or loss.

During the prior year, capital assets with a net book value of nil (cost and accumulated amortization both of \$1,054,366) were disposed of for no gain or loss.

### 5. Accounts payable and accrued liabilities

|   | 2019<br>\$       | 2018<br>\$     |
|---|------------------|----------------|
| Trade payables and accrued liabilities          | 765,317          | 340,416        |
| Accrued liabilities - complaints and discipline | 573,101          | 286,511        |
|   | <u>1,338,418</u> | <u>626,927</u> |

### 6. Deferred lease incentives

|                    | Cost<br>\$ | Accumulated<br>Amortization<br>\$ | 2019<br>Net<br>\$ |
|--------------------|------------|-----------------------------------|-------------------|
| Tenant inducements | 271,073    | 51,955                            | 219,118           |

|                    | Cost<br>\$ | Accumulated<br>Amortization<br>\$ | 2018<br>Net<br>\$ |
|--------------------|------------|-----------------------------------|-------------------|
| Tenant inducements | 271,073    | 24,848                            | 246,225           |

Pursuant to the lease agreement for the College's office premises (note 13), lease incentives comprised of tenant inducements in the amount of \$271,073 were received in the prior year.

Amortization of lease incentives in the amount of \$27,107 (2018 - \$24,848) was credited to administration and office expense in the current year.

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2019

7. **Professional fees**

|                           | 2019<br>\$     | 2018<br>\$     |
|---------------------------|----------------|----------------|
| Complaints and discipline | 512,646        | 333,419        |
| Cost recoveries           | (34,556)       | (26,500)       |
| Other professional        | 478,090        | 306,919        |
|                           | 77,262         | 51,389         |
|                           | <u>555,352</u> | <u>358,308</u> |

8. **Net assets internally restricted for complaints and discipline**

The College makes best efforts to anticipate the costs associated with complaints and discipline matters based on past experience and current caseload. However, in the event that the College incurs costs beyond the normal scope of such matters, the Council of the College internally restricted net assets in the prior year in the amount of \$1,000,000 to fund expenditures related to these matters.

The internal restriction is subject to the direction of the Council upon the recommendation of the Finance Committee.

9. **Net assets internally restricted for sexual abuse therapy**

The Council of the College internally restricted net assets in the prior year in the amount of \$100,000 to meet the anticipated future requirements of the College for sexual abuse therapy.

The internal restriction is subject to the direction of the Council upon the recommendation of the Finance Committee.

10. **Net assets internally restricted for strategic initiatives**

The Council of the College internally restricted net assets in the prior year in the amount of \$500,000 to meet the anticipated future requirements of the College for strategic initiatives.

The internal restriction is subject to the direction of the Council upon the recommendation of the Finance Committee.

11. **Net assets internally restricted for IT improvements**

The Council of the College internally restricted net assets in the prior year in the amount of \$250,000 to meet the anticipated future requirements of the College for IT improvements.

The internal restriction is subject to the direction of the Council upon the recommendation of the Finance Committee.

# COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2019

### 12. Unrestricted net assets

During the prior year, as a result of the restated purpose of the internally restricted net assets of the College, the Council approved the transfer of \$6,078,725 and \$327,865, respectively from net assets internally restricted for contingency and net assets internally restricted for fee stabilization to unrestricted net assets.

### 13. Commitment

The College is committed to lease its office premises until February 28, 2027. The future annual lease payments, including an estimate of premises common area expenses, are as follows:

|                  | <u>\$</u>               |
|------------------|-------------------------|
| 2020             | 513,807                 |
| 2021             | 514,834                 |
| 2022             | 526,129                 |
| 2023             | 527,156                 |
| 2024             | 538,450                 |
| Subsequent years | <u>1,595,123</u>        |
|                  | <u><u>4,215,499</u></u> |

Draft Statements Subject to Revision



# HILBORN

LISTENERS. THINKERS. DOERS.



**ANNUAL COMMITTEE REPORT  
EXECUTIVE COMMITTEE**

**April 1, 2018 to March 31, 2019**

**Committee Membership and Number of Meetings in 2018/19 Fiscal Year:**

Gary Rehan, Professional representative – Chair  
Darryn Mandel, Professional representative  
Tyrone Skanes, Public representative  
Theresa Stevens, Professional representative  
Sharee Mandel, Professional representative (from June 2018)

**In person** meetings were held on the following dates:

- June 7, 2018
- June 12, 2018 – *teleconference*
- June 14, 2018 – *teleconference*
- June 20, 2018 – *teleconference*
- September 6, 2018
- November 29, 2018
- January 2, 2019 – *teleconference*
- March 1, 2019

**Trends and/or Issues of Note**

- All Executive decisions have been included in the Executive Committee Report to Council in the Council packages.



**ANNUAL COMMITTEE REPORT  
REGISTRATION COMMITTEE**

**April 1, 2018 to March 31, 2019**

**Committee Membership and Number of Meetings in 2018/19 Fiscal Year:**

**Registration Committee Members:**

Jennifer Dolling, Public representative – Chair (from June 2018)  
Marcia Dunn, Professional representative  
Kenneth Moreau, Public representative (from June 2018)  
Sharee Mandel, Professional representative (from June 2018)  
Martin Bilodeau, Academic representative (from June 2018)

Jane Darville, Public representative (until June 2018)  
Janet Law, Professional representative (until June 2018)  
Kathleen Norman, Professional representative (until June 2018)

**Committee Activity:**

The Registration Committee met 6 times over the past year. There were 2 in person meetings at the College and 4 teleconferences.

The Committee considered eight cases. Three applicants were granted certificates of registration with terms, conditions and limitations, and four were denied certificates. One case is ongoing pending additional information. There was one appeal to the Health Professions Review and Appeal Board which was subsequently withdrawn.

A few trends emerged from the cases this year. The Committee considered three cases wherein the applicant requested an exemption from the Physiotherapy Competency Examination. Two of these cases were denied and one is ongoing. The Committee also considered two cases in which the applicants did not meet the minimum practice hours requirement, and in those cases, independent practice certificates of registration were granted with terms, conditions and limitations. The Committee also reviewed two cases wherein the applicants had professional conduct history with the College. In these cases, one applicant was denied and one was granted an independent practice certificate of registration with terms, conditions and limitations.

The Committee also considered one case that was a trend in the previous year. In this case, the applicant failed the clinical portion of the PCE and had applied for another Provisional Practice certificate of registration. In this case, the Committee was bound by the regulation stating that a person who has failed the practical component of the examination is not entitled to apply for a certificate of

registration authorizing provisional practice except under certain prescribed circumstances. As the applicant did not meet the requirements set out in the regulation, the Committee denied the new Provisional Practice certificate of registration.



**ANNUAL COMMITTEE REPORT  
QUALITY ASSURANCE COMMITTEE**

**April 1, 2018, to March 31, 2019**

**Committee Membership and Number of Meetings in 2017/18 Fiscal Year:**

Theresa Stevens, Professional representative – Chair  
Kenneth Moreau, Public representative (from January 2019)  
Ronald Bourret, Public representative  
Jatinder Bains, Professional representative  
Vinh Lu, Professional representative (from June 2018)  
Nicole Graham, Professional representative (from June 2018)  
Janet law, Professional representative (from June 2018)

Deborah Lucy, Professional representative (until April 2018)  
James Lee, Public representative (until December 2018)

The Quality Assurance Committee met, in person, on June 5, 2018 and then by teleconference on July 30, 2018 and September 5, 2018.

**Statistics**

The Committee considered 2 new cases (11%) of all practice assessments whereas staff closed 15 cases (89%). The percentage of cases closed by staff is the same as the previous year.

Outcomes of Committee reviewed cases included the following:

- 7 practice enhancements were ordered; some cases were in progress from the previous year
- 1 practice enhancement was rescinded
- 1 Acknowledgement and Undertaking
- 2 closed assessments with additional recommendations
- 4 closed, successful

Due to the small number of cases considered this year and closed, an analysis of the issues identified was not conducted.



**ANNUAL COMMITTEE REPORT  
INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE**

**April 1, 2018 to March 31, 2019**

**Committee Membership and Number of Meetings in 2018/19 Fiscal Year:**

Tyrone Skanes, Public representative– Chair  
Jane Darville, Public representative  
Gary Rehan, Professional representative  
Theresa Stevens, Professional representative (from June 2018)  
Monica Clarke, Professional representative (from October 2018)

Kenneth Moreau, Public representative (until January 2019)  
Michelle Addison, Professional representative (until June 2018)  
Sharee Mandel, Professional representative (until June 2018)  
Vinh Lu, Professional representative (until June 2018)

Number of Meetings in 2018/19 Fiscal Year: **11**

In-person meeting: **8**

Via teleconference: **3**

**Trends and/or Issues of Note**

- Allegations of sexual abuse, boundary violations and inadequate communication are common
- Third party reports of billing irregularities continue to form the basis of many Registrar's Inquiries
- Many member self-reports of the misuse of physiotherapist's' registration number

**Statistics**

**Number of matters considered + breakdown of outcomes**

Number of matters considered: **96**

Number of decisions issued: **68 (ICRC)**

Breakdown- number of specific outcomes:

- 0 Withdrawal
- 25 No Action
- 1 Acknowledgement and Undertaking
- 21 Advice and Recommendation
- 6 Caution

- 1 Specified Continuing Education and Remediation Program
- 2 Specified Continuing Education and Remediation Program and a Caution
- 1 Specified Continuing Education and Remediation Program and Caution and Acknowledgement and Undertaking
- 0 Refer to Incapacity Proceedings
- 11 Refer to Discipline Committee

Number of times an investigator was appointed: **11**

**Number of appeals + outcomes**

Number of appeals: 19 complaint matters (HPARB) + 0 Registrar’s Initiated Investigations (Divisional Court)

Health Professions Appeal and Review Board (HPARB)

20 appealed to HPARB

Outcomes: the College received 7 decisions from HPARB:

4 ICRC decisions upheld by HPARB

2 HPARB matter returned to ICRC for further investigation

1 matter withdrawn by applicant (Complainant)



**ANNUAL COMMITTEE REPORT  
PATIENT RELATIONS COMMITTEE**

**April 1, 2018 to March 31, 2019**

**Committee Membership and Number of Meetings in 2018/19 Fiscal Year:**

Jennifer Dolling, Public representative – Chair (from June 2018)  
Jatinder Bains, Professional representative  
Mark Ruggiero, Professional representative (from June 2018)  
Kathleen Norman, Professional representative (from June 2018)

Sharee Mandel, Professional representative (until June 2018)  
Zita Devan, Public representative (until June 2018)  
Nicole Graham, Professional member (until June 2018)

**Meeting dates:**

May 11, 2018

**Statistics**

During the period of April 1, 2018 to March 31, 2019 the Patient Relations Committee met on one occasion and considered providing additional funding for therapy and counseling.

**Case Overview**

A patient was sexually abused by a physiotherapist. Due to the nature of the abuse and the prolonged period of time that it occurred the patient has been in extensive therapy. The patient exhausted the amount of funding that is typically allowed for in these circumstances. The Patient Relations Committee considered additional information from the patient and the treatment team and authorized additional funding for the patient.

**Legislative Reference:**

Section 85.7 of the [Health Professions Procedural Code](#) which is Schedule 2 to the RHPA





**ANNUAL COMMITTEE REPORT  
DISCIPLINE & FITNESS TO PRACTISE COMMITTEE**

**April 1, 2018 to March 31, 2019**

**Committee Membership 2018/19 Fiscal Year:**

Ronald Bourret, Public member – Chair (from June 2018 – March 2019)  
 Darryn Mandel, Professional member – (Chair from March 2018 – June 2018)  
 Sheila Cameron, Professional member  
 Daniel Negro, Professional member  
 James Wernham, Professional member  
 Lori Neill, Professional member  
 Lisa Tichband, Professional member  
 Janet Law, Professional member  
 Kenneth Moreau, Public member (from January 2019)  
 Jennifer Dolling, Public member (from January 2019)  
 Sue Grebe, Professional member (from October 2018)  
 Heather Anders, Professional member (from October 2018)

Nadine Graham, Professional member (until June 2018)  
 Zita Devan, Public member (until October 2018)  
 James Lee, Public member (until December 2018)

**Trends and/or Issues of Note:**

|           | Number of Referrals from the ICRC |
|-----------|-----------------------------------|
| 2013/2014 | 1                                 |
| 2014/2015 | 6                                 |
| 2015/2016 | 6                                 |
| 2016/2017 | 4                                 |
| 2017/2018 | 9                                 |
| 2018/2019 | 11                                |

| Cases Referred:      | Referred       | Pre Hearing |
|----------------------|----------------|-------------|
| CPO and C Zimmermann | August 2018    | no          |
| CPO and J Trambulo   | August 2018    | no          |
| CPO and S Shah       | August 2018    | no          |
| CPO and S Shepherd   | September 2018 | yes         |
| CPO and G Pillai     | October 2018   | no          |
| CPO and J Cheung     | November 2018  | yes         |

|                   |               |    |
|-------------------|---------------|----|
| CPO and M Fong    | November 2018 | no |
| CPO and J Taddeo  | December 2018 | no |
| CPO and M Poling  | December 2018 | no |
| CPO and B Soleman | December 2018 | no |
| CPO and B Soleman | December 2018 | no |

The allegations have related to: business practices, excessive and undocumented treatment, use of physiotherapy assistants, record keeping, failure to meet professional obligations as it relates to the College, privacy breaches and sexual abuse / boundary violations.

