



## MEETING OF THE BOARD OF THE COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

### Hybrid Meeting

Monday, June 24, 2024, from 9:00 – 4:30 p.m.

Tuesday, June 25, 2024, from 9:00 – 3:00 p.m.

### Commitment to the Public Interest

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

### Conflict of Interest and Bias

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

**Strategic Plan**  
2022-2026

**Mission**  
To protect the public interest by ensuring physiotherapists provide **competent, safe, and ethical care.**

**Vision**  
Inspiring **public confidence** in the physiotherapy profession.

Regulation and Risk

Engagement and Partnerships

Performance and Accountability

People and Culture

**Values**

Integrity & Trust » Inclusion & Respect » Transparency & Accountability » Collaboration



## BOARD AGENDA

Monday, June 24 2024

Item	Time	Topic	Page	Purpose
*	9:00 a.m.	<b>Welcome and Call to Order</b> <i>(N. Madhvani &amp; S. Dufour)</i> <ul style="list-style-type: none"> <li>• Roll Call</li> <li>• Territory Acknowledgement</li> <li>• Introduction of new Board Directors</li> </ul>	N/A	N/A
1.	9:30 a.m.	<b>Review and Approval of the Agenda</b> <i>(N. Madhvani)</i>	2-7	Decision
2.	9:35 a.m.	<b>Approval of the Consent Agenda</b> <i>(N. Madhvani)</i> <ul style="list-style-type: none"> <li>• Approval of the March 25-26, 2024 Board Meeting Minutes</li> <li>• Approval of the March 26, 2024 In-Camera Board Meeting Minutes</li> </ul>	9-21	Decision
3.	9:40 a.m.	<b>Chair's Report</b> <i>(N. Madhvani)</i>  The Board is provided with an overview and updated regarding key activities and initiatives.	22-23	Information
4.	9:50 a.m.	<b>Election Review</b> <i>(N. Madhvani)</i>  The Board is being asked to conduct a review of the 2024 Election in District 3 (Central Eastern).	24-55	Decision
*	10:35 a.m.	<b>Break (10 minutes)</b>		N/A
5.	10:45 a.m.	<b>Registrar's Report (with Dashboard)</b> <i>(C. Roxborough)</i>	56-67	Information



		The Board is provided with an overview and update regarding key activities and initiatives.		
6.	11:30 a.m.	<b>Code of Ethical Conduct</b> <i>(E. Ermakova)</i>  Following the consultation process, the Board is being asked to approve the Code of Ethical Conduct.	68-88	Decision
*	12:00 p.m.	<b>Lunch (45 minutes)</b>		N/A
7.	12:45 p.m.	<b>Q4 &amp; Year-End Financial Report</b> <i>(Z. Robinson)</i>  The Board will be provided with an update on the College's Q4 financial performance.	87-110	Information
8.	1:15 p.m.	<b>Update from the Ontario Physiotherapy Association (OPA)</b> <i>(C. Bean &amp; S. Hutchison)</i>  The Board will have an opportunity to meet the President and new CEO of OPA.	111	Education
9.	1:45 p.m.	<b>Update from the Canadian Alliance of Physiotherapy Regulators (CAPR)</b> <i>(B. Park)</i>  The Board will be provided with an update regarding the work of CAPR with a focus on modernizing credentialing and examination processes.	112	Education
*	2:30 p.m.	<b>Break (15 minutes)</b>		N/A
10.	2:45 p.m.	<b>Strategic Plan – Education Session</b> <i>(C. Roxborough)</i>  The Board will be provided with an overview of the College's current strategic plan.	113-115	Education



11.	3:30 p.m.	<b>Committee Slate 2024-2025</b> <i>(C. O'Kelly)</i>  The Board is being asked to approve the committee slate for 2024-2025.	116-128	Decision
*	4:30 p.m.	<b>Adjournment of Day One</b>		

Tuesday, June 25 2024				
Item	Time	Topic	Page	Purpose
12.	9:00 a.m.	<b>Annual Committee Reports</b> <i>(A. Ashton)</i>  The Board will be provided with the annual reports for all College Committees.	129-151	Information
13.	9:30 a.m.	<b>Approval and Review of Revised Standards (3<sup>rd</sup> batch) for Consultation</b> <i>(E. Ermakova)</i>  The Board is being asked to approve the third group of revised Standards for circulation.	152-164	Decision
14.	9:50 a.m.	<b>Final Approval and Review of Revised Standards (1<sup>st</sup> batch)</b> <i>(E. Ermakova)</i>  The Board is being asked to approve the first group of revised Standards following the consultation.	165-189	Decision
*	10:15 a.m.	<b>Break (10 minutes)</b>		
15.	10:25 a.m.	<b>By-law and Governance Policy Updates</b> <i>(M. Berger)</i>  The Board is being asked to consider updates to the following By-law provisions and Governance Policies: <ul style="list-style-type: none"><li>• By-law s.7.8(3)</li></ul>	190-197	Decision



		<ul style="list-style-type: none"><li>• Policy 7.10: Specialty Designation</li></ul>		
16.	10:45 a.m.	<b>Signing Officers Policy</b> <i>(C. O'Kelly)</i>  The Board is being asked to approve the updated Signing Officers Policy and related By-law revisions.	198-203	Decision
17.	11:10 a.m.	<b>In Camera Meetings Policy</b> <i>(C. O'Kelly)</i>  The Board is being asked to approve the updated In Camera Minutes policy.	204-212	Decision
18.	11:30 a.m.	<b>Risk Register</b> <i>(Z. Robinson)</i>  The Board will be provided with an introduction to the College's new risk register.	213-225	Information
*	12:00 p.m.	<b>Lunch (45 minutes)</b>		
19.	12:45 p.m.	<b>Annual EDI Report</b> <i>(C. Roxborough)</i>  The Registrar will present the College's first EDI report to the Board.	226-266	Information
20.	1:20 p.m.	<b>Conflict of Interest Primer</b> <i>(M. Berger)</i>  The Board will be provided with an overview of conflict-of-interest provisions and how to manage potential conflicts.	267	Education
*	1:45 p.m.	<b>Break (15 minutes)</b>		N/A
21.	2:00 p.m.	<b>Ontario Clinical Exam (OCE) Update</b> <i>(A. Sandhu &amp; J. Wickett)</i>	268	Information



		The Board will be provided with an update for the OCE and information regarding the technical report.		
22.	2:30 p.m.	<b>Motion to go in camera pursuant to section 7.2(b) of the Health Professions Procedural Code</b> <i>(N. Madhvani)</i>  Council will be asked to move in camera as financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public.	269	Information
	3:00 p.m.	<b>Adjournment of Meeting</b>		

# Meeting Norms



Use Zoom and keep your cameras on.



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



Proactively declare and manage any conflicts of interest.



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



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



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



Be present during Council meetings and refrain from sidebar conversations.



Assume everyone has a positive intent.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 1.0**

**Board Meeting  
June 24-25, 2024**

**Agenda #1.0: 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.: 2.0**

**Board Meeting  
June 24-25, 2024**

**Agenda #2.0: Approval of the Consent Agenda**

It is moved by

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and seconded by

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that:

The following items be approved by the Board:

- March 25-26, 2024 Board Meeting Minutes
- March 26, 2024 In-Camera Board Meeting Minutes



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

**MINUTES**

**Monday, March 25 and Tuesday, March 26, 2024**

The College Boardroom & Virtually via Zoom

**Public Member Attendees:**

Nitin Madhvani (Chair)  
Carole Baxter  
Jesse Finn  
Mark Heller  
Frank Massey  
Richard O'Brien

**Professional Member Attendees:**

Theresa Stevens (Vice Chair)  
Anna Grunin  
Janet Law  
Dennis Ng  
Pulak Parikh  
Gary Rehan  
Katie Schulz  
Maureen Vanwart

**Staff Attendees:**

Craig Roxborough, Registrar & CEO  
Anita Ashton, Deputy Registrar & COO  
Zoe Robinson, VP, Finance & Reporting  
Lisa Pretty, VP, Organizational Effectiveness  
Mara Berger, Director Policy, Governance &  
General Counsel  
Joyce Huang, Manger, Strategy  
Evguenia Ermakova, Policy Analyst  
Joyce Huang, Manger, Strategy

**Recorder:**

Caitlin O'Kelly, Governance Specialist

**Public Member Regrets (March 26 only):**

Jesse Finn

**Professional Member Regrets:**

Sinéad Dufour

**Monday, March 24, 2024**

**12:47 p.m. Welcome and Call to Order**

N. Madhvani, Chair, welcomed all members of Council and invited A. Grunin, Professional Member of Council to provide the Territory Acknowledgement.

N. Madhvani confirmed the College's ongoing commitment to the Public Interest mandate. Members were asked to declare any conflicts of interest for any of the items to be discussed during the meeting; none were declared.



## **1.0 Review and Approval of the Agenda**

### **Motion 1.0**

It was moved by D. Ing and seconded by M. Vanwart that:

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

**CARRIED.**

## **2.0 Approval of the Consent Agenda**

### **Motion 2.0**

It was moved by K. Schulz and seconded by R. O'Brien that:

The following items be approved and/or received for information by Council:

- Approval of the December 14-15, 2023, Council minutes.
- Acceptance of the October – December 2023 Executive Committee Report.

**CARRIED.**

## **3.0 President's Report**

N. Madhvani provided an overview of the President's activities since the December Council meeting, which included a summary of the post Council meeting survey results and associated action items.

## **4.0 Proposed Improvements to Governance Terminology and Processes**

M. Berger, Director Policy, Governance & General Counsel, provided background on a proposal to modernize the College's governance terminology and processes to align with leading practices and recent reviews. Council discussed the amendments to terminology and revisions to role descriptions, impacting the President/Chair, Vice-President/Vice-Chair, Registrar, and Allowances & Expenses Policy.

### **Motion 4.0**

It was moved by M. Vanwart and seconded by A. Grunin that:

Council approves:



- the proposed amendments to the terminology used by the College,
- the proposed revisions to the role description of the President, which also impact the role descriptions for the Vice-President and the Registrar,
- the proposed revision to the Allowances & Expenses Policy, and
- the proposed amendment to the By-laws and Governance Policies removing the requirement for the By-laws to be signed by the President and Registrar.

**CARRIED.**

## **5.0 Meeting Guidelines**

C. O'Kelly, Governance Specialist, provided background on updating the College By-laws around a proposal for customized Meeting Guidelines for Council Meetings. The proposal seeks approval for amendments to establish new Meeting Guidelines, aiming for accessibility, clarity, and alignment with emerging best practices, while maintaining impartiality and facilitating collaborative decision-making.

Council discussed the proposal and the need to simplify and tailor the meeting guidelines following a review of the College's governance practices. During the discussion, Council identified amending Section 29 to clarify the Chair's authority to limit speaking time while ensuring equitable participation. The proposed addition emphasized the aim for equal conversation, maintaining the phrase "may limit" as crucial.

### **Motion 5.0**

It was moved by K. Schulz and seconded by A. Grunin that:

Council approves amendments to the College By-laws to establish new Meeting Guidelines for Board Meetings.

After further debate, a motion was made to amend the original motion.

### **Motion to Amend**

It was moved by K. Schulz and seconded by A. Grunin that the original motion be amended to:



Council approves amendments to the College By-laws to establish new Meeting Guidelines for Board Meetings with section 29 amended as follows:

- The Chair may limit the number of times a Director may speak, limit the length of speeches, and impose other restrictions reasonably necessary to finish the agenda of a meeting or to ensure equity in participation.

**CARRIED.**

**Motion 5.0**

It was moved by K. Schulz and seconded by A. Grunin that:

Council approves amendments to the College By-laws to establish new Meeting Guidelines for Board Meetings with section 29 amended as follows:

- The Chair may limit the number of times a Director may speak, limit the length of speeches, and impose other restrictions reasonably necessary to finish the agenda of a meeting or to ensure equity in participation.

**CARRIED.**

**6.0 Finalizing Implementation of the Vice-Chair Model**

M. Berger provided background on the implementation of the Vice-Chair model.

**Motion 6.0**

It was moved by M. Heller and seconded by R. O'Brien that:

Council approves the proposed role description for the Committee Vice-Chair and the proposed By-law and Governance Policy revisions to fully implement the Committee Vice-Chair model.

**CARRIED.**

**7.0 Approval and Review of Revised Standards (2<sup>nd</sup> batch)**

E. Ermakova, Policy Analyst, provided an overview of the work underway to adopt national standards for use in Ontario, and the specific work completed to adopt the second group of three national standards.

During the discussion concern was raised regarding the Infection Control standard, particularly referencing definitions of healthcare facilities and cleaning standards at the national



level. There was discussion about holding back the draft standard for Infection Control for further consideration.

**Motion 7.0**

It was moved by K. Schulz and D. Ing that:

Council approve the following draft Standards for 60-day consultation:

- Evidence-Informed Practice
- Infection Control
- Titles, Credentials, and Specialty Designations

After further debate, a motion was made to amend the original motion.

**Motion to Amend**

It was moved by M. Heller and seconded by M. Vanwart that the original motion be amended to:

Council approve the following draft Standards for 60-day consultation:

- Evidence-Informed Practice
- Titles, Credentials, and Specialty Designations

**CARRIED.**

**Motion 7.0**

It was moved by K. Schulz and D. Ing that:

Council approve the following draft Standards for 60-day consultation:

- Evidence-Informed Practice
- Titles, Credentials, and Specialty Designations

**CARRIED.**

**8.0 President, Vice-President and Executive Committee Election**

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

**Election of the President:**

The following nominations for President were received:

- N. Madhvani (Public Member)



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

N. Madhvani was acclaimed President.

**Election of the Vice-President:**

The following nominations for Vice-President were received:

- K. Schulz (Professional Member)
- G. Rehan (Professional Member)

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

K. Schulz was elected Vice-President.

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

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

- F. Massey (Public Member)
- C. Baxter (Public Member)
- G. Rehan (Professional Member)
- T. Stevens (Professional Member)

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

The By-laws require that the Executive Committee be composed of five members of Council, at least three of whom are registrants of the College. K. Schulz as Vice-President fills one of these positions. As only two nominations for professional members were received, T. Stevens and G. Rehan were acclaimed Members at Large.

Following these acclamations there was one remaining position for which C. Baxter was elected as a Member at Large.

