



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

**AGENDA**

**December 18, 2020**

**9:00 am -2:00 pm**

**College Council Chambers/Virtual via Zoom**

**9:00 AM**

**Friday December 18, 2020**

- 1 Approval of the Agenda**  
**Motion** For Decision
  
- 2 Council Meeting Minutes of Nov 27, 2020**  
**Motion** For Decision
  
- 3 CAPR**  
For Discussion  
3.1 CAPR board rep update Gary Rehan  
3.2 CAPR Governance Review- materials to come  
3.3 Provisional Practice Extension request -materials attached
  
- 4 Quality Assurance Program: Confirmation of the Threshold for Successful Completion of the Screening Interview for 2021**  
Shelley Martin, Quality Assurance Manager will provide an overview of the new Quality Assurance Program from Initial Development to Program launch.  
  
**Motion** For Decision  
Council is asked to approve setting the threshold for successful completion of the Quality Assurance Program screening interview.
  
- 5 Dissolution of the Quality Assurance Working Group**  
**Motion** For Decision  
Council is asked to dissolve the Quality Assurance Working Group (QAWG) effective December 18, 2020.
  
- 6 Entry to Practice Scoping Review**  
For Information  
Presentation by the Registrar



- 7 College Performance Measurement Framework (CPMF update)**  
For Information  
Presentation by Justin Rafton, Policy & Governance Manager on the final version of CPMF
  
- 8 Virtual Practice in Physiotherapy – Use of Technologies - Motion**  
For Decision  
Council is asked to approve the additional guidance regarding technology be incorporated into the College's Virtual Practice document.
  
- 9 CNAR Conference Written Report- Katie Schulz**  
For Information
  
- 10 President's Report**
  
- 11 Registrar's Report**
  
- 12 Members' Motion/s**

## Adjournment

Future Council Meeting dates:

- March 23-24, 2021
- June 22-23, 2021
- October 5-6, 2021



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 1**

**Council Meeting  
December 18, 2020**

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

**It is moved by**

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**and seconded by**

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**that:**

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



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 2**

**Council Meeting  
December 18, 2020**

**Agenda #2: Approval of the Council Meeting Minutes of November 27, 2020**

**It is moved by**

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**and seconded by**

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**that:**

the Council meeting minutes of November 27, 2020 be approved.



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

**MINUTES**

**November 27, 2020**

College of Physiotherapist Boardroom & Virtually via Zoom

**In-person Attendees:**

Darryn Mandel, President

**Regrets:**

Tom McAfee, Public

Jennifer Clifford, PT

**Zoom Attendees:**

Theresa Stevens, PT

Martin Bilodeau, PT

Janet Law, PT

Tyrone Skanes, Public

Sharee Mandel, PT

Sharon Switzer-McIntyre, PT

Hervé Cavanagh, PT

Nitin Madhvani, Public

Ronald Bourret, Public

Katie Schulz, PT

Jesse Finn, Public

Karen St. Jacques, PT

**Staff on Zoom:**

Rod Hamilton, Registrar

Anita Ashton, Deputy Registrar

Zoe Robinson

Melissa Collimore

Shelley Martin

Fiona Campbell

Allan Mak

Justin Rafton

Lisa Pretty

Olivia Kisil

Barbara Hou

**Recorder:** Barbara Hou

**Friday, November 27, 2020**

**9:00 am.**

**1.0**

**Approval of the Agenda**

**Motion**

It was moved by S. Mandel and seconded by R. Bourret that:

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

**CARRIED.**

**2.0**

**Approval of the Council Meeting Minutes of October 22-23, 2020**

**Motion**

**2.0**

It was moved by M. Bilodeau and seconded by H. Cavanagh that:

the Council meeting minutes of October 22-23, 2020 including the in-camera minutes be approved.

**CARRIED.**

**3.0**

**Amendment of Committee Slate 2020-2021**

**Motion**

It was moved by T. Stevens and seconded by S. Switzer McIntyre that:

the amendments to the Committee slate appointing J. Law as Chair to the Finance Committee and N. Madhvani to the Quality Assurance Committee be approved.

**CARRIED.**



#### **4.0 Investment Strategy Report**

Bill Quinn, RBC advisor provided Council with an overview of the economic market amidst the COVID-19 global pandemic. Council was reassured with the College's conservative investments in the preservation of capital and that the earnings suggest good returns keeping in line with inflation. B. Quinn, in consultation with the Registrar, reviews the markets and maturity dates periodically.

#### **5.0 Canadian Alliance of Physiotherapy Regulators (CAPR) Board Representative Update**

D. Mandel declared a Conflict of Interest (COI) with the agenda item.

Gary Rehan, CAPR board representative informed Council that due to COVID-19 restrictions and physical limitations, CAPR had cancelled the June & November 2020 clinical exam. In 2021, in order to accommodate approximately 3000 candidates, CAPR is proposing to host the clinical component of the exam in a OSCE format on a virtual platform, while allowing for special accommodations.

#### **6.0 Program Area Operations Report (Q1 & Q2)**

Council was presented the College's Program area reports for 2019-2020 highlighting:

- Registration
- Quality Assurance
- Practice Advice
- Communications
- Corporate Services
- Patient Relations
- Professional Conduct
- Compliance Monitoring
- Hearings highlight
- Executive Office
- Strategic Projects & Policy

#### **7.0 Annual Committee Reports 2019-2020**

All Committee Chairs provided an update on the Committee's activities for 2019-2020:

- Executive Committee
- Finance Committee
- Registration Committee
- Quality Assurance Committee
- Patient Relations Committee
- Inquiries, Complaints and Reports Committee
- Discipline and Fitness to Practise Committee

#### **8.0 2020/21 Q2 Financial Management Report**

Zoe Robinson, Director of Corporate Services, presented Council with the College's financial performance for Quarter 2 (Q2), ending September 30, 2020 and forecasting for upcoming quarters.



**9.0 Appointment of Auditor**

**Motion** It was moved by T. Skanes and seconded J. Law that:

Council appoints Hilborn LLP as the Auditor for the fiscal year ending March 31, 2021.

**CARRIED.**

**10.0 Honorary Physiotherapist Designation**

**Motion** At their December 2019 meeting, Council approved in principle the creation of an honorary membership designation.

After considering alternative policy options that had been identified in response to issues noted by Council at its last consideration of this matter in December 2019, and in response to the Executive Committee recommendation that Council approve a governance policy describing an Honorary Recognition Award rather than create an honorary membership by-law, Council proposed the acceptance of an Award.

It was moved H. Cavanagh and seconded K. Schulz that:

Council approves the Governance Policy-Honorary Recognition Award.

**CARRIED.**

**11.0 College Policies Framework**

**Motion** As part of the Colleges By-law and Governance review, a framework for policy development, decision making, and approval was developed. Staff will support the policy development for Council and Committees. Policies will be reviewed on a defined schedule and as needed to respond to emerging issues and changes.

This framework was considered by the Executive Committee and recommended for approval by Council.

It was moved T. Skanes and seconded R. Bourret that:

**CARRIED.**

Council approves the College Policies framework.

**12.0 President's Report**

D. Mandel, President, provided an update on the following:

- Responsibilities handling affairs with legal opinions, COI, office lease, and copyright infringement
- Pursuing legal council appropriate for College matters
- Executive and Finance Committee
- QA Working group
- Registrar review process

**13.0 Registrar's Report**

R. Hamilton, Registrar provided an update on the following:



- Budget operational planning
- Strategic planning for 2021-2022
- COVID-19 lockdown communication
- CAPR clinical exam townhall information
- Staffing update: New Policy Analyst Evguenia Ermakova

**14.0 Members' Motion/s**

J. Law added a member's motion on the inclusion of Land Acknowledgments as part of the Truth and Reconciliation process.

**Adjournment**

It was moved by S. Switzer-McIntyre that the Council meeting be adjourned.

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

**CARRIED.**

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Mr. Darryn Mandel, President



### 3.3 Provisional Practice Extension request



December 1, 2020

Mr. Darryn Mandel  
President  
College of Physiotherapists of Ontario  
375 University Avenue, Suite 800  
Toronto, Ontario  
M5G 2J5

RE: Provisional Practice Registration Category

Dear Mr. Mandel,

I am writing as President of the Ontario Physiotherapy Association (OPA) and on behalf of the Board of Directors to request the Council of the College of Physiotherapists of Ontario (CPO) undertake remedial action for those who have lost their provisional practice certificate of registration due to failing their first challenge of the clinical component of the Physiotherapy Competency Examination (PCE).

It is our understanding that up to 77 individuals were not successful in their first attempt at the clinical component in November 2019 and the next scheduled exam (June 2020 ) was cancelled due to the pandemic. For over a year, therefore, they have not been able to practise their chosen profession. These individuals include graduates from Canadian university programs and some internationally educated candidates who would have completed the credentialing review of the educational qualifications and qualified for the clinical component of the national exam.

We are writing on behalf of these 77 current and on behalf of untold future candidates who currently face significant delays in being able to challenge the clinical component of the PCE as a result of the pandemic. Those who fail will no longer be able to practise until the next opportunity to take the clinical component of the PCE. That component is already backlogged with those who had planned to challenge the exam for the first time in June or November 2020.



At this time the health care system must increase its capacity to meet the diverse health needs of Ontarians. This situation for candidates has the potential to negatively impact the availability of qualified physiotherapists to meet this increasing demand. This will be amplified with higher numbers of registered physiotherapists choosing not to renew as they near retirement age during these challenging times.

Of all the regulatory jurisdictions for physiotherapists across Canada only British Columbia (BC) and Ontario had the single failure clause in their registration categories that would lead to the revoking of a provisional practice licence/registration. Within Ontario few regulated health professions are held to this requirement and most allow up to two failings prior to loss of provisional practice status.

In BC, the Minister of Health in response to the work of the regulatory College and the provincial Association has allowed up to 22 candidates in the same situation as the 77 in Ontario to apply for consideration for a second interim licence until after they challenge the next available clinical exam in March 2021. This decision and direction were taken in the public interest to ensure that the health human resource capacity of the province is optimized especially during this crisis and on the consideration that the risk to the public is low and would, in any event, be mitigated by additional requirements for supervision. The regulatory College in BC is taking a managed risk approach elevating the supervision requirements for those who are successful in their application – each person will need two supervisors and one supervisor has to be physically present when the provisional practitioners are providing care (no remote supervision). These individuals will be allowed to keep interim licencing until May 2021 only and the timing is based on the spring exam being complete in March/April 2021.

We recognize that changes in Ontario would necessitate amendments to Ontario Regulation 532/98, section 23 and not in bylaws as is the case in BC. Nevertheless, the Ontario government has made a number of pandemic-related regulations and regulation amendments in response to the exigencies of the pandemic. We feel there is a case to consider similar changes in Ontario for this situation. We also strongly believe that the College has an excellent track record of risk mitigation and could elevate requirements for provisional practice to address any additional risk as was done in BC. Prior to 2017 the CPO, through their Registration Committee, assessed requests for a second provisional practice registration for those in this very same situation and granted many with no negative outcomes.

These are extraordinary times which will now define the new normal going forward. Where regulation becomes a barrier to meeting the needs of Ontarians and our health system it must be addressed. We request the Council consider introducing changes that both meet the bar for public safety and allow our profession to respond to the challenges of today and the future.



**ONTARIO  
PHYSIOTHERAPY  
ASSOCIATION**

We would be pleased to work with the Council and the CPO staff team and to help in any way to achieve any necessary changes to enable individuals to be granted a second provisional practice certificate of registration. We look forward to your response to this request and we can be available to meet to further discuss at your convenience.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. J. Gardiner Millar".

Paulette Gardiner Millar  
President

Cc: Mr. Rod Hamilton, Registrar, College of Physiotherapists of Ontario



**DELIVERED VIA EMAIL - [rhamilton@collegept.org](mailto:rhamilton@collegept.org)**

November 17, 2020

The College of Physiotherapists of Ontario  
375 University Ave  
Suite 800  
Toronto, ON  
M5G 2J5  
Attention Mr. Rod Hamilton, Registrar

Dear Sirs:

**Re:**

I am writing to you in your capacity as the Registrar of the College of Physiotherapists of Ontario (CPO), on behalf of our client ██████████ who is a recent graduate physiotherapist, and one of many prospective registered physiotherapists who have been adversely affected by ongoing delays relating to the Clinical Component of the Physiotherapy Competency Examinations (CC-PCE). Administered by the Canadian Alliance of Physiotherapy Regulators (CAPR), the original June 2020 examination was originally rescheduled for November 2020, but has since been postponed again to a tentative date of March 2021. ██████████ and many others who were unsuccessful on the last CC PCE in November 2019, are unable to work as physiotherapists due to the expiry of interim licenses as a result of unsuccessful attempts on the clinical examination. The CPO's actions were in accordance with *Ontario Regulation (2012) ("O. Reg.")*, which is a subcomponent of *The Physiotherapy Act (1991)*.

Under Section 23 of O. Reg are the following provisions for which ██████████ and others had their Provisional Practice certificate revoked:

*Para. 2 (4): The certificate expires on the earlier of the date that the holder receives notification that he or she has failed the practical component of the examination or 12 weeks after the date that the holder is registered to take the practical component of the examination.*

*Para. 4: A person who has failed the practical component of the examination is not entitled to apply for a certificate of registration authorizing provisional practice.*

Given that Ontario is only at the starting point of the second wave of COVID 19, with many jurisdictions already in lockdown and many long term care homes on the brink of imminent surges in mortality, the public interest is undoubtedly best served by having as many health care providers on the frontlines as possible (fully registered or in supervised roles). Given this imminent public health threat, ██████████ and those who have been affected by the CC-PCE delays due to COVID 19, are



wondering to what extent has the CPO has engaged or will engage in altering Section 23 of the O. Reg. To our knowledge, the CPO has within their capacity the ability to modify O. Reg. under the following conditions:

Condition 1) O. Reg. (2012) s. 2 (2)(2 – iv):

*“iv: [...] changes made to entry to practice competencies and **other relevant issues** [bolded and underlined for highlighting importance] in the discretion of the Council”*

Condition 2) The Physiotherapy Act (1991) s. 1-2:

*(1)The Registrar shall give a notice to each member if the Minister [the Minister of Health] refers to the Advisory Council, as defined in the Regulated Health Professions Act, 1991, a suggested,*

*(a) amendment to this Act [**...O. Reg. is a subcomponent of this act**];*

*(b) amendment to a regulation made by the Council; or*

*(c) regulation to be made by the Council.*

*(2) A notice mentioned in subsection (1) shall set out the suggestion referred to the Advisory Council and the notice shall be given within thirty days after the Council of the College receives the Minister’s notice of the suggestion.*

We understand this process to mean that should the Registrar of the CPO seek to change O. Reg. (2012) s. 23 (2)(4) or s. 23 (4) by the powers bestowed upon her under s. 2 (2)(2 – iv), it may only require ministerial approval (or approval from the Advisory Council). Given this understanding, we ask the question: to what extent has the CPO engaged in altering Section 23 of the O. Reg?

Further still, the CC-PCE delays also bring up other relevant legislation: The Fair Access to Regulated Professions and Compulsory Trades Act (FARPACKTA) (2006). To paraphrase Part 3 s. 7(1)(c) and s. 10(1) of FARPACKTA, the CPO must outline what alternatives for documentation (for qualifications) may be acceptable if an applicant cannot obtain the normally required documentation for reasons beyond his or her control. To our understanding, there will be no new fully licenced physiotherapists at all this year, and there is a very real risk the CAPR will not be able to develop a valid and reliable “pandemic proof” exam by March of 2021. We urge the CPO to consider this reality when balancing public safety with fair and timely access to exams. To this end, we also ask: what contingency plans is the CPO currently making, to ensure they remain in compliance with FARPACKTA, should CAPR not be able to deliver an exam in March 2021?

To give the CPO an example of what has been done in other Provinces, we would like to highlight that in British Columbia, individuals who were unsuccessful with their first attempt of the CC-PCE and were suspended from practice, had their certificates reinstated, providing that they had not missed an opportunity to perform the next available practical exam. A legal representative initially submitted a letter to the College of Physiotherapists of British Columbia (CPTBC) to amend their



bylaws, and although the letter sent back from CPTBC mentioned that the Minister of Health would not make any changes, after a few days, many individuals were notified that they could practice again.

As you can appreciate, the livelihoods, experience and well-being of a group of young professionals such as [REDACTED] are being adversely impacted, as are the lives of those patients who are denied access to care because [REDACTED] and others cannot provide them with their essential service – be it in a care home, hospital, private clinic or elsewhere. We recognize that the CPO has a duty to act fairly considering how to balance public safety, fair access to exams, and more. In order to enable the CPO time to consider these issues, we respectfully request a reply within the next 30 calendar days advising of the steps the CPO will be taking to address these issues. Thank you.

Yours truly,

**DYKEMAN & O'BRIEN LLP**

[REDACTED]

Counsel

[REDACTED]

## **The Canadian Physiotherapy Association's Response to Cancellation of the Clinical Component of the Physiotherapy Competency Examination Scheduled November 2020**

### **The CPA's Response**

The Canadian Physiotherapy Association (CPA) was disappointed on Friday, September 25 to learn of the cancellation of the clinical component of the Physiotherapy Competency Examination (PCE) scheduled for November 2020. As early as June 2020, CPA student and new graduate members publicly voiced their concerns over the lack of a clear contingency plan from the Canadian Alliance of Physiotherapy Regulators (CAPR), should the clinical examination be unable to proceed in November 2020 based on the ongoing pandemic and potential for a second wave. These students challenged the CPA and the CAPR for more information on alternatives. In response, the CPA supported the CAPR's position that they were exploring all avenues to ensure the November 2020 clinical examination could move forward. While CPA recognizes the public health realities related to the pandemic, it is disappointing that the CAPR has not been able to deliver on hosting examinations in November 2020.

### **New Physiotherapists Are Critical to the Profession**

It is critical in this endeavor to state outright that CPA student and new graduate members represent more than the future of the Association and the profession. They are future Board members, thought leaders, healers, and advocates; they have committed themselves to a profession, to their desire to improve the health of Canadians, and to being part of getting Canada moving. There are

resident physiotherapists that graduated at the end of 2019 – nearly a year ago – who still have not had a chance to challenge the clinical component of the PCE. There are other new graduates who are unable to practice because they unsuccessfully challenged the examination and their provincial regulations don't allow for a single failure on a provisional license. All of these students are concerned about their future, the financial implications of selecting a profession that they can't work in, unsure of what to do or who to call for support, questions, and more.

The CAPR has been forthcoming about their intentions to ensure that they think about the candidates and their well-being in advance. They don't want to be in the same position as other professions where candidates are finding out about cancelled exams days in advance – they want to set expectations to allow candidates to prepare effectively. The CPA appreciates this effort and wants to contribute to an environment where we are forthcoming with these members who are anxious about their next steps.

### **The CAPR's New Commitments**

As a result of the announcement of the cancellation of the November 2020 clinical component, the CPA hosted a call on Monday, September 28 with leaders from the CPA, including its Board of Directors, CPA staff, CPA National Student Assembly representatives, Branch representatives, and the Chair of the CPA Branch Presidents' Forum, with both the President and Chief Executive Officer of the CAPR. On this call, they were provided with both a detailed review of the events leading to the CAPR Board of Directors' decision to cancel the November examination, as well as the plan moving forward to ensure the pandemic proof examination is available come March 2021. On the call with CAPR, they committed to the following:



- A pandemic-proof clinical examination will launch March 2021.
- The development of this exam includes two phases – one phase for the development and validation of the exam and a second phase for the orienting of candidates who plan on challenging the exam in the new format.
- All efforts will be made to assess students from the classes of 2019 and 2020 (clinical component) and 2021 (written component) in 2021 and address the backlog.
- The CAPR commits to continuing to run the written component of the PCE, despite COVID-19 limitations, taking advantage of virtual modalities and remote proctoring capabilities for all candidates, should they be needed thereby committing to continuing access to the profession for current students and internationally-educated physiotherapists.
- In keeping with previously agreed pandemic principles related to the exam, decisions about the exam in all cases will be considered against two key principles: first in, first out; and doing the most good for the most people while complying with pandemic-related public health measures to ensure the safety of candidates, staff, and standardized patients.