**Discipline Hearings Completed between April 1, 2018 and March 31, 2019:**

|                                      |             |                       | Pre Hearing |
|--------------------------------------|-------------|-----------------------|-------------|
| <a href="#">CPO and David Munro</a>  | Uncontested | May 2018 (1 day)      | no          |
| <a href="#">CPO and Steven Brown</a> | Uncontested | June 2018 (1 day)     | yes         |
| <a href="#">CPO and M Bakri</a>      | Uncontested | December 2018 (1 day) | yes         |
| <a href="#">CPO and S Shepherd</a>   | Uncontested | December 2018(1 day)  | yes         |

**Discipline Hearings in Progress at March 31, 2019: 3**

CPO and C Zimmermann  
 CPO and J Trambulo  
 CPO and H Fearman

**Discipline Hearings Pending as of March 31, 2019:**

|                      | Tentative date(s)    |
|----------------------|----------------------|
| CPO and BJ Roxon     | September 9-13, 2019 |
| CPO and H Fearman    | May 2019             |
| CPO and C Zimmermann | April 2019           |
| CPO and J Trambulo   | April 2019           |
| CPO and S Shah       | April 2019           |
| CPO and G Pillai     | June 18-21, 2019     |
| CPO and J Cheung     | TBD                  |
| CPO and M Fong       | TBD                  |
| CPO and J Taddeo     | TBD                  |
| CPO and M Poling     | TBD                  |
| CPO and B Soleman    | TBD                  |

**Update from Divisional Court as of March 31, 2019:**

CPO and Neil Boon [Divisional Court](#)

**Fitness to Practise Hearings Pending, In Progress or Completed: 0**



**ANNUAL COMMITTEE REPORT  
FINANCE COMMITTEE**

**April 1, 2018 to March 31, 2019**

**Committee Membership and Number of Meetings in 2018/19 Fiscal Year:**

Gary Rehan, Professional representative – Chair  
Nicole Graham, Professional representative  
Gary Rehan, Professional representative  
Mark Ruggiero, Professional representative (from June 2018)  
Darryn Mandel, Professional representative (from March 2018)

James Lee, Public representative (until December 2018)  
Janet Law, Professional representative (until June 2018)

**Teleconference meetings** were held on the following dates:

May 1, 2018 – Pre-Audit Call  
May 31, 2018 – Post-Audit Call & Q4 Expense Variances  
September 4, 2018 – Q1 Expense Variances  
November 15, 2018 – Q2 Expense Variances

**In person** meeting was held on the following date:

January 31, 2019 – Initial 2019-2020 Fiscal Budget Review, Q3 Expense Variances & Auditor Evaluation Tool

**Trends and/or Issues of Note:**

Major Events occurring in the year concerning the Finance Committee:

- The Finance committee recommended the use of an auditor evaluation tool to assess the performance of the auditor, this was approved by Council in March 2019 and will be integrated into the Finance Committees process for the appointment of the auditor.
- Another clean audit was delivered with no management letter issued.
- Please note: staff originally anticipated the actual deficit to be \$262,380 which was \$84,506 less than the original deficit forecast in the budget (\$346,876). However, on the advice of the auditor an additional accrual of \$286,590 was added for complaints and discipline cases opened during the 2018-2019 fiscal year. This brought the final deficit on the financial statement to \$548,970.

**REPORT TO COUNCIL- COMMITTEE ACTIVITY SUMMARY  
(Q4) January, February and March**

|   | # of Meetings |     | # of Cases Considered | # of Appeal Decisions Received (HPARB or Divisional Court) | Type of Outcomes  | Q4 2018/19  |                         |   |
|---|---------------|-----|-----------------------|--|---|---|-------------------------|---|
|   | F2F           | Tel |                       |  |   |   |                         |   |
| Registration                                      | 0             | 3   | 5                     | 0  | Certificate Granted (with or without terms, conditions and limitations) | 2   |                         |   |
|   |               |     |                       |  | Certificate Denied  | 2   |                         |   |
| ICRC  | 2             | 1   | 18                    | 0  | Direction provided to staff (case ongoing)                              | 1   |                         |   |
|   |               |     |                       |  | Investigator appointed  | 3   |                         |   |
|   |               |     |                       |  | Referral to Discipline  | 0   |                         |   |
|   |               |     |                       |  | Incapacity Inquiry or Referral to Fitness to Practice                   | 0   |                         |   |
|   |               |     |                       |  | Other decision  | 14  |                         |   |
| Quality Management                                | 0             | 0   | 0                     | 0  | Practice Assessment   | Successfully Completed (with or without recommendations)      | 0                       |   |
|   |               |     |                       |  |   | Practice Enhancement Required                                 | 0                       |   |
|   |               |     |                       |  | Practice Enhancement  | Successfully Completed  | 1                       |   |
|   |               |     |                       |  |   | Second Practice Enhancement or Reassessment Required          | 0                       |   |
|   |               |     |                       |  |   | Practice Enhancement Rescinded after Submission               | 0                       |   |
|   |               |     |                       |  | Other Decision  |   | 0                       |   |
|   |               |     |                       |  | Requests for Deferral or Exemption                                      | Granted   | 0                       |   |
| Denied  | 0             |     |                       |  |   |   |                         |   |
| Discipline<br>** deliberation days not included** | 0             | 0   | 0                     | 0  | Hearings Pending  |   | 12 plus one pre hearing |   |
|   |               |     |                       |  | Hearing Outcomes  | Revoked   |                         | 0 |
|   |               |     |                       |  |   | Suspended (with or without terms, conditions and limitations) |                         | 0 |
|   |               |     |                       |  |   | Terms, Conditions and Limitations only                        |                         | 0 |
|   |               |     |                       |  |   | Other Adjourned indefinitely<br>In progress                   |                         | 0 |
| Fitness to Practice                               | 0             | 0   | 0                     | 0  | Hearings Pending  |   | 0                       |   |
|   |               |     |                       |  | Hearing Outcomes  | Revoked   |                         | 0 |
|   |               |     |                       |  |   | Suspended   |                         | 0 |
|   |               |     |                       |  |   | Terms, Conditions and Limitations                             |                         | 0 |
| Patient Relations                                 | 0             | 0   | 0                     | 0  | Request for Funding   | Granted   | 0                       |   |
|   |               |     |                       |  |   | Denied  | 0                       |   |

## **REPORT TO COUNCIL- COMMITTEE ACTIVITY SUMMARY**

**(Q4) January, February and March**

### **ISSUES AND TRENDS**

**Registration** – One case was deferred at the March 28<sup>th</sup> meeting pending additional information.

#### **ICRC -**

- Allegations of sexual abuse, boundary violations and inadequate communication are common
- Third party reports of billing irregularities continue to form the basis of many Registrar's inquiries
- Many member self-reports of the misuse of physiotherapists registration number

**Quality Assurance** – Practice Assessments have been on hiatus while the new program is being developed. The QA Committee Meeting that was scheduled in Q4 was cancelled. One practice enhancement was successfully completed after compliance monitoring.

**Discipline and Fitness to Practice** – Nothing to report.

**Patient Relations** – Nothing to report.



## EXECUTIVE COMMITTEE

### REPORT TO COUNCIL

**Date:** June 25, 2019

**Committee Chair:** Mr. Gary Rehan, President

**Committee Members:** Mr. Darryn Mandel  
Ms. Theresa Stevens  
Mr. Tyrone Skanes  
Ms. Sharee Mandel

**Support Staff:** Mr. Rod Hamilton  
Ms. Elicia Persaud

#### **Meetings:**

Meetings held since last report:

- June 4, 2019
- June 11, 2019 - *teleconference*

#### **JUNE 4, 2019 EXECUTIVE COMMITTEE MEETING**

##### **1. By-laws and Governance Policies Review**

The Executive Committee reviewed the list of priorities developed by staff and identified additional priorities to be included in the review. To ensure a fullsome review is conducted, the Committee will meet in person for a full day meeting to begin the review the By-laws and Governance Policies.

##### **2. Recommendation of the 2019-2020 Committee Slate**

The Executive Committee recommended that Council approves the proposed committee slate (with chairs) for 2019-202, which included the recommendations for non-council committee members.

##### **3. Quality Assurance Working Group Composition**

The Executive Committee recommended that Jatinder Baines not be recommend to continue in his role on the Quality Assurance working group.

##### **4. Registrar Interim Performance Review**

The President in consultation with Executive Committee conducted the Registrar's interim performance review and developed a recommendation to Council.



## **JUNE 11, 2019 EXECUTIVE COMMITTEE TELECONFERENCE MEETING**

### **1. Review of Committee Slate**

Considering a potential conflict with the originally proposed slate, the Executive Committee amended the proposed slate to address the potential conflict.

### **2. Strategic Plan Update**

The Executive Committee recommended that Council approve the proposed next steps:

- Direct staff to resume work on the following tactics:
  - T8. Data Integrity
  - T9. Data Collection
  - T10. Live Call Answering
  - T12. Committee Training
  - T6.6 Employer Outreach
- Defer the following tactics:
  - T7. Committee Consistency – defer and include in the next strategic cycle
  - T4. Customer Service Surveys and reconsider at the next strategic planning which will commence in fall of 2020
- Forego T13. Induction Ceremony.



**Registrar's Report  
Council  
June, 2019**

**Part one – what's new since the last report**

**Scope of Practice -**

The Ontario Physiotherapy Association (OPA) recently provided the following notification to its members, which suggests that they believe that changes to the scope of practice/controlled acts for physiotherapists may be imminent:

In the Budget announced on April 11, 2019, the government committed to expanding scopes of practice for certain regulated health professionals to improve efficiencies in the health system and speed access to needed care. Though physiotherapy is not listed specifically we are encouraged by the focus on optimizing the scope of regulated health professions on behalf of Ontarians. OPA has been in ongoing communication with the Ministry and political leaders to complete the regulations needed for implementation of the remaining physiotherapy scope of practice changes, already passed through legislation, to allow for ordering diagnostic imaging and laboratory tests.

**Legal Case relating to Scope of Practice**

In 2016, the College of Optometrists of Ontario and the College of Opticians of Ontario initiated a legal proceeding against Essilor Group of Canada Inc./Clearly, which is based in B.C. The Colleges sought an injunction that would prohibit Clearly from dispensing prescription eyeglasses and contact lenses online to the Ontario public, without since the company does not actually have the authority to perform the controlled act that would permit them to do so.

On January 11, 2018, the Superior Court of Justice for Ontario granted the injunction. Clearly sought an appeal of the decision, which was heard on September 21, 2018. On April 4, 2019, the Court of Appeal for Ontario released its decision granting Essilor/Clearly's appeal.

What all this means is that the judge decided that the restrictions in the RHPA were not strong enough to stop the colleges from automatically restricting the company's ability to dispense eyewear without the authority to do so and the case would have to be decided on its merits.

What this means more broadly is that colleges wishing to enforce the restrictions on performing controlled acts across provincial borders may have an increasingly difficult time doing so.

**Public Appointments**

The Government is making short term appointments to health regulatory colleges' councils – generally not more than a year.





A number of FHRCO colleges (at least 3 at last count) are currently unconstituted so some colleges are investigating ways that would permit them to continue to conduct their business while unconstituted.

What some colleges are proposing is a model that while a council is unconstituted, it would continue to meet to provide advice and recommendations to the college's Executive Committee, which would then make the formal decisions recommended by councillors. The Executive Committee's authority to make decisions would still be limited to those areas which the RHPA permits it to make decisions (i.e. no decisions on by-laws or regulations).

### **Fairness Commission**

Ontario has a new fairness commissioner, George Zegarac. He was appointed on April 4<sup>th</sup> 2019 for a one year term.

It is interesting that this is only a one- year term and that the job is now a part-time role.

Mr. Zegarac is currently in the process of setting up meetings with staff at each College to discuss the ongoing role of the commission.

Our opportunity to meet with Mr. Zegarac will likely come late this fall.