**The following councillors will make up the Executive Committee for the 2023-2024 year:**



- N. Madhvani, President
- K. Schulz, Vice President
- C. Baxter
- G. Rehan
- T. Stevens

*P. Parikh left the meeting at 2:45 p.m.*

*J. Finn left the meeting at 3:30 p.m.*

## **9.0 Trauma-Informed Care**

Anita Ashton presented on trauma-informed care.

### **Adjournment of Day One**

The meeting was adjourned at 3:56 p.m.

### **Tuesday, March 26, 2024**

N. Madhvani, Chair, called the meeting to order at 9:01 a.m.

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

### **Motion 10.0**

It was moved by M. Heller and seconded by R. O'Brien that:

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

**CARRIED.**

## **11.0 Committee Composition**

M. Berger provided an overview of proposed amendments to the College's By-laws and Governance Policies, aiming to provide more flexibility in committee composition and foster a clearer separation between Council and committees. These changes seek to address workload concerns for Council members, align with best practices, and allow for greater diversity of perspectives on committees. Additionally, the proposal includes rescinding redundant governance policies for streamlining purposes.





During the meeting, it was clarified that there is no maximum limit for committee members, as the by-laws only specify minimum numbers, which remain unchanged. The quorum requirements also remain consistent, with the wording now transferred directly into the by-laws under section 7.8(3). Concerns were raised about quorum requirements for committees, particularly regarding the absence of Ministry appointed public members. While there were no changes to the requirements, there were discussions about the clarity of the language distinguishing between Ministry appointed public members and members of the public. There was a suggestion to modify the wording in section 7.8(3) for clarity, although it was noted that the current language was already approved in the policy. It was proposed to revisit and amend 7.8(3) for clearer language, with the changes to be presented at a subsequent meeting for approval.

Concerns were also expressed about the proposed By-law revision allowing for two public members on the Executive Committee unless there are capacity issues. Public members already carry a significant workload and may not always be available to sit on the Executive Committee. The importance of reflecting Council's balance at the Executive Committee level was emphasized, with a consensus aiming for greater balance. Suggestions were made to clarify the language, especially regarding flexibility if only one public member stands for election.

**Motion 11.0**

It was moved by G. Rehan and seconded by P. Parikh that:

Council approves the proposed amendments to the College's By-laws and Governance Policies that would establish revised committee composition requirements and rescind Governance Policy #7.3 and #7.4 due to redundancy.

After further debate, a motion was made to amend the original motion.

**Motion to Amend**

It was moved by M. Vanwart and seconded by M. Heller that the original motion be amended to:



Council approves the proposed amendments to the College's By-laws and Governance Policies that would establish revised committee composition requirements and rescind Governance Policy #7.3 and #7.4 due to redundancy, with the following amendments to the Executive Committee Composition in the By-laws:

"7.1 (1) ii: two are Publicly-Appointed Councillors, unless only one Publicly-Appointed Councillor stands for election, in which case one Publicly-Appointed Councillor shall be sufficient."

**CARRIED.**

**Motion 11.0**

It was moved by G. Rehan and seconded by P. Parikh that:

Council approves the proposed amendments to the College's By-laws and Governance Policies that would establish revised committee composition requirements and rescind Governance Policy #7.3 and #7.4 due to redundancy, with the following amendments to the Executive Committee Composition in the By-laws:

"7.1 (1) ii: two are Publicly-Appointed Councillors, unless only one Publicly-Appointed Councillor stands for election, in which case one Publicly-Appointed Councillor shall be sufficient."

**WITHDRAWN**

G. Rehan, requested to withdraw the original motion.

A new motion was put forward.

**Motion 11.1**

It was moved by P. Parikh and seconded by A. Grunin that:

Council approves the proposed amendments to the College's By-laws and Governance Policies that would establish revised committee composition requirements and rescind Governance Policy #7.3 and #7.4 due to redundancy, with the following amendments to the Executive Committee Composition in the By-laws:

"7.1 (1) ii: two are Publicly-Appointed Councillors, unless only one Publicly-Appointed Councillor stands for election, in which case one Publicly-Appointed Councillor shall be sufficient."

**CARRIED.**



**Action Item**

Staff to review section 7.8(3) of the by-laws and propose amendments to enhance clarity. Staff will present the amended section for approval at a subsequent meeting.

*T. Stevens left at 10:03 a.m.*

**12.0 Q3 Financial Report**

Z. Robinson, VP, Finance & Reporting, provided a summary of the College's financial performance and health for the period of October 1, 2023, to December 31, 2023, of Fiscal Year 2024 (i.e., Q3), and the financial forecast to March 31, 2024.

**13.0 Approval of the 2024-2025 Budget**

C. Roxborough & Z. Robinson presented the proposed 2024-2025 budget.

**Motion 13.0**

It was moved by G. Rehan and seconded by J. Law that:

Council approves the 2024 – 2025 budget.

**CARRIED.**

**14.0 Registrar's Report (with Dashboard)**

C. Roxborough provided an overview of key operational activities and initiatives over the last quarter, including an overview of the dashboard metrics.

Council undertook a review of the 2023 College Performance Measurement Framework (CPMF) submission. Questions were raised and addressed during the session. The finalized submission will be forwarded to the Ministry subsequent to this meeting.

There was some discussion about the work of the Canadian Alliance of Physiotherapy Regulators (CAPR) and its potential impact on the College's General Regulation. There are plans underway to commence drafting proposed updates to the General Regulation to get ahead of deadlines.



**15.0 Ratification of Academic Councillor: Queens University**

Queen's University is the next on the list to nominate an Academic Representative to Council. C. O'Kelly noted that the nominated representative meets all eligibility requirements and if appointed would begin their term on June 24, 2024.

**Motion 15.0**

It was moved by J. Law and seconded by M. Heller that:

Council appoints Trisha Lawson as an academic councillor from Queen's University to Council, effective June 24, 2024 to June 2027.

**CARRIED.**

**16.0 Committee Slate Amendment**

**Motion 16.0**

It was moved by M. Vanwart and seconded by G. Rehan that: Council approves the following amendment to the Committee Slate:

- Appoint Frank Massey to the Quality Assurance Committee and,
- Appoint Greg Heikoop and Antoinette Megens to the Patient Relations Committee.

**CARRIED.**

**17.0 Ontario Clinical Exam Update**

Amanda Sandhu, Examinations Manager presented an update of the Ontario Clinical Exam Update. Key points included a review of process and logistics, security measures, and an overview of reliability and validity measures.

*T. Stevens returned at 1:02PM*

**18.0 Members' Motion(s)**

**Motion 18.0**

It was moved by A. Grunin and seconded by C. Baxter that:

Council request staff commit to explore providing funding for therapy and counselling for Committee Members and will bring a proposal forward at the September 2024 Council Meeting.

**CARRIED.**



### Adjournment of Meeting

P. Parikh motioned that the meeting be adjourned. The meeting adjourned at 1:55 p.m.

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Nitin Madhvani, Chair

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## BOARD BRIEFING NOTE

For Information

<b>Topic:</b>	Chair's Report
<b>Public Interest Rationale:</b>	The Chair provides leadership to the Board and works collaborative with the Registrar to ensure Council fulfills its mandate and strategic goals.
<b>Strategic Alignment:</b>	<i>Performance &amp; Accountability:</i> Reflects and reports on the activities undertaken by the Chair and fosters transparency.
<b>Submitted By:</b>	Nitin Madhvani, Board Chair
<b>Attachments:</b>	N/A

### Governance

- The College welcomed a new public member, Christopher Warren who was appointed to the Board for a 1-year term that began on March 26, 2024.
- Trisha Lawson was appointed as the new Academic Director in March.
- New Board member orientation took place on June 10, 2024, and included the newly elected Directors, Kate Moffet, Kirsten Pavelich and Frank DePalma, along with Christopher Warren.
- At its May meeting, the Executive Committee explored updates to the College's term limits, a recommendation from the recent Governance Practices Review. The Committee deemed it premature to revise the term limits at this time but will continue to keep it under consideration. The Committee recognized that this item may be better addressed through the establishment of competency-based elections.

### Partner Engagement

- Each year where the College is a member of the Canadian Alliance of Physiotherapy Regulators (CAPR), the Board Chair, in consultation with the members of the Executive Committee, will nominate a person to serve as a director of the CAPR board.
  - As CAPR undergoes a governance transition, there will be notable changes ahead, including the introduction of competency-based appointments. To maintain stability during this period, Anita Ashton, Deputy Registrar, will continue to act as the College's representative.
- The Ontario Physiotherapy Association (OPA) will be presenting to the Board at the June meeting.

### Council Feedback from the March 2024 Council Meeting

- Council members were asked to complete a post-council evaluation survey that assessed the effectiveness of the meeting and materials, education sessions and overall satisfaction with the



meeting. There was an 77% (10/13) completion rate. Board members are reminded that every individual attending is expected to complete the evaluation following the meeting. It is a critical component of maintaining good governance.

- Overall, the feedback was positive with Council feeling that the meeting ran smoothly.
- Both the President's and Registrar's Reports were very well-received.
- Blanet Exercise: moving, allowed for self-reflection, well facilitated, relevant, powerful, intense, impactful, effective.
- Trauma informed approach presentation: informative, linked to college activities, relevant.
- Suggestions for education sessions for the future included: emerging tech affecting healthcare, shifting regulatory environment and merging Colleges, cybersecurity.

#### **Looking Ahead: Board Activities**

- June Activities:
  - Approve the 2024-2025 Committee Slates including the appointment of Committee Chairs.
  - Review the 2023-2024 Annual Committee Reports.
  - Strategic Plan – Education Session
- September Activity:
  - Approve the 2023-2024 Audited Financial Statements.



**BOARD BRIEFING NOTE**  
For Decision

<b>Topic:</b>	Election Review
<b>Public Interest Rationale:</b>	In upholding the integrity of our electoral process, the College strives to ensure fairness, transparency, and confidence among partners. This review aims to address concerns raised, safeguarding the public interest and maintaining trust in our governance.
<b>Strategic Alignment:</b>	<i>Performance &amp; Accountability:</i> Ensure we have strong governance structures and systems in place that establish trust in our election processes.
<b>Submitted By:</b>	Mara Berger, Director, Policy, Governance & General Counsel
<b>Attachments:</b>	Appendix A: Election By-law Appendix B: Governance Policy #7.6 Election Campaign Appendix C: Registrar’s Report on the 2024 Board Elections Appendix D: Memo - 2024 Board Election Results - District 3 Central Eastern Appendix E: Micheal D’Alessandro’s Request for Review Appendix F: Dennis Ng’s Response to the Request for a Review Statement Appendix G: Dennis Ng’s Candidate Statement from BigPulse

**Issue**

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- The College has received a request for a review of the election in District 3 (Central Eastern) due to concerns regarding the voting and counting process.

**Decision Sought**

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- Per s. 3.1.(22) and (23), the Board has the following options:
  - If satisfied with the results, take no further action; or
  - Decide to hold an inquiry into the election if the Board is of the opinion that there is reasonable ground for doubt or dispute as to the validity of the election of any Director of the Board.
  - Following the inquiry, the Board must decide whether the election of the Director is valid and, if the election is found to be invalid, direct that another election be held.

**Background**

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- The College holds an annual election on the third Wednesday in April based on electoral districts. The Registrar oversees the election process.
  - In 2024, District 3 (Central Eastern) was one of three districts up for a general election.





- The College has engaged BigPulse to facilitate the nominations and voting process for College elections.
  - BigPulse is an online voting platform that facilitates secure electronic elections. The platform ensures the integrity of the voting process through robust security measures and allows for efficient management of voter registration, ballot creation, and result tabulation.
- The election process begins with a call for nominations at least 90 days before the election date. The nominations period for the 2024 election was January 17, 2024 – February 21, 2024.
  - Registrants must be nominated for election by a peer and meet the eligibility criteria set out in s. 3.1.(9) of the By-laws.
  - Once a registrant has accepted a nomination, they are required to complete the Election Module and complete a self-assessment based on the College's competency framework.
  - All registrants that have accepted a nomination also have the ability to provide a candidate statement. Candidate statements are voluntary, but all registrants generally opt to provide one.
- Once the nomination period has closed, all election candidates are vetted by staff to make sure the eligibility criteria have been met. If any concerns come up, the matter is presented to the Executive Committee for consideration.
- As part of the vetting process, the Registrar also reviews all candidate statements for adherence with Governance Policy #7.6 – Election Campaign.
- The Election Campaign policy sets out certain parameters for candidate statements:
  - Statements cannot exceed 500 words.
  - Candidates must frame their remarks in relation to self-regulation and the public interest.
  - Candidates cannot comment on College business that is not in the public domain or make disparaging remarks about the College.
- If the Registrar has concerns that a candidate statement does not adhere to the policy, the Registrar will ask the candidate to revise the statement.
  - If a candidate is unwilling to revise their statement, the matter will be brought to the Executive Committee, which may make a recommendation to the Board. Only the Board can



decide whether to disqualify the candidate from running in the election based on the content of their statement.