### **The Clinical Component Has a Critical Role**

The CPA has made previous statements regarding the PCE and recognize the importance of its relationship with the CAPR and Colleges across the country.

The CPA stands by the [statement made alongside the National Physiotherapy Advisory Group](#) that the PCE clinical component is a critical element of the self-regulated nature of the profession and upholding the

standard of practice across the country. With that said, the CPA is eager to understand, contribute to, and assure its members that there are strategies in place to ensure candidates have the opportunity to challenge the PCE clinical component in the short-term. In addition, the CPA will continue to partner with and support the CAPR in ensuring that the commitments they made are feasible and can be addressed as outlined.

### **The CPA's Call to Action**

The CPA is encouraged by the CAPR's innovative approach to reconsidering the clinical component of the PCE – the CPA is supportive of a pandemic-proof exam to ensure that this critical section of the community can challenge their exams and start practice. The CPA is calling for the following to support the effective achievement of these aggressive and innovative goals:

#### *CAPR*

- The CPA is calling for the CAPR to make a public commitment to deliver the PCE clinical component no later than March 2021 and to meet the commitments identified to CPA leaders on Monday, September 28 (see above).
- The CPA is calling for the CAPR to commit to regular, public communications about this project.
- The CPA is calling on the CAPR to ensure physiotherapy student, new graduate, and intern perspectives are represented in the development of the new clinical exam.

- The CPA is calling on all Regulators to continue to explore and deploy the extension of provisional licenses until at least the end of 2021.

### **How the CPA Will Help**

The CPA, alongside our Branches, remain a vigilant partner willing and ready to contribute to the actions to be taken by the CAPR, the Regulatory Colleges, and other stakeholders in addressing this issue in as expedient and thorough way as possible. The CPA commits to the following:

- Using relationships with the CPA's National Student Assembly and other student and new graduate representatives to build relevant resources for candidates impacted to help them through these times - the CPA commits to announcing more on these initiatives no later than end of October 2020.
- Advocating for the extension of provisional licenses until at least the end of 2021.
- Continuing an open dialogue with student and new graduate members who represent those impacted by the delays in the PCE clinical component delivery, including but not limited to engagement through the CPA's National Student Assembly, the CPA's Executive Staff, and continued dialogue with the CAPR and the CPA's Board of Directors.
- Continuing to offer the CPA Member Relief Package - Student Relief Year for the 2020/2021 season.
- Working with the CAPR to build a robust communications plan and touch points with students and new graduates that are members of the CPA with frequent, regular updates on progress on the development and

deployment of the new exam.

- Acknowledging that this is merely the beginning of this effort, the CPA and its Branches will continue to fact-find and inform ourselves so we can continue to respond and equip our members to address the challenges and needs they have identified.

The CPA will continue to explore through dialogue, best practice, and engagement with members and physiotherapy experts and how to support this critical group of members through this challenging time.

The CPA wants to publicly state its commitment to student and new graduate members and acknowledge that they have raised these concerns since the spring of 2020. The CPA encourages its members to understand the position of the 2019, 2020, and 2021 cohorts of students and new graduates, as well as internationally-educated physiotherapists, as they look to challenge the clinical component of the PCE and join the profession. Students, new graduates, and resident physiotherapists are the future – and these members need support.

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Visit the CPA's COVID-19 Wave 2 updates here:

Canadian Physiotherapy Association  
955 Green Valley Crescent Suite 270 Ottawa, ON K2C 3V4  
(800) 387-8679 Fax: (613) 564-1577 [www.physiotherapy.ca](http://www.physiotherapy.ca) |  
[www.physiocanhelp.ca](http://www.physiocanhelp.ca)



COLLEGE OF  
**PHYSIOTHERAPISTS**  
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ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
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**Motion No.: 4**

**Motion**

**Executive Committee Meeting  
December 18, 2020**

**Agenda # 4: Quality Assurance-Threshold for Successful Completion of Screening Interview for 2021**

**It is moved by**

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**and seconded by**

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**that:**

Council approve the threshold for successful completion of the Quality Assurance Program screening interview to be 85% effective January 1, 2021.



<b>Meeting Date:</b>	December 18, 2020
<b>Agenda Item #:</b>	4
<b>Issue:</b>	Quality Assurance Program - Confirmation of the Threshold for Successful Completion of the Screening Interview for 2021
<b>Submitted by:</b>	Anita Ashton – Deputy Registrar Shelley Martin, Manager - Quality Assurance For the Executive Committee

**Decision Sought:**

That Council approve setting the threshold for successful completion of the Quality Assurance Program screening interview at 85% effective January 1, 2021.

**Context:**

There are 26 health regulatory Colleges in Ontario. The overarching framework for the Colleges is outlined in the Regulated Health Professions Act and the Health Professions Procedural Code which is Schedule 2 to the Regulated Health Professions Act. The RHPA specifies that there are eleven objects for each College. Many of the objects speak to our obligation to ensure that physiotherapists are competent to practice and that there are mechanisms in place to promote continuing evaluation, competence and improvement.

As per the Code, each College is required to have a Quality Assurance Program. The goals of the Program are as follows, to:

- (i) promote continuing competence and continuing quality improvement among physiotherapists,
- (ii) address changes in practice environments, and
- (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council

General regulations under the Physiotherapy Act also states the program must also include self, peer and practice assessments; continuing education or professional development and a mechanism for the College to monitor physiotherapists participation in, and compliance with, the quality assurance program.

**Assessing the Threshold for Successful Completion of the Screening Interview**

The Quality Assurance Program includes the following components:



1 – the Annual Self Assessment. This is currently referred to as the Professional Issues Self Assessment (PISA) and is a yearly self-reflection activity

2 – Continuing Professional Development is confirmed through a yearly declaration from physiotherapists during the renewal period.

3 – the Screening Interview is a one hour interview with a peer assessor

4 – the Assessment is a four hour assessment that includes an interview, chart review and a confirmation of written policies.

One of the key decisions that Council has made to date was setting the threshold for successful completion of the screening interview. This threshold determines who is required to participate in an assessment based on their performance during the screening interview. During the pilot phase of the program the threshold was set at 88%, meaning that if a physiotherapist scored 88% or below, they were required to complete an assessment.

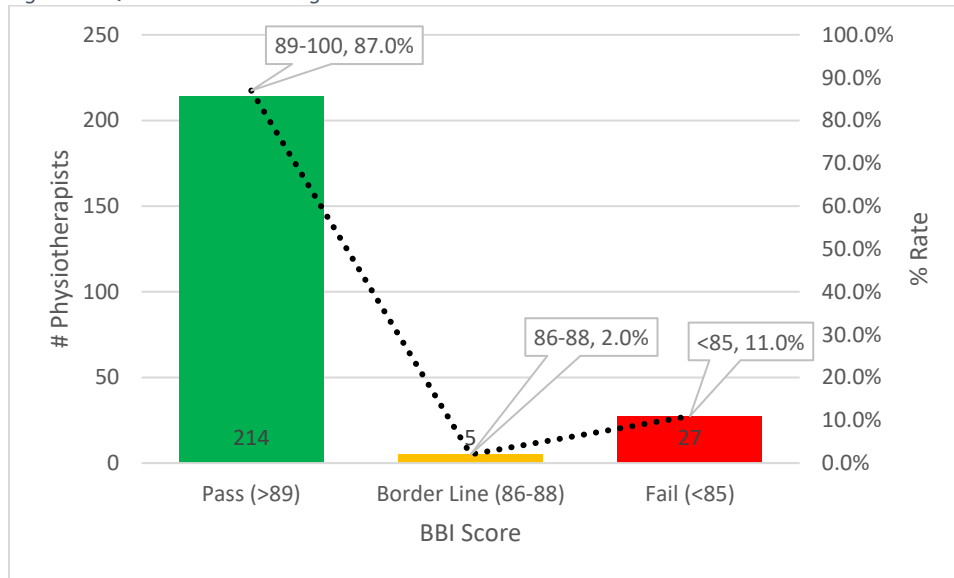
#### The Science Behind Setting the Threshold for Successful Completion

A group of subject matter experts (physiotherapists) from different practice areas and experiences came together to review the screening interview questions which are based on a Behavioral Based Interview (BBI) format. Through an extensive review process, this group developed a recommendation as to how many physiotherapists they thought would respond to each question successfully. This process led to a recommendation for the threshold for successful completion of the screening interview. The threshold is sometimes referred to as a pass rate or cut score. The process for determining the cut-score in this way is called the Modified Angoff Method.

Council considered the performance data from the 246 physiotherapists who completed the screening interview. The results are displayed in Figure 1:



Figure 1 - QA Pilot BBI Screening Scores



The average score for the 246 physiotherapists who participated in the screening interview was 94%.

At the time, Council decided to set the threshold for successful completion at or below 88% (1.5 standard deviations from the threshold for successful completion score).

This was done for two reasons:

1. There was a preference to have more people go through the assessment to assess the validity of the tools and data (a larger sample size)
2. There was a preference to have participants from diverse practice settings participate in the assessment

Based on this threshold (88%), 32/246 physiotherapists completed an assessment because their score was at or below 88%. As a percentage, this meant that 13% of physiotherapists who finished a screening interview were required to complete an assessment.

The project consultant advised that we could expect 5-10% of physiotherapists who complete the screening interview to go through an assessment.

The Quality Assurance Working Group and the Quality Assurance Committee met on November 30, 2020 to discuss the data analysis findings presented by the project consultant and the psychometrician.





They learned that of those physiotherapists that had completed the assessment (27), the average score for the assessment was 88%. The lowest score was 46%, and the highest score was 100%. There is no threshold for successful completion for the assessment because decisions related to the assessment results for each physiotherapist are made by the Quality Assurance Committee.

For those physiotherapists who completed both the screening interview and assessment, three out of the four physiotherapists who scored between 83% and under 85% on the screening interview had gaps identified by the Quality Assurance Committee following the assessment. The concerns were addressed through formal remediation programs (SCERPS) or advice and recommendations.

The three physiotherapists scored between 85-88% on the screening interview had no practice concerns identified during the assessment.

**For the following reasons, the Quality Assurance Working Group, in consultation with the Quality Assurance Committee, are recommending that the threshold for successful completion of the screening interview be lowered to 85% from 88% effective January 1, 2021.**

These are their reasons:

- There is a small cluster of individuals who scored between 86% and 88% on the screening interview and then completed the assessment with no further concerns identified.
- At 85% and below, the differences in performance levels became more significant.

**Required Follow Up Work:**

1. The consultant and psychometrician advised that we review the Modified Angoff Method standard-setting threshold for successfully completing the screening interview, combined with an equating methodology in the near future. This should take place no sooner than after the completion of the next 100 screening assessments. Based on the review the threshold would be confirmed or adjusted.
2. In consultation with the Quality Assurance Committee, the Quality Assurance Working Group considered revisiting the threshold for successful completion in late 2021/2022.

Additionally, in March 2019, Council approved the Program evaluation plan which confirmed that the Quality Assurance Committee would consider the score threshold each year. If the Committee believes that the score needs to be adjusted or a cut-score



study is required, they will make this recommendation to Council. For year one this will be included in the budget for 2021-2022.

**Decision Required:**

That Council confirm the threshold for successful completion of the Quality Assurance Program screening interview to be 85% effective January 1, 2021.

**Additional Information Available for Reference:**

- Appendix A – Current program overview
- Appendix B - History of the College's Quality Assurance Program
- Appendix C – Key decision points from 2018-2020 related to the new Quality Assurance Program development
- Appendix D – Financial overview of the key program components and the initial budgeting assumptions being made for 2021-2022



## **Appendix A – An Overview of the Current Program**

In 2017, Council confirmed that it was time to conduct a formal review of the Quality Assurance Program to ensure that it was still "fit for purpose." Council appointed a Quality Assurance Working Group, which was charged with providing input and policy direction regarding the development of the new Quality Assurance Program.

### **The members included:**

- Jill Adolphe, Citizen Advisory Group member
- Jatinder Bains, PT, Committee member
- James Lee, public Council member
- Darryn Mandel, PT, Council member
- Shelley Martin, Manager Quality Assurance
- Kathleen Norman, PT, Academic Council member
- Gary Rehan, PT, Council member
- Theresa Stevens, PT, Quality Assurance Committee Chair
- Jane Darville, public Council member (replaced James Lee mid-way through the project)

Council continued to approve key decisions related to the new assessment tools and the Quality Assurance Program (Appendix C). As discussions evolved, the revised Program took shape, and it now includes four items:

### **1 – Annual self-assessment**

All physiotherapists in the province are required to complete an annual self-assessment. The Professional Issues Self-Assessment also known as PISA is the current tool to address this item.

### **2 – Continuing professional development**

Physiotherapists are required to participate in ongoing learning or continuing professional development as a requirement identified in the RHPA, the Code and the General Regulation.

### **3 – Screening interview**

Physiotherapists who provide clinical care and hold an Independent Practice Certificate of Registration for two or more years are eligible to be selected for the screening interview. Physiotherapists who have been in practice the longest without participating in an assessment will be chosen first for a screening interview.

The screening interview takes place by video conference or in some cases by phone. The interview focusses on the following areas of a physiotherapist's practice:

1. Assessment
2. Professional boundaries
3. Managing ethical dilemmas
4. Adapting communications



## 5. Collaboration

With additional practice-specific questions for those:

6. Performing rostered activities
7. Working with physiotherapist assistants

A College assessor performs the behaviour-based interview and provides a report to the College.

If the physiotherapist scores at or above the designated threshold for successful completion (the pass rate), they are finished the process. It is anticipated that 87-90% of physiotherapists (based on current data) will fall into this category. A physiotherapist who completes this step will not have to go through another screening interview until all eligible physiotherapists have been through the process at least once.

## 4 – Assessment

According to the consultant, it is anticipated that between 5-10% of the physiotherapists who go through the screening interview will have scores below the threshold for successful completion. This does not necessarily mean that there are problems with the physiotherapist's knowledge, skills, abilities or professional judgement. Being flagged for an assessment means that the College requires more information about the physiotherapist's practice before determining if there are concerns.

The structure of the assessment, which is currently performed on-site\* at the physiotherapist's primary place of practice is as follows:

- Review of policies (infection control, working with physiotherapist assistants, managing adverse reactions, equipment maintenance and safety, auditing fees, billings and accounts)
- Review of three to five complete physiotherapy patient records
- Discussion of a case-based scenario based on one of the five records reviewed
- Discussion using situation-based questions
- Review of College resources

\*accommodations will be made while the province is still dealing with implications of COVID

After the assessment is complete, the assessor will produce a report which is shared with the physiotherapist. The physiotherapist is invited to respond to the College about the report. The submitted response often focusses on what the physiotherapist may have done or is willing to do to improve their practice after having been made aware of the practice concerns, if any. The physiotherapist might also explain areas they feel the assessor misunderstood about their practice or interview responses.



The assessment results and the physiotherapist's response are considered by the Quality Assurance Committee; a Committee made up of Council members (both physiotherapists and public appointees) and physiotherapists appointed to the Committee.

The Committee must assess if there are gaps in the physiotherapist's knowledge, skills, abilities or judgement which could pose a risk to the public. If there are gaps, the Committee must consider the best way to assist the physiotherapist with their learning needs.

The Committee can make several decisions, including:

- Taking no action
- Offering advice or recommendations
- Ordering a SCERP (Specified Continuing Education or Remediation Program)
- Restricting the physiotherapist's practice through the use of terms, conditions or limitations, or
- Referring the physiotherapist to the Inquiries, Complaints and Reports Committee if there are serious concerns about the conduct, their competence or capacity to practice safely. The latter can occur if a physiotherapist is dealing with a health challenge that affects their ability to practice and puts the public at risk.

Quality Assurance Committee decisions do not appear on the Public Register, except for any restrictions on a physiotherapist's Certificate of Registration.

### **Program Status:**

The Quality Assurance Program – Pilot Phase started in April 2019. Between April 2019 and June 2019, 246 physiotherapists participated in the screening interview and 32 were required to complete the assessment.

The program design and the tools used to support the program have been reviewed in an ongoing way throughout the pilot project based on feedback from the Quality Assurance Working Group, Council, physiotherapist participants, the assessors, the program design consultant, the psychometrician and the Citizens Advisory Group. The program is set to launch in January 2021.

When the Program was being developed, Council confirmed that the revised Program could not cost more to run than it cost to run the program in 2017-2018.

Based on this number, it was determined that approximately 9.1% of eligible physiotherapists would be able to go through the screening interview annually based on 2017-2018 numbers. All 2017-2018 eligible physiotherapists would go through a screening assessment for the first time within 8.3 years. (Appendix D).



## Appendix B – History of the Quality Assurance Program

The Quality Assurance Program has been in place at the College since 2004. Physiotherapists who participated in the program were required to do three things:

1. Participate in an annual self-assessment, now known as PISA
2. Maintain a professional portfolio
3. Participate in an assessment if selected

Each year approximately 5% of physiotherapists were randomly selected to participate in the onsite assessment. In 2004, there were 6,188 physiotherapists (total number) registered with the College. By 2018, when the program was put on hold for re-development purposes, there were 9,575 physiotherapists registered in Ontario (total number). As of December 9, 2020, there are over 10 000 physiotherapists registered with the College.

Over the years, the College has reviewed the data coming out of the Quality Assurance program. It became clear that the College needed to review the Program to ensure that it was "fit for purpose" and covering as many physiotherapists as possible. Based on the review, it was re-designed in a way to increase the number of physiotherapists going through the Program in a fiscally responsible manner.

Adopting the principles of [right touch regulation](#), the program needed to focus its remedial efforts on those physiotherapists that required the most support.