### **CAPR Annual Meeting**

CAPR, the agency that many of us also know as the Canadian Alliance of Physiotherapy Regulators held its annual meeting on June 5 and 6.

The first day of the two-day meeting was occupied by a meeting of CAPR's Registrars' Committee, of which I am a member. This committee effectively serves as a national policy development group and its role is to consider regulatory policy issues of importance to its members, prioritize them and then work to establish policy positions that CAPR then offers to its member colleges for consideration.

The current projects that the committee is actively working on or considering undertaking include:

- Professionalism and Ethics
- OTA/PTA visioning
- The Registration Harmonization Project
- The update to the Physiotherapy Mutual Recognition Agreement
- Consideration of a Shared Jurisprudence Examination
- Use of Credentials
- Speciality certification

Unlike some aspects of the work of CAPR Board of Directors, the work of the Registrars' Committee is not confidential and the work prisonization is subject to input from the registrars, who are actively encouraged to poll their boards for priority issues.



June 6 was occupied by CAPR Board meetings, which was preceded by a half day education session in which the board and its guests explored the unexpected impacts that new technologies can have on society.

### **Medical Assistance in Dying (MAID)**

The Canadian Association of MAID Assessors and Providers (CAMAP) produced a guidance document discussing how health professionals can raise MAID as a clinical care option to patients. This document was based on wide consultation with stakeholders from various agencies, including regulatory colleges, indemnity organizations, health authorities and other organizations, covering medicine, nursing, pharmacy, and other allied healthcare professions was undertaken.

A guidance document has been released for public consideration.

### **College News**

#### **Staffing**

For those of you who have not noticed, Subbu Lakshmanan has returned from paternity leave and we are happy to see his smiling face back in the office

We have hired Russell Jarosz as our Director of Investigations and Hearings. Russell started in late April. He comes to us after a long career with the Toronto Police Service and as we get to know him, we are beginning to appreciate his dry sense of humour.

Elicia Persaud has been promoted to Governance Analyst. In the past few months she has taken on a significant number of new duties relating to supporting governance activities of the Council as well as continuing to provide me with support.

#### **Appointment of Academic Councillor**

The College has contacted the program director at University of Toronto to remind her that U of T will need to provide the College's next academic representative in June of 2020.

The reason the College contacted the university so far in advance is to ensure that they were provided information on the eligibility requirements in a time frame that would ensure that they would have adequate time to manage any potential conflicts for a proposed appointee.

#### **Annual Renewal**

Annual renewal went very smoothly this year.

There were a few small problems early in the process that were quickly addressed. Only had about 50 people were late renewing and of those, only 13 failed to renew and received suspension notices.



## **College Outreach Activities**

We completed our outreach for the year on March 19 with a webinar. As you may recall, our Outreach events were focussed on boundaries and sexual abuse, providing and refusing care, standards and general promotion of practice advice service available to all.

We are now beginning planning for outreach sessions for this year and we anticipate holding them in Thunder Bay, Ottawa, Windsor, London, Toronto downtown and Toronto suburbs. As always we will hold a webinar for everyone else.

## **Database Update**

Adoxio/KPMG met with College on June 7 to demonstrate a number of new functions in the database that are now included in the base product.

The functionalities demonstrated included:

- Professional health corporations
- Practice Advice
- Professional conduct
- Committees
- Compliance Monitoring

While the demonstration was interesting, we are not certain whether the product as demonstrated will meet all the College's needs and we are undertaking a detailed assessment of the demonstrated product against the design specifications were originally provided to them.

While we conduct this assessment, work on implementing the new parts of the project is on hold.

Following the results of the assessment we will identify what, if any additional work needs to be done, determine the priority for this work, develop a detailed project plan and begin implementation.

We anticipate that work will begin again in midsummer.

## **HPDB Report**

The College has submitted its final HPDB report within the deadline permitted.

This is a complex report to file as we are required to fix any data errors in the report and then resubmit until all the data is accurate.

While it is a difficult and labour-intensive exercise to develop the report, it is also a helpful exercise because each time we go through it, we identify problems and fix them, which increases the accuracy of the content in the new database.



## **College Communications**

As always the College is heavily involved in a wide variety of communication initiatives with its stakeholders. These activities include:

- The quarterly academic email which updates the academic community on new website content or other matters of interest to them.
- The Ethics e-learning module is being updated and posted to the College website
- We are beginning to consider possible topics for the year's PISA
- The Annual Report should be complete by the end of June and we will be sharing it with stakeholders in early July

## **Election Participation**

28% of eligible registrants voted in this year's College election. This demonstrates the increasing engagement of registrants with the College as the typical voting rate in the past has been 16-18%.

## **Citizens Advisory Group Status**

The College has given up the CAG Partnership Chair role and it has gone to the CPSO after the College has held it for the past 3 years.

The CAG's term of reference indicate that it was meant to rotate annually but in past years no college has ever been willing to take on the role.

The College will continue to be a Partner College and can participate as we choose moving forward.

## **Entry to Practice Scoping Review**

As of the date this report is being written (June 12), the College has received a number of submissions in response to the RFP for the entry to practice scoping review and we anticipate the additional submissions will arrive before the submission deadline of June 15.

Once the deadline is past staff will begin to review the submissions to identify the proposal that most closely fits the College's requirements.



## **Part Two – the year in review**

I have a couple of things that I wanted to touch on in this part of the report.

### **Database Development**

As you know it has been a challenge for the College to implement ATLAS, its new database due to some problems with the way the project had been resourced planned and overseen.

However late last year we overhauled the project and since that point in time we have had a lot of success in bringing a number of the project components much further along – we have had a lot of success with our entry to practice functionality, our portal for renewal and our QA module.

These successes are directly attributable to the willingness of all staff to commit an enormous amount of time and effort to the project and they deserve a lot of credit for the work.

As we move into the next phase of the work this summer and fall and beyond, I know we can rely on them to continue these efforts.

### **Quality Assurance Program redevelopment**

Another huge effort over the last year has been the redevelopment of the College QA program.

This has been a joint effort between staff and a working group composed of councillors and other stakeholders who completely rethought and redesigned the program in a year. Not only that but we are already deep into a pilot of the new program.

I want to congratulate everyone who has been involved for their efforts on the project.

### **Regulatory Reform**

While none of these things may have a direct effect on this College, I would be shirking my responsibilities to keep you informed of changes in the environment if I did not at least touch very briefly on some of the things that have happened in the last year around regulatory reforms.

### **Ontario**

After considering its options for a number of years, earlier this year, the College of Nurses has submitted a proposal to government requesting changes to their governing statute to reduce the size of their board, require competency-based board appointment, separate of board and committee membership.

The College of Physicians and Surgeons recently followed suit with a similar request.

No word yet on the government's response.



### **British Columbia:**

- The British Columbia government commissioned an independent review of the system of “professional reliance” in the British Columbia natural resource sector. “Professional reliance” is a system in which the oversight systems of professional regulatory Colleges are relied upon for quality assurance rather than direct government oversight.

The report led to the Government introducing new legislation, the *Professional Governance Act*, in November 2018 which makes changes to the governance processes of the 5 professional regulators in the natural resource sector and creates a new government oversight body, the Office of the Superintendent of Professional Governance.

- Last year, the Government of British Columbia asked Harry Cayton, the former chief executive of the United Kingdom’s Professional Standards Authority to conduct a review of the College of Dental Surgeons of British Columbia. The report was released in April 2019 and expresses serious concern about the performance of the CDSBC and makes 21 recommendations.

The government accepted all the recommendations and directed the CDSBC to bring forward an implementation plan within 30 days. The report also makes recommendations for a dramatic overhaul of the health-regulatory framework. The report recommends Councils be appointed based on merit; that smaller regulators be merged into fewer, larger ones; a simplified complaint process; enhanced transparency of regulatory processes; removing adjudication of discipline to an independent body; a common register for all health professions; and an independent oversight body.

### **Alberta**

- Bill 21, *An Act to Protect Patients*, was introduced in the legislature October 30, 2018 and passed November 8, 2018. The new law revamps the discipline process for complaints of sexual abuse and sexual misconduct and makes other changes to the HPA designed to enhance transparency and increase government oversight.

You should also note that the changes mentioned above are not exceptional but are reflective of a much longer history of changes to the way professions are regulated in many jurisdictions.



**Motion No.: 7.1**

**Council Meeting  
June 24-25, 2019**

**Agenda #7: Approval of the 2019-2020 Committee Slate**

**It is moved by**

\_\_\_\_\_

**and seconded by**

\_\_\_\_\_

**that:**

Council appoint the following as non-council committee members commencing in June 2019:

- Antoinette Megans
- Beth Bergmann
- Anastasia Newman
- Angleo Karalekas
- Annette Marcuzzi and,
- Richa Rehan.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 7.2**

**Council Meeting  
June 24-25, 2019**

**Agenda #7: Approval of the 2019-2020 Committee Slate**

**It is moved by**

\_\_\_\_\_

**and seconded by**

\_\_\_\_\_

**that:**

Council approve the proposed committee slates for 2019-20 (with chairs).



|                       |                                    |
|-----------------------|------------------------------------|
| <b>Meeting Date:</b>  | June 24-25, 2019                   |
| <b>Agenda Item #:</b> | 7                                  |
| <b>Issue:</b>         | Proposed 2019-2020 Committee Slate |
| <b>Submitted by:</b>  | Elicia Persaud, Governance Analyst |

**Issue:**

Council is being asked to approve the proposed 2019-2020 committee slates (with chairs) as recommended by the Executive Committee. This also includes the appointment of six new non-council committee members.

**Background:**

The development of the College committee slate now occurs prior to the Annual General Council Meeting for approval by Council.

Council will recall that in order to make the process for developing the slate of proposed committee memberships as objective as possible, it incorporates a variety of collected information. This includes:

- Committee preference. Councillors and non-council committee members are asked to express interest in the top three committees they would be interested in sitting on, ranked in order of preference.
- Interest in chairing. Councillors and non-council committee member are asked to indicate if they are interested in chairing a committee.
- Performance of committee members. Information on the assessment of committee members' performance by the committee chairs is now collected by the President and a brief summary of this information is incorporated into the slate development process.
- A brief summary of observations on committee members provided by the managers associated with each committee is also included.

This year the College's approach to developing the committee slate focused on meeting the composition requirements of each committee, committee interest, performance as outlined by the President and observations by program managers. As Council membership is low on public appointees, this year's slate had more limitations than in previous years in terms of succession planning and committee experience as factors for the proposed slate.

The process for the slate development also incorporated the need to avoid known conflicts arising from committee appointments, the need to distribute committee work as equitably as circumstances allow while respecting people's ability to commit time, a desire to respect people's wishes for moving from committee to committee and for service on a particular committee.

In keeping with the duties of the Executive Committee, the committee met in early June to assess and recommend the proposed slate, which included identifying committee chairs for Councils approval.

## Part One: Committee Recruitment

As directed by Council, there was a call for interest for committee members that took place in May. The positions that were recruited for include:

- Two vacant seats on the Quality Assurance Committee
- One vacant seat on the Registration Committee
- Two to three vacant seats on Discipline and Fitness to Practise Committees

There is also a vacant position on the Patient Relations Committee, however, as this committee seldomly meets, rather than recruit a new committee member, the Executive Committee recommended a non-council committee member to fill this position.

The College advertised for these opportunities and received 52 applications which included 25 for the Quality Assurance Committee, 14 for the Discipline and Fitness to Practise Committees, 9 for the Registration Committee and 4 that applied to all committees.

These applications followed the approved committee recruitment process: an administrative review and initial short list of candidates, a secondary review and shortlist by program managers, and an interview with the shortlisted candidates, which included two candidates for every vacant seat, by the program managers. A recommendation was made for each vacant seat to the Executive Committee.

### *Selection process*

The criteria that was used to review these candidates include:

- 5 years experience as a physiotherapist in Ontario
- Knowledge of the standards of practice of the profession
- Knowledge of the College's role
- Understanding of the public interest
- Excellent communication skills to review issues and cases, formulate opinions and convey the reasons for the opinions
- Comfort with using technology to review electronic meeting materials
- Not being currently involved with the College in any other paid role (i.e. consultant, Quality Assurance assessor or coach)
- Not have held a position in the last 12 months in an organization whose mandate conflicts with College's mandate
- Never have been involved in a complaint/investigation at the College where action was taken (i.e. caution, acknowledgement and undertaking, specified continuing education and remediation program, discipline hearing, fitness to practise hearing)

Each program manager had five core questions that were the same regardless of the committee, and two to three committee specific questions that were asked during their interviews. The responses from each candidate were fed into a scoring tool that assisted staff in identifying the most suitable candidate.