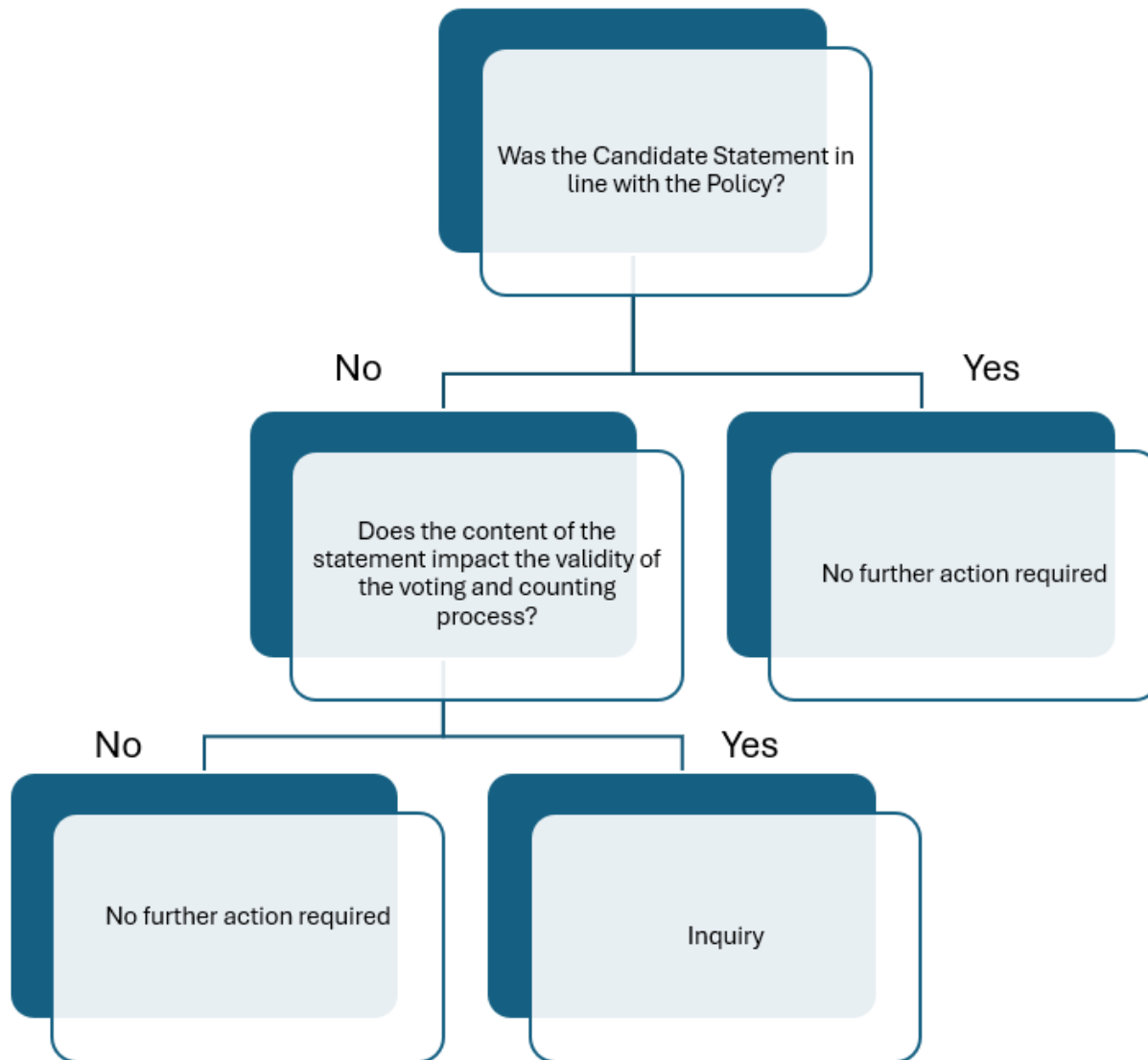
- In addition to their candidate statement, election candidates can also campaign in their district. All election candidates are provided with a contact list for eligible voters in the district based on information that is available on the public register.
  - Campaign materials are not reviewed or endorsed by the College, but candidates are asked to make every effort to ensure that the views portrayed in any campaign materials are verifiable, true and consistent with their understanding of their obligation to act in the public interest if elected to the Board.
- Voting for an election must begin at least 30 days before the date of the election. The 2024 election opened on March 13, 2024.
- All registrants eligible to vote in a particular district are provided with a unique voting link to access the electronic voting portal.
- In the portal, the names of the eligible candidates are listed next to a checkbox. There is also a link that will allow registrants to access each candidates' statement should they wish to review it.
  - To vote, registrants have to select the checkbox next to the name of the candidate they wish to vote for and then click the 'Proceed to Vote Confirmation Page' button. On the next page, registrants have the opportunity to review their selection to confirm it is accurate before submitting their vote.
  - While the voting instructions encourage registrants to review the candidate statements, this is optional. Registrants can vote without reviewing the statements.
- The 2024 election closed on April 17, 2024 at 2 p.m. Once an election closes, the Registrar informs the Chair of the results and then shares the results of the election with all of the candidates, prior to notifying the Board and all registrants of the outcome.
  - All candidates are provided with a report of the results of the election. Candidates are also advised of their ability to request a review of "the validity of the voting and counting process within 30 days of being notified of the results".
- If a request for a review is submitted, the Registrar must submit a report to the Board at the next regular Board meeting for the Board's consideration.
  - The Board must then determine whether it is satisfied with the results of the election or whether there are reasonable grounds for doubt about the validity of the election. If there is reasonable doubt, the Board shall hold an inquiry.



- The purpose of the inquiry is to allow the Board to collect additional information to determine whether the voting and counting process employed in the election was valid. If the Board determines that an election was invalid, another election must be held in the affected district.
- Just because a person may not have strictly complied with one of the election requirements that does not mean that the election is invalid. Specifically, s.3.1(23)(b) of the By-laws states that an election is not invalid merely because a person has not strictly complied with a requirement of the Election by-law.

### **Current Status and Analysis**

- A request for a review of the 2024 election in District 3 (Central Eastern) was submitted to the Registrar on May 1, 2024 by Micheal D'Alessandro.
- In accordance with the By-laws, the Board is being presented with a report by the Registrar regarding the requested review, which is attached to this Briefing Note as Appendix C.
- Based on the available information, the Board will need to determine whether it is satisfied with the results of the Registrar's review of the validity of the voting and counting process, in which case no further action is needed, or whether an inquiry should be held. Below is an overview of the decision points the Board may consider:



- The complainant alleges that the election was invalid because the candidate’s statement did not adhere to the policy. The Board may first consider whether the content of the candidate statement submitted by Dennis Ng met the requirements outlined in the Governance Policy #7.6 – Election Campaign.
  - If the answer is yes, no further action would be required.
- If the Board is concerned that the statement does not adhere to policy, the Board may also consider whether the complaint is captured by this part of the bylaws which permits a review of the validity of the voting and counting process.
  - The grounds for challenging an election provided for in the By-laws is the “validity of the voting and counting process”.



- Determining that the statement did not meet the policy requirements does not automatically require the Board to take any action unless the validity of the voting and counting process is in question.
- As previously mentioned, an election is not invalid just because a By-law requirement may not have been strictly complied with.
- Below are some questions the Board may wish to consider with respect to whether the election statement could be considered to have had an impact on the validity of the voting and counting process. The questions are not meant to be exhaustive, and the Board must consider what other information may be required to guide their deliberations.
  - How does the voting and counting process for Board elections work?
  - What is the relationship between the election statement and the validity of the voting and counting process?
  - What is the purpose of the election statement?
- If the Board determines that the content of the statement did not impact the validity of the voting and counting process, no further action is required.
- If the Board determines that the content of the statement did impact the validity of the voting and counting process and that as such reasonable grounds to doubt or dispute the validity of the election exist, the Board must initiate an inquiry.
  - If the Board initiates an inquiry, the Board should consider what additional information or support the Board may need to conduct the inquiry.
  - If the Board believes that it has sufficient information to conduct a fair and impartial inquiry, the Board may proceed with its inquiry without seeking further information.
- The purpose of the inquiry is to determine whether the election is invalid. To support the Board with its deliberations, some potential questions are outlined below. The questions are solely provided for guidance and should not be considered as determinative of what information the Board should contemplate. Questions the Board may wish to consider include but are not limited to:
  - What role does the election statement play in the election process and how critical is it to the election?



- How may voters engage with the election statements and what impact may it have on their decision-making?
- What other elements of the election process may impact the election outcome?
- If there are concerns with the election statement, did they invalidate the election?
- Following the inquiry, the Board must determine whether the election of the Director in District 3 (Central Eastern) is invalid. If the election is found to be invalid, the Board shall direct that another election shall be held in the district.

### **Next Steps**

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- Should the Board determine that no further action is needed, then Mr. Ng continues as the elected Director for District 3 (Central Eastern).
- If the Board decides to hold an inquiry, Mr. Ng will remain the elected Director pending the outcome of the inquiry.
- If following the inquiry the Board determines that the election was invalid, the election will be overturned and a by-election must be held.
- In accordance with s.3.1.(6) of the By-laws, an Elected Director's term of office is approximately three years. The term begins at the first regular Board meeting following an election and expires when a new Elected Director takes office at the first regular Board meeting following the next election in the electoral district.
  - This means that if the election is deemed invalid, Mr. Ng's previous term of office will continue until the first regular Board meeting following the by-election, since no valid election would have been held in District 3 (Central Eastern) yet.

# Part 3 — Election or Appointment of Directors

## ELECTIONS

### Electoral Districts

- 3.1.** (1) The following electoral districts are established for the purpose of the election of registrants to the Board:
- (a) Electoral district 1 (the south western electoral district): composed of the counties of Bruce, Elgin, Essex, Grey, Huron, Lambton, Middlesex, Oxford and Perth, and the municipality of Chatham-Kent.
  - (b) Electoral district 2 (the central western electoral district): composed of the counties of Dufferin and Wellington, the regional municipalities of Niagara and Waterloo, and the municipalities of the City of Hamilton, Haldimand County, Norfolk County, the County of Brant, and the City of Brantford.
  - (c) Electoral district 3 (the central eastern electoral district): composed of the counties of Haliburton, Northumberland and Peterborough, the regional municipalities of Durham and York, and the municipality of the City of Kawartha Lakes.
  - (d) Electoral district 4 (the eastern electoral district): composed of the counties of Frontenac, Hastings, Lanark, Lennox and Addington, Renfrew, Leeds and Grenville, Prescott and Russell and Stormont, Dundas and Glengarry, and the municipalities of the City of Ottawa and Prince Edward County.
  - (e) Electoral district 5 (the northern electoral district): composed of the city of Greater Sudbury, the districts of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Parry Sound, Rainy River, Sudbury, Thunder Bay and Timiskaming and the District Municipality of Muskoka.
  - (f) Electoral district 6 (the Toronto west electoral district): composed of the City of Toronto to the west of the centre of Yonge Street.
  - (g) Electoral district 7 (the Toronto east electoral district): composed of the City of Toronto to the east of the centre of Yonge Street.
  - (h) Electoral district 8 (the central electoral district): composed of the county of Simcoe and the regional municipalities of Halton and Peel.
- (2) If it is unclear to which electoral district a Registrant should be assigned, the Registrar may assign the Registrant to one of the electoral districts.
- (3) The counties, regional municipalities, districts, district municipalities, and single-tier municipalities described in this section are those that existed as of August 13, 2020, and the geographical territory of each electoral district shall be interpreted to ensure that all parts of Ontario fall into one of the above counties, united counties, regional municipalities, district municipalities, cities and districts. For greater certainty, separated municipalities found within the geographical territory of counties will fall within the electoral district of the county.

### Entitlement to Vote

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

### Number of Registrants Elected

- (5) One Registrant shall be elected to the Board for each electoral district.

### Term of Office

- (6) The term of office of an Elected Director is approximately three years, commencing with the first regular Board meeting after the election and expiring when their successor takes office at the first regular Board meeting after the next election in their electoral district, unless the Director resigns, dies, is disqualified as set out in subsection (26) or is removed from office in accordance with the Code of Conduct in Appendix C.
- (7) An Elected Director shall not serve more than nine consecutive years on the Board. And, following the completion of nine consecutive years on the Board, they shall not commence another term on the Board until they have completed a one-year waiting period.

### Election Date

- (8) (a) There shall be an election,
- (i) for central, eastern and northern electoral districts, in 2020 and every third year thereafter.
  - (ii) for central eastern and Toronto east and west electoral districts, in 2021 and every third year thereafter.
  - (iii) for south western and central western electoral districts, in 2022 and every third year thereafter.
- (b) An election shall be held on the third Wednesday in April.
- (c) If there is an interruption in access to the electronic voting system during a nomination or election, the Registrar shall extend the holding of nominations and the election for such minimum period of time as the Registrar considers necessary to compensate for the interruption.

### Eligibility for Election

- (9) A Registrant is eligible for election to the Board for an electoral district if:
- (a) the Registrant is entitled to vote in an election in accordance with subsection (4);
  - (b) at all times between the ninetieth day before the election and the date of the election:



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

- (n) the Registrant has completed an orientation about the College's mandate, and the role and responsibilities of Directors; and
  - (o) the Registrant meets the competency requirements as set out in the applicable College policy approved by the Board.
- (10) Any disputes about a person's eligibility for election shall be determined by the Executive Committee. If the Executive Committee determines that a Registrant is ineligible for election, the Registrant may appeal that decision to the Board and the Board's determination shall be final, without appeal.

### Notice of Election and Nominations

- (11) At least ninety days before the date of an election, the Registrar shall send electronically to every Registrant entitled to vote in an election a notification that an election will be held to elect a Director and detailed instructions about the nomination procedure.

### Nomination Procedure

- (12) (a) A Registrant who is eligible for election to the Board may be nominated for election in an electoral district if the Registrant:
- (i) is nominated by a Registrant who is entitled to vote in the election and if the nomination is:
    - (A) in the form and manner required by the Registrar; and
    - (B) received by the Registrar no later than two o'clock in the afternoon Eastern Time on the date set by the Registrar; and
  - (ii) consents to the nomination.
- (b) A candidate in an election may remove their name from the ballot by notifying the Registrar of the withdrawal in writing no later than two business days before voting starts.
- (13) (a) At the close of the nomination period, if no candidates eligible to be nominated in an electoral district have been nominated, the Registrar shall establish a new election schedule, including, where necessary, a new date for the election.
- (b) The new election schedule may permit two additional calls for nomination, after which time the office of the Director will be declared vacant in accordance with subsection (24).

### Acclamation

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

### Administration

- (15) (a) The Registrar shall supervise the nomination and election of Elected Directors.
- (b) The Registrar shall appoint an independent electronic voting organization to administer the voting process and the counting of electronic ballots.

- (c) All questions arising in the counting of ballots, the recording of results or the determination of the result shall be decided by the Registrar.
- (d) When a candidate withdraws from the election during the voting period, the Registrar shall inform all voters of the withdrawal and the option to re-cast their votes.
- (e) Where the By-laws do not address an issue, the Registrar shall use their best judgment to ensure that the election is fair and democratic.

### Voting

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

### Counting Votes

- (19)
  - (a) The electronic voting organization appointed by the Registrar shall accept electronic ballots until two o'clock in the afternoon Eastern Time on the election day and, promptly after that time, shall:
    - (i) count and record the total number of votes cast and the number of votes cast for each candidate in each election;
    - (ii) subject to paragraph (b), determine the candidates who received the highest number of votes in each election; and
    - (iii) provide a report of the voting results to the Registrar.
  - (b) If two or more candidates receive the same number of votes in an election, the Registrar shall have the votes recounted.
  - (c) The counting of the electronic votes shall be secret and conducted so that no person knows for whom any Registrant voted.