## Appendix C: 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 registrants 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 Quality Assurance program recommended by the Quality Assurance Working Group</li><li>• Approved the framework for a new Program in principle for consultation</li><li>• Approved the proposal to pause practice assessments for one year between April 2018 to March 2019 to allow the College to spend the time and resources to develop the new Program</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, to launch in April 2019</li><li>• Assigned to the Quality Assurance Working Group the role of providing policy direction on 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 Quality Assurance Working Group to remove the additional random selection of physiotherapists who are "above threshold" after the screening interview to do an assessment</li><li>• Deferred considering whether non-clinical PTs should engage in practice assessments in the new Quality Assurance 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 assessment, they will be asked to submit copies of the policies for review</li><li>• Provided direction that the assessment should include a component where the assessor provides feedback and engages in discussion with the registrant</li></ul>
December 2018	<ul style="list-style-type: none"><li>• Approved the Quality Assurance Working Group's recommendation to include a chart review component in the screening interview process. The inclusion of the chart review as part of the screening interview will be re-evaluated based on the pilot test assessment results</li></ul>



Date	Council Direction and Decisions
	<ul style="list-style-type: none"><li>• Approved the Quality Assurance Working Group's recommendation to defer consideration of a non-clinical Quality Assurance assessment for two years</li><li>• Approved the Quality Assurance Working Group's recommendation that the Quality Assurance program selects 9.1% of eligible registrants for assessment in the year 2019-2020</li><li>• Approved the Quality Assurance Working Group's recommendations related to Quality Assurance program policies, with some amendments:<ol style="list-style-type: none"><li>1. Updated timelines for the screening interview and assessment processes.</li><li>2. Registrants 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 Quality Assurance Program's deferral policy.</li><li>3. Registrants 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 registrant who is the subject of an active professional conduct matter should be added as a criterion in the policy.</li><li>5. The Quality Assurance program should continue to accept volunteers; however, there should be criteria defined for who can volunteer: only if the registrant has never been assessed before and meets the inclusion criteria for selection.</li></ol></li></ul>
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. Screening Interview</li><li>4. 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. 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></ol></li></ul>





Date	Council Direction and Decisions
June 2019	<ol style="list-style-type: none"><li>2. Practice Assessment: Assessment – Assessor Selection and Utilization</li><li>3. Refusing to Participate in the Quality Management Program</li><li>4. Practice Assessment: Assessment – Observers Present at the Assessment</li></ol> <ul style="list-style-type: none"><li>• Approved the Quality Assurance Program evaluation plan</li><li>• Staff provided a report of the early results and observations from the pilot test process</li><li>• Staff provided an update on the project status and timelines, including the rationale for the postponement of the cut score study activity and the extension of project timelines</li></ul>
September 2019	<ul style="list-style-type: none"><li>• Council confirmed it is acceptable for the screening interview behaviour-based interview to be longer than one hour for some registrants.</li><li>• Council approved the cut score which is used to determine which PTs in the pilot test group will participate in an assessment after their screening interview.</li><li>• Council approved the recommendation that for the record review component of the screening interview, instead of the registrant submitting one de-identified record to the College for the assessor to review, the registrant completes a self-review of one record using the Record Keeping Standard Checklist.</li><li>• Council approved the recommendation to waive the record review component of the screening interview for four PTs whose employers refused to provide copies of records to the College but submit the record self-review of one record using the Record Keeping Standard Checklist.</li><li>• Council approved the recommendation that for the written policies review component of the assessment. Instead of the registrant submitting the policies to the College for the assessor to review, the registrant completes a self-review of their policies using the appropriate checklists.</li><li>• Council approved a reduction in the target number of assessments for the current fiscal year from the previous target of 794 to 250.</li></ul>



## APPENDIX D: High Level Financial Overview of the Quality Assurance Program

**NOTE: this overview is being presented as an FYI only. A full financial overview along with assumptions and projections will be presented to Council during the discussions related to the annual College's budget at the Council meeting in March 2021. Council's decision as it relates to the budget will determine how many physiotherapists are required to participate in the screening interview in 2021/2022.**

At the time that a new Quality Assurance Program was being contemplated, the Quality Assurance Working Group initially recommended that all physiotherapists should be required to complete a screening interview every five to six years.

Later discussions focused on eligibility criteria which would have resulted in 16-17% of eligible physiotherapists participating in the screening interview each year (reference: December 2017 Council meeting).

Additional research suggested that reviewing a physiotherapist's practice every 5-6 years was not necessary based on best practices in assessments research. At this time, it was suggested that having a physiotherapist participate in a screening interview once every 7 years would be sufficient.

Council subsequently confirmed that the costs associated with the new Program should not exceed the costs of running the previous Program as was in place in 2017-2018. The budgeted amount for 2017-2018 represented 5% of the College's annual budget. This meant that the costs associated with completing the screening interview and the follow up assessments could not exceed this amount.

It is important to note the following:

- The 2017-2018 budgeted amount would have increased each year if the previous program remained in place as Council was committed to having 5% of those eligible go through an on-site assessment each year
- The registrant base grows by approximately 2-3% each year
- Annual cost of living adjustments have varied since 2017-2018 going as high as 2.2%

Based on 2017-2018 data (# of eligible PTs at the time and the Program budget), it would take 8.3 years for all eligible physiotherapists to go through the screening interview. (reference Council meeting - December 2018). Based on the current # of eligible PTs it will now take 11 years for all eligible PTs to go through the screening interview due to the growth in the profession.

Note: The 2017-2018 Program budgeted amount included fees associated with the on-site assessments as that was the format of the previous program.



It did not include:

1. the costs associated with the per diems and expenses incurred by Quality Assurance Committee members to review the assessments results
2. the costs associated with remediation programs of which the College currently covers the first 10 hours of coaching sessions
3. staffing costs
4. program development costs
5. IT development costs

In 2017-2018 Council determined that 9.1% of eligible physiotherapists would be required to go through the screening interview each year if we were to run the Program at full capacity.

The pilot phase of the project saw 246 physiotherapists complete the screening interview and 32 were referred for an assessment. This was a referral rate of 13%. For budgeting purposes and assumption was made that approximately 10% of participants would be required to participate in an assessment. The consultant has suggested that a realistic referral rate would be 5-10%.

With the proposed changes to the threshold for successful completion (moving from 88% to 85%), 28 instead of 32 physiotherapists would have been referred for an assessment. This would be a referral rate of 11%. When the Program officially starts in January 2021, the screening interviews will start with those physiotherapists who have been in practice the longest AND have not participated in an onsite assessment under the previous QA program. It is possible that the initial referral rate for assessments may be higher.

#### **Key Considerations:**

- Physiotherapists who have held an Independent Practice certificate of registration for a minimum of two years are eligible to participate in the screening interview (7637 PTs fall into this category as of December 9, 2020)
- Research would suggest that all eligible PTs should go through the screening interview once every 7 years
- The College currently covers all costs associated with coaching for PTs who are required to participate in SCERPs. Costs in excess of 10 hours or outside of coaching are paid for by the registrant

#### **Initial Data Points:**

- This suggests that 1091 physiotherapists should go through the screening interview each year in order to ensure that all eligible PTs are assessed in the next 7 years (91 screening interviews a month). This would result in 14% of eligible physiotherapists going through the screening interview each year. NOTE: Council previously suggested



that 9.1% of eligible physiotherapists would be required to go through the screening interview each year based on the 2017-2018 budget

- This does not account for a projected annual increase in the registrant base of 2-3%
- Based on the consultant's recommendations 5-10% of the physiotherapists who complete an assessment will be required to participate in an assessment (55 – 109 Pts)
- Based on the early results from the pilot, keeping in mind the very small sample size, 20% of physiotherapists (5/25) who complete the assessment will be required to participate in a SCERP
- Fees paid to the assessor for a screening interview - \$170
- Fees paid to the assessor for an assessment - \$450 plus travel costs (estimated 50% local \$35 and 50% travel \$311 (global average))

Council will be provided with projections for the 2021/2022 fiscal year based on the following sample assumptions. The actual budget planning material will also include reference to a 3% increase in the number of PTs who are eligible to participate based on the growth in the registrant base.

## **SAMPLE**

\*7637 eligible PTs as of today's date

- 9.1% of eligible PTs go through the screening interview next year
  - Current council direction
  - **11 years** to have the current group of eligible PTs go through the screening interview
- 14% of eligible PTs go through the screening interview next year
  - Following best practices
  - **7.1 years** to have the current group of eligible PTs go through the screening interview
- 5% of eligible PTs go through the screening interview next year
  - The % of assessments completed under the previous program
  - **20 years** to have the current group of eligible PTs go through the screening interview

Additional Projection:

- 11.5% of eligible PTs go through the screening interview next year
  - Mid point between current Council direction and best practices
  - **8.7 years** to have the current group of eligible PTs go through the screening interview



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 5**

**Motion**

**Council Meeting  
December 18, 2020**

**Agenda # 5: Dissolution of Quality Assurance Working Group**

**It is moved by**

---

**and seconded by**

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**that:**

Council dissolve the Quality Assurance Working Group (QAWG) effective December 18, 2020.



<b>Meeting Date:</b>	December 18, 2020
<b>Agenda Item #:</b>	5
<b>Issue:</b>	Dissolution of the Quality Assurance Working Group (QAWG)
<b>Submitted by:</b>	Theresa Stevens, Vice President For the Quality Assurance Working Group

**Decision Sought:**

The Executive Committee is recommending that Council dissolve the Quality Assurance Working Group (QAWG) effective December 18, 2020.

**Background:**

In 2017, Council confirmed that it was time to conduct a formal review of the Quality Assurance Program to ensure that it was still "fit for purpose." Council appointed a Quality Assurance Working Group, which was charged with providing policy direction regarding the review and development of the new Quality Assurance Program.

**The initial members included:**

- Jill Adolphe, Citizen Advisory Group member
- Jatinder Bains, PT, Committee member
- James Lee, public Council member
- Darryn Mandel, PT, Council member
- Shelley Martin, Manager Quality Assurance
- Kathleen Norman, PT, Academic Council member
- Gary Rehan, PT, Council member
- Theresa Stevens, PT, Quality Assurance Committee Chair
- Jane Darville, public Council member (replaced James Lee mid-way through the project)

The Terms of Reference for the Quality Assurance Working Group are attached in Appendix A for reference.

Initially the QAWG was to be in place from January 2018 to March 2019, however the QAWG continued to meet until November 2020.

The Working Group met most recently on November 30<sup>th</sup> and in consultation with the Quality Assurance Committee are making a recommendation to Council regarding the threshold for successful completion for the screening interview. According to the initial work plan this was

the last piece of work for the QAWG to complete. Moving forward the administration of the program is to be carried out by the Quality Assurance Committee.

Given that the QAWG has completed its work it is time for the group to be formally dissolved.

The College is most appreciative of the time and effort made by members of the QAWG towards the development of the new Quality Assurance Program. Their careful consideration of public protection has resulted in a two-step program which will ensure that physiotherapists are assessed in an ongoing way and careful attention will be focused on those that need support.



## **APPENDIX A**

### **Quality Assurance Working Group**

#### **Terms of Reference**

**Date:** Approved by Council on March 20, 2018; Updated in January 2019

#### **Role**

The role of the Quality Assurance Working Group (the Working Group) is to provide policy direction regarding the review and development of the Quality Assurance Program.

#### **Accountability**

Council

#### **Responsibilities**

1. To identify questions and concerns for staff to consider and research.
2. Upon considering the research, to make recommendations about elements of the program (for example, the selection process, who will be selected, how many will be selected).
3. To identify items that should be brought forward to Council for decision-making.
4. To consider policy issues related to program operation as brought forward by staff and to provide advice and feedback (for example, program evaluation plan).
5. To select the appropriate external consultant for tools development based on project requirements and the proposals.

#### **Staff Responsibilities**

1. To bring forward outstanding policy questions to the Working Group for consideration and direction.
2. To bring items identified by the Working Group to Council for decision-making.
3. To schedule meetings as required.
4. To provide materials to the Working Group in advance of meetings.
5. To manage the agenda and discussion at meetings.

#### **Term**

The program review and development work is expected to take place from January 2018 to March 2019. The Working Group will continue until the expected completion of the program review and development work in March 2019, or as otherwise directed by Council.





## **Frequency of Meetings**

Working Group meetings will be scheduled as required based on the progress of the work. It is expected that the activity of the Working Group will be more intense in the first half of its term.

## **Composition**

- Jill Adolphe – Patient/Public
- Jatinder Bains - QAC
- Jane Darville - Councillor
- Darryn Mandel - Councillor
- Shelley Martin – QA Manger
- Kathleen Norman – Academic Councillor
- Gary Rehan - Councillor
- Theresa Stevens - QAC

# Final report and detailed review plan

for the College of Physiotherapists of Ontario

FINAL – November 22, 2019



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# About this document

This document summarizes the results of a preliminary review of CPO's current entry to practice (ETP) program that was undertaken to ensure the program is effective, fair, evidence-based and compliant with legal obligations. The review examined the program elements in light of obligations, effective practices identified in the literature, and current practices used by other regulatory bodies.

This final report identifies immediate actions that should be taken and decisions that need to be made, and outlines recommended plans for more detailed review to support decisions. It builds on three previous documents prepared by Cathexis, which can be referenced should additional detail be needed:

- **ETP program description** (September 13, 2019) which includes an overview of CPO's entry to practice program, overview of legal requirements, description of each component, and relationships between components.
- **Jurisdictional scan and literature review** (September 27, 2019), which identified current practices, trends and innovations in entry to practice programs across Canada; innovative practices that are being used outside of Canada; practices used by other Ontario regulatory colleges; and effective practices in entry to practice programming from the research literature.
- **Preliminary comparative analysis** (October 28, 2019), which compared CPO's current entry to practice program against obligations, effective practices identified in the literature, and current practices used by other regulatory bodies.

## List of abbreviations used in this report

<b>CAPR</b>	Canadian Alliance of Physiotherapy Regulators
<b>CFTA</b>	Canada Free Trade Agreement
<b>CPO</b>	College of Physiotherapists of Ontario
<b>ETP</b>	Entry to Practice
<b>HPARB</b>	Health Professions Appeals and Review Board
<b>HPRAC</b>	Health Professions Regulatory Advisory Council
<b>IEPT</b>	Internationally Educated Physiotherapist
<b>PCE</b>	Physiotherapy Competency Exam
<b>PT</b>	Physiotherapist/Physiotherapy
<b>PTA</b>	Physiotherapist Assistant
<b>RHPA</b>	Regulated Health Professions Act

# The College's entry to practice program

The College of Physiotherapists of Ontario (CPO) protects the public interest by regulating physiotherapists (PTs) in Ontario. Its authority comes from the *Physiotherapy Act, 1991* and the *Regulated Health Professions Act, 1991*.

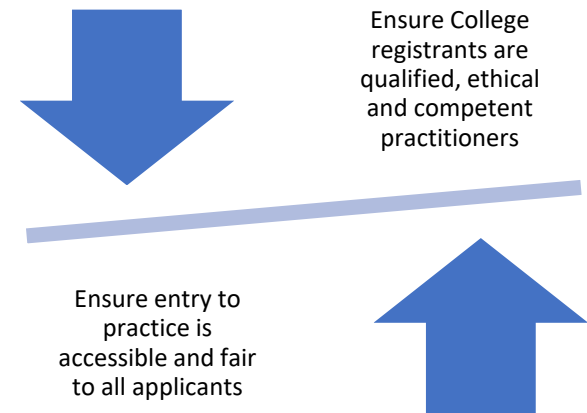
To practice PT in Ontario, individuals must hold a valid certificate of registration from CPO. CPO has established an entry to practice program to ensure that PTs who register for practice in Ontario are qualified, ethical, competent and safe practitioners. Applicants can apply for three types of certificates of registration: Provisional Practice, Independent Practice, and Courtesy. Requirements/processes may be different for internationally-educated applicants (e.g., education credentialing).

The entry to practice program includes a set of minimum registration **requirements** for becoming a PT and associated **processes** for entry-to-practice registration (listed in the table below). Some parts of the program are operated directly by CPO and some by other organizations.

The following page shows the essential elements of the CPO's entry to practice program.

<p><b>Registration requirements</b></p> <ul style="list-style-type: none"> <li>▪ Educational credentials<sup>1,2</sup></li> <li>▪ Language proficiency</li> <li>▪ Workplace or clinical experience</li> <li>▪ Registration examinations<sup>3</sup></li> <li>▪ Good character</li> <li>▪ Legal status</li> <li>▪ Professional liability insurance</li> <li>▪ Payment of fees</li> </ul>	<p><b>Registration processes</b></p> <ul style="list-style-type: none"> <li>▪ Providing information about the requirements and processes</li> <li>▪ Making registration decisions</li> <li>▪ Providing timely decisions</li> <li>▪ Holding internal reviews and appeals<sup>5</sup></li> <li>▪ Granting applicant access to records</li> </ul>
<p><b>Supporting elements</b></p> <ul style="list-style-type: none"> <li>▪ Essential competencies<sup>4</sup></li> <li>▪ Standards for educational programs<sup>1</sup></li> </ul>	

A good entry to practice program effectively balances two obligations: 1) protect the public by ensuring competent practitioners and 2) ensure that the program itself is fair and does not introduce unnecessary barriers to practice.



<sup>1</sup> Physiotherapy Education Accreditation Canada (PEAC) develops educational program standards and accredits Canadian physiotherapy education programs.

<sup>2</sup> The Canadian Alliance of Physiotherapy Regulators (CAPR) reviews the education and qualifications of international applicants.

<sup>3</sup> Physiotherapy Competency Examinations (written and clinical components) are administered by CAPR. The 2020 clinical exam will use a new blueprint.

<sup>4</sup> Essential competencies are prepared by the National Physiotherapy Advisory Group.

<sup>5</sup> Appeals are heard by the Health Professions Appeal and Reviews Board

# Essential elements of the College of Physiotherapists of Ontario's entry to practice program

## Governing legislation

Physiotherapy Act, 1991  
Regulated Health Professions Act, 1991

## Basic mandate of the College

**Protect public safety:** ensure that *only* qualified individuals can register  
**Be fair / promote access:** ensure that *all* qualified individuals can register

## Types of certificates

**Provisional Practice:** licence to practice as a PT Resident, with monitoring

**Independent Practice:** full PT licence.

- **Variations:** **Cross Border** allows non-Ont. PTs to occasionally see Ont. patients. **Emergency** allows non-Ont. PTs to see Ont. patients in an emerg.

**Courtesy:** temporary licence for specific research or educational activity

## Basic ETP pathway (see detailed pathway in Appendix A)



## Alternative pathways and additional steps

**Applicants trained abroad:** credentialing process, language exam (if not trained in En/Fr)

**Grandparenting:** PTs who registered before 1994 exempt from certain requirements

**Canadian labour mobility:** easily transfer registration from another province/territory

**Courtesy, Ind. Practice-Emergency, Ind. Practice-Cross Border certificates:** limited licences, for those registered as PTs elsewhere

## Key organizations involved

### College of Physiotherapists of Ontario

Sets registration reqs and administers ETP program  
Registrar reviews straightforward applications  
Registration Committee reviews complex applications

### Health Professions Appeal & Review Board

Independent body that handles appeals of application results

### Office of the Fairness Commissioner of Ontario

Ensures registration practices are fair, as per legislation

### Canadian Alliance of Physiotherapy Regulators

Assesses foreign credentials and language proficiency  
Develops/administers Physiother. Competency Exam  
Handles appeals for the above

### Physiotherapy Education Accreditation Canada

Accredits PT academic programs. Contributed (with other orgs) to development of national PT competencies and curriculum guidelines

## Initial registration requirements

- ✓ **Good character:** includes moral integrity, mental competence, ability to interact with patients/colleagues. Self-declaration and letters of good standing with other regulators. May soon include criminal background check (pending Council approval).
- ✓ **Insurance:** covers entire PT practice, \$5m limit, no deductibles, extends 10 years after practice ends.
- ✓ **Academic credential:** PT Master's degree from one of 15 accredited Canadian programs that follow national curriculum guidelines, or "substantially similar" foreign qualification.
- ✓ **Language proficiency:** "reasonable fluency" in spoken/written English or French.
- ✓ **Clinical experience:** 1,025 hours of hands-on experience, mostly with patients, as part of acad. program.
- ✓ **Exams:** pass the Physiotherapy Competency Exam (PCE) written component (200 multiple choice Qs) and clinical component (16 hands-on stations). 3 chances to pass. Based on PT competencies. Extensively quality-assured.
- ✓ **Legal status:** Canadian citizen or PR, or valid work permit.
- ✓ **Fees:** ~\$3,000+ for standard pathway. Cost recovery model. Cost of Master's is additional.

## Renewal reqs (annual)

**Fee:** \$595 (cost recovery); decreasing to \$575 in 2020  
**Hours:** 1,200 hours of clinical practice every 5 years (or detailed review through College Review Program)  
**Jurisprudence Education Program:** online module based on essential competency profile  
**Good character:** self-report  
**Insurance:** continue to carry

# Summary results of the preliminary review

The preliminary review found that CPO currently has a **very strong entry to practice program**. It appears to be quite **deliberately designed** with its obligations in mind, is generally **aligned** with effective practices, and is **consistent** with other regulators.