## *Committee Member Recommendations*

There were 15 candidates that were interviewed: four for Quality Assurance, two for Registration and nine for Discipline and Fitness to Practise Committees. Staff identified their top recommendations of suitable candidates for Executive's consideration. Since the interview process took place, one of the candidates interviewed has been disqualified.

After careful consideration, the Executive Committee identified six candidates that were suitable and are recommending they be appointed as non-council committee members.

The table below includes the names of the candidates that Executive Committee is recommending. Copies of the candidate's resumes will be provided at the Council meeting.

| <b>Committee</b>                              | <b>Executive Recommendation</b>  |
|---|--|
| Quality Assurance Committee                   | <ol style="list-style-type: none"> <li>1. Antoinette Megans</li> <li>2. Beth Bergmann</li> </ol>                           |
| Registration Committee                        | <ol style="list-style-type: none"> <li>1. Anastasia Newman</li> </ol>  |
| Discipline and Fitness to Practise Committees | <ol style="list-style-type: none"> <li>1. Angelo Karalekas</li> <li>2. Annette Marcuzzi</li> <li>3. Richa Rehan</li> </ol> |

## **Part Two: Proposed Slate**

In keeping with Council's duty to appoint the committee slate, the proposed slate is appended to this briefing material.

Please note, staff interviewed nine candidates for the Discipline and Fitness to Practise Committees and recommended their top five as a method to increase the selection pool of panel members. The Executive Committee discussed this and decided rather than increase the number of non-council committee members, it would be more prudent to appoint all available professional members to the Discipline and Fitness to Practise Committees as a method to broaden the pool of available panel members. Any professional member currently on the Inquiries, Complaints and Reports Committee (ICRC) and those being proposed on the new slate would not be deemed available due to the referral process between ICRC and Discipline and Fitness to Practise Committees.

In addition to the proposed slate, a list of councilors and current non-council committee members and their allocation to committees is appended. This is the Committee Workload Assessment sheet. It is intended to allow easier consideration of how many committees each member is assigned to.

It is important to note that due to the changes in committee sizes, the required composition of committees, as well as the fact that the Council is down two public appointees, some Council members may not have as many committee memberships as they have previously and some may have more than they want. However, all Council and committee members were given their first or second choice while meeting the composition requirements of the slate.

### *Committee Chairs*

The proposed slate includes recommendations for committee chairs that have also been considered by the Executive Committee.

### *Understanding Committee Roles*

For those who are newly appointed to a committee, or for those who have served on a committee for some time and wish to ensure they clearly understand the role and mandate of their committee(s), the terms of reference of each College committee is defined in the College's Governance Manual.

The Governance Manual can be accessed on the College website and are always available:

[https://www.collegept.org/docs/default-source/standards/governance\\_policies\\_april1\\_2018.pdf?sfvrsn=8bf3c1a1\\_2](https://www.collegept.org/docs/default-source/standards/governance_policies_april1_2018.pdf?sfvrsn=8bf3c1a1_2)

### **Decision Sought:**

As recommended by the Executive Committee, Council is being asked to:

- appoint six non-council committee members and,
- approve the proposed committee slates for 2019-2020 (with chairs).

### **Attachments:**

- Proposed Committee Slate
- Committee Workload Assessment



**DRAFT - COLLEGE COMMITTEE STRUCTURE & COMPOSITION – June 2019**

| COMMITTEE                                | REQUIRED COMMITTEE COMPOSITION  | PROPOSED MEMBERSHIP   | BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES  | Staff Support                  |
|--|---|---|--|--------------------------------|
| EXECUTIVE                                | 5 people: <ul style="list-style-type: none"> <li>At least 3 Professional Members of Council</li> <li>At least 1 but not more than 2 Public Appointees</li> <li>Must include President and Vice President</li> </ul> | <b>Darryn Mandel (Chair)</b><br>Theresa Stevens<br>Gary Rehan<br><br>Sharee Mandel<br><br>Tyrone Skanes   | The Committee provides leadership to Council, promotes governance excellence at all levels, facilitates effective functioning of the College, in certain circumstances, to act on behalf of Council between meetings and when required, to reconstitute itself as the College privacy committee to deal with appeals regarding the manner in which personal information is managed by the College. The Committee has all powers of the Council with respect to any matter that requires immediate attention, other than the power to make, amend or revoke a regulation or by-law. | Rod Hamilton<br>Elicia Persaud |
| INQUIRIES, COMPLAINTS AND REPORTS (ICRC) | At least 6 people, at least: <ul style="list-style-type: none"> <li>2 Professional Members of Council</li> <li>2 Public Appointees</li> <li>1 Non-Council</li> </ul>  | <b>Gary Rehan*</b><br>Mark Ruggiero<br><br>Tyrone Skanes<br>Jennifer Dolling<br><br>Monica Clarke   | ICRC investigates complaints and considers reports as per section 79 of the Code related to the conduct or action, competencies or capacity of registrants as it relates to their practicing the profession.   | Russel Jarosz                  |
| DISCIPLINE & FITNESS TO PRACTISE         | At least 10 people, at least: <ul style="list-style-type: none"> <li>2 Professional Members of Council</li> <li>3 Public Appointees</li> <li>1 Non-Council</li> </ul>   | <b>Sharee Mandel*</b><br>Katie Schulz<br>Janet Law<br>Nicole Graham<br>Kathleen Norman<br>Martin Bilodeau<br><br>Ron Bourret<br>Ken Moreau<br>TBD <sup>i</sup><br><br>Jim Wernham<br>Daniel Negro<br>Heather Anders<br>Sue Grebe<br>Angelo Karalekas<br>Annette Marcuzzi<br>Richa Rehan | A panel of at least 3-5 persons convenes to hear allegations of conduct or incompetence as referred by the ICRC.<br>A panel of at least 3-5 persons convenes to hear allegations of incapacity as referred by the health inquiry panel of the ICRC.<br>Hearings are in a judicial setting and can last from one to several days.<br>Decisions and Reasons are documented in detail.  | Olivia Kisil                   |

| COMMITTEE                  | REQUIRED COMMITTEE COMPOSITION   | PROPOSED MEMBERSHIP  | BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES   | Staff Support                  |
|----------------------------|--|--|---|--------------------------------|
| QUALITY ASSURANCE          | At least 6 people, at least: <ul style="list-style-type: none"> <li>2 Professional Members of Council</li> <li>2 Public Appointees</li> <li>2 Non-Council</li> </ul>                           | <b>Theresa Stevens*</b><br>Kathleen Norman<br>Janet Law<br><br>Jane Darville<br>Ken Moreau<br><br>Antoinette Megans<br>Beth Bergmann | The Committee is to administer the College's Quality Assurance program as defined in section 80.1 of the Code that is intended to assure the quality and safety of professional practice and promote continuing competence among the registrants. | Shelley Martin<br>Cici Czigler |
| REGISTRATION               | At least 5 people, at least: <ul style="list-style-type: none"> <li>1 Professional Member of Council</li> <li>1 Academic Member</li> <li>2 Public Appointees</li> <li>1 Non-Council</li> </ul> | Katie Schulz<br><br>Martin Bilodeau<br><br><b>Tyrone Skanes*</b><br>Jennifer Dolling<br><br>Anastasia Newman                         | The Committee makes decisions on registration applications that do not meet the criteria for issuance of a certificate of registration by the Registrar and to ensure that processes related to entry are fair, transparent and objective.        | Melissa Collimore              |
| PATIENT RELATIONS          | At least 4 people, at least: <ul style="list-style-type: none"> <li>2 Professional Members of Council</li> <li>1 Public Appointee</li> <li>1 Non-Council</li> </ul>                            | <b>Nicole Graham*</b><br>Martin Bilodeau<br><br>Jane Darville<br><br>Antoinette Megans   | The Committee is to advise Council with respect to the patient relations program and to administer the program to provide funding for therapy and counselling.  | Anita Ashton<br>Olivia Kisil   |
| FINANCE<br>(non-statutory) | At least 5 people, at least: <ul style="list-style-type: none"> <li>President</li> <li>Vice President</li> <li>3 Councillors at least 1 or 2 Public Appointees</li> </ul>                      | Darryn Mandel<br><br>Theresa Stevens<br><br><b>Gary Rehan*</b><br>Nicole Graham<br>Ken Moreau  | The Committee is to monitor significant financial planning, management and reporting matters of the College, to make recommendations and deliver reports to Council, and to serve as the College's audit committee.                               | Rod Hamilton<br>Elicia Persaud |

<sup>i</sup> Council is short two publicly appointed representatives; this position will be left vacant until a new public representative is appointed.

### Committee Workload Assessment 2019-2020

| Name                        | Exp. | Exec | ICRC | Dis/Fit | Reg. | PRC | QAC | Finance |
|-----------------------------|------|------|------|---------|------|-----|-----|---------|
| <b>Professional Members</b> |      |      |      |         |      |     |     |         |
| 1. Mark Ruggiero            | 2020 |      |      |         |      |     |     |         |
| 2. Nicole Graham            | 2020 |      |      |         |      |     |     |         |
| 3. Janet Law                | 2021 |      |      |         |      |     |     |         |
| 4. Darryn Mandel            | 2021 |      |      |         |      |     |     |         |
| 5. Sharee Mandel            | 2021 |      |      |         |      |     |     |         |
| 6. Gary Rehan               | 2020 |      |      |         |      |     |     |         |
| 7. Theresa Stevens          | 2022 |      |      |         |      |     |     |         |
| 8. Katie Schulz             | 2022 |      |      |         |      |     |     |         |
| <b>Academic Members</b>     |      |      |      |         |      |     |     |         |
| 9. Martin Bilodeau          | 2021 |      |      |         |      |     |     |         |
| 10. Kathleen Norman         | 2020 |      |      |         |      |     |     |         |
|                             |      |      |      |         |      |     |     |         |
| 11. Ron Bourret             | 2021 |      |      |         |      |     |     |         |
| 12. Jane Darville           | 2020 |      |      |         |      |     |     |         |
| 13. Jennifer Dolling        | 2019 |      |      |         |      |     |     |         |
| 14. Kenneth Moreau          | 2020 |      |      |         |      |     |     |         |
| 15. Tyrone Skanes           | 2020 |      |      |         |      |     |     |         |
|                             |      |      |      |         |      |     |     |         |
| 1. Daniel Negro             | 2026 |      |      |         |      |     |     |         |
| 2. James Wernham            | 2026 |      |      |         |      |     |     |         |
| 3. Heather Anders           | 2027 |      |      |         |      |     |     |         |
| 4. Sue Grebe                | 2027 |      |      |         |      |     |     |         |
| 5. Monica Clarke            | 2027 |      |      |         |      |     |     |         |



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 8.0**

**Council Meeting  
June 24-25, 2019**

**Agenda #8: Motion 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 in keeping with Section 7(2) of the Health Professions Procedural Code.





**Motion No.: 9.0**

**Council Meeting  
June 24-25, 2019**

**Agenda #9: Strategic Tactics Update**

**It is moved by**

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**and seconded by**

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**that:**

Council approve the recommendations to:

1. Continue work on the following tactics in this strategic cycle:
  - T6.6 Employer Outreach
  - T8. Data Integrity
  - T9. Data Collection
  - T10. Live Call Answering
  - T12. Committee Training
  
2. Forgo the following tactics in this strategic cycle:
  - T4. Customer Service Surveys – cease work on this tactic and re-consider this issue at the next round of strategic planning.
  - T7. Committee Consistency – defer and include in the next strategic plan.
  - T13. Induction Ceremony – forgo this tactic.



|                       |   |
|-----------------------|---|
| <b>Meeting Date:</b>  | June 24-25, 2019  |
| <b>Agenda Item #:</b> | 9   |
| <b>Issue:</b>         | Strategic Plan Update   |
| <b>Submitted by:</b>  | Rod Hamilton, Registrar<br>Joyce Huang, Strategic Projects and Policy Manager |

**Issue:**

Staff are seeking direction from Council regarding the remainder of the strategic tactics work for the 2017-2021 strategic cycle. The Executive Committee has recommended that for the remainder of this strategic cycle, we continue work on five tactics and forgo three tactics.

**Background:**

In September 2016, Council approved the following strategic goals for a three-year period starting April 1, 2017 with a planned completion date of March 2020:

1. Ensure that physiotherapists’ business practices meet professional standards and do not bring the profession into disrepute.
2. Promote best possible physiotherapy services by ensuring registered physiotherapists are aware of and adhere to professional standards and expectations.
3. Improve the value and awareness of the services that the College directly offers to all Ontarians.