### By-election Where a Tie Occurs

- (20) (a) If following the recount in subsection (19) (b), two or more candidates have received the same number of votes in an election, the Registrar will hold a by-election in the electoral district in which the tie occurred.
- (b) The candidates in the by-election shall be only those candidates who were tied.
- (c) The by-election shall be held in accordance with the procedures for a general election, with necessary modifications as determined by the Registrar.
- (d) In the event that the by-election results in a tie, the Registrar and the Chair shall select by random draw one name from the names of the candidates who were tied and the Registrar shall declare that person to be elected.

### Documentation and Notification of Results

- (21) (a) Promptly after receiving the report of the voting results from the electronic voting organization, the Registrar shall:
- (i) sign a copy of the report and retain the report in the College's records;
  - (ii) declare the name of the candidate elected in each election; and
  - (iii) inform:
    - (A) The Chair of the results of the election;
    - (B) The elected candidate and other candidates of the results of the election and the right to seek a review of the validity of the voting and counting process in accordance with subsection (22);
    - (C) The Board and the Registrants of the results of the election; and
    - (D) Each elected candidate of the time and place of the first regular Board meeting following the election.
- (b) The Registrar shall direct the electronic voting organization to destroy the electronic record of all electronic ballots and other material from the election as follows:
- (i) where there is no challenge of the results of the election, thirty-one days after the election; and
  - (ii) where there is a challenge of the results of the election once the process in subsections (22) and (23) has been completed.

### Validity of Election and Inquiries

- (22) (a) The Registrar shall provide to all candidates a report of the results of the election as reported by the electronic voting organization.
- (b) Within thirty days of being notified of the results of the election, a candidate may make a written request to the Registrar to review the validity of the voting and counting process.
- (c) The Registrar shall report to the Board at its first meeting following any request for a review under paragraph (b), and the Board shall,

- (i) if satisfied with the results, take no further action; or
  - (ii) decide to hold an inquiry under subsection (23).
- (23) (a) If the Board is of the opinion that there is a reasonable ground for doubt or dispute as to the validity of the election of any Director, the Board shall hold an inquiry and decide whether the election of the Director is valid and, if an election is found to be invalid, the Board shall direct another election to be held.
- (b) No election is invalid merely because a person has not strictly complied with a requirement of this by-law.

### Vacancies

- (24) (a) If an Elected Director dies, resigns, is disqualified or is otherwise removed from the Board, the Chair shall declare the office of the Director to be vacant.
- (b) If, during an election for the Board, no candidates eligible for nomination in an electoral district have been nominated after two additional calls for nominations, the Chair shall declare the office of the Director to be vacant.

### Filling Vacancies

- (25) (a) If the office of an Elected Director is declared to be vacant and the remainder of that Director's term is less than one year, the Board shall:
  - (i) leave the office vacant; or
  - (ii) appoint a successor from among the Registrants who would be eligible for election if an election were held.
- (b) If the office of an Elected Director is declared to be vacant as a result of lack of nominations during an election as described in subsection (24) (b), the Board shall appoint a successor from among the Registrants who would be eligible for election if an election were held.
- (c) If the office of an Elected Director is declared to be vacant when an elected Director dies, resigns, is disqualified or is otherwise removed from the Board as described in subsection (24) (a) and the remainder of the term of the Director whose office became vacant is more than one year, the Registrar shall hold a by-election for the electoral district.
- (d) A by-election to fill a vacancy on the Board shall be held on a date set by the Registrar and the Chair.
- (e) A by-election shall be held in accordance with the procedures for a general election, with necessary modifications as determined by the Registrar.

### Disqualifications

- (26) (a) The following are grounds for disqualification for an Elected Director sitting on the Board:
  - (i) ceases to be a Registrant;

- (ii) no longer practises physiotherapy in Ontario and is no longer a resident of Ontario;
  - (iii) is in default of any obligation to the College under the Regulations or the By-laws for over sixty days;
  - (iv) is found guilty of professional misconduct, to be incompetent, or to be incapacitated;
  - (v) is found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Elected Director's suitability to serve as a Director unless a pardon or record suspension has been granted with respect to the finding;
  - (vi) becomes a director, officer, Committee member, employee, or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
  - (vii) is found to be mentally incompetent under the *Substitute Decisions Act, 1992* or *Mental Health Act*;
  - (viii) assumes a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
  - (ix) becomes a participant (other than on behalf of the College) in a legal action or application against the College;
  - (x) has a notation posted on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints and Reports Committee;
  - (xi) fails to attend two consecutive regular meetings of the Board without good reason in the opinion of the Board; or
  - (xii) fails, in the opinion of the Board, to discharge properly or honestly any office to which they have been elected or appointed.
- (b) An Elected Director does not become disqualified from sitting on the Board merely because their home address registered with the College ceases to be in the electoral district for which they were elected.
- (c) Subsections (26) (a) (i), (iv), (v), (vi), (vi), (vii) (viii), and (ix) shall result in automatic disqualification.
- (d) Subsections (26) (a) (ii), (iii), (x), (xi), and (xii) shall result in a vote by the Board regarding disqualification of the Director.

## Suspension

- (27) If an Elected Director sitting on the Board becomes the subject of Discipline or Fitness to Practise proceedings, they shall be suspended from sitting on the Board until the matter is resolved.

<b>Section:</b>	<b>General</b>	<b>Policy #7.6</b>
<b>Title:</b>	<b>Election Campaign</b>	
<b>Applicable to:</b>	<b>Directors and election nominees</b>	
<b>Date approved:</b>	<b>February 2004</b>	
<b>Date revised:</b>	<b>March 2009, March 2011, February 2013, June 2021</b>	

### **Policy**

A fair and democratic election process for selecting physiotherapist Directors to the Board is important to the profession as one element in ensuring a strong governance structure. Elected individuals provide the profession's perspective to a self-regulatory, public interest model. Registrants eligible to vote require adequate, reliable and consistent information about each electoral candidate to assist them in exercising an informed vote. The College facilitates this process through the distribution of candidate materials in its voting package. In addition, to promote registrant engagement, the College provides a means for nominees to provide campaign materials to voters in the relevant district, separate and apart from the College processes.

### **Procedure**

1. Individual physiotherapists, who are nominated and are eligible for election as per section 3.1 of the By-laws, will provide the College with their biographical information and a statement, using language provided by the College, confirming their understanding of their obligation to act in the public interest if elected to the Board.
2. Candidates may also provide a candidate statement to be included with the other election materials.
3. A candidate's statement cannot exceed 500 words.
4. Candidates must frame their remarks in relation to self-regulation and the public interest. A candidate who is a current Committee member or agent of the College (e.g. assessor) must not comment on College business that is not in the public domain. A candidate must not make disparaging remarks about the College. A candidate's statement must not include a photograph.
5. The Registrar will review candidates' statements to ensure adherence to this policy. If a candidate's statement does not adhere this policy, the Registrar will request that the candidate revise their statement. If the candidate is unwilling to revise their statement to adhere to this policy, then the matter will be brought to the Executive Committee, who may make a recommendation to the Board. Only the Board can decide whether to disqualify a candidate from running in the election.

6. The College will circulate the materials provided by candidates to all eligible voters in the respective candidates' districts.
7. A candidate may choose to campaign within their district. To facilitate this process, all candidates will be provided with a means to contact the eligible voters in their district that is in keeping with the College's statutory confidentiality obligations.
8. Campaign materials are not reviewed or endorsed by the College.
9. Candidates will make every effort to ensure that the views portrayed are verifiable, true and consistent with their stated understanding of their obligation to act in the public interest if elected to the Board of the College.
10. Information contained in this policy will be disclosed to all candidates at the time of nomination confirmation.



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**By:** Craig Roxborough, Registrar & CEO

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**Date:** June 14, 2024

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**To:** Board of Directors

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**Re:** District 3 2024 Election Review

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This memo provides a brief overview of the specific process undertaken in relation to the District 3 2024 election process. This memo will speak generally to some elements of the election review process, but focus primarily on the specific actions and decisions undertaken with respect to the election in District 3.

## Election Timeline

- Nomination Period: January 17, 2024 – February 21, 2024, at 2:00 p.m.
- Voting Period: March 13, 2024 – April 17, 2024, at 2:00 p.m.
- Candidates Notified of Results: April 17, 2024

## Pre-Election Preparation

- In accordance with the College's by-laws, as the Registrar I am responsible for administering the Board election process.
  - Many elements of the process are delegated to staff, but final accountability lies with me and there are specific actions that are mine to discharge.
- There are some elements of the election process that require certain conditions to be met or steps to be undertaken within a prescribed timeline.
  - Periodically situations arise where some level of discretion is required on my part in order to provide a procedurally fair process, especially if an issue is not specifically addressed in the By-laws.
  - For example, there may be a misunderstanding regarding whether actions must be in progress or completed by a prescribed timeline. Discretion is exercised in those situations while also identifying opportunities to improve our process going forward.
- One of the responsibilities held by the Registrar is to review elections statements for appropriateness and conformity with the guidance provided to candidates (i.e., that statements are in the public interest). If there are concerns identified in the election statement, the Registrar will typically contact the individual in question and ask for revisions to be made to the statement.

- While this does not occur routinely, it is common enough for the Registrar to have to provide additional guidance or support to individuals standing for election to ensure their statement conforms with the guidelines provided and to request that revisions be made.
- Should there be refusals to comply with the Registrar's direction, there is an escalation process prescribed in the College's governance process.
- During the vetting process for the 2024 district elections, I reviewed Dennis Ng's initial election statement and determined that changes were needed to align with the guidance we provide as part of the election materials.
- In making this assessment I reviewed a previously approved statement that Dennis had campaigned on in the past. I used this as a baseline for how the guidance we provide has been interpreted and applied historically.
- I spoke with Dennis about the initial draft and provided advice that changes were necessary. In doing so I flagged areas for Dennis' consideration but did not provide explicit advice regarding the edits that might be needed, leaving room for Dennis as the candidate to articulate his own vision for his campaign.
- After our discussion, Dennis provided a revised statement that was consistent with previously approved statements. Because of this consistency I approved the statement as complying with the guidance we provide and allowed the election to proceed.

## Election

- The voting period opened on March 13, 2024. The election was conducted via BigPulse, which is a secure online voting platform engaged by the College.
- An email was sent to all eligible voters in District 3 (Central Eastern) via the BigPulse platform to notify them of the beginning of the voting period. Every eligible voter receives a unique access link specific to them that cannot be utilized by anyone else.
  - Follow up emails were sent on March 27, April 10 and April 16, 2024.
- Below is a screenshot of the voting ballot interface on the BigPulse platform. This is the ballot that all eligible voters in District 3 (Central Eastern) would have seen once they accessed the voting platform via their unique access link:



# MEMO

Signed in as [REDACTED] · Sign-out · Contact [REDACTED]

### District 3 – Central Eastern - Election

**Voting Instructions:**

- Review the candidate statements and then click on the box beside the name of the chosen person.
- Scroll to the bottom of the page and click the "Proceed to Vote Confirmation Page" button.
- On the next page, review and click the "Submit Vote" button.

Select one checkbox

<input type="checkbox"/>	<b>D'Alessandro, Micheal</b>	<a href="#">View Candidate Statement</a>
<input type="checkbox"/>	<b>Ng, Dennis</b>	<a href="#">View Candidate Statement</a>

Open time: Wednesday 13 March 2024 00:01 EDT  
Close time: Wednesday 17 April 2024 14:00 EDT

Anonymous setting A1

powered by **BigPulse**

[Contact](#) · [Privacy Statement](#) · [Website Terms and Conditions](#) · [Disclaimer](#)  
[Statement of Independence](#) · [Page text edit](#)

- Throughout the election process, the College manages an [elections@collegept.org](mailto:elections@collegept.org) inbox that registrants can use to ask questions about the election process or to request that the email with their unique voting link be resent.
  - If a request is received, staff will confirm the registrant’s eligibility to vote and then resend the voting email via the BigPulse platform.
  - Because of the unique access link for each voter, the link is only shared via the BigPulse platform.
  - Throughout the voting period, the College received a handful of requests from eligible voters to have the email with their unique voting link resent.
- The voting period officially closed at 2 p.m. on April 17, 2024. No irregularities with the voting process were noted at any time throughout the voting period and the College received no reports of concerns or issues.

## Post-Election

- Once the voting period had ended, the total number of votes cast in each district and the total number of votes cast for each candidate were reported to me via a report from BigPulse.
- Following the conclusion of the election it is customary to notify all candidates standing for election about the results. To this end emails were sent to both Dennis Ng and Micheal D'Alessandro.
  - With approximately 12% of eligible voters in the District participating (208 out of 1741), Dennis Ng received 141 votes (68%) and Micheal D'Alessandro received 67 votes (32%).
- In response to my email detailing the results, Micheal emailed to express concerns regarding the integrity of the election process in light of the statement Dennis ran his election upon.
- In an effort to hear Micheal's concerns and collect his feedback, I spoke with him on the phone to provide some additional context and answer questions regarding the election review process.
  - In that conversation I provided information to help contextualize the nature of the election process, the outcomes of the election itself, our processes and how they have historically unfolded, and information about how a review process would unfold and what would likely be considered as part of it.
- Subsequent to that conversation Micheal wrote to notify the College that he wished to initiate a review process.
- I notified the Chair of the Board that concerns were being raised and considered prior to a formal review being requested and followed-up with notice once a formal request was received. The Executive Committee was notified at their most recent meeting.
- The College also notified BigPulse to maintain the electronic record of the election past the standard 31-days following an election while the review is being conducted.
  - The electronic record is being maintained in accordance with the By-laws. No concern was raised regarding the accuracy of the vote count as part of the request for a review.



# MEMO

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**To:** Candidates in District 3 (Central Eastern)

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**Date:** April 17, 2024

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**From:** Craig Roxborough, Registrar & CEO

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**Re:** 2024 Board Election Results

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Dear Candidates,

Following the District 3 (Central Eastern) Board election, the voting results are as follows:

Candidate	Votes	%
Ng, Dennis	141	67.79
D'Alessandro, Micheal	67	32.21
Total votes:	208	

Please note that Dennis Ng has been declared elected as the Board member for District 3 (Central Eastern).

These results were reported by the electronic voting system and have been duly noted by the Registrar. However, in accordance with subsection 22 of the By-law (attached), you are entitled to review the validity of the voting and counting process.