However, the context within which CPO must regulate physiotherapists is not static, but is ever-evolving. There are **a few areas that require some attention** to ensure that Ontario's physiotherapy entry to practice program continues to protect the public without over-burdening practitioners and without falling behind.

In some areas, the action required is clear and straightforward. These have been summarized in Section 1. There are other areas where **additional information will be needed** to support evidence-based decisions. These have been summarized in Section 2, along with recommended plans for more detailed review.

**None of the suggested actions or decisions will require legislative changes.** Some changes can be accomplished operationally, and some will require change in CPO's policies.

The tables on the next two pages summarize the results of the preliminary review. Further details are included in the subsequent sections.

## Summary results of the preliminary review

Program elements	CPO current practice	Summary assessment	Decisions/actions needed
<b>Insurance requirements</b>	<ul style="list-style-type: none"> <li>▪ Applicants require professional liability insurance, as follows:               <ul style="list-style-type: none"> <li>○ Coverage: entire practice of physiotherapy</li> <li>○ Liability limits: at least \$5 million for a single incident, at least \$5 million for each year.</li> <li>○ Deductibles: none.</li> <li>○ Tail insurance: must cover claims made up to 10 years after the member ceases practice</li> </ul> </li> </ul>	<p><b>One change is needed.</b> CPO should ask for proof of insurance (e.g., insurance certificate) within one year of entry, and at each renewal. This would ensure the public protection mechanism is in place, and would pose minimal burden on applicants.</p>	<ul style="list-style-type: none"> <li>▪ Implement mechanism to get proof of insurance</li> <li>▪ Alternatively, do a random audit of sample of registrants every 3-5 years (make response mandatory to ensure 100% response rate)</li> </ul>
<b>Transparency and information</b>	<ul style="list-style-type: none"> <li>▪ CPO is obligated to provide clear and accessible information regarding registration processes, requirements for registration, the amount of time the process usually takes, the fees charged, documentation required, and alternative documentation that is acceptable (RHPA ss.22.3,22.4(1)). CPO's website provides most of this information.</li> </ul>	<p><b>Working well</b> but current entry to practice program manual should be updated with current practices, processes and requirements.</p>	<ul style="list-style-type: none"> <li>▪ Update entry to practice program/policy manual</li> <li>▪ Publish entry to practice program/policy manual</li> </ul>
<b>Physiotherapy assistants (PTAs)</b>	<ul style="list-style-type: none"> <li>▪ PT Assistants (PTAs) support PTs in delivering care to their patients; they must work under the supervision of a licensed PT</li> <li>▪ PTAs are <u>not</u> regulated in Ontario.</li> </ul>	<p><b>Working well.</b> However, CPO should continue to monitor PTA scope of practice and independence, and consider applying to HPRAC for an opinion if and when appropriate.</p>	<ul style="list-style-type: none"> <li>▪ Monitor PTA practice and role in healthcare</li> </ul>
<b>Educational credentials</b>	<ul style="list-style-type: none"> <li>▪ Canadian trained applicants must have a Masters degree from an accredited Canadian PT program</li> <li>▪ IEPTs (Internationally Educated Physiotherapists) must have a degree from a “substantially similar” program (as determined by CAPR’s credentialing process) and may complete a bridging program or specific courses to fill any gaps in training</li> </ul>	<p><b>Further information is required.</b> CPO should advocate for the inclusion of telehealth and/or related competencies in academic programs so that PTs are more prepared to practice PT remotely. Additional information is needed to determine the extent and nature of the issue of cultural competence of IEPTs and the most appropriate response.</p>	<p>Determine:</p> <ul style="list-style-type: none"> <li>▪ How best to ensure that telehealth is included in academic programs</li> <li>▪ Whether cultural competence should be assessed as part of credentialing</li> <li>▪ Whether all IEPTs should be required to complete a bridging program or alternative mechanism to ensure cultural competence</li> </ul>
<b>Entry exams</b>	<ul style="list-style-type: none"> <li>▪ All applicants must pass the Physiotherapy Competency Exam (PCE), which includes written and clinical components that are completed at separate times.</li> <li>▪ The PCE is developed and administered by CAPR.</li> </ul>	<p><b>Working well.</b> The PCE fills important safeguarding and screening functions, but the timing and/or frequency of clinical component may not be sufficient. In addition, some IEPTs who initially register in Quebec are able to practice in Ontario without having passed the PCE.</p>	<p>Determine:</p> <ul style="list-style-type: none"> <li>▪ Whether to add a third clinical testing date each year, or whether to adjust the timing of the clinical test dates to minimize the time between program graduation and independent practice.</li> <li>▪ Whether IEPTs who initially register in Quebec pose any risk to public safety, and, if so, how to mitigate this risk while complying with the Canada Free Trade Agreement (CFTA).</li> </ul>
<b>Language proficiency</b>	<ul style="list-style-type: none"> <li>▪ Applicants trained in Canada, Australia, France, New Zealand, Ireland, South Africa, UK or the United States are assumed to be proficient in English or French.</li> <li>▪ The language proficiency of other IEPTs is determined by CAPR as part of the credentialing process. It is assessed through generic third party examinations which are not specific to PT.</li> </ul>	<p><b>Further information is required.</b> The current approach to language proficiency assessment is consistent with other provinces (except Quebec), but Ontario PT communication skills continue to be a concern despite the 2012 increase in cut scores. It is not clear whether the current requirements are sufficient.</p>	<p>Determine:</p> <ul style="list-style-type: none"> <li>▪ Whether to continue using generic language proficiency tests or move to a PT-specific language test.</li> <li>▪ Whether to adjust cut scores.</li> <li>▪ Whether there is a better way to assess language proficiency for the purpose of delivering PT care.</li> </ul>



Program elements	CPO current practice	Summary assessment	Decisions/actions needed
<b>Good character</b>	<ul style="list-style-type: none"> <li>▪ Self-declaration (13 questions re: criminal history, mental fitness)</li> <li>▪ Letter of good standing from most recent regulator, if the applicant was previously licensed in another jurisdiction or profession</li> <li>▪ CPO is making changes to its good character assessment</li> <li>▪ CPO may implement criminal background checks, pending Council approval</li> </ul>	<p><b>Changes are needed.</b> The current approach to assessing good character is not onerous for applicants, but does not effectively screen for criminal background, mental fitness, dishonesty, or academic integrity.</p>	<p>Determine:</p> <ul style="list-style-type: none"> <li>▪ What aspects of good character to assess, how to assess them and whether verification is required</li> <li>▪ Whether to require a criminal background check, and if so, what level and how often</li> <li>▪ What alternatives to allow for IEPTs who cannot obtain criminal background checks</li> </ul>
<b>Fees</b>	<ul style="list-style-type: none"> <li>▪ Application fees for all types of registration is \$100, which is waived for emergency certificates</li> <li>▪ Annual registration fees are \$595 for independent practice (with plans to decrease this to \$575), \$100 for cross border, and \$75 for provisional practice</li> <li>▪ There are other costs for applicants during the registration process, including at least \$2,815 for the PCE</li> <li>▪ IEPTs may also incur additional expenses: \$1,077 for credentialing, \$250-\$300 for a language exam and up to \$13,000 for an optional bridging program</li> </ul>	<p><b>Working well.</b> CPO's registration fees seem reasonable and are reviewed annually.</p> <p>The national coordinator function that CAPR serves seems valuable and costs less than CPO would pay to fill the same function itself. However, there does appear to be a tension in CPO's relationship with CAPR as a result of the funding and governance models. Withdrawing from CAPR would be more complex than appears on its surface, so potential consequences should be carefully considered.</p>	<p>Determine:</p> <ul style="list-style-type: none"> <li>▪ Whether the benefits of CAPR membership are worth the costs.</li> <li>▪ Whether alternative CAPR funding and/or governance models are desirable.</li> </ul>
<b>Provisional practice &amp; supervision</b>	<ul style="list-style-type: none"> <li>▪ Provisional practice certificate allows applicants to work as PT Residents for a limited time after they pass the PCE written component and before they take the PCE clinical component</li> <li>▪ PT Residents must be monitored (possibly remotely) by one or more fully registered PTs, who assess the Resident's abilities regularly and report to CPO only if requested or if they have concerns</li> <li>▪ If the PT Resident fails the PCE clinical component, the provisional practice certificate is revoked.</li> </ul>	<p><b>Changes are required.</b> Closer supervision of provisional PTs may be warranted. Alternatively, if there is a desire to remove provisional practice altogether, the timing of the PCE clinical component will need to be reviewed (additional sittings will need to be considered).</p>	<p>Determine:</p> <ul style="list-style-type: none"> <li>▪ Whether CPO should continue to offer provisional practice certificate</li> <li>▪ If so, whether supervision/monitoring requirements for provisional practice should be adjusted and/or there should be additional restrictions/limitations for provisional practice</li> <li>▪ If not, how the ripple effects will be addressed (e.g., need for more frequent clinical exams)</li> </ul>
<b>Registration decisions</b>	<ul style="list-style-type: none"> <li>▪ The CPO Registrar makes affirmative decisions about straightforward applications, where the applicant clearly meets all of the requirements</li> <li>▪ More complex applications are referred to the Registration Committee for adjudication.</li> <li>▪ The applicant is informed of the decision in writing. If the applicant disagrees with the result, they can appeal to the Health Professions Appeals and Review Board (HPARB)</li> <li>▪ The Registration Committee includes 5 members (3 PTs and two publicly-appointed councillors who are not PTs; 1-year term/9-year tenure).</li> </ul>	<p><b>Working well</b> with opportunities for improvement in the term and tenure of Registration Committee membership. However, any changes will need to consider implications of broader governance structures and processes (e.g., the three-year election cycles of Council and the appointment processes for committees).</p>	<p>Determine:</p> <ul style="list-style-type: none"> <li>▪ Whether to extend the term of Registration Committee membership to 2-3 years.</li> <li>▪ Whether to reduce the maximum tenure of Registration Committee membership to 6 years.</li> <li>▪ Whether to adjust the size or composition of the Registration Committee</li> </ul>

Section 1: Summary results requiring action (no further review required)

# Insurance requirements: preliminary findings

## What does CPO currently require?

Applicants require professional liability insurance, as follows:

- Coverage: entire practice of PT
- Liability limits: at least \$5 million for a single incident, at least \$5 million for each year.
- Deductibles: none.
- Tail insurance: must cover claims made up to 10 years after the member ceases practice

## Does it adequately protect the public?

**Not fully.** The purpose of insurance is to protect the public by ensuring that financial assistance is available if something goes wrong. However, this non-exemptible requirement is currently enforced only through self-declaration. The applicant declares that they have insurance and provides the policy number, but this is not checked.

## Is it reasonable and fair to applicants?

**Yes.** The required coverage is relatively inexpensive as far as professional liability insurance goes (\$250 to \$300 per year), and should not pose an undue burden for a practicing PT.

## Does it align with effective/common practices?

**Yes.** \$5 million liability limit is aligned with common practices. Most other Canadian PT regulators, as well as most Ontario regulators, require similar levels of coverage.

## Were any other considerations or concerns identified?

**No.**

## Summary assessment

**One change is needed.** CPO should ask for proof of insurance (e.g., insurance certificate) within one year of entry, and at each renewal. This would ensure the public protection mechanism is in place, and would pose minimal burden on applicants.

## Action needed

- Implement mechanism to get proof of insurance
- Alternatively, do a random audit of sample of registrants every 3-5 years (make response mandatory to ensure 100% response rate)

## Additional information required

None.

# Transparency and information: preliminary findings

## What does CPO currently do?

- CPO is obligated to provide clear and accessible information regarding registration processes, requirements for registration, the amount of time the process usually takes, the fees charged, documentation required, and alternative documentation that is acceptable (RHPA ss.22.3,22.4(1)). CPO's website provides most of this information.

## Does it adequately protect the public?

Information about process is intended for use by applicants and is not applicable to public protection.

## Is it reasonable and fair to applicants?

**Yes.** Information is meant to be clear, accurate, complete and easy to find. The CPO website contains all of the information that the vast majority of applicants would require. There are additional details that are harder to find (e.g., applicant's access to their records or exemptions to requirements for letters of professional standing for certain IEPTs), but these are only relevant to a small proportion of applicants

## Does it align with effective/common practices?

**Not fully.** The websites of some other regulators (e.g., College of Nurses of Ontario) have more comprehensive information all in one place.

## Were any other considerations or concerns identified?

**Yes.** The most recent comprehensive entry to practice program manual is from 2014. Since then, a number of processes and requirements have changed, and some registration practices are only known by staff and not fully documented.

## Summary assessment

**Working well** but current entry to practice program manual should be updated with current practices, processes and requirements.

## Action needed

- Update entry to practice program/policy manual.
- Publish entry to practice program/policy manual.

## Additional information required

None.

# Physiotherapy assistants (PTAs): preliminary findings

## What does CPO currently do?

- PT Assistants (PTAs) support PTs in delivering care to their patients; they must work under the supervision of a licensed PT
- PTAs are not regulated in Ontario.

## Does it adequately protect the public?

**Yes.** As long as PTAs operate alongside, and not independently of, PTs and PTs remain responsible for patients' care, there is minimal risk to the public.

## Is it reasonable and fair to applicants?

This has no impact on applicant registration.

## Does it align with effective/common practices?

**Yes.** PTAs are unregulated in every other jurisdiction we examined except for the United States, where they are regulated by the same body that regulates PTs.

The literature emphasizes that professional regulation can erect unnecessary barriers to entry, restrict public access, and raise the cost of care. Ontario's HPRAC has stated that regulation is only justified when there is a risk to public safety and there is no other adequate mechanism to mitigate this risk. In Ontario, assistant-type professions are only regulated when they provide service independently (e.g., paralegals, pharmacy technicians, registered practical nurses).

## Were any other considerations or concerns identified?

**Yes.** As demand for PT services increases (and to keep costs down), PTAs are providing more PT care to patients, potentially with greater independence.

## Summary assessment

**Working well.** However CPO should continue to monitor PTA scope of practice and independence, and consider applying to HPRAC for an opinion if and when appropriate.

## Action needed

Monitor PTA practice and role in healthcare

## Additional information required

None.

Section 2: Summary results requiring decisions, with recommended plans for more detailed review

# Educational credentials: preliminary findings

## What does CPO currently require?

- Canadian trained applicants must have a Masters degree from an accredited Canadian PT program
- IEPTs must have a degree from a “substantially similar” program (as determined by CAPR’s credentialing process) and may complete a bridging program (see box at bottom right) or specific courses to fill any gaps in training

## Does it adequately protect the public?

**Unknown.** The low PCE pass rates for IEPTs may indicate that the credentialing process is not as effective as it could be at ensuring that IEPTs have training equivalent to their Canadian counterparts. This is important because so many new applicants are IEPTs: in 2018, almost half (44%) of the newly-registered PTs were trained outside of Canada.

CAPR credentialing ensures that applicants trained elsewhere would have equivalent qualifications, and that they are knowledgeable about the practice of PT in Canada. CAPR engages in a review of the credentialing process every 5 years to ensure it meets best practice and legal requirements. However, the high IEPT fail rates on the entry exam suggest there is something important not being assessed in the process.

## Is it reasonable and fair to applicants?

**Yes.** The requirement is straightforward for Canadian-trained applicants. For IEPTs, the credentialing process takes longer and is more expensive, but is comparable to similar requirements for most other regulated health professions, and is done in a reasonable amount of time (5-12 weeks). IEPTs who choose to participate in a bridging program to fill gaps in their credentials may invest even more time and money (see box to the right).

## Does it align with effective/common practices?

**Yes.** All Canadian PT regulators require a Masters degree from an accredited PT program, and all use the CAPR process for credentialing IEPTs.

Canadian program accreditation is done by Physiotherapy Education Accreditation Canada (PEAC) based on national guidelines (2009) that specify topics that must be covered, and taking into account the Competency Profile for Physiotherapists in Canada (2017), which outlines what PTs must learn to practice competently. Accredited Canadian PT programs must include the competencies required for a PT to practice competently, as well as 1,025 supervised clinical hours.

## Were any other considerations or concerns identified?

**Yes.** PT academic programs may not prepare students to practice PT remotely (telehealth), which may become an essential competency in coming years and a key method of ensuring public access to PT.

Some concern has been raised about the cultural competence of IEPTs. It has been suggested that all IEPTs should complete a bridging program to ensure that they have the cultural competence, language abilities, and knowledge of Canadian and Ontario laws and conventions (e.g., billing practices) needed to practice competently in Ontario. Currently, bridging programs are not mandatory.

## Summary assessment

**Further information is required.** CPO should advocate for the inclusion of telehealth and/or related competencies in academic programs so that PTs are more prepared to practice PT remotely. Additional information is needed to determine the extent and nature of the issue of cultural competence of IEPTs and the most appropriate response.

Bridging programs are optional programs designed to fill gaps in training for foreign-trained applicants. They may also support the development of cultural competence for IEPTs.

These programs can be time-consuming and expensive (up to \$13,000), and there is only one bridging program for PTs in Ontario (University of Toronto).

Requiring all IEPTs to complete a bridging program could constitute a major barrier for IEPTs, as it would make their entry to the profession considerably more time-consuming and expensive. This should only be considered if there is reason to believe that current measures are insufficient to address risks.

The UK has a “period of adaptation”, which is supervised practice or training for an IEPT to make up for any shortfalls identified during the application. A similar model is used in Quebec.

# Educational credentials: recommended plans for additional review

## Decisions to be made

- How best to ensure that telehealth is included in academic programs
- Whether cultural competence should be assessed as part of credentialing
- Whether all IEPTs should be required to complete a bridging program or alternative mechanism to ensure cultural competence

## Additional information required

- Whether telehealth requires a distinct set of competencies
- Whether lack of cultural competence poses a significant risk to competent PT practice
- Examine effective practices in assessing cultural competence
- Feasibility and impact of mandating a bridging program or cultural competence course/workshop for all IEPTs

Additional review activity
<p><b>Telehealth inclusion</b></p> <ul style="list-style-type: none"> <li>▪ Conduct literature review focused on telehealth practice and competencies</li> <li>▪ Approach CAPR and/or PEAC to coordinate and advocate for any needed changes to competencies and/or program guidelines</li> </ul>
<p><b>Identify significant cultural competence-related challenges</b></p> <ul style="list-style-type: none"> <li>▪ Define “cultural competence” and determine significant cultural competence challenges and their impacts on PT practice (via literature and consultation with experts, CAPR, Ontario PT Association, employers etc.)</li> <li>▪ Mine/analyze complaints and disciplinary decisions to determine the extent and nature of the risk (if any) posed by lack of cultural competence</li> <li>▪ Update complaints codes to include a flag for potential cultural competence issues</li> <li>▪ <b>Optional:</b> If there is insufficient information in complaints and decisions, consider selecting a small number of complaints (e.g., 10) to follow up with to gather more detailed information (via interviews with key stakeholders)</li> </ul>
<p><i>If it is determined that cultural competence poses a significant risk, then...</i></p> <p><b>Assessing and screening for cultural competence</b></p> <ul style="list-style-type: none"> <li>▪ Consult literature and experts for effective practices in assessing cultural competence in health professions as well as building cultural competence</li> <li>▪ Assess the feasibility of effective practices identified</li> <li>▪ Draft summary of findings and recommendations for program changes to assess for cultural competence and support development of cultural competence</li> </ul>



# Entry exams: preliminary findings

## What does CPO currently require?

- All applicants must pass the Physiotherapy Competency Exam (PCE), which includes written and clinical components that are completed at separate times.
- The PCE is developed and administered by CAPR.

## Does it adequately protect the public?

**Yes.** The PCE is designed to assess the competencies required to practice PT at an entry level. CAPR has extensive quality assurance processes to ensure the reliability and validity of the PCE.