Once the strategic goals have been identified, specific projects, called tactics, are also identified to help the College accomplish those goals. At that same meeting in 2016, Council underwent a strategic tactics workshop where they brainstormed and identified a list of ideas for potential tactics. The list was reviewed and ideas that met the criteria of being specific, measurable, attainable and time-based were brought back to Council for further consideration in December 2016. Senior management developed a project plan for each tactic. Council approved the final tactics in March 2017.

To date, staff have completed or are on track to complete the following tactics:

- T2. QA Program Review: Identify changes to the Quality Assurance program that will increase its impact, then operationalize the new Quality Assurance Program after final approval from Council. Phase 1 implementation of the new program (pilot test) began in April 2019.



- T5. Patient Outreach/Improved Public Register: Make the public aware of the College's Public Register, complaints process, and advisory service. To make the Public Register user experience easier, more helpful and transparent for those accessing it. This work has been completed, and some further improvements to the Public Register are planned.
- T6.1 Educator Outreach: Forge a stronger relationship with educators, giving us a direct conduit to our future physiotherapists and influencing the information they receive about the College, the rules and business practices. The initial relationship-building work has been completed, and educator outreach will continue to be part of the College's ongoing stakeholder outreach activities.
- T6.2 Supervisor Education: Ensure that all physiotherapists (provisional practice and independent practice) are aware of and can understand and apply the supervision requirements in Ontario, by making supervision the focus of PISA 2018. This work has been completed.
- T6.3 Student Outreach: Engage with PT students starting in year 1 of the program and throughout their education to create and grow awareness, increase use of our services and build a stronger relationship over this time period and in an ongoing way. The foundational work has been completed, and student outreach will continue to be part of the College's ongoing stakeholder outreach activities.
- T6.5 Insurer Outreach: Establish a stronger and mutually beneficial relationship with insurers. The foundational work has been completed, and insurer outreach will continue to be part of the College's ongoing stakeholder outreach activities (for example, having regular meetings, attending and presenting at conferences).
- T6.7 IEPT and New PT Outreach: Establish a relationship with IEPTs and new PTs in a way to positively influence these new members and leads to them accessing services and adhering to the standards, rules and expectations. Targeted communication tools and channels with these groups have been established and will continue to be part of the College's ongoing stakeholder outreach activities.

Although staff have undertaken a variety of work to meet the project milestones, there are several tactics that may no longer meet the priorities of the College and/or are encountering delays due to transitions in staffing and re-allocation of resources.

Last fall, staff reviewed the list of tactics and identified the tactics that are on track to be completed within their current project plan timelines and those that require additional time for completion. In December 2018, Council approved a recommendation to extend the strategic cycle by one year to March 2021, and to defer work on the remaining tactics based on this extended timeline.

It should also be noted that the work on database improvements was initially planned as a strategic tactic, however the work on the database is by nature ongoing, therefore this work will no longer be



reported on as a tactic. Instead, Council will continue to receive updates about the database work as part of the operational report.

### **Re-assessing the remaining tactics:**

Since Council last considered the tactics, the following things have happened in the College:

- Since January 2019, staff have been planning and preparing for the remainder of the work to implement the new database. Although there is currently some uncertainty about the timelines for the remainder of the work, it is expected that the development work will take place over the course of fiscal years 2019/2020 and 2020/2021. This work will require staff from several program areas to contribute a significant amount of their time.
- Council has approved the initiation of two new projects, which are a comprehensive review of the bylaw and governance policies, and a scoping project to plan for a review of the Entry to Practice program. These projects require staff time and financial resources which would have otherwise been available to pursue tactics work.
- When the new Registrar was appointed there was a change made to the organizational structure and a decision was made not to replace the Director of Corporate Services and the Associate Registrar, Policy. This means that there are less resources available to support strategic tactics work at this time.

With this in mind, staff have re-assessed the ability to complete the remaining tactics, and do not believe it is feasible to complete all of the remaining tactics within this strategic cycle at the current level of resources. Council is asked to consider whether some tactics could be deferred until the next strategic cycle (April 2021) and/or whether some tactics could be forgone.

### ***Tactics to continue in this strategic cycle:***

There are some tactics that are delayed or have not started, that staff proposed to resume working on them in this fiscal year:

- T6.6 Employer Outreach: This tactic is about establishing a relationship with employers as a way to positively influence their behaviour and the behaviour of members' adherence to standards and rules. We originally planned to defer this tactic until 2020 and reassess the tactic at that point in time. Previously, we were uncertain about the College's ability to contact employers directly due to recent anti-spam legislation. The College obtained a legal opinion that confirms we would be able to send a one-time initial communication to employers, with the ability for employers to opt-in or opt-out of future communications from the College. We are now planning to send an initial outreach communication, and based on the amount of up-take, we



will continue to do outreach to this group and incorporate this into the College's ongoing stakeholder outreach activities. We will also develop a strategy on how we can reach out to new employers as they become known to the College.

- T8. Data Integrity and T9. Data Collection: These tactics are about improving the College's data practices to ensure we are collecting the right data and can use it effectively. Work on these tactics has started but are delayed. We deferred work on this tactic until we have more information about the Ministry's new performance measurement framework for Colleges, which may have impact on what and how the College collects and reports data. We plan to resume work on this tactic in Q2 of this year (July 2019), to complete some of the foundational work in anticipation that we will learn more about the Ministry's new performance measurement framework sometime in this year.
- T10. Live Call Answering: This tactic is about improving customer service by responding to telephone calls immediately and effectively during business hours using the available resources. Work on this tactic was started but delayed. We plan to resume work on this tactic in Q2 of this year (July 2019). Once live call answering is fully implemented, it will become part of the College's ongoing operations.
- T12. Committee Training: This tactic is about ensuring that Committee members, assessors, coaches, and any other agents of the College know and can consistently apply the College Rules and Standards. This work was deferred, but we plan to resume in Q3 of this year (October 2019). Instead of approaching this work as a tactic, we believe training about Standards should become part of the ongoing orientation for Committee members, assessors, coaches.

The Executive Committee agreed with staff's proposal and recommended that staff continue working on these tactics for the remainder of the current strategic cycle.

### ***Tactics to forgo in this strategic cycle:***

There are some tactics that staff proposed to forestall in this strategic cycle:

- T7. Committee Consistency: This tactic is about ensuring that Committees apply the rules established in the Standards the same way and treat breaches with the same level of concern. While we believe that this tactic is important to the work of the College and should be pursued, we are not able to take on this work at the current resource level. Staff proposed that this tactic be deferred and included in the next strategic plan.
- T13. Induction Ceremony: The purpose of this tactic is to develop an Induction Ceremony for students or new members to welcome them to the physiotherapy community. Work started on this tactic but was deferred. In order to accomplish this tactic, it would have required ongoing



commitment of additional staff time and financial resources. As this kind of activity does not seem to be core to our regulatory role, staff proposed to forego this tactic.

The Executive Committee agreed with staff's proposals for these two tactics.

There is one tactic for which staff are seeking direction on how to proceed:

- T4. Customer Service Surveys: The purpose of this tactic is to use surveys to identify how the College might be inadvertently creating barriers to access our services and/or not responding to our stakeholders in a way that is efficient and effective, then use that information to improve how we provide services. This activity would be focused on the Registration and Professional Conduct areas of the College.

The College has solicited feedback from customers in the past, however we found that the feedback were not particularly helpful for process improvement purposes – the two most common concerns were that processes took too long, and that they did not like the outcome, which did not provide information to tell us how we can make our processes better. Staff have done some initial research into best practice but were not able to find anything helpful. Those who do solicit this kind of feedback are doing something similar to what we have done before, and we haven't found anything new and different.

Staff also investigated the different mechanisms we can use to collect this feedback. We found that it is possible to implement the surveys in our new database, but it would require additional development work as it is not currently built into the base functionality.

Staff are seeking direction on whether to continuing pursuing this tactic.

The Executive Committee believed that it would not be worthwhile to continue with this particular tactic but that the intent of the tactic still has value. The Executive Committee recommended work cease on this tactic and that this issue be re-considered at the next round of strategic planning in 2020.

A summary of the remaining tactics and the recommendations for each is included in Appendix 1.

### **Decision Sought:**

That Council approve the recommendations to:

1. Continue work on the following tactics in this strategic cycle:
  - T6.6 Employer Outreach
  - T8. Data Integrity
  - T9. Data Collection
  - T10. Live Call Answering
  - T12. Committee Training



2. Forgo the following tactics in this strategic cycle:
  - T4. Customer Service Surveys – cease work on this tactic and re-consider this issue at the next round of strategic planning.
  - T7. Committee Consistency – defer and include in the next strategic plan.
  - T13. Induction Ceremony – forgo this tactic.

**Attachments:**

- Appendix 1: Overview of Remaining Tactics and Recommendations

**Appendix 1: Overview of Remaining Tactics and Recommendations**

| <b>Tactic</b>   | <b>Summary of Purpose</b>   | <b>Change approved in December 2018</b>  | <b>Recommendation</b>   |
|---|---|--|---|
| <b><i>Tactics to continue in this strategic cycle</i></b> |   |  |   |
| T6.6 Employer Outreach                                    | To establish a relationship with employers as a way to positively influence their behaviour and the behaviour of members' adherence to standards and rules, ultimately better protecting the public interest. | Defer until 2020 and then reassess at that point in time   | Conduct initial outreach to employers and incorporate into ongoing stakeholder outreach activities.               |
| T8. Data Integrity  | To ensure that the rules and policies around data collection and storage are in place and consistently applied.   | Defer until we have more information about the Ministry's new performance measurement framework for Colleges | Resume work in Q2 (July 2019).  |
| T9. Data Collection                                       | To ensure that the College collects and can extract data effectively for research and analysis going forward.   |  |   |
| T10. Live Call Answering                                  | Improve customer service by responding to telephone calls immediately and effectively during business hours.  | Defer until after April 1, 2019  | Resume work in Q2 (July 2019), and incorporate into ongoing operations.   |
| T12. Committee Training                                   | Ensure Committee members, assessors, coaches, and any other agents of the College know and can consistently apply the College Rules and Standards.  | Defer the start of this tactic until after September 2019  | Resume work in Q3 (October 2019), incorporate into ongoing orientation for Committee members, assessors, coaches. |
| <b><i>Tactics to forgo in this strategic cycle</i></b>    |   |  |   |
| T4. Customer Service Surveys                              | Identify how the College is inadvertently creating barriers to access our services and/or not responding to our stakeholders in a way that is efficient and effective and look                                | Defer until 2020 and then reassess at that point in time   | Cease work on this tactic and re-consider this issue at the next round of strategic planning.                     |





| <b>Tactic</b>   | <b>Summary of Purpose</b>  | <b>Change approved in December 2018</b>                   | <b>Recommendation</b>                         |
|---|--|---|---|
| <b><i>Tactics to continue in this strategic cycle</i></b> |  |   |   |
|   | for way to better meet their needs in a resource responsible manner.   |   |   |
| T7. Committee Consistency                                 | Ensure Committees apply the rules established in the Standards the same way and treat breaches with the same level of concern.   | Defer the start of this tactic until after September 2019 | Defer and include in the next strategic plan. |
| T13. Induction Ceremony                                   | To develop an Induction Ceremony for students or new members to welcome them to the physiotherapy community. The ceremony is intended to foster a feeling of professional pride, inclusion in an important and exclusive community, and to foster a relationship with the College. | Defer until 2020 and then reassess at that point in time  | Forgo this tactic.                            |

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|-----------------------|--|
| <b>Meeting Date:</b>  | June 24-25, 2019                                   |
| <b>Agenda Item #:</b> | 10   |
| <b>Issue:</b>         | Quality Assurance Program Review – Project Update  |
| <b>Submitted by:</b>  | Joyce Huang, Strategic Projects and Policy Manager |

**Issue:**

This is an update on the Quality Assurance Program Review project. This briefing provides a report about the remote assessment pilot test and next steps.

**Background:**

Council established the Quality Assurance Working Group (QAWG) to conduct a review of the Quality Assurance Program with the goal of identifying what changes, if any, could increase the program’s impact on practice without necessarily increasing cost. At the December 2017 meeting, Council considered the changes recommended by the QAWG, and they approved the framework for a new program in principle for the purpose of consultation. At the March 2018 meeting, Council considered the feedback received from the broad consultation on the proposed new program, and formally approved the new program for development.

Council assigned to the Quality Assurance Working Group the role of providing policy direction regarding the review and development of the Quality Assurance Program. A project plan was established for the development of new components and revisions to existing components of the QA program with the goal of implementing the new program in April 2019.

Since the beginning of this project, as the Working Group conducted the detailed work of the program review, Council received updates about this work at each meeting, and where required, provided direction and made decisions.

A history of Council direction and decision-making since the beginning of the review is included as Appendix 1.