If you wish to seek a review of the election results, you must submit a written request to the Registrar within thirty days of receiving this notification. The Registrar will then provide a report to the Board at its first meeting following any such request.

Upon receiving the Registrar's report, the Board will take the following actions:

- (i) If the Board is satisfied with the results, no further action will be taken.
- (ii) If the Board determines that there is reasonable ground for doubt or dispute regarding the validity of the election, an inquiry will be held under subsection 23 of the By-law.

Should you have any questions or require further clarification, please do not hesitate to contact us.

Thank you for your participation in the election process.

Sincerely,

Craig Roxborough  
Registrar & CEO



## Documentation and Notification of Results

- (21) (a) Promptly after receiving the report of the voting results from the electronic voting organization, the Registrar shall:
- (i) sign a copy of the report and retain the report in the College's records;
  - (ii) declare the name of the candidate elected in each election; and
  - (iii) inform:
    - (A) The Chair of the results of the election;
    - (B) The elected candidate and other candidates of the results of the election and the right to seek a review of the validity of the voting and counting process in accordance with subsection (22);
    - (C) The Board and the Registrants of the results of the election; and
    - (D) Each elected candidate of the time and place of the first regular Board meeting following the election.
- (b) The Registrar shall direct the electronic voting organization to destroy the electronic record of all electronic ballots and other material from the election as follows:
- (i) where there is no challenge of the results of the election, thirty-one days after the election; and
  - (ii) where there is a challenge of the results of the election once the process in subsections (22) and (23) has been completed.

## Validity of Election and Inquiries

- (22) (a) The Registrar shall provide to all candidates a report of the results of the election as reported by the electronic voting organization.
- (b) Within thirty days of being notified of the results of the election, a candidate may make a written request to the Registrar to review the validity of the voting and counting process.
- (c) The Registrar shall report to the Board at its first meeting following any request for a review under paragraph (b), and the Board shall,
- (i) if satisfied with the results, take no further action; or
  - (ii) decide to hold an inquiry under subsection (23).
- (23) (a) If the Board is of the opinion that there is a reasonable ground for doubt or dispute as to the validity of the election of any Director, the Board shall hold an inquiry and decide whether the election of the Director is valid and, if an election is found to be invalid, the Board shall direct another election to be held.
- (b) No election is invalid merely because a person has not strictly complied with a requirement of this by-law.

To Mr. Craig Roxoborough, CEO/Registrar, and the College of Physiotherapists of Ontario,

I am writing to formally submit an appeal concerning the outcome of the District 3 election. Please find below a detailed account and justification for this appeal.

The candidate statement approved by the College for the opposing candidate should not have been approved based on the instruction and definitions provided by the College. The statement and more specifically the first paragraph is targeted directly at Physiotherapists alone and given a situation such as this, in which one candidate focuses on the instructions of the College (focus on public interest and the College mandate) and one targets the voting population directly which is the Physiotherapists, it is inevitable that the candidate focused on the interests of the paying members/voters will win by significant margin.

I would like to highlight specific issues in greater detail, as previously outlined in communications with the College. I want to clarify that the responsibility lies with the College, not with the opposing candidate, to ensure that candidate statements adhere to the specified guidelines and also to provide guidelines that are clear and do not leave room for a wide range of interpretation.

The College has stated, in its instruction regarding candidate statements, that "*The candidate statement speaks to the candidate's **skills and experience in relation to the College mandate** and may include their **personal interests** in running for Council. Candidates may frame their remarks in **relation to self-regulation and the public interest**"*

To assert that the opposing candidate's statement meets this criteria is not accurate and at minimum a significant stretch. The ambiguity in direction has led to a very one-sided election as within the framework it appears as though candidates can NOT direct statements towards Physiotherapists specifically and their overall sentiment. Yet, that is precisely what the candidate has done and has been approved by the College. The entire first paragraph, although includes a statement of a passed motion, is not in any way tied back to public interest or the College mandate, nor sufficiently the candidate's skill or experience as the comments narrowly focus on Physiotherapists' interests and in no way public interest or self-regulation.

In reading the materials provided by the College, the mandate and self-regulation of the College are defined as such:

The College mandate is to regulate and ensure the provision of safe, competent, and ethical practice of physiotherapy in the province. The website outlines 6 features of public interest which are; equity, equality, accessibility, protection, accountability, and

quality care. The College provides a definition of self-regulation: Self-regulation is a partnership between the College and registered physiotherapists. The College and registered physiotherapists share responsibility and accountability to self-regulate. Self-regulation is based on the premise that those within the profession are in the best position to **determine, evaluate and enforce the standards of practice of the profession** and the College acts as a steward.

Breaking down the First paragraph which is the bulk of the platform:

*"I know the past 3 years have been extremely challenging, both mentally and financially for many physiotherapists"*

This is directed at Physiotherapists interest and not remotely compliant with the College instruction.

*"As someone who had tabled a motion at Council back in 2015 and was successful in decreasing our registrant fees, I know it can be frustrating for many to endure"*

Although this is related to experience, it is in no way related back to public interest or self-regulation but again aimed specifically at physiotherapists and their own struggles economically. As per our instructions this is related to experience but NOT experience in relation to the College mandate.

*"Throughout my career as a councilor at the College, I have been consistent with my views on registrant fees as per my discussions at the College meetings and as noted in the minutes of the meetings, and I will continue to advocate in the future to my fellow councilors to consider all other alternatives to a fee increase, including finding ways to reduce expenditures, obtaining more efficient means of reaching our strategic goals and to generate alternative revenue streams."*

In Appendix C., under the heading 'performance expectations', number 13. states candidates must "Publicly uphold and support the decisions of the Board and respect the Chair's role as Board spokesperson." The above statement looking retrospectively at College minutes and decisions highlights a selective adherence to only those decisions he agrees with, rather than a supporting view of the Board decisions made during his tenure. This selective focus may undermine the collective decisions made during his tenure regarding his emphasis on being opposed to fee increases as these most certainly happened during his tenure. This statement may conflict with this by-law and can be viewed as narrowly focused on the economic interests of Physiotherapists rather than the public interest and College mandate. The above statement, although not overtly violating the rules, borders on inappropriate and warrants further scrutiny for its



relevance to the College's objectives. Regardless of this being a questionable statement, it once again does not follow the guidelines provided and is not tied back to the College mandate, public interest, or self-regulation.

*"I do read all your comments and the feedback that you have provided to the College including the ones from our last council meeting where 91% of you were not in favor of raising registrant's fees. I know these are difficult times as many of us are still struggling to recover from the pandemic and with rampant inflation, I know any additional expenditure will certainly add to that stressful burden."*

Although this may be a true statement it once again does not in any way align with our instructions. This statement is the most egregious in ignoring instruction relating to public interest and the College mandate, this is very specific to the economic interests of Physiotherapists and is framed as such.

That entire first Paragraph which is nearly half of the entire statement is directed at Physiotherapists and their interests, sentiment, and emotion, with no regard for the College mandate. The fact that the College has approved this statement not only in this election but, from my understanding quite similarly in past elections is incredibly confusing and alarming, given the provided instructions. As the opposing candidate has stated, 91% of Physiotherapists are opposed to increasing fees in Ontario, which makes it all the more remarkable that I managed to achieve approximately 32% of the votes, needing a swing of merely 18% to win.

In summary, the issues I have raised point to inconsistency in the defined guidelines for what constitutes an acceptable candidate statement. Due to either an oversight on behalf of the College, lack of transparency, or a lack of clarity by the College, all candidates were not presented an equal opportunity to create statements that would result in a fair election. The approval of the opposing candidates statement quite clearly has the ability to garner upwards of approximately 90% of votes based on the single issue of registration fees and how they affect Physiotherapists' personal interest and economic interests, specifically when stated against instruction as presented above. Ultimately even if the opposing candidate's statement is found, for some reason, to be within the bounds of a stretched interpretation of the guidelines, that should not be cause to decline the appeal. This appeal is based on the College having to provide clear and consistent framework for all which does not leave room for a situation such as this to occur. If the statement is even debatable in approval by the Board or others who read the statement it reflects a lack of clarity which affects the election outcome disproportionately. The College is required and has a duty to be transparent with all candidates, members, and the public. If this statement is allowed, it reflects a double

standard and a difference in treatment of those within the College and those that are not. Again, whether or not this has been allowed and discussed internally this has not been expressed to all candidates and the public and thus a fair democratic election has not taken place.

The first paragraph focuses on physiotherapists' economic interests, lacking any connection to public interest or regulatory obligations as mandated by the College. This focus is pervasive throughout the statement and largely ignores the defined public interest features such as equity, equality, accessibility, protection, accountability, and quality care. The approval of this statement has led to an unfair and undemocratic election in which it is conceivable and plausible that this single issue swayed the election disproportionately. Although the second paragraph contains mention of public interest, the entire first paragraph does not tie these themes together and goes against the provided framework.

I would like to clarify some questions that may arise from this appeal and add some points below,

Why did I not say something earlier?

The candidate statements were released to me at the same time they were released to voters. The guidelines state that appeals should be filed post-election. Combining these two facts it doesn't seem relevant whether I had made my appeal when I first noticed the statement.

Have candidate statements similar to this been approved in the past?

In discussion with the College it has come to my attention that, yes, similar statements have been approved in the past. This does not reflect a past precedent as my understanding is that those circumstances were never appealed. Furthermore, past statements are not accessible and therefore no new candidates can know that there is a wide range of interpretation in the guidelines and/or acceptable statements that fall outside of the instructions provided.

Did all other candidates make statements regarding registration fees in the way the opposing candidate has?

In discussion with the College my understanding is, no, not all other candidates in other districts have included these similar kinds of positions in their statements or even mentioned registration fees for that matter. The only reason I can think other candidates would also not include these positions is due to the interpretation that it is not appropriate, especially given that it is such a key issue to Physiotherapists it makes no sense to exclude registration fees or these kinds of statements from one's position if it is clearly allowed.

Was the opposing candidate non-compliant within the by-laws?

I don't believe so, although I am unsure and this is not the basis for the appeal regardless. The onus is directly on the College to reject the statement in question or provide clearer instruction to ensure the election is conducted fairly and equitably. In the by-laws under "Validity of Election and Inquiries" (af) states "No election is invalid merely because a person has not strictly complied with a requirement of this by-law." Again this is not the basis of my appeal although I do point to the candidates direction of readers to past disagreements with College positions in previous minutes and may be relevant.

Does this appeal fall upon the Board of Directors (elected Council members) or the CEO/Registrar?

This is something that I am unsure of and will have to be decided by the College. In the by-laws under "Administration" (a) subheading (q) the by-laws state "**All questions arising** in the counting of ballots, the recording of results or the **determination of the result shall be decided by the Registrar.**" and subsequently "Where the By-laws do not address an issue, the Registrar shall use their best judgment to ensure that the election is fair and democratic.". Does this mean it is solely up to the registrar in this instance?

Is the gap in votes, approximately 32% to 68% explained by the issues above?

Yes. As stated earlier it is both conceivable and plausible that this paragraph alone, which was either incorrectly approved by the College or in which the College did not provide transparency in instruction, resulted in the current election decision. In the candidates own statement it is pointed out that in a recent meeting 91% of Physiotherapists opposed rate increases, therefore this margin is completely explainable by these issues alone.

Is the College or the opposing candidate at fault in this election process?

It is crucial that the College provides clearer, more specific guidelines for candidate statements to prevent such disparities and ensure a truly democratic election process. This is an issue of transparency on behalf of the College. The current lack of detailed communication may allow candidates familiar with the system's nuances to exploit these ambiguities to their advantage, potentially to the detriment of broader member interests and public safety. It is not up to the opposing candidate whether or not his statement is approved and therefore this is the responsibility directly of the College, not the candidate themselves. The College must be transparent so those not in board positions have the same understanding of a candidate statement as those within the College.

Overall, does the candidate's statement reflect that of public interest and self-regulation or that of Physiotherapists (the voting, paying members) interests?

Quite clearly, the statement is not in line with the College mandate and guidelines provided. The statement is very clearly directed at Physiotherapists interests. Whether or not the second half of the statement mentions the College mandate and public interest it is in no way tied to the first paragraph which is a standalone statement of advocacy directed only at Physiotherapists and their own interests.

Thank you for considering this appeal. I look forward to your response and to a resolution that upholds the principles of fairness and transparency that the College stands for.

Micheal D'Alessandro  
Registered Physiotherapist  
Candidate for District 3

Dennis Ng  
5 Fairview Mall Drive Suite 250  
North York, Ontario  
M2J 2Z1

June 7, 2024

Board of Directors  
College of Physiotherapists Ontario  
901 University Avenue #800  
Toronto Ontario  
M5G 2J5

To my fellow board members

I hope this message finds you all well. I am writing this letter in response to Micheal D'Alessandro's appeal to the election results as the candidate is entitled to a request to a review of the validity of the voting and counting process.

I disagree wholeheartedly about their argument that this election was held against serving in the best interest of the public. Since becoming a physiotherapist in 2000 and becoming a board member of this prestigious College in 2006, I have always worked on improving continuously on my own personal practice and performed all of my duties in the best interest of protecting the public. I understand their frustration in not winning the election and respect their right for a review, however there is no merit to their argument.

By Mr. D'Alessandro's own admission, self regulation is a partnership between the College and its registered physiotherapists. The interests of all partners must be considered for the health of the partnership. It is not only preferable, but essential that physiotherapists consider all aspects of public interest and protection, including how the administration of public protection is paid for and therefore, it is indeed a key issue in any self regulatory election. Should the board determine that discussing fees is not appropriate in a candidate's statement, it may expose us to potential legal liability. I disagree with the candidate's assertion that "the statement is not in line with the college's mandate and guidelines" as how registrants pay for the privilege of self regulation is a fair, necessary and important matter to be considered and that failure to discuss it would be a dereliction of fiduciary duty.

Through numerous iterations of the board, board members have considered what it means to uphold board decisions. Although most issues are approved unanimously, board members have the right to vote against any issue at hand and have the right to have their dissenting votes recorded in the minutes. These minutes are publicly available in the spirit of transparency from the College and may be referred to by any member of the public, including any physiotherapist who wished to gain access to them.