The PCE fills an important safeguarding function. Despite the extensive accreditation process for Canadian PT programs, individuals may still graduate from the programs without having all the requisite competencies, as evidenced by the fact that not all Canadian-trained applicants pass the PCE (2018 pass rates are 94% for the written component and 84% for the clinical component).

The PCE serves an even greater function for screening IEPTs: the 2018 pass rates for IEPTs were 53% for the written component and 55% for the clinical component.

## Is it reasonable and fair to applicants?

**Not fully.** The test itself seems to be fair and reasonable, and all applicants must complete the same exam. The frequency of the clinical component is not always reasonable – it is only offered twice a year (June and November), so applicants may have to wait up to six months after graduating before they are eligible for entry to independent practice. (In this interim period, they may practice under a provisional practice certificate.) Offering the clinical examination more often, however, would likely increase costs for all applicants.

Applicants pay \$1,002 to write the PCE written component and \$1,813 to take the clinical component. The exam fees are mid-range relative to other regulated health professions in Ontario. Expenses also mount for candidates who fail and retake the PCE components.

## Does it align with effective/common practices?

**Yes.** It is best practice to have a certification exam at arm's length from the educators and educational programs that provide the training. This reduces testing bias (ISO 17024, Standard 5, 2012; NCCA Standard 3: Education, Training & Certification, 2016). CAPR's quality assurance processes are well-aligned with effective practices in measurement.

There doesn't appear to be agreement about whether an exam is needed to assess professional competencies. While all Canadian PT regulators except Quebec use the PCE, many regulators outside of North America do not require a competency examination, except in some cases for IEPTs. However, the PCE fail rates in Canada support the need for an exam.

## Were any other considerations or concerns identified?

**Yes.** Some IEPTs may be able to practice in Ontario without having passed the PCE. In Quebec, instead of writing the exam, IEPTs can undergo a detailed assessment of practice within two years of registering. Once certified in Quebec and before undergoing the assessment, they can transfer to Ontario. Ontario must treat the Quebec certificate as a full practice certificate. These applicants would neither need to write the PCE nor have a detailed assessment of practice.

## Summary assessment

**Working well.** The PCE fills important safeguarding and screening functions, but the timing and/or frequency of clinical component may not be sufficient. In addition, some IEPTs who initially register in Quebec are able to practice in Ontario without having passed the PCE.

# Entry exams: recommended plans for additional review

## Decisions to be made

- Whether to add a third clinical testing date each year, or whether to adjust the timing of the clinical test dates to minimize the time between program graduation and independent practice.
- Whether IEPTs who initially register in Quebec pose any risk to public safety, and, if so, how to mitigate this risk while complying with the CFTA.

## Additional information required

The following information is needed to make informed decisions:

- Explore the feasibility and cost (to all stakeholders) of changes to the clinical testing schedule
- Identify optimal timing for clinical exam so it best aligns with graduation timing
- Assess whether IEPTs who initially register in Quebec (and do not sit the PCE) pose a risk to public safety
- Consult with Quebec's PT regulator to determine how to mitigate the above risk (if any identified) while complying with the CFTA, which specifies that members of regulated professions must be able to transfer their registration from one Canadian jurisdiction to another without impediment.

## Additional review activity

### Timing and/or frequency of clinical component

- Communicate with CAPR to find out how frequency and timing of clinical examination was determined (i.e., CAPR may have already done the following activities)
- Analyse patterns and timelines of exam completion using one or both of the following options:
  - **Option 1:** Determine common pathways to independent practice by analysing patterns and timelines of exam completion (e.g., one pathway is to do the written component prior to graduating and the clinical component the first sitting after graduation)
  - **Option 2:** For each clinical exam sitting, analyse the length of time between graduation and clinical exam completion (frequency distributions)
- Determine whether length of time to independent practice is acceptable, especially from the perspective of new members, through member survey or other consultation ("acceptability" may be influenced by availability of provisional practice certificate)
- Determine optimal timing for clinical exam so it best aligns with graduation timing, with consideration to findings from the previous two activities, in collaboration with CAPR
- Assess the implications and feasibility of changing the clinical testing schedule through discussions with CAPR (e.g., about logistics, costs, change in examination fees)
- Draft report with recommendations for CAPR about adjusting timing and/or frequency of clinical examination, if warranted

### IEPTs who initially register in QC and do not sit the PCE

- Review existing data over the last three years to determine the frequency and extent of this issue, as well as complaints data to determine the extent to which it poses a risk to public safety
- Consult with Quebec's PT regulator to determine how to mitigate the above risk (if any identified) while complying with the CFTA (e.g., explore possibility of Quebec offering this group provisional practice certificate instead).

# Language proficiency: preliminary findings

## What does CPO currently require?

- Applicants trained in Canada, Australia, France, New Zealand, Ireland, South Africa, UK or the United States are assumed to be proficient in English or French
- The language proficiency of other IEPTs is determined by CAPR as part of the credentialing process. It is assessed through third party examinations (TOEFL, IELTS, CANTest, or TestCAN), which are not specific to PT.

## Does it adequately protect the public?

**Unknown.** Language proficiency is assessed using generic third-party language proficiency exams. Cut scores on these exams were raised in 2012 following an external review. It is not known whether the new cut scores have addressed the concerns, since the effect of the higher cut scores has not yet been evaluated.

## Is it reasonable and fair to applicants?

**Unknown.** Language requirements are one of the most common areas where charges of discrimination can arise, as unnecessarily high score thresholds on language exams may make the profession de facto inaccessible to non-native speakers. It is an open question as to whether the scores required are reasonable and necessary (i.e. high enough to ensure PT competence, but not so high as to constitute discrimination).

## Does it align with effective/common practices?

**Not fully.** The third-party language exams used by CAPR are generic: they do not test knowledge of PT-specific vocabulary or communication skills, so may not ensure that applicants can communicate adequately with patients and colleagues (including, crucially, PTAs) in a PT practice context. Some regulators use profession-specific language examinations. There is an English examination specific to PT, the [Occupational English Test \(OET\) - Physiotherapy](#), used in Ireland, Australia, and New Zealand.

Regulators in jurisdictions outside of Canada sometimes include language proficiency assessment as an element of their licensing exam. This may not be the best approach in Canada because the exam is expensive, and it is not reasonable to expect applicants to complete it until their language proficiency is determined to be adequate.

Cut scores for standard language tests differ across regulators and professions, so there is no clear “best practice” cut score.

## Were any other considerations or concerns identified?

**Yes.** CPO continues to receive complaints about PTs’ communication skills. In addition, close to 50% of IEPTs fail the PCE written and clinical components. There is a perception that poor language proficiency contributes to the high failure rates among this group. If this is the case, current language tests and cut scores may be inadequate.

## Summary assessment

**Further information is required.** The current approach to language proficiency assessment is consistent with other provinces except Quebec, but Ontario PT communication skills continue to be a concern despite the 2012 increase in cut scores. It is not clear whether the current requirements are sufficient.

# Language proficiency: recommended plans for additional review

## Decisions to be made

- Whether to continue using general language proficiency tests or move to a PT-specific language test.
- Whether to adjust cut scores.
- Whether there is a better way to assess language proficiency.

## Additional information required

The following information is needed to make informed decisions:

- Identify the most significant language / communication challenges faced by IEPTs
- Evaluate the effect of the higher cut scores (pre and post 2012)
- Explore the efficacy of profession-specific vs. general language proficiency tests
- Explore interest and opportunities for a PT-specific language test (e.g., with CAPR and other Canadian PT regulators)

## Additional review activity

### Identify significant language-related challenges

- Determine significant language-related challenges and their impacts on PT practice (via literature and consultation with experts, CAPR, Ontario PT Association, employers etc.)
- Examine the impact of the change in cut-scores by reviewing examination pass rates of IEPTs pre and post 2012
- Mine/analyze complaints and disciplinary decisions to determine the extent and nature of the risk (if any) posed by language proficiency issues
- Update complaints codes to include a flag for potential language issues
- **Optional:** If there is insufficient information in complaints and decisions, consider selecting a small number of complaints (e.g., 10) to follow up with to gather more detailed information (via interviews with key stakeholders)

*If it is determined that language proficiency poses a significant risk, then...*

### Options for assessing language proficiency

- Consult literature and experts regarding effective practices in assessing language proficiency in health professions (e.g., profession-specific vs. general language assessment; other options for assessing language proficiency)
- Assess the feasibility of effective practices
- Draft summary of findings and recommendations for program changes to assess language proficiency

# Good character: preliminary findings

## What does CPO currently require?

- Self-declaration - 13 questions re: criminal history, mental fitness (see bottom right box)
- Letter of good standing from most recent regulator, if the applicant was previously licensed in another jurisdiction or profession
- CPO is making changes to its good character assessment
- CPO may implement criminal background checks, pending Council approval

## Does it adequately protect the public?

**Not fully.** Self-declaration, on its own, is not an effective way to screen for dishonesty or mental fitness to practice.

## Is it reasonable and fair to applicants?

**Yes.** Self-declaration is very low-burden (maximizes access to the profession). Only previously-licensed applicants need to provide a letter of good standing; this can be waived if it will be too challenging to obtain.

## Does it align with effective/common practices?

**Unknown.** There is no agreed-upon “best practice” for assessing good character. Other Ontario regulators and CAPR are also trying to figure out how to assess good character effectively.

All regulators we examined use self-declaration to assess good character. Some also take more rigorous approaches, e.g., requiring declaration under oath and/or requiring additional verification (criminal records check, medical examination, reference letters).

CPO’s requirements cover all of the good character elements that are commonly considered by other regulators (criminal history, standing with professional regulatory bodies and physical/mental fitness to practice. Some regulators also include elements not covered by CPO, including academic conduct, employer discipline, and work-related civil proceedings in their good character assessment.

## Were any other considerations or concerns identified?

**Yes.** Any additional requirements (e.g., criminal background check, declaration under oath) would increase fees and/or processing time for decisions.

## Summary assessment

**Changes are needed.** The current approach to assessing good character is not onerous for applicants, but does not effectively screen for criminal background, mental fitness, dishonesty, or academic integrity. CPO should explore, in particular, the implementation of criminal background checks.

## Current self-declaration questions

1. Have you ever been refused a certificate of registration from a regulator such as a College or Board?
2. Are you currently the subject of a complaint or investigation by a regulator in any jurisdiction?
3. Has there ever been a formal decision or finding made against you of professional misconduct, incompetence, or incapacity?
4. Have you ever had a certificate of registration or licence suspended, revoked or restricted?
5. Do you currently have a medical condition that could affect your ability to practice physiotherapy?
6. Have you ever been found guilty of malpractice?
7. Have you ever been found guilty of negligence?
8. Have you ever been found guilty of any offence under the law?
9. Are you currently the subject of bail conditions?
10. Have you ever faced criminal charges?
11. Have you ever been found guilty of criminal charges?
12. Have you ever faced charges under the Health Insurance Act?
13. Have you ever been found guilty of charges under the Health Insurance Act?

# Good character: recommended plans for additional review

## Decision(s) to be made

- What aspects of good character to assess, how to assess them and whether verification is required
- Whether to require criminal background checks
- What level of criminal background check to require
- How often to require criminal background checks
- What alternatives to allow for IEPTs who cannot obtain criminal background checks

## Additional information required

The following information is needed to make informed decisions:

- Identify which elements of good character are critical for public protection
- Determine if the elements of good character in the self-declaration are sufficiently comprehensive (e.g., should academic integrity be considered?)
- Determine which elements can be reliably assessed through self-declaration and which require additional verification (e.g., criminal background check, oath)
- For elements requiring additional verification, determine what verification approaches strike the best balance between public protection and fairness

## Additional review activity

### Assessment of good character

- Review past complaints and disciplinary decisions (from the last five years) to identify themes related to criminal history, dishonesty, physical and mental fitness, academic integrity, and standing with other professional associations, as well as other character-related concerns.
- Review and discuss findings of the above, along with the 2017 recommendations of CAPR's Good Character Working Group (see Appendix B) with a CPO committee or panel to determine:
  - What (if any) areas of character pose sufficient risk that they should be included in the self-declaration (if they are not already)
  - Which require additional verification due to their importance
  - For elements requiring additional verification, what verification approaches strike the best balance between public protection and fairness (including whether to require a criminal background check, level of criminal background check required, and frequency)

# Fees: preliminary findings

## What does CPO currently require?

- Application fees for all types of registration is \$100, which are waived for emergency certificates
- Annual registration fees are \$595 for independent practice (decreasing to \$575 in 2020), \$100 for cross border, and \$75 for provisional practice
- There are other costs for applicants during the registration process, including at least \$2,815 for the PCE
- IEPTs may also incur additional expenses: \$1,077 for credentialing, \$250-\$300 for a language exam and up to \$13,000 for an optional bridging program

## Does it adequately protect the public?

**Yes.** Registration fees allow CPO to provide supports to practicing PTs that serve a protective function (e.g., practice advice). They also support CPO's complaints and discipline processes.

## Is it reasonable and fair to applicants?

**Yes.** Current fee levels charged by CPO are based on a cost-recovery model. They are reviewed every year, and do not seem unduly burdensome for a practicing PT (they represent less than 1% of the average salary for PTs in Ontario).

Additional costs for the PCE or for IEPTs can add up and may pose a barrier for some applicants. This could be explored further if it is a concern.

## Does it align with effective/common practices?

**Yes.** The 2010 ETP review found that the fees are "reasonable, fair, objective, impartial, and transparent," and in line with fees charged by comparable regulatory bodies in Canada and abroad. Ontario PT application fee is on the low end (other Canadian PT regulators reviewed charge between \$40 and \$200). Registration fees are on the low end compared with other Ontario health regulators. While Ontario PT registration fees are on the high end compared with other Canadian PT regulators (the range is \$200 to \$805), this may be due to the relatively high level of service offered by CPO and the complexity of Ontario's *Regulated Health Professions Act*.

## Were any other considerations or concerns identified?

**Yes.** A portion of the registrant fees (\$20 each) fund CPO's membership in CAPR. This is distinct from the fees applicants pay for examinations or credentialing, and covers CAPR's national coordination function. Questions have been raised about the benefits of CAPR membership. CPO has one representative and one vote. Although all provinces are charged the same price per registrant, because CPO has more registrants, the total amount it pays is substantially more than most other provinces. Withdrawing from CAPR would mean that CPO would not have representation at the national table (to learn from and/or influence other Canadian PT regulators or to influence the exam content). In addition, CPO may incur expenses if it needs to undertake additional research or advocacy activity.

## Summary assessment

**Working well.** CPO's registration fees seem reasonable and are reviewed annually.

The national coordinator function that CAPR serves seems valuable and costs less than CPO would pay to fill the same function itself. However, there does appear to be a tension in CPO's relationship with CAPR as a result of the funding and governance models. Withdrawing from CAPR would be more complex than appears on its surface, so potential consequences should be carefully considered.

## Fees: recommended plans for additional review

### Decisions to be made

- Whether the benefits of CAPR membership are worth the costs.
- Whether alternative CAPR funding and/or governance models are desirable.

### Additional information required

The following information is needed to make informed decisions:

- Whether CAPR would consider alternative funding and/or governance models
- A comprehensive cost-benefit analysis that takes into account the value of CAPR membership, the risks of ending CAPR membership (to CPO and to CAPR), and the costs to CPO of taking on any essential functions formerly filled by CAPR.

### Additional review activity

#### CAPR membership

- Carry out a comprehensive cost-benefit analysis that includes the following steps:
  - Take stock of the benefits of CAPR membership, including influence over exam content, having a forum to discuss issues with other provincial regulators, influencing policy recommendations, sharing best practices, etc.
  - Determine replacement cost: assign monetary value to each of the benefits identified (i.e., annual cost to CPO if it were to carry out these activities itself). This will have to be done carefully to ensure that important costs aren't missed.
  - Calculate the net value of CAPR membership by subtracting the price of membership from the total value of the benefits
  - For benefits that CPO could not replace (e.g., influence on exam content), determine the potential risks associated with losing this benefit (e.g., implications of exam not reflecting Ontario context or needs), and determine if this is something CPO can live with
- Examine whether there are ways to better leverage the value of CAPR membership, through interviews with select CPO board members and staff.
- With information from the above cost-benefit analysis in mind, consult/negotiate with CAPR to identify opportunities for alternative funding and/or governance models (e.g., two representatives from Ontario)



# Provisional practice and supervision: preliminary findings

## What does CPO currently do?

- Provisional practice certificate allows applicants to work as PT Residents for a limited time after they pass the PCE written component and before they do the PCE clinical component
- PT Residents must be monitored (possibly remotely) by one or more fully registered PTs, who assess the Resident's abilities regularly and report to CPO only if requested or if they have concerns
- If the PT Resident fails the PCE clinical component, the provisional practice certificate is revoked

## Does it adequately protect the public?

**Not fully.** Supervision standards have been relaxed over time. Originally, on-site supervision was required. In 2004, the standard became monitoring (remote or on-site) with regular reporting to CPO. Then, in 2017, reporting requirements were relaxed. The impact of these changes on public protection does not appear to have been systematically assessed. However, we know that in 2018, the PCE clinical component had a failure rate of 30% (after passing the written component), suggesting that some PT Residents who aren't fully competent are practicing with minimal oversight.

## Is it reasonable and fair to applicants?

**Yes.** This is a stopgap measure to mitigate the fact that applicants may need to wait a long time before completing the PCE clinical component, allowing them to work during this time. The relaxed supervision requirements give them more choice of workplaces, including private clinics where they may be the only PT.

## Does it align with effective/common practices?

**Not fully.** Supervision requirements for Ontario PT Residents are lower than in most other Canadian jurisdictions. All Canadian PT regulators offer a time-limited interim certificate for provisional or supervised practice, but the level of supervision varies considerably across jurisdictions (e.g., BC – five hours per week; NL – 100% fully supervised).

## Were any other considerations or concerns identified?

**Yes.** It is in everybody's best interest to get newly graduated PTs working as quickly as possible, to increase access to PT services in Ontario, to keep new graduates' knowledge and skills fresh, and to enable them to earn a living while waiting for the clinical exam.

## Summary assessment

**Changes are required.** Closer supervision of PT Residents may be warranted. Alternatively, if there is a desire to remove provisional practice altogether, the timing of the PCE clinical component will need to be reviewed (additional sittings will need to be considered).

# Provisional practice and supervision: recommended plans for additional review

## Decisions to be made

- Whether CPO should continue to offer provisional practice certificate
- If so, whether supervision/monitoring requirements for provisional practice should be adjusted and/or there should be additional restrictions/limitations for provisional practice
- If not, how the ripple effects will be addressed (e.g., need for more frequent clinical exams)

## Additional information required

The following information is needed to make informed decisions:

- Determine optimal level of supervision to minimize risk to the public and barriers to the profession
- Assessment of the follow-on consequences of eliminating the provisional practice certificate, and what might be required in the alternative

## Additional review activity

### Optimal level of supervision for provisional practice

- Determine best practices and/or optimal levels of supervision (via literature and/or expert consult)
- Examine trends in complaints and disciplinary decisions when different supervision models have been in place (pre 2004, 2004-2017, after 2017), comparing complaints involving provisional certificates with those involving independent practice certificates
- Assess feasibility and implications of increasing supervision requirements, through consultation with stakeholders (e.g., member survey)

### Consequences of eliminating provisional certificate

- Identify the consequences of eliminating the provisional practice certificate, and implications for members (via member survey)
- Consultation with CAPR, other Canadian PT regulators and Ontario PT Association to identify implications of eliminating the provisional certificate and what might be required in the alternative (e.g., additional sittings of the PCE clinical component, or revised timing of the sittings).