**Project Update:**

Below is an update on the status of the QA program review project since the last Council meeting.

*Pilot Test – Remote Assessment*

Phase 1 of the implementation of the revised Quality Assurance Program is a pilot test of the new assessment tools, which began in April 2019. The purpose of the pilot test is to allow the College to test the new assessment tools and processes, collect member and assessor feedback, and establish the remote assessment score

threshold. We anticipated that we would discover some issues and problems during the pilot test, which would enable us to address them prior to the full implementation of the program.

A group of 250 PTs were selected to participate in the pilot from members who have not participated in a practice assessment before. All 250 selected PTs will participate in the remote assessment step, and a minimum of 30 will participate in the on-site assessment step.

In April 2019, the College notified the 250 members who were selected to participate in the pilot test. The College posted resources for members and assessors to help them through the steps in the process and to orient them to the technology tools. To date, the QA team have also responded to over 450 contacts from members and assessors to provide additional support.

Based on the pre-determined timeline, the pilot test remote assessments would be completed by mid-June. As of this writing, around 180 of the 250 PTs have completed their remote assessments, and the remainder will be completed by June 17<sup>th</sup> (unless they received extensions).

Staff planned to hold a cut score study group in early June to establish the remote assessment score threshold. Even though not all 250 PTs would have completed their remote assessments by then, the assessment consultant indicated that the cut score study activity could be done with data from a minimum of 50 assessments.

In the cut score study, subject-matter experts conduct an exercise where they estimate the percentage of minimally competent PTs who would answer each interview question/performance indicator correctly, considering the mix of practice areas and experience. Then, the pilot test scores are used by the psychometrician as a reference point to compare against the subject-matter experts' estimates to arrive at recommendations for the cut score.

One of the things staff noticed early in the pilot process is that members working in hospitals and other large facilities have to work with their health records department to obtain a copy of one de-identified patient record to submit to the College, which can take some time. This means that those members are not able to proceed through the process as quickly as others who can access records sooner.

Staff had concerns that if we proceeded with our plan to have a cut score study in early June, we would only be able to include members who completed their process relatively early, and that it would not be a representative sample. Using the scores of an unrepresentative sample of PTs for the cut score study may skew the results.

In order to ensure that we set a valid and fair cut score, staff believe that prudence requires pushing the cut score study to a later date to allow us to include a broader sample of members in the data used for the cut score study. For this reason, the cut score study has been postponed to mid-July.

A more detailed update about the remote assessment pilot test process and preliminary learnings is included below.

*Upcoming work*

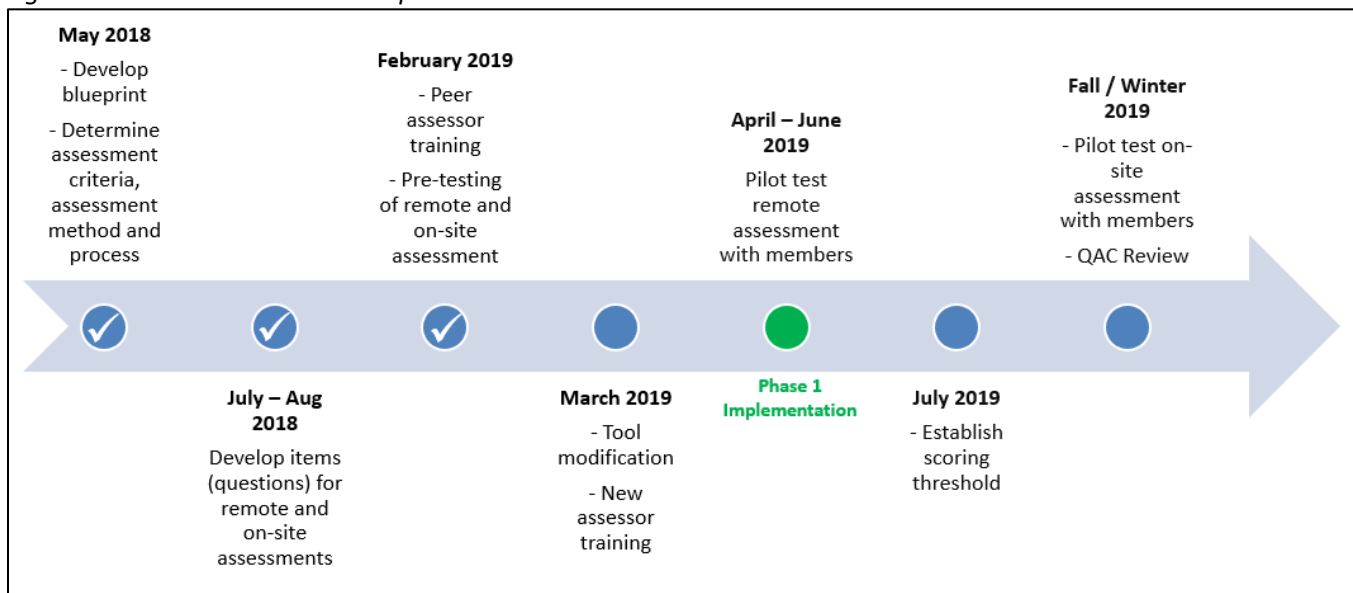
- The cut score study will take place on July 14, 2019.
- Staff will bring forward the proposed cut score, as well as other items identified during the pilot, to the Working Group for their consideration and direction over the summer. Issues that require Council decision would be brought forward to Council at the next meeting in September.
- Once the cut score is approved, PTs who participated in the pilot test will be notified of their assessment results. A minimum of 30 PTs will be asked to participate in the on-site assessment pilot test.
- Staff will continue to update QA Program Policies as decisions are made about the new program in the coming months.

An updated project plan and timeline with current statuses is included in Appendix 2.

**Pilot Test – Remote Assessment:**

The consultant who is supporting the College in the development and revision of the assessment tools is using an approach for the development of the assessment tools that is iterative and includes multiple stages of testing and validation of the tools (see Figure 1 below).

*Figure 1: Assessment Tool Development Process and Timeline*



The Working Group has had multiple opportunities to provide input and direction on a draft assessment blueprint, draft behaviour-based interview questions, and a draft pre-assessment questionnaire. The tools used for the pilot test reflect all of the decisions and directions received to date.

As of this writing, the pilot test of the remote assessment is still in progress. Staff have only reviewed some of the results data and feedback, based on that we can offer the following early findings.

### *Overview of the pilot test process*

- All 250 PTs who were selected to participate in the pilot test began their process on the same day in April. They received notifications by email that they have been selected for a practice assessment, and were directed to the College website for resources, and to the member portal to complete the required steps.
- For the pilot test only, in order to test inter-rater reliability, 120 of the 250 assessments are done with a pair of assessors.
- Members were asked to complete the pre-assessment questionnaire, check for conflict of interest with their matched assessor, schedule an assessment date, and upload one de-identified patient record for review.
- Assessors were asked to check for conflict of interest with matched members, confirm the assessment date, review the patient record and pre-assessment questionnaire, and manage all of the necessary technology to facilitate the assessment (e.g. setting up the teleconference line or Zoom meeting, setting up the mobile assessment tool to record assessment responses and scores).
- After a member completes their remote assessment, they receive a survey to solicit their feedback about the assessment process.
- Once a member has completed the interview portion of their remote assessment, the assessor will upload the assessment report to the College, which includes scores for the pre-assessment questionnaire, chart review, and behaviour-based interview. For assessments conducted with paired assessors, the two reports are compared, and if there are any disagreements in scoring, a calibration webinar is held with the pair of assessors to discuss those items to come to agreement about the score.
- Staff are reviewing the assessment reports to confirm that assessors scored the members' responses appropriately, and to identify items that require follow-up or further training.

### *Early feedback from members*

- To date, staff have reviewed the first 60 member survey responses. The feedback has been positive. The majority of members were satisfied or very satisfied with the overall experience (74%).
- The majority of members (89%) found that the resources provided by the College helped them prepare for their assessment.
- The majority of members (>80%) said that they had a positive experience with their assessor. Many members offered positive comments about assessors' professionalism, patience, and ability to put members at ease.
- The majority of members believed that the time they spent preparing for their assessment (91%) and time spent with the assessor (63%) were valuable and educational. Many members commented that the assessment prompted them to review College rules and Standards and reflect on their practice, which was a very educational process.
- The majority of members found the portal easy to use (79%) and that the amount of time required to prepare for the assessment was reasonable (91%). Members reported spending an average of 5.4 hours preparing for their assessment.
- According to members' feedback, remote assessments took an average time of 76 minutes. The Working Group will be asked to re-consider the behaviour-based interview questions for the remote assessment at their next meeting with the goal of keeping the interview to a maximum of one hour.

- The majority of members who contacted the Quality Assurance Team (92%) agreed or strongly agreed the team responded to their questions in a timely manner and their issues were addressed by the team.

#### *Early feedback from assessors*

- As the assessors proceeded through the steps in the remote assessment process, they have been providing informal feedback to the QA team.
- For example, some assessors pointed out the fact the intent of that some of the pre-assessment questionnaire questions is not always clear and the scoring cues do not always capture the full range of acceptable answers.
- Many assessors found the use of different technology tools in the process challenging at times. QA staff have been working closely with them to trouble-shoot and resolve issues and to identify alternative technology options. What is clear is that some of the current tools are not user-friendly, and there are certain points in the process that seem to be prone to error.
- The College will be seeking formal feedback from assessors about the new tools and processes at the end of the pilot test period.

#### *Preliminary learnings from the pilot test*

- So far, we are seeing a range of scores from good, borderline to poor, as opposed to all poor scores or all good scores.
- We are seeing that a few of the behaviour-based interview questions need to be modified to help the member clearly understand the intent of the question and to support assessor scoring.
- Based on staff review of submitted reports and assessor feedback, the pre-assessment questionnaire will require some modifications.
- Further training for assessors would be beneficial to ensure they use the “Not Applicable” scoring option appropriately, and to enable them to use impromptu probing questions.
- Many members and employers have raised questions and concerns about privacy with regarding the uploading of one de-identified patient record through the member portal. Staff have also identified privacy issues. So far, one employer has declined to provide records to the College. Based on legal advice obtained by the College, while the College has authority to access this information, it is not clear whether we have the ability to compel Health Information Custodians who are not members of the College to provide the information to us, since this has not been tested in court.
- We are seeing that many of the challenges in the assessment process relate to the use of the various technology tools, particularly in ensuring that the different technologies work well together. Staff have identified a number of changes that will help streamline the process, improve user experience, and facilitate better flow of information between our member database and the third-party assessment tool.

#### *Next Steps*

- Staff are collating all of the issues that require action based on member and assessor feedback, the assessment results, and staff experience. It is clear that some changes to the assessment tools and the technology tools will be needed.
- Staff will bring forward issues that require direction to the next Working Group meeting, which will take place later this summer. Issues that require Council decision would be brought forward to Council at the next meeting in September.

- Staff will also begin to explore the specifics of implementing process improvements and changes to the technology tools. Any changes to the assessment tools and other components of the assessment process will be pending direction from the Working Group and Council.

**Decision Sought:**

None, this item is for information.