Most importantly, all candidates' statements are subject to review and approval by staff

and the chief electoral officer, who in this case is the Registrar of the College, prior to it being released to the registrant base. Had any of the comments been spiteful, invalid or malicious, the candidates would have been asked to redact them or have them revised until it was proven satisfactory to the rules and standards of the electoral policies. Furthermore, if the candidate was truly concerned about fairness, they should have raised their questions at the first realization of their concerns. The election period was 4 weeks long and yet the candidate did not raise their concerns till 6 weeks following the date the election portal was open, and only after the election results were publicly declared, and when they were unsuccessful in these elections.

In closing, I have always respected members of the Board and election officers, respected the process and have followed the rules and guidelines as governed by the College election. Like all candidates, all written materials including candidate statements and any revisions were submitted, amended, and approved by the Chief Electoral Officer prior to making a final submission. None of the statements made were false or misleading and all comments were made in the best interest of public protection. There is absolutely no merit to Mr. D'Alessandro's argument. The fact is that the College election was conducted as per board established policy with many controls in place (candidate nomination and screening requirements, candidate mandatory training requirements, the chief electoral officer close oversight of the candidate statement process, and the use of electronic ballots, to name a few) in the best interest of the public.

Respectfully yours

A handwritten signature in black ink, appearing to read 'Dennis Ng', is written over a light blue rectangular background.

Dennis Ng

**Candidate Data Appearing in the Ballot**  
**2024 Elections District 3 – Central Eastern - Election**  
District 3 – Central Eastern – Election

**Poll Group:** 2024 Elections  
**Poll Group:** District 3 – Central Eastern - Election  
**Poll:** District 3 – Central Eastern - Election

**Ng, Dennis**

To my fellow peers and colleagues, I am eternally humbled and honored to have been nominated again for Council at the College of Physiotherapists of Ontario.

I know the past 3 years have been extremely challenging, both mentally and financially for many physiotherapists. As someone who had tabled a motion at Council back in 2015 and was successful in decreasing our registrant fees, I know it can be frustrating for many to endure. Throughout my career as a councilor at the College, I have been consistent with my views on registrant fees as per my discussions at the College meetings and as noted in the minutes of the meetings, and I will continue to advocate in the future to my fellow councilors to consider all other alternatives to a fee increase, including finding ways to reduce expenditures, obtaining more efficient means of reaching our strategic goals and to generate alternative revenue streams. I do read all your comments and the feedback that you have provided to the College including the ones from our last council meeting where 91% of you were not in favor of raising registrant's fees. I know these are difficult times as many of us are still struggling to recover from the pandemic and with rampant inflation, I know any additional expenditure will certainly add to that stressful burden.

Our primary job, as councilors of the College, is to protect the public interest and to ensure that physiotherapists who are practicing in the province of Ontario are providing safe, ethical and competent care. I am fully aware of that role having served on Council for 9 previous years and once again for the past 3 years. I have sat on various committees including the Inquiries, Complaints and Reports Committee, Quality Management Committee and Executive Committee. Having been a physiotherapist for 24 years, it has allowed me to gain valuable experiences both from within the clinic and from the governing board, and I am hoping that those experiences will translate into finding better and more efficient solutions to any challenges that we may face in the coming term.

As mentioned, I will continue to do my best to ensure that the protection of the public interest remains at its highest priority. I will continue to endeavor my best to convince my fellow councilors at the Council table to achieve our goals without yet having to raise our registrant's fees again. So on Wednesday March 13th, I am asking for your vote, to serve as Councilor for the Central Eastern riding once again.

With gratitude and much appreciation

Dennis Ng



**BOARD BRIEFING NOTE**

For Information

<b>Topic:</b>	Registrar’s Report
<b>Public Interest Rationale:</b>	Regular reports to the Board on College activities and performance support the Board’s oversight role to ensure the College is fulfilling its public interest mandate.
<b>Strategic Alignment:</b>	<i>Performance &amp; Accountability:</i> Implementing strong governance structures and information sharing to enable informed decision-making.
<b>Submitted By:</b>	Craig Roxborough, Registrar & CEO
<b>Attachments:</b>	Appendix A: Q4 Board Dashboard Appendix B: New Board Dashboard Metrics for Fiscal Year 2024-2025

**Issue**

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- The Board is provided with an update regarding key activities, regulatory trends, organizational risks, and/or environmental developments.

**Decision Sought**

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- None, this item is for information.

**Current Status**

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- What follows is a non-exhaustive list of relevant activities, regulatory trends, organizational risks, and/or environmental developments to support the Board in discharging their oversight responsibilities. The updates are organized in relation to each pillar or commitment within the College’s [Strategic Plan](#).

**Risk & Regulation:** Effectively regulate the physiotherapy profession in Ontario & advance its regulatory work through a risk-based approach.

*Ontario Clinical Exam (OCE)*

- With the historical backlog of applicants moving through CAPR’s credentialing and examination processes, the College is starting to see a slowing down of candidates seeking to complete the OCE. In the latest sitting (June 2024), 186 candidates wrote the exam down from historical highs of 260 or more.
- The external psychometric review of the Ontario Clinical Exam is nearing completion. Overall, the analysis confirms that the OCE is a strong examination but identifies areas for improvement





(e.g., ensuring blueprint targets are achieved, strengthening exam security, and monitoring inter-rater reliability). Further details will be shared at the June Board meeting.

#### *Compassionate and Trauma-Informed Regulation*

- Building on the principles of compassionate and trauma-informed regulation that were discussed at the March 2024 Board Meeting, staff continue to make operational changes and updates that respond to these principles.
  - Summaries have been added to the Public Register providing additional context regarding the educational or remedial nature of various outcomes flowing from investigations. This involved making updates to over 180 records.
  - For below threshold QA cases, the area Manager is now reaching out in advance to registrants via the phone to have a discussion prior to receiving a formalized letter detailing the outcome and next steps.
  - Each year following annual renewal, we follow up with PTs who do not have the required amount of practice hours to maintain their license about possible next steps. This year, we updated the template letter to use softer language, to encourage the PTs to contact the College, and provided many reminders leading up to the response deadline.
  - The Deputy Registrar has engaged with multiple College's and Councils to raise awareness about this topic, highlight opportunities for incorporating these principles into our regulatory work, and to engage in information sharing/collaboration across the sector.

#### *Registration Regulation*

- As we prepare for national changes to the entry-to-practice examination, the College's registration requirements set out in the *General Regulation* under the *Physiotherapy Act, 1991* will need to be amended.
- More specifically, the regulation currently contemplates a two-exam model and should the College adopt the single exam model currently being developed at the national level, changes will be necessary to the regulation in order to reflect this change and support a seamless transition.
  - While key decision-points are still ahead for all physiotherapy regulators, it is important to initiate the work necessary for a regulation change well in advance given the requirements for consultation and government approval of the changes requested.
- As part of this work, efforts will be made to future-proof the registration requirements in the regulation by adopting higher level and principled language rather than focusing on detailed



and rigid requirements that are difficult to change over time. This will likely necessitate the development of College registration policies that provide the details necessary for a transparent and clear process and that implement the commitments articulated in the regulation.

**Engagement & Partnership:** Collaborate, partner, & engage with the public, profession, & other stakeholders in a clear, transparent, and timely manner to enhance trust and credibility.

*Canadian Physiotherapy Association (CPA)*

- The Registrar attended the Canadian Physiotherapy Association's 2024 Congress meeting and conference, taking the opportunity to meet with many registrants and stakeholders from Ontario and across the country.
- In support of [\*Physiotherapy Month\*](#), the CPA has released two reports (with a third pending).
  - *Scope of Practice:* Mirroring work conducted by pharmacists, the CPA has released a national picture of the variability that exists regarding scope of practice for physiotherapists. The clear intent is to level all provinces up to the same and maximal scope of practice.
  - *Economic Analysis:* Working with Deloitte, the CPA has released economic figures demonstrating the health care costs currently being saved by physiotherapists as well as projections of potential costs savings were physiotherapy sufficiently funded and scopes were expanded (e.g., an additional \$36 million in savings relating to hip and knee issues). Deloitte also provided projections regarding the needed growth of the profession to meet the demands of an ageing population (an additional 14,000 registrants) and the increase needed to match OECD averages (a 62% increase). Deloitte primarily recommended expanding the number of students being trained in Canada and additionally recommended that routes to licensure for IEPTs be streamlined.
- CPA advocacy has resulted in the inclusion of physiotherapy in the Canadian Student Financial Assistance (CSFA) program, which grants debt relief to health care professionals working in underserved rural and remote communities.

*Physiotherapy Assistant Student Outreach*

- Significant outreach is underway with PTA students and educational programs. While PTAs are not regulated by the College, as many as 70% of PTs report working with PTAs.
- The focus of the outreach is to promote knowledge transfer and engagement with this unregulated group of professionals working in the physiotherapy space.



#### *Transitions to Practice e-Learning Module*

- The College has developed a six-part online [training module](#) focused on supporting PTs as they transition to practice in Ontario. The modules are best suited for new grads or for IEPTs, but are informative to any practising PT.
- To aggressively promote the module, the College has developed a year long promotional plan and is engaging with key system partners to promote the module and increase utilization. This includes amplification from the OPA and CAPR

#### *Canadian Alliance of Physiotherapy Regulators (CAPR)*

- CAPR continues to make progress on transitioning from an alliance of regulators to an independent service provider offering credentialing and examination services for the physiotherapy in Canada. As part of this, the Board of CAPR is undergoing a transition process with new competency-based appointments taking the place of existing regulator representatives. This transition is unfolding over the coming year.
- To support Board engagement and future decision-making regarding entry to practice requirements and the examination model the College will adopt, CAPR will be providing an update to the Board at the June meeting.

#### *Health Profession Regulators of Ontario (HRPO)*

- The Minister of Health, Sylvia Jones, joined the HPRO annual general meeting to address the province's 26 health regulatory bodies. She spoke to the importance of collaboration across the sector as we work collectively to address the health human resource shortages and access to care challenges being faced by our health care system.

**People & Culture:** Promote a collaborative environment & a culture based on equity, diversity, and inclusion principles while ensuring staff & the Board have the resources they need to do their best work. Having an effective team will result in greater protection of the public interest.

#### *Public Members*

- Christopher Warren was appointed to the College in March 2024 bringing the College to a full complement of actively engaged public members.
- Re-appointments have been received for all three Public Members who have current terms expiring over the summer. Rick O'Brien has been reappointed for a three-year term effective July 2024 with Frank Massey and Mark Heller receiving one-year appointments effective August and September 2024 respectively.

#### *Human Resources*

- The first staff engagement survey results revealed opportunities for potential improvement. To support a meaningful response to the survey results, staff were engaged in a 'catchball' style



exercise to co-design potential steps that can be taken at all levels of the organization.

- It is anticipated that the employee engagement survey will be repeated approximately once every six months to monitor progress. To enable the Board to monitor progress in this space, a key indicator from the survey – the employee net promoter score (EPNS) – will be reported on the new Board dashboard.

#### *Mental Health Supports for Committee Members*

- At the March 2024 Board meeting, staff were directed to explore the development of a fund enabling Committee Members to access support for mental health services.
- Staff are continuing to collect information to determine what options might exist to provide this support and the costs associated with it. This includes engaging with other regulatory bodies that have similar services.
- Additional details and a proposal will be brought forward to the Board at the September meeting.

#### *Peer Coaches*

- Six new coaches were recruited to support the compliance monitoring program. With a large and diverse group of applicants, the College was able to apply an EDI lens to the recruitment process and bring on 1 French speaker, 2 IEPTs, and 3 clinic owners working across a range of practice settings.
- The coaches have since received training to onboard them to the role, including on the principles of coaching, the role of a coach, understanding decisions, creating coaching action plans, and report writing. New coaches will also shadow experienced coaches as part of their training and development.

**Performance & Accountability:** Implement strong corporate structures & systems that include effective data, technology, & processes to enable informed decision-making & progressive corporate performance to extend CPO's work & impact.

#### *FY2024 Audit Plan*

- The Board was provided with an update in March 2024 that for FY2024 the audit process was being amended to allow for greater time to complete the necessary work and engage with the Risk, Audit, and Finance Committee (RAFC). The audit is underway and RAFC was provided with an update from the auditor at their most recent meeting.
- Unaudited financial statements are included in the Board package for this meeting, and audited financial statement will be presented to the Board at the September 2024 meeting.



### *Information Technology Enhancements*

- Registration and renewal of Professional Health Corporations has now been integrated into our online systems, ensuring greater security regarding the payment process and enhancing the user experience.
- The Practice Advice team now uses a webform to log information about inquiries instead of an Excel sheet. This improves user experience, helps to collect more complete information, and allows us to automate the analysis of the data using Power BI, saving hours of manual work each month.
- The external cybersecurity audit is underway with external and internal penetration testing having been completed. Additional examination of all College systems and security measures will be undertaken over the summer with a full report being delivered in the fall.

### *Standard Operating Procedures*

- Across the organization policies and standard operating procedures (SOPs) are being developed to support consistency and efficiency in the day-to-day operation of the College. Recent examples include:
  - Managing complaint withdrawals;
  - Responding to applications for a Provisional Practice Certificate extension/renewal in exceptional circumstances;
  - Managing registration renewals with lower than required practice hours; and
  - Conducting Quality Assurance history checks.
- This work will continue throughout 2024 with a focus on the Professional Conduct department in advance of a subsequent external process review.

### *Supporting timely decisions*

- To further bolster timely decision-making for ICRC cases, the committee recently introduced two new practices:
  - ICRC now has standing bi-weekly meetings to address any urgent matters that may come up in between regularly-scheduled ICRC meetings, such as interim order discussions and appointment approvals; and
  - The Committee recently adopted the use of a pre committee deliberation worksheet that is completed by case leads and used to guide the discussion during the meeting. The worksheet supports organized and efficient discussions about cases and helps with decision writing as all the key information is already summarized.

### *Q4 Dashboard and Year-in-Review*

- The Q4 dashboard is attached with this report. Some year-end highlights include:
  - High performance against registration timelines (high 90%-100%) even with higher volumes;



- Meeting annual target for QA screening interviews and strong performance against timelines after implementing some process improvements;
- High utilization of Practice Advice;
- Improvement on complaints timelines with increasing number of complaints being closed within 150-day timeline;
- Improvement in decision release timeline after hearings compared to last year;
- Consistent staff turnover throughout year; and
- Significant progress in project completion with most identified projects completed or underway.