### Decision to continue or eliminate provisional practice

- Briefing note summarizing what will be required to maintain the provisional practice certificate; what will be required to eliminate it; and a recommended course of action

# Registration decisions: preliminary findings

## What does CPO currently do?

- The CPO Registrar makes affirmative decisions about straightforward applications, where the applicant clearly meets all of the requirements
- More complex applications are referred to the Registration Committee for adjudication.
- The applicant is informed of the decision in writing. If the applicant disagrees with the result, they can appeal to HPARB
- The Registration Committee includes five members (3 PTs and two publicly-appointed councillors who are not necessarily PTs).

## Does it adequately protect the public?

**Yes.** Where there is any uncertainty, decisions are made by a panel of at least 3 people rather than by a single person.

## Is it reasonable and fair to applicants?

**Yes.** The Registration Committee is a tightly regulated body with formalized rules and procedures that are specified in the Regulation. Registration Committee members receive yearly orientation to their role, including training on fairness, bias, consistency of decisions, human rights, and conflict of interest.

Registration decisions are made within two weeks (straightforward applications) to ten weeks (for more complex applications). CPO uses a variety of mechanisms to minimize decision times.

## Does it align with effective/common practices?

**Not fully.** CPO's decision timelines are well within the range of other comparable regulators. However, the size and terms of the Registration Committee do not align with effective practice.

Registration committees should be small enough to allow for good communication and easy scheduling, but large enough to encompass a range of skills, perspectives, and backgrounds.<sup>1,2</sup> CPO's 5-member committee seems to align with this suggestion.

It is important to balance *continuity* of registration committee membership (longer terms and maximum tenure length) with *healthy turnover* (shorter terms and maximum tenure length).<sup>1,2</sup> CPO's 1-year term for the Registration Committee members appears to be on the short end (reducing continuity) while its maximum tenure of 9 years appears to be on the long end (thereby reducing turnover). Few Registration Committee members serve more than one term.

## Were any other considerations or concerns identified?

**No.**

## Summary assessment

**Working well** with opportunities for improvement in the term and tenure of Registration Committee membership. However, any changes will need to consider implications of broader governance structures and processes (e.g., the three-year election cycles of Council and the appointment processes for committees).

1. Professional Standards Authority 2015. Rethinking regulation. Retrieved September 13, 2019 at <https://tinyurl.com/yxr4zv4h>

2. Flynn, C. (2015). Identifying risk: Right touch regulation. Presented at INPTRA 2015.

# Registration decisions: recommended plans for additional review

## Decisions to be made

- Whether to extend the term of Registration Committee membership to 2-3 years.
- Whether to reduce the maximum tenure of Registration Committee membership to 6 years.
- Whether to adjust the size or composition of the Registration Committee.

## Additional information required

The following information is needed to make informed decisions:

- Explore reasons that Registration Committee members do not serve more than one term.
- If changes in the term or tenure of Registration Committee membership are desired, would need to consider implications of/for the broader CPO governance structures, including the three-year election cycles of Council and the appointment processes for committees.
- Determine if a committee of five members ensures a sufficient mix of skills, knowledge, perspectives and backgrounds required, using a skills and diversity matrix to identify any gaps.

## Additional review activity

### Registration Committee term and maximum tenure

- Explore Registration Committee member tenure and turnover patterns over the last 10 years
- Poll past Registration Committee members to get information about reasons they served as long as they did, and feedback about future options
- Draft summary of findings with recommendations for term length and maximum tenure

### Registration Committee size and composition

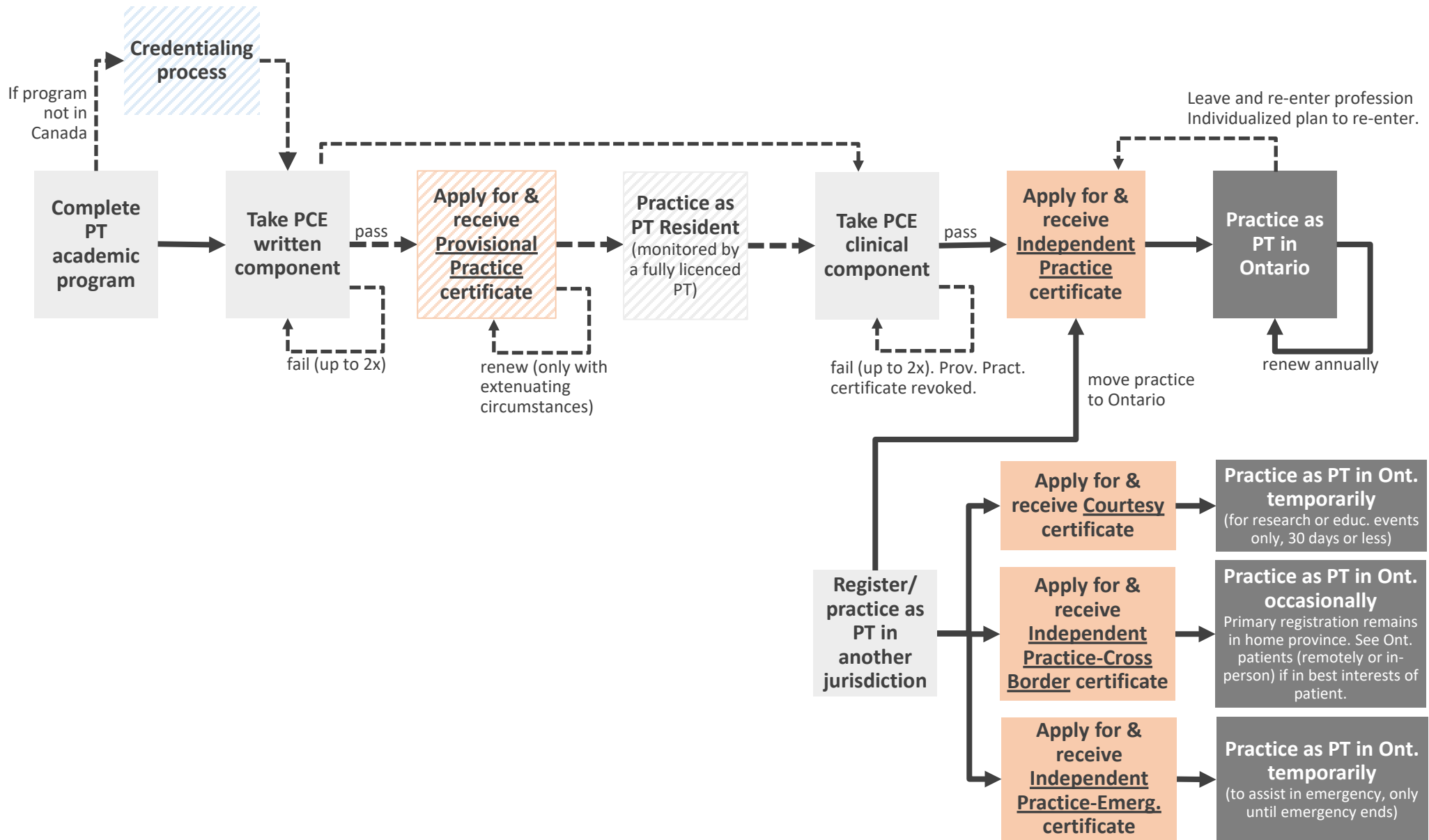
- Determine the requisite mix of skills, knowledge and perspectives for the Registration Committee, in light of the types of issues that arise and decisions that are required by the Committee (via review of minutes and consultation with current/past committee members, and considering findings from preliminary review jurisdictional scan)
- Take stock of the current mix of skills, knowledge and perspectives and identify any gaps
- Draft summary of findings with recommendations about future size and composition of the Registration Committee and/or adjustments to recruitment of members

# Appendices

- Appendix A: CPO's ETP program pathways
- Appendix B: Considerations for assessing good character

# Appendix A: CPO's ETP program pathways

This diagram outlines the most common pathways to enter the PT profession in Ontario.



# Appendix B: Considerations for assessing good character

CPO is considering a number of changes to the way it assesses good character, based on recommendations made by CAPR’s Good Character Workgroup

Issue	Considerations	What the College currently does	Recommendations of CAPR’s Good Character Workgroup
What does good character mean?	Good character is hard to define, and may include elements beyond just moral integrity.	Defined by legislation to include moral integrity as well as mental competence and ability to interact with patients/colleagues.	Adopt the definition of the UK’s Council for Healthcare Regulatory Excellence: good character means the person will protect the public good, not undermine public confidence in the profession, act in accordance to the standards expected in the profession, and is honest/trustworthy.
What self-report questions should be asked regarding past conduct?	Questions must encompass all relevant situations, but must not be so numerous as to constitute a burden.	Thirteen questions – listed on the previous page.	Replace the thirteen questions with a smaller number of higher-level questions, standardized with other Canadian regulators. It appears that these questions are still to be determined.
Should a criminal background check be required? What kind?	A criminal background check is more reliable than self-report. Under the <i>Police Record Checks Reform Act, 2015</i> there are three kinds: in ascending order of comprehensiveness, they are <b>criminal record check</b> ; <b>criminal record and judicial matters check</b> ; and <b>vulnerable sector check</b> . They vary in what they reveal (e.g. pardoned offenses, outstanding charges, discharges, probation, court orders, convictions as a minor, etc.).	No criminal background check is required, only self-report questions.	<p>Require a criminal background check at initial application. The type of criminal background check (see ‘considerations’ to the left) is to be determined.</p> <p>There is also discussion about criminal background checks at renewal of registration. Options under discussion include requiring a background check every 5 years, and requiring a self-declaration each year with random selection for verification.</p> <p>The <i>Police Record Checks Reform Act</i> (in force as of 2018) will need to be taken into account. The College has not yet received legal advice regarding the implications of the Act for requiring various kinds of criminal background checks for PTs.</p> <p>There does not appear to be any discussion about requiring criminal background checks from foreign countries that the applicant has lived in, which means crimes committed abroad would not be flagged.</p>
What kinds of past offenses/crimes should result in an application being denied?	Not all offenses/crimes may indicate a propensity to practice physiotherapy unsafely or unscrupulously.	This is left up to the discretion of the Registration Committee.	Consider the following criteria in assessing whether a past offense/crime should result in an application being denied: whether it indicates a propensity to harm patients, undermine public confidence in the profession, violate standards of the profession, or be dishonest; the time period of the offense/crime; the seriousness of the offense/crime; the relevance of the offense/crime to Physiotherapy; and any indication of rehabilitation (as indicated by insight, remorse, following through with sanctions, making a sustainable character change, etc.)
How old can letters of good standing be?	A letter of good standing from e.g. one year ago would not capture more recent wrongdoing, but it is not possible to have all letters dated the same day as the application.	Letters can be up to 6 months old, but the thirteen questions fill the gap by asking about conduct up to the date of the application.	Require letters of good standing to be no more than 3 months old. Also require the applicant to state “I understand that I must notify the College of any changes to information on this application as soon as it occurs.”
Must letters of good standing be sent directly to the College from the regulator?	If the applicant can send letters of good standing to the College, there is the possibility of forgery.	Applicants can request letters of good standing to be sent to them, then send them on to the College.	Obtain applicant’s regulatory history information <i>directly</i> from the other regulator, by email with enough information in the signature line to verify the sender.
How is it determined whether a profession is regulated in a foreign jurisdiction (and therefore requires a letter of good standing)?	There are a very large number of jurisdictions in the world, information can be inconsistent, and even professionals themselves are not always aware that their profession is regulated in their jurisdiction.	Maintains an informal, incomplete list of jurisdictions where Physiotherapy is believed/known to be regulated.	<p>Adopt a common list (shared with other Canadian regulators) of jurisdictions where Physiotherapy is regulated. The World Confederation for Physical Therapy (WCPT) keeps such a list, but it is not fully up to date.</p> <p>Require applicants who are from a jurisdiction known to be regulated to provide a Regulatory History form for that jurisdiction even if they say they were not registered there.</p>

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**MEMORANDUM TO:** Registrars and CEOs of Ontario's Health Regulatory Colleges

**FROM:** Sean Court  
Assistant Deputy Minister

**DATE:** Tuesday December 1<sup>st</sup>, 2020

**RE:** **Formal launch of the College Performance Measurement Framework**

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In follow up to my memo on September 1, 2020 regarding the 'soft launch' of the College Performance Measurement Framework (CPMF), I am pleased to inform you that today the Ministry of Health (ministry) is formally launching the CPMF.

I would like to thank you all for your comments and feedback that have helped inform the final drafts of the Reporting Tool and the Technical Specifications Document. Your feedback was used to provide further clarification to many of the Measures and Context Measures.

The CPMF that you have helped to develop will, for the first time in Ontario, further strengthen the accountability and oversight of Ontario's health regulatory Colleges by providing information that is transparent, consistent and aligned across all Colleges on their performance in serving the public's interest.

This work places a focus on areas of improvement (e.g., better support for changing public expectations, patient needs, and delivery of care models); makes it easier for patients, their families and employers to navigate the regulatory system; and through highlighting best practices reduces variation in the efficiency and effectiveness with which colleges carry out their functions.

The ministry is also aware that data and responses provided from the year 2020 are likely to be impacted by COVID-19, and that while the majority of the information requested in this reporting cycle should not be impacted, there may be instances where the requested data or information may be a significant outlier from previous years.



Ministry staff will work with you to ensure that this context is clearly communicated in the Colleges' Reporting Tools that will be posted on Colleges' websites to help the public better understand the information provided.

The ministry will not review and assess the degree to which a College has implemented the CPMF Standards for the purpose of publicly reporting on how well each College is performing during this first reporting cycle. However, during this baseline reporting cycle the ministry will:

- Provide each College with performance feedback and potentially identify opportunities for improvement, and
- Draft and post a Summary Report on the ministry website that will capture the Colleges' CPMF results at a system level (as opposed to the performance of each individual College).

Prior to beginning the second CPMF reporting cycle in October 2021, the ministry, together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of the reports and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle Colleges will be only asked to report back on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined Standards, Measures and Evidence.

I would like to thank all of you again for your advice and support to date.

The ministry looks forward to continuing this very important work with you over the coming year.

Sincerely,



---

Sean Court  
Assistant Deputy Minister

- c. Helen Angus, Deputy Minister, Ministry of Health (MOH)  
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH

# College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

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## INTRODUCTION

### THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

A CPMF has been developed by the Ontario Ministry of Health in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?”. This information will:

1. strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
2. help Colleges improve their performance.

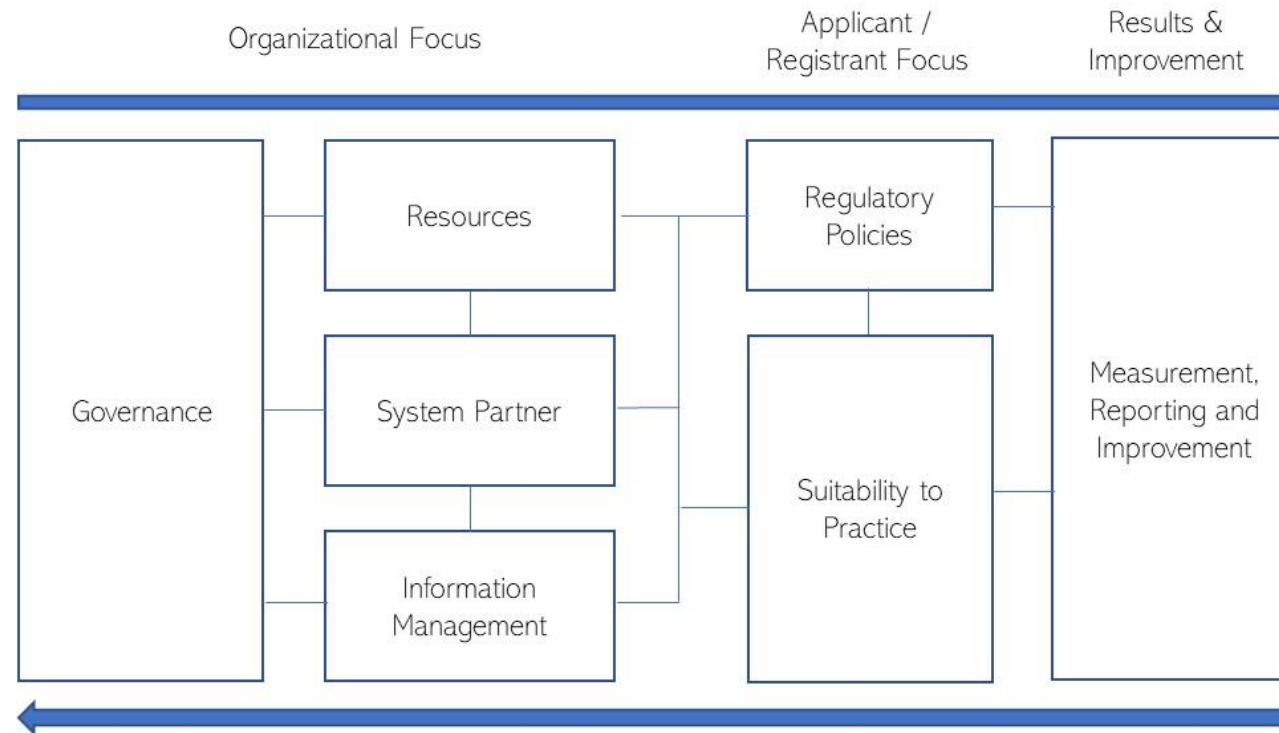
a) Components of the CPMF:

<b>1</b>	<b>Measurement domains</b>	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
<b>2</b>	<b>Standards</b>	→ Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
<b>3</b>	<b>Measures</b>	→ Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the standard.
<b>4</b>	<b>Evidence</b>	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
<b>5</b>	<b>Context measures</b>	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
<b>6</b>	<b>Planned improvement actions</b>	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

b) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario’s health regulatory Colleges’ key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

**Figure 1:** CPMF Model for measuring regulatory excellence



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

**Table 1:** Overview of what the Framework is measuring

Domain	Areas of focus
<b>1 Governance</b>	<ul style="list-style-type: none"> <li>The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance.</li> <li>Integrity in Council decision making.</li> <li>The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.</li> </ul>
<b>2 Resources</b>	<ul style="list-style-type: none"> <li>The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.</li> </ul>
<b>3 System Partner</b>	<ul style="list-style-type: none"> <li>The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.</li> </ul>
<b>4 Information Management</b>	<ul style="list-style-type: none"> <li>The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.</li> </ul>
<b>5 Regulatory Policies</b>	<ul style="list-style-type: none"> <li>The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.</li> </ul>
<b>6 Suitability to Practice</b>	<ul style="list-style-type: none"> <li>The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.</li> </ul>
<b>7 Measurement, Reporting and Improvement</b>	<ul style="list-style-type: none"> <li>The College continuously assesses risks, and measures, evaluates, and improves its performance.</li> <li>The College is transparent about its performance and improvement activities.</li> </ul>

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains**, **standards**, **measures**, **evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

*Example:*

Domain 1: Governance			
Standard	Measure	Evidence	Improvement
1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> <li>i. Meeting pre-defined competency / suitability criteria, and</li> <li>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.</li> </ul>
		b. Statutory Committee candidates have: <ul style="list-style-type: none"> <li>i. met pre-defined competency / suitability criteria, and</li> <li>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.</li> </ul>
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	Nil
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> <li>i. Council meetings;</li> <li>ii. Council</li> </ul>	Nil
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

## THE CPMF REPORTING TOOL

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('ministry') and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain;
2. complete the self-assessment;
3. post the Council approved completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.



As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting; and
- Changes resulting from refined standards, measures and evidence.<sup>1</sup>

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<sup>1</sup> Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

## Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the “required Evidence” set out in column two.