**Attachments:**

- Appendix 1: History of Council Direction and Decision-making regarding the Quality Assurance Program Review
- Appendix 2: Quality Assurance Program Review Project Plan and Timeline
- Appendix 3: Draft Assessment Blueprint (as of March 2019)

## Appendix 1: History of Council Direction and Decision-making regarding the Quality Assurance Program Review

| Date           | Council Direction and Decisions  |
|----------------|--|
| September 2017 | <ul style="list-style-type: none"> <li>• Provided direction that the primary objective of the Quality Assurance Program should be to ensure that all members meet pre-determined minimum standards for competency and/or quality</li> </ul>  |
| December 2017  | <ul style="list-style-type: none"> <li>• Considered the changes to the QA program recommended by the QAWG</li> <li>• Approved the framework for a new program in principle for the purpose of consultation</li> </ul>  |
| March 2018     | <ul style="list-style-type: none"> <li>• Considered the feedback received from the broad consultation on the proposed new program</li> <li>• Formally approved the new program for development, with the goal of launching the new program in April 2019</li> <li>• Assigned to the Quality Assurance Working Group the role of providing policy direction regarding the review and development of the program, and approved a Terms of Reference document</li> </ul>  |
| October 2018   | <ul style="list-style-type: none"> <li>• Approved the recommendation by the WG to remove the additional random selection of physiotherapists who are “above threshold” after the remote assessment to do an on-site assessment</li> <li>• Deferred the consideration of whether non-clinical PTs should engage in practice assessments in the new QA Program, and directed staff to collect additional information</li> <li>• Provided direction that PTs should be asked to declare whether they have the applicable written policies in place in the pre-assessment questionnaire, and for PTs who are required to do an on-site assessment, they will be asked to submit copies of the policies for review</li> <li>• Provided direction that the on-site assessment should include a component where the assessor provides some feedback and engages in discussion with the member</li> </ul>  |
| December 2018  | <ul style="list-style-type: none"> <li>• Approved the WG’s recommendation to include a chart review component in the remote assessment process. The inclusion of this component will be re-evaluated based on the results of the pilot test assessments</li> <li>• Approved the WG’s recommendation to defer the consideration of a non-clinical QA assessment for two years</li> <li>• Approved the WG’s recommendation that the QA program selects 9.1% of eligible members for assessment in the year 2019-20</li> <li>• Approved the WG’s recommendations related to QA program policies, with some amendments:               <ol style="list-style-type: none"> <li>1. Updated timelines for the remote and on-site assessment processes.</li> <li>2. Members who are subject of an active professional conduct matter should not be exempted from selection automatically; they can ask for a deferral, which will be assessed on a case-by-case basis based on the QA Program’s deferral policy.</li> </ol> </li> </ul> |



| Date       | Council Direction and Decisions  |
|------------|--|
|            | <ol style="list-style-type: none"> <li>3. Members who indicate they plan to retire should not automatically receive a deferral, instead, those requests will be considered on a case-by-case basis.</li> <li>4. The current policy on deferrals and exemptions can stay largely the same, with two minor changes: educational programs should be specifically defined as full-time programs; and the member being the subject of an active PC matter should be added as a criterion in the policy.</li> <li>5. The QA program should continue to accept volunteers; however, there should be criteria defined for who can volunteer: only if the member has never been assessed before and meets the inclusion criteria for selection.</li> </ol>  |
| March 2019 | <ul style="list-style-type: none"> <li>• Approved five draft Quality Assurance Program policies, with a few recommended changes:               <ol style="list-style-type: none"> <li>1. Eligibility and Selection Criteria for Practice Assessments</li> <li>2. Pre-Assessment Questionnaire</li> <li>3. Remote Assessment</li> <li>4. On-Site Assessment</li> <li>5. Deferral and Extension</li> </ol> </li> <li>• Rescinded four Quality Assurance Program policies:               <ol style="list-style-type: none"> <li>1. File Storage</li> <li>2. Practice Reflection: Professional Portfolio</li> <li>3. Onsite Assessment – Selection and Procedure</li> <li>4. Practice Assessments - Exemptions</li> </ol> </li> <li>• Approved minor changes to four Quality Assurance Program policies:               <ol style="list-style-type: none"> <li>1. Communication</li> <li>2. Practice Assessment: Onsite Assessment – Assessor Selection and Utilization</li> <li>3. Refusing to Participate in the Quality Management Program</li> <li>4. Practice Assessment: Onsite Assessment – Observers present at the On-site Assessment</li> </ol> </li> <li>• Approved the Quality Assurance Program evaluation plan</li> </ul> |

## Appendix 2 – Updated Project Timeline for the Quality Assurance Program Review

| Timeline                              | New Tool Development Activity   | Program Review Activity  |
|---------------------------------------|---|--|
| March 2018<br>(after Council Meeting) | <i>Completed</i> - WG meeting to review the proposals from prospective assessment consultants and select the successful candidate; and to consider outstanding questions regarding program and tool design.   |  |
| April 2018                            | <i>Completed</i> - Hire the consultant, who will assist with the development of assessment tools.   | <i>Completed</i> - Provide a report with data and research relevant to the current on-site assessment tool to the consultant, which will provide an evidence base on which they can make recommendations about revisions to the on-site assessment tool. |
| April 2018                            | <i>Completed</i> - WG meeting to resolve outstanding questions regarding tool design (if necessary).  |  |
| April – May 2018                      | <i>Completed</i> - Hold meetings with a group of subject matter experts (SMEs) to develop the blueprint for the remote assessment tool. Seek input from SME group on on-site assessment tool as required.   | <i>Completed</i> - Review the existing pool of assessors to map their skills and to evaluate their past performance. Compare with desired competencies for assessors in the new program to identify suitable assessors.                                  |
| June 2018                             | <i>Completed</i> - WG meeting to provide direction on outstanding policy questions, which may include: <ul style="list-style-type: none"> <li>• the selection process for assessments</li> <li>• size and composition of assessor pool</li> <li>• appropriate remuneration for assessors</li> <li>• any questions or issues raised by the consultant</li> </ul> | <i>Completed</i> - Contact current assessors who have the desired competencies to confirm their ongoing interest and ability to be assessors in the new program.   |
| June – July 2018                      |   | <i>Completed</i> - Prepare for recruitment of new assessors: <ul style="list-style-type: none"> <li>• Determine compensation model</li> <li>• Update recruiting tool based on the required key competencies and work experience</li> </ul>               |
| June – September 2018                 | <i>Completed</i> - Work with consultant to develop the remote and on-site assessment tools based on the blueprint and content developed by SME group.   | <i>In Progress</i> - Revise internal program policies and procedures, and communications materials, to correspond to changes to the program. Revise QAC policies and procedures.   |
| September – November 2018             | <i>Completed</i> - Development of questions for the remote assessment tool question bank (if required).   |  |

| Timeline                     | New Tool Development Activity   | Program Review Activity   |
|------------------------------|---|---|
| August – October 2018        | <i>Completed</i> - Development of database functionalities for the Quality Assurance Program.   |   |
| September 2018               | <i>Completed</i> - Seek direction from WG on any outstanding policy considerations (if necessary).  |   |
| September – November 2018    | <i>Completed</i> - Programming of online versions of the remote and on-site assessment tools.   |   |
| September – December 2018    |   | <i>Completed</i> - Recruit and hire assessors.  |
| October – December 2018      | <i>Completed</i> - Plan post-implementation program evaluation with assistance from the consultant.   | <i>In Progress</i> - Develop training and evaluation plans for assessors.   |
| December 2018                | <i>Completed</i> - Seek direction from WG on any outstanding policy considerations (if necessary).  |   |
| December 2018 – January 2019 |   | <i>In Progress</i> - Create a decision-making aid for QAC based on the revised on-site assessment tool/process. <i>(To be finalized with QAC feedback at Sept 2019 meeting)</i> |
| January – February 2019      | <i>Completed</i> - Select a small group of PTs who will participate in the pilot test assessments (i.e. Phase 1 Implementation). Prepare/update related communication materials (e.g. notification letter, member resources). |   |
| February 2019                | <i>Completed</i> -1 of 2 assessor training sessions on using the new assessment tools. Pre-test the assessment tools with seven to eight volunteer PTs.   |   |
| March 2019                   | <i>Completed</i> -2 of 2 assessor training sessions on using the new assessment tools.  |   |
| <b>April 2019</b>            | <b>Phase 1 Implementation</b>   |   |
| April 2019                   | <i>Completed</i> -Notify members who have been selected for the pilot test assessments (i.e. Phase 1 Implementation).   |   |
| April – June 2019            | <i>In Progress</i> - Conduct pilot test of the remote assessment. Conduct scoring calibration sessions with assessors. Collect feedback from members and assessors about the tool.  |   |
| July 2019                    | Conduct cut score study to establish threshold for those require further assessment. QAWG approves scoring threshold. Identify necessary changes to tool and processes based on feedback.                                     |   |
| August - September 2019      | Obtain direction from WG and Council regarding changes to the assessment tools and process and other issues identified through the pilot test.<br><br>Implement changes based on the direction.                               |   |

| Timeline                           | New Tool Development Activity  | Program Review Activity   |
|------------------------------------|--|---|
| <i>Fall / Winter 2019 (TBC)</i>    |  | Notify members who are required to do an on-site assessment. Conduct pilot test of the on-site assessment. Conduct scoring calibration sessions with assessors. Collect feedback from members and assessors about the tool. Make necessary changes to tool and processes based on feedback. |
| <i>April – December 2019 (TBC)</i> | <i>In Progress and ongoing</i> - Evaluate performance of assessors based on the pilot test assessments, provide feedback, and identify additional training needs.  |   |
| <i>December 2019 (TBC)</i>         | Hold QAC meeting to review the assessment reports and make individual member case decisions, evaluate the usefulness of the information in the reports and the decision-making aid, and identify necessary improvements. |   |

### **Appendix 3 – Draft Assessment Blueprint (as of March 2019)**

This is a working draft. The assessment blueprint will be continually refined and updated as the tool development proceeds.

#### ***Remote Assessment***

All members selected for a Practice Assessment will engage in step 1 which includes the following three components:

1. Pre-assessment questionnaire
2. Chart review
3. Behaviour-based Interview

#### ***Pre-assessment questionnaire***

All members engaged in the Practice Assessment process will complete an online pre-assessment questionnaire. The primary purpose of the pre-assessment questionnaire is to obtain information about a member's practice to provide the assessors and the QA Committee with context of practice. The pre-assessment questionnaire also informs the matching of the member's practice with an appropriate assessor's professional experience. Portions of the pre-assessment questionnaire will be pre-populated with member specific data generated from the College's database (Atlas).

It has been identified that "jurisprudence-like" questions will provide formative information to determine if further assessment or remediation is required. Question topics include:

- Confirmation that required written policies are in place:
  - 1) Written policy for routinely reviewing fees, billing and accounts
  - 2) Written instructions on how to manage adverse events when performing a controlled act
  - 3) Written communication plan when working with PTAs
  - 4) Written protocols for infection prevention and control
  - 5) Written process for routinely reviewing the maintenance and safety of equipment
- Knowledge of the role and responsibilities of the Health Information Custodian (HICs)
- Patient record retention period
- Fee schedule and how patients are informed of the fee for service (if applicable)
- Infection control practices

#### ***Behaviour-based Interview***

The behaviour-based interview is conducted by telephone or video teleconference, as chosen by the member. The interview will be approximately 1-hour in length and will include the following topics:

#### **Core (relevant to all members)**

1. Informed consent process
2. Patient assessment (including collaboration and referral)

3. Professional boundaries
4. Managing ethical dilemmas
5. Adapting communications
6. Professional support (seeking external feedback from member's network of colleagues and peers)

**Practice-specific (based on pre-assessment questionnaire responses)**

7. Patient safety (if the member does not perform rostered activities); *or*  
Performing rostered activities (including patient safety)
8. Working with PTAs

***On-site Assessment***

A scoring threshold will be established for the remote assessment, members whose score is below the threshold will be required to engage in an On-site Assessment. The On-site Assessment will be conducted in-person, at the member's place of employment. The assessment will not exceed 4-hours in length. The On-site Assessment includes four components:

1. Patient Record Review
2. Case-base questions
3. Situation-based questions
4. Feedback and discussion

***Patient Record Review***

A Patient Record Review is a review of the member's documentation habits for select patient records against a checklist that is aligned to the Record Keeping Standard. The member makes available during the on-site assessment 10 patient records of their choosing. The assessor selects 5 out of the 10 patient records for the review. The assessor and member collaboratively complete the checklist for three patient records. If, however, inconsistent scoring is noted amongst the three records, the assessor selects another record until a pattern of charting behaviour is identified or a total of five records are audited. The Patient Record Audit will take approximately an hour to complete.

***Case-specific questions***

The assessor selects one of the patient records reviewed during the Patient Record Audit and focuses the behaviour-based interview questions specific to that patient. The assessor may select additional records, from the group of 5 reviewed records to frame the member's actions in performing rostered activities.

*The topics for discussion include:*

1. Accepting the patient (assess personal knowledge and appropriateness for physiotherapy)
2. Informed consent
3. Assessment, clinical impression and referral to others
4. Treatment plan, assigning to PTAs
5. Develop goals, patient collaboration
6. Monitor, reassess and modify plan, self-management

7. Discharge planning or transitioning care
8. Performing rostered activities and maintaining competence (for all of the member's rostered activities)

### ***Situation-based questions***

The third component of the assessment includes a discussion with the member about recent past situations when they demonstrated the required actions associated with the following topics:

9. Patient safety
10. Addressing discrepancies between employer expectations and professional standards
11. Continuing professional development
12. Conflict resolution
13. Confidentiality and privacy
14. Infection control and prevention

### ***Feedback and discussion***

Following the final behaviour-based interview question, the assessor will “close” the assessment portion of on-site visit. The assessor will then, direct the member to specific College resources based on the assessor's preliminary scoring; and answer practice-related questions.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 11.1**

**Council Meeting  
June 24-25, 2019**

**Agenda #11: Finance Committee: Reserve Management Recommendation**

**It is moved by**

---

**and seconded by**

---

**that:**

Council approve setting the target range of Unrestricted Net Assets to 25-50% of the Colleges Annual Operating costs.