#### *Board Dashboard Update*

- New dashboard metrics are being developed to enhance the Board's oversight of the College's regulatory performance. Working directly with teams throughout the College, updates are being proposed that help shift to focusing on performance. The draft list is presented as an appendix to this report for feedback prior to finalization over the summer and roll-out in September 2024.

**Equity, Diversity, and Inclusion:** Embrace a culture where an Equity, Diversity, and Inclusion lens is intentionally incorporated into all levels of decision making at the College.

#### *IEPT Engagement*

- Feedback received from two IEPTs suggested that information provided to IEPTs about the credentialing, examination, and licensure process is either missing or difficult to understand.
- These two individuals were engaged in a targeted assessment of the current information shared on the College's website and their feedback on the shortcoming or gaps in our content were immediately addressed.
- Additional feedback provided has been retained and will be considered as part of the College's website redesign.

#### *EDI Strategy*

- The College's EDI strategy has been finalized following presentation to the Board at the March meeting.
- A plan has been developed to roll-out the strategy in the coming year. This includes activities to socialize staff to the strategy, developing tools to support teams in assessing their work from an EDI lens, and engaging with teams to identify potential improvements which will feed into the College's annual operational planning process.
- All staff received training that covers basic concepts in EDI and unconscious bias to increase their knowledge and understanding of key EDI concepts.



**Governance Modernization:** Create a governance framework which meets or exceeds industry standards as assessed against our regulator peers.

*Governance Terminology Changes*

- At the March 2024 Board meeting, a proposal to adopt new terminology regarding the governance structures and roles was approved. This included rebranding 'Council' as 'Board' and 'President' as 'Chair'.
- The rollout of this terminology change is well underway, with highest profile website copy having been updated. Staff are working to have the rollout completed over the summer months with final updates being made during the website redesign.

## Statutory Programs

### Registration

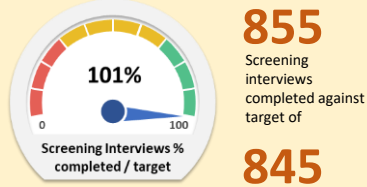
**974** IPC applications received YTD

**675** PPC applications received YTD

**100%** Applications acknowledged within **15 days** **No change** from last quarter

**100%** Applications approved / referred within **30 days** **No change** from last quarter

### Quality Assurance



**99%** Screening interviews done within timeline **No change** from last quarter

**100%** Assessments done within timeline **No change** from last quarter

### Practice Advice

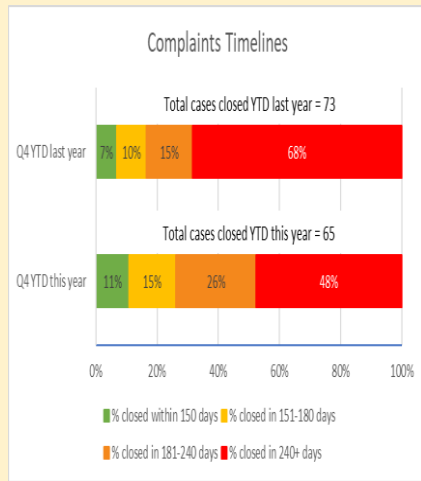
**7435** # of inquiries received YTD

	This Quarter	Last Quarter
<b>1</b>	Business Practices	Business Practices
<b>2</b>	Patient Care	Patient Care
<b>3</b>	Professional Obligations	Supervision
<b>4</b>	Managing Workplace Conflict	Professional Obligations
<b>5</b>	Patient Communication	Privacy

### Professional Conduct

**466** # of concerns received YTD **↑ 11%** from last year

**11%** Complaints closed within 150 days YTD **↑ 4%** from last year



### Discipline

**14** Hearings YTD **↓ 26%** from last year

**15** Days YTD **↓ 44%** from last year

**89%** Uncontested decision released within timeline **↑ 26%** from last year

**100%** Contested decision released within timeline **No change** from last quarter

## Organizational Effectiveness

**26000** Google ad click throughs

**2.5%** Staff Turnover **No change** from last quarter

## Finance & Strategy

### Projects

	Strategic	Operational
<b>Completed</b>	3	19
<b>In Progress</b>	4	10
<b>Deferred</b>	0	5
<b>Cancelled</b>	0	1
	<b>7</b>	<b>35</b>

### CPMF

**22** CPMF items not fully met in 2022

**20** Improvement items completed

**2** Improvement items in progress

### Financial Health\*

**Good**



\* Based on unaudited Q4 results



### New Board Dashboard Metrics for Fiscal Year 2024-2025

The following are draft metrics for the FY2025 Board dashboard. The “Status” column indicates whether the metric is a new one being introduced in FY2025, or if it’s been carried over from the FY2024 dashboard.

Relevance / Rationale	Team	Definition of success / desired outcome	Proposed measure / metric	Status
Demonstrate that the exam is adequately resourced to meet candidate volume demands	Exam	Majority of candidates hold PPC for no more than X months (TBD)	Time from PPC registration to OCE date	New
Monitoring volume of work in our regulatory programs	Registration	Monitoring volume of applications to show growth in our registrant base	<ul style="list-style-type: none"> <li># of IPC applications received year to date</li> <li># of PPC applications received year to date</li> </ul>	Carryover
	Quality Assurance	Completing the target number of screening interviews for the year	Compare number of screening interviews completed against the established target (as a %)	Carryover
	Practice Advice	Monitoring the usage rate of the Practice Advice service	How many inquiries the team receives	Carryover
	Professional Conduct	Monitoring the volume of work of our PC team and of ICRC	<ul style="list-style-type: none"> <li># of concerns received year to date</li> <li># of complaints closed year to date</li> </ul>	Carryover
	Hearings	Monitoring the volume of work of the Discipline Committee	<ul style="list-style-type: none"> <li># of hearings year to date</li> <li># of Committee days year to date</li> </ul>	Carryover
Demonstrate our ability to discharge our regulatory responsibilities in a timely way	Registration	Meeting statutory timeline requirements related to reviewing and referring/approving applications	<ul style="list-style-type: none"> <li># of days to process applications</li> <li># of days to refer/approve applications</li> </ul>	Carryover
	Quality Assurance	Completing screening interviews and assessments within the prescribed timeline	Time it takes to complete as compared to the target timeline (% within target vs outside target)	Carryover



Relevance / Rationale	Team	Definition of success / desired outcome	Proposed measure / metric	Status
	Practice Advice	Timeliness of the Practice Advice Service	How many days does it take for the team to respond to inquiries	New
	Professional Conduct	Timeliness of investigations and decision-making	Length of time it takes to dispose of a complaint (in days)	Carryover
	Hearings	Timeliness of getting to a hearing	Time between referral to date of hearing	New
	Hearings	Decision timelines	Number of days between decision made and decision released	Carryover
Monitoring Committee performance in decision-making	Registration, PC	Success rate of CPO in HPARB reviews	Of the total number of appeal decisions, how many are in the College's favour	New
	Registration, QA, PC, Hearings	Success rate of CPO in judicial reviews	Of the total number of judicial review decisions, how many are in the College's favour	New
Monitoring the health of the workforce	People & Culture	Maintain or improve key measures of employee engagement and psychological health	Employee net promoter score (ENPS)	New
			Staff turnover rate	Carryover

**Metrics from the FY2024 dashboard that will be phased out in FY2025**

Team	Metric	Rationale
Practice Advice	Top 5 themes in the inquiries	While this data provides valuable insight to inform the development of communications and educational materials and Standards, it is not directly relevant for the oversight of the program.
Communications	Google ads click throughs	This metric does not on its own give the Board line of sight on our engagement and outreach activities. Those updates are instead captured in the Registrar's Report.
Strategy	<ul style="list-style-type: none"> <li>• Project completion</li> <li>• CPMF improvement items</li> </ul>	These are output rather than performance measures. Our performance in delivering on strategic initiatives and meeting external obligations is better captured in the Registrar's Report.
Finance	Financial health indicator	This is a duplication of content as this indicator is also included in the quarterly financial reports.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 6.0**

**Board Meeting  
June 24-25, 2024**

**Agenda #6.0: Code of Ethical Conduct**

It is moved by

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and seconded by

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that:

The Board approves the adoption of the Code of Ethical Conduct and rescinds the College's previous Code of Ethics, effective August 1, 2024.

## BOARD BRIEFING NOTE

For Decision

<b>Topic:</b>	Code of Ethical Conduct: Consultation Feedback and Final Approval
<b>Public Interest Rationale:</b>	Promotes ethical practice and patient-centered approaches to professional conduct.
<b>Strategic Alignment:</b>	<i>Regulation &amp; Risk:</i> The revised Code of Ethical Conduct creates a national framework for ethical conduct and supports the evaluation of conduct matters.
<b>Submitted By:</b>	Mara Berger, Director of Policy and Governance & General Counsel Evguenia Ermakova, Policy Analyst
<b>Attachments:</b>	Appendix A: Code of Ethical Conduct (Draft Ontario Version) Appendix B: CPO “REACH” Code of Ethics Document (March 2013) Appendix C: Consultation Response – Ontario Physiotherapy Association Appendix D: Consultation Response Summary – Citizens Advisory Group

### Issue

- A revised Code of Ethical Conduct (“the Code”) has been approved at the national level and there is an opportunity for the Board to consider whether the proposed Code should be adopted for use in Ontario based on the feedback received during the consultation process.

### Decision Sought

- The Board is being asked to approve the revised Code of Ethical Conduct for use in Ontario.

### Background

#### *CPO’s Current Ethical Guidance for Physiotherapists*

- The College currently has a guidance document that highlights five ethical values forming the acronym [REACH](#) (Respect, Excellence, Autonomy, Communication, and Honesty) and six steps to ethical decision making.
  - REACH has not been reviewed since March 2013 and is not used in College processes.

#### *Development of the Revised Code of Ethical Conduct*

- The first national [Code of Ethical Conduct](#) was developed and adopted by Canadian Physiotherapy Association (CPA) and most provincial physiotherapy regulators in 2017 following an extensive review of the various Codes of Ethics that existed across the country.



- Ontario decided not to adopt the first iteration of the national Code of Ethical Conduct since REACH was considered to meet Ontario's needs at the time.
- Between 2016-2020, CPA also developed the national [Core Professional Values](#) document, and in 2021, discussions began around integrating the Core Professional Values into the Code of Ethical Conduct.
  - The revised Code of Ethical Conduct (Appendix A) was the resulting initiative and underwent nationwide consultation, where Ontario registrants constituted ~50% of all participants.
  - The revised Code was approved by CPA in February 2024, and national physiotherapy regulators had agreed to present the updated version to their respective Boards for approval for use in their province.
  - For a comprehensive overview about the development of the revised Code of Ethical Conduct, please see the [December 2023 Board materials](#).
- In December 2023, the CPO Board previewed the draft Code and approved its circulation for consultation with the College's registrants and partners, including organizations and academic representatives.
  - The consultation was posted on the College website and shared with registrants and partners, spanning from January to March 2024.
  - A separate survey-based consultation was conducted with the Citizens Advisory Group, with a completion deadline of May 31<sup>st</sup>.

## **Content and Purpose of the Revised Code of Ethical Conduct**

### *Content of the Code*

- 33 Ethical Responsibilities guiding ethical conduct, divided into three categories: (1) those that apply to the client, (2) those that apply to the public, and (3) those that apply to the individual practitioner (self) and the profession.
- 10 Core Professional Values and Associated Behaviours, which represent the fundamental principles guiding professional conduct, informing decisions, and shaping ethical engagement within the profession.

### *Purpose of the Code*

- Commitment to upholding professional values and making ethical practice decisions, serving as a guiding framework for physiotherapists to navigate ethical complexities.



- Unlike the values-only approach of REACH, the Code articulates values, ethical principles, and standards to guide conduct, ensuring a more comprehensive framework for ethical decision-making.
- Intended to be dynamic and reflective of societal ethics and the profession's moral principles, providing a resource for addressing ethical dilemmas and guiding conduct across all contexts and career stages in physiotherapy practice.
- Recognizes that no ethical responsibility or core professional value will apply at all times and to all situations and instead serves as a flexible resource for physiotherapists to navigate complex situations and prevent unethical behavior.
- May support Inquiries, Complaints and Reports Committee in addressing situations not currently covered in our Standards by providing additional framing for the assessment of ethical conduct in adjudicative proceedings.

## **Key Considerations**

### *Summary of Consultation Responses*

- The College received 33 feedback responses in total:
  - 4 responses were from individual respondents submitted anonymously, all of whom identified as registered physiotherapists.
  - 2 responses were submitted on behalf of organizations: The Ontario Physiotherapy Association (OPA), and the Black Physiotherapy Association (BPTA).
  - 27 responses were submitted through consultation with the Citizens Advisory Group (CAG). The CAG brings together patients and caregivers to share their thoughts and experiences with health regulators. Their feedback helps shape policies, standards, and public messages for various health professions.
- It is important to note that feedback from the consultation will be used to help the Board determine whether or not to approve the Code as it is currently written, as at the national level there is a consensus that provinces should *not* make modifications to the Code unless to add necessary jurisdiction-specific language or legislation.

### Individual Responses

The themes that emerged from the individual responses were as follows:



- Strengths and Successes
  - Ethical principles are clear, reasonable, relevant, and useful in the practice setting.
  - Ethical principles support equity, diversity, and inclusion.
  - Preference for having the nationally developed document replace REACH.
- Suggestions for Improvement
  - Expand the Responsibility to Self and the Profession to include the use of evidence-informed practices, aiming for patient independence through self-management due to a concern about patients transitioning from private clinics with unresolved pain, damaging public trust in physiotherapy.
  - Consider stronger language for clarity in the Responsibilities sections.
  - Broaden point #14 to include tasks assigned to Physiotherapy Assistants, not just care delegated to students.

### Organizational Responses

The CPO received two submissions on behalf of organizations. They are as follows:

- **The Ontario Physiotherapy Association (OPA)** – Full letter is attached as Appendix C
  - The OPA recommends establishing ethical conduct as a separate standard of practice, with a focus on cultural safety and humility.
    - CPO will be developing standards around Indigenous Cultural Safety and Humility and Health Equity and Anti-Discrimination next year.
    - These standards will be created with input from diverse partners, including patients, registrants, and relevant community representatives, to ensure their relevance, effectiveness, and inclusivity within the broader healthcare landscape.
  - Proposal to enhance informed consent procedures and recognizing the role of substitute decision-makers in patient care.
  - Key suggestions include respecting patient autonomy by providing necessary information and considering abstention from treatment as an option.
  - Advocate for inclusive care environments, emphasizing collaboration with family and caregivers, and addressing discrimination.