Furthermore,

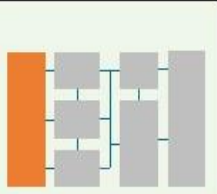
- where a College fulfills the “required evidence” it will have to:
  - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required:
  - clarification of which component of the evidence the College meets and the component that the College does not meet;
  - for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and
  - for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.
- where a College does not fulfill the required evidence, it will have to:
  - indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed CPMF Reporting Tool the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

The areas outlined in red in the example below are what Colleges will be asked to complete.

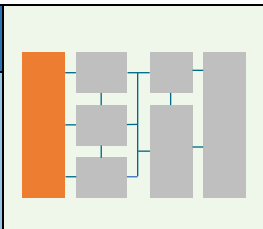
Example:

DOMAIN 1: GOVERNANCE		
Standard 1		
<p>Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.</p>		
Measure	Required evidence	College response
<p>1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.</p>	<p>a. Professional members are eligible to stand for election to Council only after:</p> <ul style="list-style-type: none"> <li>i. Meeting pre-defined competency / suitability criteria, and</li> <li>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</li> </ul>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i></li> <li>• Duration of orientation training:</li> <li>• Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</li> <li>• Insert a link to website if training topics are public <b>OR</b> list orientation training topics:</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p>

## PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is “No”, but also to provide information on improvement plans or improvement activities underway if the response is “Yes” or “Partially”.

DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> <li>i. meeting pre-defined competency / suitability criteria, and</li> <li>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</li> </ul>	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>• The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i></li> <li>• Duration of orientation training:</li> <li>• Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</li> <li>• Insert a link to website if training topics are public <b>OR</b> list orientation training topics:</li> </ul>
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>



		<p><i>Additional comments for clarification (optional):</i></p>
	<p>b. Statutory Committee candidates have:</p> <ul style="list-style-type: none"> <li>i. met pre-defined competency / suitability criteria, and</li> <li>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</li> </ul>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• The competency / suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i></li> <li>• Duration of each Statutory Committee orientation training:</li> <li>• Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</li> <li>• Insert link to website if training topics are public <b>OR</b> list orientation training topics for Statutory Committee:</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p>
	<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Duration of orientation training:</li> <li>• Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</li> <li>• Insert link to website if training topics are public <b>OR</b> list orientation training topics:</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

		<p><i>Additional comments for clarification (optional):</i></p>
<p>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p>	<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> <li>i. Council meetings;</li> <li>ii. Council</li> </ul>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> <li>• Year when Framework was developed <b>OR</b> last updated:</li> <li>• Insert a link to Framework <b>OR</b> link to Council meeting materials where (updated) Framework is found and was approved: &lt;insert link&gt;</li> <li>• Evaluation and assessment results are discussed at public Council meeting: Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:</li> </ul>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>	
	<ul style="list-style-type: none"> <li>• A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how often over the last five years? &lt;insert number&gt;</li> <li>• Year of last third-party evaluation: &lt;insert year&gt;</li> </ul>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>	

		<p><i>Additional comments for clarification (optional)</i></p>
	<p>c. Ongoing training provided to Council has been informed by:</p> <ul style="list-style-type: none"> <li>i. the outcome of relevant evaluation(s), and/or</li> <li>ii. the needs identified by Council members.</li> </ul>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training;</li> <li>• Insert a link to Council meeting materials where this information is found <b>OR</b></li> <li>• Describe briefly how this has been done for the training provided <u>over the last year</u>.</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p>
<p><b>Standard 2</b>  <b>Council decisions are made in the public interest.</b></p>		
<p><b>Measure</b></p>	<p><b>Required evidence</b></p>	<p><b>College response</b></p>
<p>2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.</p>	<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented <b>OR</b> last evaluated/updated:</li> <li>• Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy <b>OR</b> Council meeting materials where the policy is found and was discussed and approved:</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

		<i>Additional comments for clarification (optional)</i>
	<p>b. The College enforces cooling off periods<sup>2</sup>.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Cooling off period is enforced through: Conflict of interest policy <input type="checkbox"/> By-law <input type="checkbox"/> Competency/Suitability criteria <input type="checkbox"/> Other &lt;please specify&gt;</li> <li>• The year that the cooling off period policy was developed <b>OR</b> last evaluated/updated:</li> <li>• How does the college define the cooling off period?             <ul style="list-style-type: none"> <li>- Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;</li> <li>- insert a link to Council meeting where cooling of period has been discussed and decided upon; <b>OR</b></li> <li>- where not publicly available, please describe briefly cooling off policy:</li> </ul> </li> </ul> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

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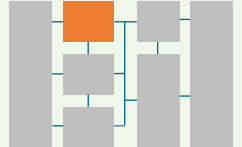
<sup>2</sup> Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.



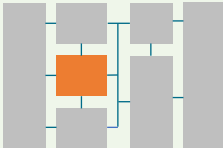
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"> <li>i. the completed questionnaires are included as an appendix to each Council meeting package;</li> <li>ii. questionnaires include definitions of conflict of interest;</li> <li>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</li> <li>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.</li> </ul>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• The year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated</li> <li>• Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/></li> <li>• Insert a link to most recent Council meeting materials that includes the questionnaire:</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Describe how the College makes public interest rationale for Council decisions accessible for the public:</li> <li>• Insert a link to meeting materials that include an example of how the College references a public interest rationale:</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>

Standard 3		
The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Insert link to webpage where Council minutes are posted:</li> </ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Insert a link to webpage where Executive Committee minutes / meeting information are posted:</li> </ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

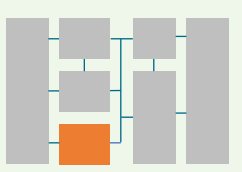
	<p>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College’s website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>Insert a link to the College’s latest strategic plan and/or strategic objectives:</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>3.2 Information provided by the College is accessible and timely.</p>	<p>a. Notice of Council meeting and relevant materials are posted at least one week in advance.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

DOMAIN 2: RESOURCES		
Standard 4		
The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.  <u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Insert a link to Council meeting materials that include approved budget <b>OR</b> link to most recent approved budget:</li> </ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

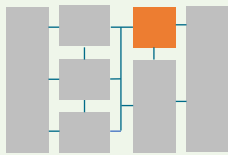
	<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If applicable:</u></p> <ul style="list-style-type: none"> <li>• Insert a link to “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved:</li> <li>• Insert most recent date when “financial reserve policy” has been developed <b>OR</b> reviewed/updated:</li> <li>• Has the financial reserve policy been validated by a financial auditor? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed.</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

DOMAIN 3: SYSTEM PARTNER		
Standard 5 The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.		
Standard 6 The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.		
Standard 7 The College responds in a timely and effective manner to changing public expectations.		
Measure / Required evidence: N/A	College response	
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i></p> <p><i>Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i></p>	

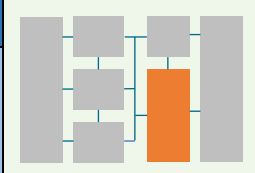
<p>The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p><b>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</b></p> <ul style="list-style-type: none"> <li>Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.</li> </ul>	<p><b>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</b></p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <li>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).</li> </ul>	
	<table border="1"> <tr> <td data-bbox="701 683 1623 1417"> <p><b>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</b></p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> <li>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</li> <li>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</li> </ul> </td> <td data-bbox="1631 683 2491 1417"> <p><b>Standard 7: The College responds in a timely and effective manner to changing public expectations.</b></p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> <li>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</li> <li>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</li> </ul> </td> </tr> </table>	<p><b>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</b></p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> <li>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</li> <li>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</li> </ul>
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DOMAIN 4: INFORMATION MANAGEMENT		
Standard 8 Information collected by the College is protected from unauthorized disclosure.		
Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> • Insert a link to policies and processes <b>OR</b> provide brief description of the respective policies and processes.
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>



DOMAIN 5: REGULATORY POLICIES		
Standard 9		
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.		
Measure	Required evidence	College response
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>  • Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment <b>OR</b> describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how).
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
	<i>Additional comments for clarification (optional)</i>	
	b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components: <ul style="list-style-type: none"> <li>i. evidence and data,</li> <li>ii. the risk posed to patients / the public,</li> <li>iii. the current practice environment,</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)</li> <li>v. expectations of the public, and</li> <li>vi. stakeholder views and feedback.</li> </ul>	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>  • For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) <b>OR</b> describe it in a few words.
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>		
<i>Additional comments for clarification (optional)</i>		

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) <sup>3</sup> .	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>• Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements <b>OR</b> describe in a few words the processes and checks that are carried out:</li> <li>• Insert a link <b>OR</b> provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.):</li> </ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>



<sup>3</sup> This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon <b>OR</b> describe in a few words the process and checks that are carried out.</li> <li>• Provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency<sup>4</sup> and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon <b>OR</b> provide a brief overview:</li> <li>• List the experts / stakeholders who were consulted on currency:</li> <li>• Identify the date when currency requirements were last reviewed and updated:</li> <li>• Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

<sup>4</sup> A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

<p>10.3 Registration practices are transparent, objective, impartial, and fair.</p>	<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> <li>• Insert a link to the most recent assessment report by the OFC <b>OR</b> provide summary of outcome assessment report:</li> <li>• Where an action plan was issued, is it: Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued <input type="checkbox"/></li> </ul>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (if needed)</i></p>

Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>• Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:                             <ul style="list-style-type: none"> <li>– Name of Standard</li> <li>– Duration of period that support was provided</li> <li>– Activities undertaken to support registrants</li> <li>– % of registrants reached/participated by each activity</li> <li>– Evaluation conducted on effectiveness of support provided</li> </ul> </li> <li>• Does the College always provide this level of support: Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>If not, please provide a brief explanation:</i> </li> </ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

<p>11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation<sup>5</sup>.</p>	<p>a. The College has processes and policies in place outlining:</p> <ul style="list-style-type: none"> <li>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</li> <li>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and</li> <li>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</li> </ul>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> <li>• List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> link to website where this information can be found:</li> <li>• Is the process taken above for identifying priority areas codified in a policy: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to policy</i></li> <li>• Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach <b>OR</b> describe right touch approach and evidence used:</li> <li>• Provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable): <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <li>– Public Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>– Employers Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>– Registrants Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>– other stakeholders Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul> </li> <li>• Insert link to document that outlines criteria to inform remediation activities <b>OR</b> list criteria:</li> </ul>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>

<sup>5</sup> “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

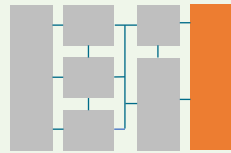
<p>11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</p>	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> <li>• Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> describe the process:</li> <li>• Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> describe the process:</li> </ul>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (if needed)</i></p>

Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	College response
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>• Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant:</li> <li>• Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Does the College evaluate whether the information provided is clear and useful: Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>• Insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>)</li> </ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>



	<p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p>	<ul style="list-style-type: none"> <li>List all the support available for public during complaints process:</li> <li>Most frequently provided supports in CY 2020:</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process <b>OR</b> provide a brief description:</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p><b>Standard 13</b> All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</p>		
<p>Measure</p>	<p>Required evidence</p>	<p>College response</p>
<p>13.1 The College addresses complaints in a right touch manner.</p>	<p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>Insert a link to guidance document <b>OR</b> describe briefly the framework and how it is being applied:</li> <li>Provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable):</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

Standard 14		
The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>• Insert a link to policy <b>OR</b> describe briefly the policy:</li> <li>• Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).</li> </ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15		
The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Insert a link to document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included <b>OR</b> list KPIs and rationale for selection:</li> </ul>
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
	<i>Additional comments for clarification (if needed)</i>	
b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.	b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Insert a link to last year’s Council meetings materials where Council discussed the College’s progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes:</li> </ul>
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
	<i>Additional comments for clarification (if needed)</i>	

		<i>Additional comments for clarification (if needed)</i>
<p>15.2 Council directs action in response to College performance on its KPIs and risk reviews.</p>	<p>a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Insert a link to Council meeting materials where relevant changes were discussed and decided upon:</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
<p>15.3 The College regularly reports publicly on its performance.</p>	<p>a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Insert a link to College’s dashboard or relevant section of the College’s website:</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>

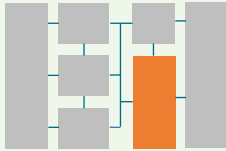
## PART 2: CONTEXT MEASURES

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended methodology to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

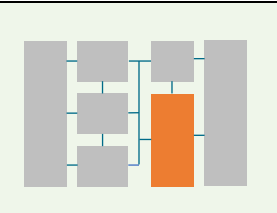
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

<b>DOMAIN 6: SUITABILITY TO PRACTICE</b>																							
<b>Standard 11</b> <b>The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.</b>																							
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:																							
<b>Context Measure (CM)</b>																							
<b>CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*</b>																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%; padding: 5px;">Type of QA/QI activity or assessment</th> <th style="width: 20%; padding: 5px;">#</th> </tr> </thead> <tbody> <tr><td style="padding: 5px;">i. &lt;Insert QA activity or assessment&gt;</td><td></td></tr> <tr><td style="padding: 5px;">ii. &lt;Insert QA activity or assessment&gt;</td><td></td></tr> <tr><td style="padding: 5px;">iii. &lt;Insert QA activity or assessment&gt;</td><td></td></tr> <tr><td style="padding: 5px;">iv. &lt;Insert QA activity or assessment&gt;</td><td></td></tr> <tr><td style="padding: 5px;">v. &lt;Insert QA activity or assessment&gt;</td><td></td></tr> <tr><td style="padding: 5px;">vi. &lt;Insert QA activity or assessment&gt;</td><td></td></tr> <tr><td style="padding: 5px;">vii. &lt;Insert QA activity or assessment&gt;</td><td></td></tr> <tr><td style="padding: 5px;">viii. &lt;Insert QA activity or assessment&gt;</td><td></td></tr> <tr><td style="padding: 5px;">ix. &lt;Insert QA activity or assessment&gt;</td><td></td></tr> <tr><td style="padding: 5px;">x. &lt;Insert QA activity or assessment&gt;</td><td></td></tr> </tbody> </table>	Type of QA/QI activity or assessment	#	i. <Insert QA activity or assessment>		ii. <Insert QA activity or assessment>		iii. <Insert QA activity or assessment>		iv. <Insert QA activity or assessment>		v. <Insert QA activity or assessment>		vi. <Insert QA activity or assessment>		vii. <Insert QA activity or assessment>		viii. <Insert QA activity or assessment>		ix. <Insert QA activity or assessment>		x. <Insert QA activity or assessment>		<p><b>What does this information tell us?</b> Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</p> <p>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.</p>
Type of QA/QI activity or assessment	#																						
i. <Insert QA activity or assessment>																							
ii. <Insert QA activity or assessment>																							
iii. <Insert QA activity or assessment>																							
iv. <Insert QA activity or assessment>																							
v. <Insert QA activity or assessment>																							
vi. <Insert QA activity or assessment>																							
vii. <Insert QA activity or assessment>																							
viii. <Insert QA activity or assessment>																							
ix. <Insert QA activity or assessment>																							
x. <Insert QA activity or assessment>																							
* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.																							
<b>NR = Non-reportable: results are not shown due to &lt; 5 cases</b>																							

*Additional comments for clarification (if needed)*

**DOMAIN 6: SUITABILITY TO PRACTICE**



**Standard 11**  
**The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care**

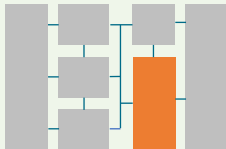
Statistical data collected in accordance with recommended methodology or College own methodology:  Recommended  College methodology

*If College methodology, please specify rationale for reporting according to College methodology:*

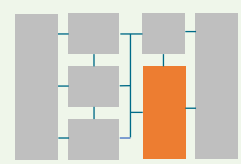
Context Measure (CM)	#	%	
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2020			<p><b>What does this information tell us?</b> If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer him or her to the College’s QA Committee.</p> <p>The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.</p>
<b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *			

*Additional comments for clarification (optional)*

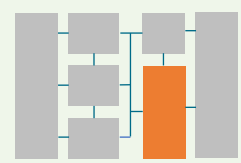
\* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

DOMAIN 6: SUITABILITY TO PRACTICE			
<b>Standard 11</b> <b>The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.</b>			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
<b>CM 4.</b> Outcome of remedial activities in CY 2020*:	#	%	<b><i>What does this information tell us?</i></b> This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**			
II. Registrants still undertaking remediation (i.e. remediation in progress)			
<i>Additional comments for clarification (if needed)</i>			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %) ** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.			



DOMAIN 6: SUITABILITY TO PRACTICE					
<b>Standard 13</b> All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.					
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:					
<b>Context Measure (CM)</b>					
<b>CM 5.</b> Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received†		Registrar Investigations initiated†		<i><b>What does this information tell us?</b> This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</i>
Themes:	#	%	#	%	
I. Advertising					
II. Billing and Fees					
III. Communication					
IV. Competence / Patient Care					
V. Fraud					
VI. Professional Conduct & Behaviour					
VII. Record keeping					
VIII. Sexual Abuse / Harassment / Boundary Violations					
IX. Unauthorized Practice					
X. Other <please specify>					
<b>Total number of formal complaints and Registrar’s Investigations**</b>		100%		100%	

<p>* <b>Formal Complaint:</b> A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p><b>Registrar’s Investigation:</b> Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>‡ <b>NR</b> = Non-reportable: results are not shown due to &lt; 5 cases (for both # and %)</p> <p>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar’s investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations.</p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

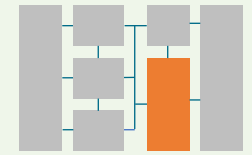
DOMAIN 6: SUITABILITY TO PRACTICE			
<b>Standard 13</b> All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:			
<b>Context Measure (CM)</b>			
<b>CM 6.</b> Total number of formal complaints that were brought forward to the ICRC in CY 2020			
<b>CM 7.</b> Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020			
<b>CM 8.</b> Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020			
<b>CM 9.</b> Of the formal complaints* received in CY 2020**: I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)‡ II. Formal complaints that were resolved through ADR III. Formal complaints that were disposed** of by ICRC IV. Formal complaints that proceeded to ICRC and are still pending V. Formal complaints withdrawn by Registrar at the request of a complainant Δ VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	#	%	
** <b>Disposal:</b> The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). * <b>Formal Complaints:</b> A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint. ‡ <b>ADR:</b> Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.			
<b>What does this information tell us?</b> The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee that investigates concerns about its registrants.			

<p>△ <i>The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</i></p> <p># <i>May relate to Registrars Investigations that were brought to ICRC in the previous year.</i></p> <p>** <i>The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.</i></p> <p>φ <b>Registrar's Investigation:</b> <i>Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</i></p> <p><b>NR = Non-reportable: results are not shown due to &lt; 5 cases (for both # and %)</b></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

**DOMAIN 6: SUITABILITY TO PRACTICE**

**Standard 13**

**All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.**



Statistical data collected in accordance with recommended methodology or College own methodology:  Recommended  College methodology

*If College methodology, please specify rationale for reporting according to College methodology:*

Context Measure (CM)							
<b>CM 10. Total number of ICRC decisions in 2020</b>							
Distribution of ICRC decisions by theme in 2020*		# of ICRC Decision†					
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care							
V. Fraud							
VI. Professional Conduct & Behaviour							
VII. Record keeping							
VIII. Sexual Abuse / Harassment / Boundary Violations							
IX. Unauthorized Practice							
X. Other <please specify>							

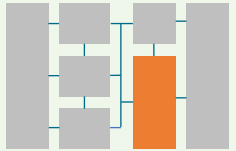
\* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2020.

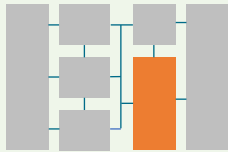
† NR = Non-reportable: results are not shown due to < 5 cases.

++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or findings.