**Council Meeting  
June 24-25, 2019**

**Agenda #11: Finance Committee: Reserve Management Recommendation**

**It is moved by**

---

**and seconded by**

---

**that:**

Council approve eliminating the Unrestricted Net Assets for Strategic Initiatives and IT Improvement and reallocate these funds to the Unrestricted Net Assets.



**Council Meeting  
June 24-25, 2019**

**Agenda #11: Finance Committee: Reserve Management Recommendation**

**It is moved by**

\_\_\_\_\_

**and seconded by**

\_\_\_\_\_

**that:**

Council approve reducing the College's registrant fees by \$20 to \$575 for the 2020 renewal year.



**Council Meeting  
June 24-25, 2019**

**Agenda #11: Finance Committee: Reserve Management Recommendation**

**It is moved by**

\_\_\_\_\_

**and seconded by**

\_\_\_\_\_

**that:**

Council approve the amended Reserve Policy.

|                       |   |
|-----------------------|---|
| <b>Meeting Date:</b>  | June 24-25, 2019  |
| <b>Agenda Item #:</b> | 11  |
| <b>Issue:</b>         | Finance Committee: Reserve Management Recommendation          |
| <b>Submitted by:</b>  | Rod Hamilton, Registrar<br>Elicia Persaud, Governance Analyst |

### Issue

After considering advice provided by the auditor on the appropriate level for the College reserves, the Finance Committee is making four recommendations to Council on how to manage the College reserves. These recommendations are being provided to Council for approval.

### Background

In 2017 Council approved changes to the Reserve Policy to restrict some funds for specific uses and to reduce the general operational reserve. This decision was made partly to protect against attracting undue attention from the Canada Revenue Agency (“CRA”). The College maintains not-for-profit status and does not pay tax. Should the CRA determine that we earn a profit, based on our growing ‘savings’, we could incur expenses associated with income and other taxes.

In response to this, in December 2017 Finance Committee undertook work on a strategy to reduce overall reserves, specifically the Unrestricted Net Assets, and to present their recommendations to Council. In September 2018 the Finance Committee made a recommendation to Council about setting the reserve limits; however, due to personnel matters this item was deferred.

In May 2019 the Finance Committee met to review the reserve funds and determine what an appropriate target would be for the Unrestricted Net Assets. At this meeting the auditor was invited as a financial expert to provide new information from the CRA about what an acceptable target would be. Finance Committee also considered three scenarios with a multi year straight-line projection anticipating how a fee adjustment would impact on the drawing down the Unrestricted Net Assets.

Based on the information considered, the Finance Committee is recommending the following changes:

- The Unrestricted Net Asset target be set to 25-50% (3-6 months) of the operating costs

This is in keeping with the advice provided by the Auditor, in that a reasonable target to maintain the Unrestricted Net Assets would be a range of 25-50% or 3-6 months of operating costs. Currently as of the end of Fiscal 2018-19 the College is operating at approximately 53% of its Unrestricted Net Assets while also having a large restricted reserve.

- Council eliminate the Unrestricted Net Assets for Strategic Initiatives and IT Improvement and reallocate these funds to the Unrestricted Net Assets

In the discussion with the Auditor he identified the risk involved with setting up Net Assets Internally Restricted without a demonstrated plan to utilize these funds. As staff do not anticipate actively spending these funds as costs related to IT and Strategic projects have been included in the budget, the Finance Committee determined it would be more prudent to remove these two funds from the Net Assets Internally Restricted to the Unrestricted Net Assets. This change would result in the College having a projected Unrestricted Net Assets of 58% of operating costs at the end of Fiscal 2019-20.

- The College reduce its fees by \$20 for the 2020 renewal year

In reallocating the funds from IT Improvements and Strategic Initiatives from the Net Assets Internally Restricted, it increases the amount of Unrestricted Net Assets by an additional \$750,000. It should be noted that funds that are in the Unrestricted Net Assets class allow for flexibility in spending and in order for the College to develop a plan for achieving the target range of 25-50% the Unrestricted Net Assets will need to be drawn down.

One method to do this would be use a reduction in the College registration fees to increase the College's annual deficit which would have the effect of drawing down the Unrestricted Net Assets.

With the goal in mind of reducing the Unrestricted Net Assets to the target range of 25-50%, the Finance Committee reviewed different fee reduction scenarios. Ultimately the committee decided to recommend a \$20 fee reduction as a method to draw down the Unrestricted Net Asset to the proposed new limit.

- The Reserve Policy be amended to include an annual review of registrant fees based on a three-year forecast

In order to ensure appropriate oversight of the College's financial position, the Finance Committee is recommending that the Reserve Policy be amended to require an annual review of a three-year forecast of registrant fees and College expenses in order to provide the College with adequate time to implement any required fee changes to keep its Unrestricted Net Assets in the 25% to 50% of operating costs range.

### **Financial Analysis of Fee Reduction**

There are two scenarios that are presented:

- Keep fees at the current rate (\$595) for the next three years
- Reduce fees by \$25 starting April 1, 2020 (\$575) for three years

A summary of the impact of each of the two scenarios is appended.

#### ***Scenario 1: Keeping Fees at the current level***

The table demonstrates how our reserves will gradually fall if we keep the registration fees where they are today for the next three years.

Based on this scenario our unrestricted reserve will move to 58% of our annual operating cost by the end of this fiscal year (2019-20).

By fiscal 2022-23 the unrestricted reserves are projected to be 44% of annual operating costs.

***Scenario 2: \$20 Reduction in Registrant fees starting April 1, 2020***

A fee reduction will move the College into the desired target range more quickly.

Based on this scenario our unrestricted reserve will also move to 58% of our annual operating cost by the end of this fiscal year (because the fee change would not take effect until 2020).

By fiscal 2022-23 the unrestricted reserves will be 36% of annual operating costs.

Please note: Changes to registration fees require by-law changes. This particular type of by-law change must be circulated to our registrants before it can be approved by Council. This means that if you wanted to make changes to next year's fees, you would need to decide by the September meeting of Council.

**Note – change in projections**

It is important to note that the Audited Financial Statements anticipate a deficit for 2018/19 that is larger than the original projections that were reviewed by the Finance Committee upon which these recommendations were made. This was due to an increase in the amount the auditor suggested as an accrual to pay for College complaints and discipline cases that have begun but are still in process.

Since the review of these statements, the Finance Committee has met to review the new projections in relation to the recommended fee reduction and have reconfirmed their recommendation to Council for a \$20 fee reduction.

**Decision Sought:**

Council is asked to approve the Finance Committees four recommendations which include:

1. Setting the target range of Unrestricted Net Assets to 25-50% of the Colleges Annual Operating costs
- a. Eliminating the Unrestricted Net Assets for Strategic Initiatives and IT Improvement and reallocating these funds to the Unrestricted Net Assets
2. Reducing the College's registrant fees by \$20 to \$575 for the 2020 renewal year
3. Approve the amended Reserve Policy to include an annual review of registrant fees based on a three-year forecast

**Attachments:**

- Appendix A – Projections for Fee Reduction
- Appendix B – Amended Reserve Policy

Appendix A – Projections for Fee Reduction

|  |                                  |                                     | Scenario #1 - No Change in Fees - \$595 |                   |                   | Change from<br>2018/19 to<br>2022/23<br>of<br>Total<br>Reserve<br>\$ |
|--|----------------------------------|-------------------------------------|---|-------------------|-------------------|--|
|  | Last Year<br>2018/19<br>(Actual) | Current Year<br>2019/20<br>(Budget) | Forecast                                |                   |                   |  |
|  |                                  |                                     | Year 1<br>2020/21                       | Year 2<br>2021/22 | Year 3<br>2022/23 |  |
| Total Revenue                            | 6,009,485                        | 6,536,875                           | 6,715,495                               | 6,895,393         | 7,076,600         |  |
| Total Expenses                           | 6,403,943                        | 6,687,835                           | 6,786,279                               | 6,969,925         | 7,159,858         |  |
| Amortization                             | 154,513                          | 158,737                             | 169,094                                 | 169,380           | 107,596           |  |
| Net Deficit                              | - 548,971                        | - 309,698                           | - 239,878                               | - 243,912         | - 190,854         |  |
| Restricted Reserves                      | 1,850,000                        | 1,100,000                           | 1,100,000                               | 1,100,000         | 1,100,000         |  |
| Unrestricted (Operating) Reserves        | 3,413,831                        | 3,854,133                           | 3,614,255                               | 3,370,343         | 3,179,489         |  |
| Invested in Capital Assets               | 619,361                          | 588,692                             | 446,706                                 | 304,433           | 223,944           |  |
| Total Reserves                           | 5,883,192                        | 5,542,826                           | 5,160,961                               | 4,774,776         | 4,503,433         | 23%  |
| Total Reserves as a % of Costs           | 92%                              | 83%                                 | 76%                                     | 69%               | 63%               |  |
| Unrestricted reserves as a % of Expenses | 53%                              | 58%                                 | 53%                                     | 48%               | 44%               |  |
| Unrestricted reserves in months          | 6.4                              | 7.0                                 | 6.4                                     | 5.8               | 5.3               |  |

|  |                                  |                                     | Scenario #2 - \$20 Fee Reduction April 1, 2020<br>(Fiscal 2020/21) to \$575 |                   |                   | Change from<br>2018/19 to<br>2022/23<br>of<br>Total<br>Reserve<br>\$ |
|--|----------------------------------|-------------------------------------|---|-------------------|-------------------|--|
|  | Last Year<br>2018/19<br>(Actual) | Current Year<br>2019/20<br>(Budget) | Forecast  |                   |                   |  |
|  |                                  |                                     | Year 1<br>2020/21   | Year 2<br>2021/22 | Year 3<br>2022/23 |  |
| Total Revenue                            | 6,009,485                        | 6,536,875                           | 6,513,915   | 6,688,813         | 6,865,020         |  |
| Total Expenses                           | 6,403,942                        | 6,687,835                           | 6,786,279   | 6,969,925         | 7,159,858         |  |
| Amortization                             | 154,513                          | 158,737                             | 169,094   | 169,380           | 107,596           |  |
| Net Deficit                              | - 548,970                        | - 309,698                           | - 441,458   | - 450,492         | - 402,434         |  |
| Restricted Reserves                      | 1,850,000                        | 1,100,000                           | 1,100,000   | 1,100,000         | 1,100,000         |  |
| Unrestricted (Operating) Reserves        | 3,413,831                        | 3,854,133                           | 3,412,675   | 2,962,183         | 2,559,749         |  |
| Invested in Capital Assets               | 619,361                          | 588,692                             | 446,706   | 304,433           | 223,944           |  |
| Total Reserves                           | 5,883,192                        | 5,542,826                           | 4,959,381   | 4,366,616         | 3,883,693         | 34%  |
| Total Reserves as a % of Costs           | 92%                              | 83%                                 | 73%   | 63%               | 54%               |  |
| Unrestricted reserves as a % of Expenses | 53%                              | 58%                                 | 50%   | 42%               | 36%               |  |
| Unrestricted reserves in months          | 6.4                              | 7.0                                 | 6.0   | 5.0               | 4.3               |  |

## Appendix B

# Reserve Policy

## Purpose

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

Three (3) classes of reserves:

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

## Invested in Capital Assets

- This is equal to our actual Net Fixed Assets.

## Net Assets Internally Restricted

- Internally restricted reserves are identified by specific need or strategic activity. These are funded based on estimates prepared by the College and can be adjusted as new information becomes available.
- Reserves can be added or retired as the operational needs of the College require, subject to Council approval.
- The College has identified ~~two (2)~~ ~~four (4)~~ areas of their operation that demand funds be earmarked for specific reasons. They are as follows:
  - Complaints and Discipline
    - \$1,000,000.00, being 2.5 times the actual 2016-2017 expense of \$400,000.00
  - Sexual Abuse Therapy
    - \$100,000.00, approximately 1.5% of total Net Assets
  - ~~Strategic Initiatives~~
    - ~~\$500,000.00, approximately 8% of total Net Assets~~
  - ~~IT Improvements~~
    - ~~\$250,000.00~~

## Unrestricted Net Assets

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

## Fund Access Authorization

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





## Annual Review Process

- On an annual basis, in time for the Q1 Finance Committee meeting, staff will prepare a three-year forecast of both statements of operations and reserve balances to predict overall reserve balances.
- Finance Committee will make a recommendation to Council on what, if any, changes to annual registration fees are necessary in order to maintain overall reserve balances be between 25-50 % ~~to be no less than 75%~~ of the projected operating costs.
- This recommendation to be presented to the September Council meeting in order to meet the timelines needed to update the College by-laws for the next annual renewal window commencing February 1<sup>st</sup> the following year.

## Agenda #12

Members' Motion/s