**What does this information tell us?** This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

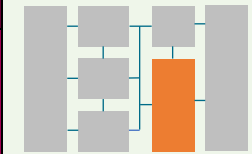
<p><b>DOMAIN 6: SUITABILITY TO PRACTICE</b></p> <p><b>Standard 13</b></p> <p><b>All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</b></p>		
<p>Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology</p> <p>If College methodology, please specify rationale for reporting according to College methodology:</p>		
<p><b>Context Measure (CM)</b></p>		
<p><b>CM 11.</b> 90<sup>th</sup> Percentile disposal* of:</p>	<p>Days</p>	<p><b>What does this information tell us?</b> This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</p> <p>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</p>
<p>I. A formal complaint in working days in CY 2020</p>		
<p>II. A Registrar’s investigation in working days in CY 2020</p>		
<p>* <b>Disposal Complaint:</b> The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>* <b>Disposal Registrar’s Investigation:</b> The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p>		
<p>Additional comments for clarification (if needed)</p>		

<b>DOMAIN 6: SUITABILITY TO PRACTICE</b>		
<b>Standard 13</b> <b>All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</b>		
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:		
<b>Context Measure (CM)</b>		
<b>CM 12.</b> 90th Percentile disposal* of:	Days	<p><b>What does this information tell us?</b> This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. *</p> <p>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</p>
I. An uncontested^ discipline hearing in working days in CY 2020		
II. A contested# discipline hearing in working days in CY 2020		
* <b>Disposal:</b> Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant). ^ <b>Uncontested Discipline Hearing:</b> In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent. # <b>Contested Discipline Hearing:</b> In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.		
Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology:  Recommended  College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 13. Distribution of Discipline finding by type\*

Type	#
I. Sexual abuse	
II. Incompetence	
III. Fail to maintain Standard	
IV. Improper use of a controlled act	
V. Conduct unbecoming	
VI. Dishonourable, disgraceful, unprofessional	
VII. Offence conviction	
VIII. Contravene certificate restrictions	
IX. Findings in another jurisdiction	
X. Breach of orders and/or undertaking	
XI. Falsifying records	
XII. False or misleading document	
XIII. Contravene relevant Acts	

**What does this information tell us?** This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.

\* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.

NR = Non-reportable: results are not shown due to < 5 cases.

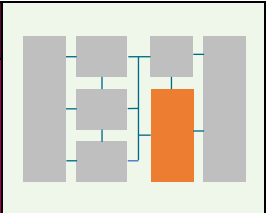
Additional comments for clarification (if needed)



DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology:  Recommended  College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 14. Distribution of Discipline orders by type\*

Type	#
I. Revocation <sup>+</sup>	
II. Suspension <sup>§</sup>	
III. Terms, Conditions and Limitations on a Certificate of Registration <sup>**</sup>	
IV. Reprimand <sup>^</sup> and an Undertaking <sup>#</sup>	
V. Reprimand <sup>^</sup>	

**What does this information tell us?** This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.

\* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.

+ Revocation of a registrant’s certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to “revoke” the certificate which terminates the registrant’s registration with the college and therefore his/her ability to practice the profession.

§ A suspension of a registrant’s certificate of registration occurs for a set period of time during which the registrant is not permitted to:

- Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

\*\* Terms, Conditions and Limitations on a Certificate of Registration are restrictions placed on a registrant’s practice and are part of the Public Register posted on a health regulatory college’s website.

^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice

# An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.

**NR = Non-reportable: results are not shown due to < 5 cases**

Additional comments for clarification (if needed)

**For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:**

Regulatory Oversight and Performance Unit  
Health Workforce Regulatory Oversight Branch  
Strategic Policy, Planning & French Language Services Division  
Ministry of Health  
438 University Avenue, 10th floor  
Toronto, ON M5G 2K8

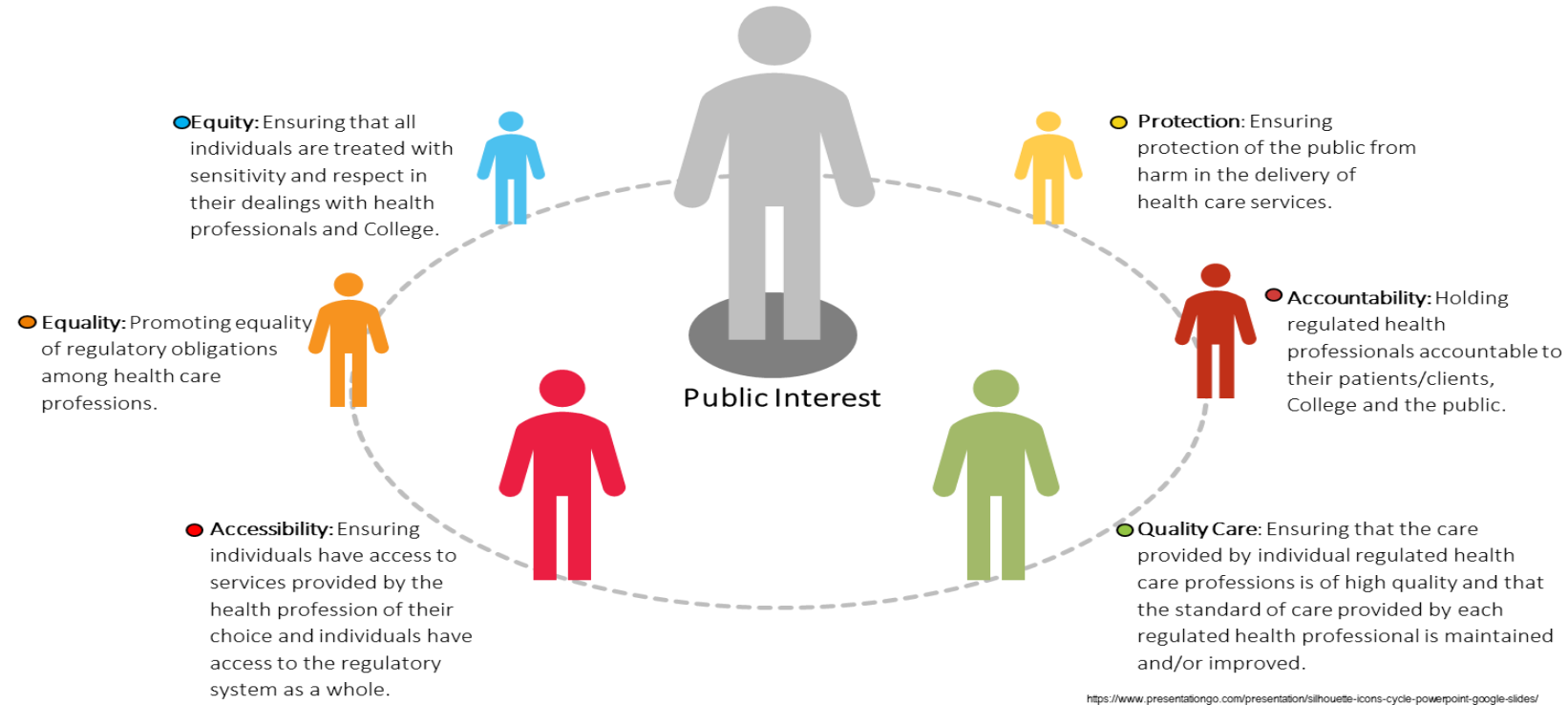
E-mail: [RegulatoryProjects@Ontario.ca](mailto:RegulatoryProjects@Ontario.ca)

**Appendix A: Public Interest**

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

## PUBLIC INTEREST

in the context of the College Performance Measurement Framework





COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 8**

**Council Meeting  
December 18, 2020**

**Agenda #8: Virtual Practice in Physiotherapy- Use of Technology**

**It is moved by**

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**and seconded by**

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**that:**

Council approve additional guidance regarding technology being incorporated into the Colleges virtual practice document.

<b>Meeting Date:</b>	December 18, 2020
<b>Agenda Item #:</b>	8
<b>Issue:</b>	Virtual Practice in Physiotherapy – Use of Technologies
<b>Submitted by:</b>	Rod Hamilton, Registrar Justin Rafton, Manager, Policy & Governance

## Issue

The College has a guidance document on [Virtual Practice in Physiotherapy](#), as it relates to the College’s existing standards and rules. Based on this guidance, PTs have been reaching out to the College regarding the technologies and platforms that can be used to provide virtual care. The Executive Committee directed staff to further research this issue and work to refine the current guidance, providing additional information on technologies and platforms.

Following a review, the Executive Committee has recommended additional guidance be added to the Virtual Practice document to provide further clarity on the matter.

## Background

In April 2020, amidst the early stages of the COVID pandemic and the [medical directive](#) to stop all non-essential services, the College [released](#) expectations regarding tele-rehabilitation given the existing standards and rules (see Appendix 1). This guidance is supplemental and not a professional standard of its own. It refers to other College standards/rules and legislation and is not unique to the College and its situation.

## Virtual Care - Privacy Considerations

[Personal Health Information Protection Act \(PHIPA\)](#) and [Personal Information Protection and Electronic Documents Act \(PIPEDA\)](#)

PHIPA is the provincial legislation that applies specifically to personal health information. PIPEDA is the federal legislation that applies more broadly to personal information, not just health-related. It would also come into effect when transmitting information across provincial or territorial borders.

Physiotherapists are expected to practice in compliance with such relevant privacy legislation in their practice, including in the use of tele-rehabilitation technologies.

Under s12(1) of PHIPA, health professionals are required to take steps that are “**reasonable in the circumstances**” to ensure that personal health information is protected against theft, loss, and unauthorized use or disclosure. Additionally, under s29, the health professional needs the **consent of the patient** to collect, use, or disclose such personal health information.

Neither the statutes nor the agencies that administer them have defined the technology platforms that meet these requirements as there are no PHIPA or PIPEDA certification programs to assess third-party compliance and the section related to consumer electronic service providers and rules around their use has not, as of yet, come into force (see PHIPA s54.1).

This means that physiotherapists (as health care providers/health information custodians) are responsible for ensuring tele-rehabilitation/virtual care is provided in a manner that protects patients' confidentiality and the privacy of their personal health information.

### Application to the use of tele-rehabilitation/virtual care technology

When choosing a technology to use for tele-rehabilitation/virtual care, it is important that the physiotherapist considers the privacy, confidentiality, and security of patient information and its transmission and storage. Important questions to ask include:

- Who can access the information?
- How is the information accessed?
- Whether the information is being recorded and saved by the technology provider and if so, how and why?
- Where is the data stored and how are security risks managed?
- What to do if there is a privacy breach?
- How data will be kept safe by the technology provider from loss, theft, or unauthorized access?
- If the technology provider's retention policies allow the PT to meet professional obligations?

After the physiotherapist ensures that they have taken the necessary steps and considerations to assess and select a technology platform, **a consent discussion with the patient then becomes crucial** so that the patient understands the risks with tele-rehabilitation and consents before proceeding on an ongoing basis.

### **Virtual Care - Use of Technologies**

While all health professionals must take reasonable measures to safeguard such personal health information, as noted above, the agencies that administer these privacy obligations, such as the Information and Privacy Commission have not defined acceptable technology platforms.

Further, the College does not have the technological expertise to assess platforms or individual practitioner needs or to recommend a specific technology provider.

Some associations have provided their members with advice on certain platforms they consider to be PHIPA compliant. These include the Ontario Telemedicine Network (OTN), Doxy, Zoom Health, Jane, Phzio, Physitrack, Physiotec, Clinicmaster, Mediseen, Dialogue, and Embodia. These are all examples of technologies that may be available to physiotherapists.

The Information and Privacy Commissioner of Ontario (IPC) does have a guidance document on [Communicating Personal Health Information by Email](#). The document refers to using end-to-end encryption technology to mitigate risks associated with emailing personal health information. However, the guidance notes that when an unencrypted email is used, the custodian (i.e. physiotherapist) must notify their patients of the email/technology policy and “obtain their consent prior to use”. The conversation should:

- be in plain language;
- indicate the types of information that may or may not be communicated;
- the risks of using that technology; and
- the circumstances where the custodian will use it.

In the interest of consistency, one approach could be that if this is the advice given on emails, the conversation around the use of a virtual platform should mirror this advice from the IPC in general.

To note though, the IPC does recommend that if virtual care to patients is going to continue, the PT should conduct a [Privacy Impact Assessment](#) to ensure ongoing compliance with PHIPA. So where the short term use of some of these platforms during the pandemic may be appropriate in the professional judgement of the PT as the benefits outweigh the risks and consent has been obtained, the PT should attempt and transition to a virtual platform-specific for healthcare services.

## Summary

The current College guidance on virtual practice provides PTs with things to consider when selecting technologies for tele-rehabilitation, without overstepping and providing specific advice or recommendations on the platforms themselves. In summary, the use of technology requires two key elements to be met:

- a. The PT has taken reasonable steps in the circumstances (test of reasonability) to ensure privacy; and
- b. The PT has met the requirement of obtaining informed consent.

## Next Steps

To provide further clarity regarding the choice and use of a technology platform for virtual practice, the following guidance is proposed to be added to the College document:

“When selecting and using a technology platform, physiotherapists must take reasonable steps to ensure that the personal health information is protected and that the patient provides informed consent before proceeding with care”.

## **Decision Sought**

Council is asked to approve the additional guidance regarding technology be incorporated into the College's Virtual Practice document.

## **Appendix**

- Appendix 1: College of Physiotherapists of Ontario Virtual Practice Guidelines





## Virtual Practice

### Expectations Regarding Tele-rehabilitation (Virtual Practice)

Based on Existing College of Physiotherapists of Ontario Standards and Rules

#### What is Tele-rehabilitation?

Tele-rehabilitation, also known as virtual care, is the delivery of professional physiotherapy services at a distance, using telecommunications technology as the service delivery medium.

Tele-rehabilitation relates to all aspects of patient care including the patient interview, physical assessment and diagnosis, treatment, maintenance activities, consultation, education, and training. It can include the use of media such as videoconferencing, email, apps, web-based communication, and wearable technology. Physiotherapist assistants may or may not be present with the patient.

Tele-rehabilitation is an alternate mode of service delivery of traditional rehabilitation services and as such, the practice of tele-rehabilitation does not remove or alter any existing responsibilities for the provider.

Providers must adhere to all existing practice requirements, including the scope of practice of the profession, the standards of professional practice, the code of ethics, as well as any provincial and federal laws that guide practice.

#### Registration Requirements

- Physiotherapists must be registered to practice in Ontario to provide tele-rehabilitation to patients in Ontario.
- Physiotherapists assessing or treating patients residing in another jurisdiction must be registered to practice in that jurisdiction.

#### Competence

Physiotherapists who provide tele-rehabilitation must ensure they have the knowledge, skills, abilities and judgment to safely and effectively provide care remotely.

## Standards and Expectations

[All relevant standards](#), rules and legislation apply to physiotherapists' performance of tele-rehabilitation.

This means:

- The College's standards of practice apply to the practice of tele-rehabilitation.
- The Colleges' code of ethics applies to the practice of tele-rehabilitation.
- All relevant legislation applies to the practice of tele-rehabilitation.
- Physiotherapists must use their professional judgement to determine:
  - Whether tele-rehabilitation is the most appropriate method to deliver services considering the circumstances.
  - Whether a direct physical examination is required to complete the assessment and determine a physiotherapy diagnosis and treatment plan.
  - Whether they have the ability to deliver substantively similar care as physiotherapy delivered face-to-face.
  - Whether patient factors such as physical, sensory, or cognitive deficits may impact the ability to deliver appropriate care through telerehabilitation.
- Physiotherapists must ensure that tele-rehabilitation does not expose the patient to greater risk than other possible service delivery methods.

Record keeping must indicate if the physiotherapy session was provided through tele-rehabilitation.

Physiotherapists must be aware of and comply with the privacy legislation relevant to tele-rehabilitation practice, including the Personal Health Information Protection Act.

Physiotherapists are accountable for the privacy and security of patients' health information that is transmitted for the purpose of tele-rehabilitation.

Physiotherapists must obtain informed consent for tele-rehabilitation.

The consent conversation must include all elements of consent according the Health Care Consent Act.

Physiotherapists must ensure clear communication in tele-rehabilitation.

Physiotherapists must manage the additional technology considerations associated with tele-rehabilitation such as security, data storage and technical trouble shooting.

Physiotherapists must have an adverse event plan in place should a patient experience an emergency during a tele-rehabilitation physiotherapy session.

## **Liability Insurance**

Liability insurance requirements apply in tele-rehabilitation.

Physiotherapists should check with their insurance providers if treating patients out of province to ensure coverage.

## **Fees and Billing**

Physiotherapists who provide tele-rehabilitation should ensure that their invoices are clear: that the care being billed for was provided through tele-rehabilitation who provided the care.

Physiotherapists should discuss fees and payment options with the patient.

Physiotherapists should advise their patients to confirm with their insurer whether tele-rehabilitation sessions are covered.

Government Advice and Direction on Tele-rehabilitation

The Ontario government recently directed that all health system employers should consider a review of their services and practices to identify how they can provide services to patient groups virtually or remotely.

## **References**

- Primary Care Providers in a Community Setting (This applies to physiotherapists as confirmed by the Ministry of Health.)
- [See the list of health benefit insurers](#) that have currently indicated they cover virtual physiotherapy. Visit the OPA website for additional COVID-19 [FAQs and resources](#).

[www.collegept.org](http://www.collegept.org)

## 9. CNAR Conference Written Report-Katie Schulz

### Councillor Key Learning

Submitted by: \_\_Katie Schulz\_\_

Name of Conference: \_\_CNAR Conference\_\_

Location and Date: \_\_Virtual from Sept 9-Nov 26, 2020\_\_

Conference website and URL link: <https://www.cnar-rcor.ca/post/cnar-2020-goes-digital>

#### **My top three key learnings from the conference:**

1. "Role of Regulators and Systemic Racism" In this session, examples of systemic bias within regulatory bodies was discussed. For example, why do we categorize registrants based on sex, ethnicity, place of training, etc.? Is there a risk of using complaints data to generalize a group of individuals? Or can we use the data to reduce inequities? Perhaps case files should be anonymized to decrease the risk of implicit bias when considering committee cases (e.g. ICRC, registration).
2. Certificate in the Fundamentals of Regulation Workshop. In the presentation on Diversity, Equity, and Inclusion, we discussed the ways in which regulators can ensure public safety through registrant education. Do registrants treat their patients equally? Do they use gender-neutral language in their practice? Are there resources available to registrants to assist them in becoming culturally sensitive, in providing equal access to care, to become aware of and address their own biases?
3. COVID Impact on Regulators session. There were discussions on the impact of COVID on investigations (more efficient, better cooperation, but some using it as excuse not to share records), hearings (easier to be part of hearings virtually, but concerns about hearings being illegally recorded), and financial status (increased supports for IT, license renewals delayed, fewer registrants achieving full licenses due to delayed testing).

#### **How these learnings will help me in my role as a councillor and/or committee member:**

1. "Role of Regulators and Systemic Racism" This session taught me to look more critically at the policies we have in place to ensure that our college isn't contributing to systemic racism, and to be more intentional about my own actions, questioning whether or not I bring bias into my actions/decisions.
2. I am interesting in exploring the creation of a DEI committee to review the College's documents and resources, to revise the Code of Ethics (if needed), to increase training for council, committees, staff, and to provide resources to registrants.
3. I am interested in learning more about how to use technology to safely conduct hearings and investigations (e.g. are there ways to 'proctor' individuals to ensure that no outside recording devices are being used, especially in closed hearings).

**Additional Comments:** It wasn't possible to be available every Wednesday and Thursday to attend lunchtime sessions, but the format had its advantages. It allowed me to attend all the sessions I was interested in without worrying about having to choose between two sessions held at the same time (as happens when conferences are in-person and sessions run concurrently).

**Agenda # 10**

President's Report

## **Agenda # 11**

Registrar's Report

## **Agenda # 12**

Member's Motion/s