- Suggest clarifying responsibilities to the public and to the self, including the duty to report observations of discrimination.

- **The Black Physiotherapy Association (BPTA)**

- Had no major concerns with the content of the Code.
- They emphasize the importance of better alignment with the language in the National Physiotherapy Advisory Group (NPAG) *Competency Profile for Physiotherapists in Canada* (2017).
- Additionally, the BPTA suggests that the College should present to the Board how it plans to enforce the Code of Ethical Conduct.

Citizens Advisory Group (CAG) – Summary available in Appendix D.

- The College received 27 responses from the CAG. All respondents indicated that they have had direct experience with the physiotherapy profession, for example as a patient or caregiver.
- The CAG were generally supportive of the draft Code of Ethical Conduct, indicating that it aligns with their values and expectations. While respondents provided insights for potential improvements, the overall sentiment was positive.
- Respondents noted that while they are generally confident that the Code is a useful tool for promoting ethical behavior, it needs to be supported by additional measures to be fully effective.
- Respondents rated the following three principles as most important when considering the adoption of the draft Code:
  - *Continuing Professional Development*: Engaging in ongoing learning to maintain high standards of practice and advancements in the profession.
    - The majority of respondents stated that the Code perfectly aligns with their expectations for CPD.
    - Respondents indicated strong overall support for promoting lifelong learning in healthcare, and some feedback indicated that CPD provisions are too vague and lacking in feasibility.
  - *Professional Communication*: Transparent, respectful, and professional communication to build patient trust, including active collaboration with the patient.



- The majority of respondents stated that the Code perfectly aligns with their expectations for communication.
- Respondents highlighted the importance of maintaining professional boundaries, especially in the context of social media. There were also concerns about the practical implementation of these principles, suggesting a need for clearer guidelines and more oversight to ensure compliance.
- *Patient Autonomy*: Empowering patients in their healthcare decisions.
  - The majority of respondents stated that the Code perfectly aligns with their expectations for patient autonomy.
  - Respondents supported the Code's approach to informed consent, and some feedback suggested the need for more clarity and practical guidance on how to support patient autonomy effectively.
- Other comments from the CAG respondents included:
  - Overall, the Code is clear, easy to follow, and well-structured.
  - The Code is helpful in promoting ethical behaviour, though it needs other supporting regulatory processes to make a meaningful impact.
  - To ensure the Code fulfills its purpose, it should be publicly distributed to raise awareness, regularly reviewed to maintain relevance, and subject to annual sign-off by PTs.

#### *Benefits of a National Framework for Ethical Practice*

- Achieving greater national consistency around physiotherapy practice and fostering a sense of unity within the profession is at the forefront of this initiative.
- Labour mobility and cross-border care are emerging as significant national and provincial priorities, and a harmonized ethical guidance makes it easier for physiotherapists to provide services in different provinces without the need for extensive reorientation.
- A uniform Code signals to the public that the physiotherapy profession maintains consistent values and ethical principles, no matter where patients are being treated.
- Ontario's willingness to adopt a national ethical framework demonstrates a commitment to working collaboratively with national partners. This ensures that Ontario remains actively involved in national initiatives concerning the future developments in physiotherapy practice.



## **Next Steps**

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If the revised Code of Ethical Conduct is approved for use in Ontario:

- It would replace the current REACH document.
- The Code would have an effective date of August 1, 2024.
- The Standards of Practice will continue to prevail in all enforcement decisions.

## **Questions for the Board**

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- Do you have any questions based on the consultation feedback received?
- Do you have anything to highlight or consider with respect to the approval of the Code of Ethical Conduct?

# Code of Ethical Conduct

THIS CODE APPLIES TO REGISTERED PHYSIOTHERAPISTS IN ONTARIO.  
Updated with Core Professional Values February 2024

## PURPOSE

A code of ethical conduct sets out the ethical principles governing the conduct of members of the physiotherapy profession in Ontario. It is a moral anchor that assures patients,<sup>1</sup> the public, and other health-care providers that members of the profession strive for the highest standards of ethical conduct. A code must reflect the societal ethics of the time, as well as the value systems and moral principles of the physiotherapy profession. The Code of Ethical Conduct applies to all physiotherapists in all contexts of practice and through all stages of their careers. It must always be used in conjunction with relevant federal and provincial legislation and with regulations, policies, procedures, and standards that regulate professional practice.

## HOW TO USE THE CODE OF ETHICAL CONDUCT

The Code does not tell practitioners exactly how to act in every situation. Rather, it provides a benchmark against which to measure ethical decisions in everyday practice and in complex situations. In every situation, however, it is the duty of each member of the profession to act in an ethically responsible manner, using the principles of the Code to guide ethical conduct. As ethical decision-making is often an interdisciplinary issue, each practitioner is encouraged to seek additional advice or consultation when ethical decisions are unclear. Members of the physiotherapy profession should be able to articulate their rationale for all ethical decisions and should take responsibility for their decision-making and actions.

## ETHICAL PRINCIPLES AND CORE PROFESSIONAL VALUES

Ethical principles form the foundation of ethical conduct and provide guidance along the pathway to ethical decision-making. While there are several approaches to ethical decision-making this document uses the classical ethical principles described below as a basic guide to ethical conduct. Emphasis is on the pursuit of excellence in all professional activities, as well as the ability to act with integrity, accountability, and good judgement in the best interests of the patient, the public, the individual (self), and the profession.

- **Respect for Autonomy** states that people should be allowed to make decisions that apply to their lives and to have control over their lives as much as possible. Autonomy requires a physiotherapist to respect a patient's freedom to decide for themselves and includes obtaining informed consent.

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<sup>1</sup> A patient is a recipient of **physiotherapy services**, and may be an individual, family, group, organization, community, or population. In some circumstances a patient may be represented by their substitute decision maker.

- Beneficence guides the practitioner to do what is good with respect to the welfare of the patient. In physiotherapy practice, the physiotherapist should provide benefit to the patient's health.
- Least Harm deals with situations in which none of the choices available are judged to be the best. In this case, a practitioner should choose to do the least harm possible and to do harm to the fewest people. For physiotherapists, this may mean recommending an intervention that is the best of two alternatives, even though both alternatives may have negative side effects.
- Justice requires that the actions chosen are objective and equitable to those involved. An ethical decision that relates to justice has a consistent logical basis that supports the decision. For physiotherapists, justice relates to treating people equitably and to allocating resources fairly between patients.

In addition to the ethical principles, core professional values<sup>2</sup> help to support the ethical conduct of members of the profession. These are the values that guide the decisions physiotherapists make and inform their behaviours as individuals and as members of a profession. The core professional values include accountability, advocacy, altruism, compassion, equity, excellence, integrity, patient-centredness<sup>3</sup>, respect, and social responsibility. The Core Professional Values with associated behaviours can be found [here](#).

The ethical responsibilities below are described under three headings: those that apply to the patient; those that apply to the public; and those that apply to the individual practitioner (self) and the profession.

Throughout the document the core professional values are indicated in parenthesis. Ethical responsibilities are intended to serve as a guide to ethical conduct. No ethical responsibility or core professional value will apply at all times and to all situations, but they should serve as references to guide sound ethical conduct and to help prevent unethical behaviours and choices.

## ETHICAL RESPONSIBILITIES

### A. RESPONSIBILITIES TO THE PATIENT

**Members of the physiotherapy profession have an ethical responsibility to:**

1. Demonstrate sensitivity toward individual patients, respecting and taking into consideration their unique rights, needs, beliefs, values, culture, goals, and the environmental context. (Patient-centredness, Respect)
2. Act in a respectful manner, and do not refuse care or treatment to any patient on the prohibited grounds of discrimination, as specified in the *Ontario Human Rights*

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<sup>2</sup> Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6484957/>

<sup>3</sup> While one of the Core Professional Values is "client-centredness", Ontario uses "patient" rather than "client". As such, "patient" is used throughout the document.

*Code*<sup>4</sup> and the *Canadian Human Rights Act*<sup>5</sup>, as well as on the grounds of social or health status. (Equity, Respect)

3. Work in partnership with patients to improve, support, and/or sustain their health status and well-being. (Patient-centredness, Compassion, Equity)
4. Maintain professional boundaries that honour and respect the therapeutic relationship with patients. (Accountability, Integrity)
5. Communicate openly, honestly, and respectfully with patients at all times. (Integrity, Respect)
6. Respect the principles of informed consent, including by explaining service options, risks, benefits, potential outcomes, possible consequences of refusing treatment or services, and by avoiding coercion. (Accountability, Patient-centredness, Integrity)
7. Treat patients only when the diagnosis or continuation of the intervention warrants treatment and is not contraindicated. (Accountability, Integrity)
8. Respect and support the autonomy of the patient to participate in the management and decision-making relating to their own health. (Accountability, Integrity)
9. Provide an alternative treatment option through referral to another health-care provider/ physiotherapist, if the therapeutic relationship is compromised. (Accountability, Altruism)
10. Respect the confidentiality, privacy, and security of patient information in all forms of communication. (Accountability, Integrity)
11. Use electronic communication and social media and other forms of digital technology professionally and respectfully, conforming to confidentiality guidelines. (Accountability, Integrity)
12. Practise in a safe, competent, accountable, and responsible manner during the provision of services. (Accountability, Excellence)
13. Take all reasonable steps to prevent harm to patients. Should harm occur, disclose it to the patient and others, as required. (Accountability, Integrity)
14. Take responsibility for the patient care delegated to students and other members of the health-care team. (Accountability)
15. Practise the profession of physiotherapy, according to their own competence and limitations, referring the patient to others, as necessary. (Accountability, Excellence, Integrity)
16. Practise collaboratively with colleagues, other health professionals, and agencies for the benefit of patients. (Advocacy, Patient-centredness)
17. Enhance their expertise through lifelong acquisition and refinement of knowledge,

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<sup>4</sup>*Ontario Human Rights Code* (2023): The Code prohibits actions that discriminate against people based on a protected ground in a protected social area. Available [here](#).

<sup>5</sup>*Canadian Human Rights Act* (2021): For all purposes of this Act, the prohibited grounds of discrimination are race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability and conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered. Available [here](#).

skills, abilities, and professional behaviours. (Accountability, Excellence)

18. Comply with all legislation, guidelines, and regulatory requirements that pertain to the profession of physiotherapy. (Accountability, Integrity)

## **B. RESPONSIBILITIES TO THE PUBLIC**

**Members of the physiotherapy profession have an ethical responsibility to:**

19. Conduct and present themselves with integrity and professionalism. (Integrity)
20. Respect diversity and provide care that is both culturally sensitive and appropriate. (Patient-centredness, Equity, Respect, Social Responsibility)
21. Advocate within their capacity and context to address patients' needs and the broad determinants of health and to improve the standards of health care. (Advocacy, Equity, Social Responsibility)
22. Work effectively within the health-care system and manage resources responsibly. (Accountability, Integrity)
23. Act transparently and with integrity in all professional and business practices, including fees and billing, advertising of professional services, and real and/or perceived conflicts of interest. (Accountability, Integrity)
24. Assess the quality and impact of their services regularly. (Accountability, Excellence)
25. Be professionally and morally responsible for addressing incompetent, unsafe, illegal, or unethical practice of any health-care provider and be legally responsible for reporting to the appropriate authority/authorities conduct that puts the patient at risk. (Accountability, Integrity)
26. Take responsibility for their own physical and mental health and refrain from practising physiotherapy while their ability to provide appropriate and competent care is compromised. (Accountability, Integrity)

## **C. RESPONSIBILITIES TO SELF AND THE PROFESSION**

**Members of the physiotherapy profession have an ethical responsibility to:**

27. Commit to maintaining and enhancing the reputation and standing of the physiotherapy profession, and to inspiring public trust and confidence by treating everyone with dignity and respect in all interactions. (Excellence, Social Responsibility)
28. Commit to lifelong learning and excellence in practice. (Accountability, Excellence)
29. Act honestly, transparently, and with integrity in all professional and business practices to uphold the reputation of the profession. (Accountability, Integrity)
30. Recognize the responsibility to share evidence-informed and clinical best practices in physiotherapy with one another and other health-care professionals. (Excellence)
31. Contribute to the development of the profession through the support of research, mentoring, and student supervision. (Excellence)

32. Refrain from harassment, abuse, or discrimination of colleagues, employees, or students. (Integrity, Respect)
33. Attend to their own health and well-being. (Accountability)



## Code of Ethics

Physiotherapists are responsible for conducting themselves ethically in every professional practice situation. To assist physiotherapists to determine the most appropriate ethical conduct in situations of uncertainty, the College of Physiotherapists of Ontario has adopted a values-based Code of Ethics and a stepwise decision-making model.

The Code of Ethics reflects physiotherapists' commitment to use their knowledge and expertise to promote high quality, competent and ethical care for patients and thereby instill in the public, confidence in the profession.

The ethical values for physiotherapists in Ontario spell out the acronym R.E.A.C.H. These values should be applied in all aspects of professional practice, particularly in the patient-physiotherapist relationship and when facing an ethical problem or dilemma.

Making ethical decisions is not always easy and can be accompanied by significant discomfort. While the Code of Ethics cannot alleviate this discomfort, adopting the R.E.A.C.H. values and a standard process to analyze a situation will allow physiotherapists to feel more secure in their ability to make the best decision possible and that is also in the best interest of their patients.

There are a variety of ethical decision making models available, and although one version is presented here, physiotherapists should choose a model that is most comfortable for them and meets their professional needs.

Physiotherapists should also understand that while a consistent process can be followed each time an ethical decision is required, the decision or outcome can vary and there can be differences of opinion. It is not expected that there will always be complete agreement as context is critical. The proposed actions to an ethical dilemma can include both those who are in favour and those who are opposed to the decision. Although there may not be complete agreement on one unique line of action, some actions will be more defensible and others will be less defensible.

An online learning module is available on the College website to facilitate understanding of:

- ethics in general
- the ethical values of physiotherapists in Ontario
- how to apply the values and a standardized decision-making process to ensure the best decision possible

The ability to make appropriate ethical decisions that are in the best interests of patients is an essential aspect of professional practice.

## Ethical Values

### **Respect**

Physiotherapists are respectful of the differing needs of each individual and honour the patient's right to privacy, confidentiality, dignity and treatment without discrimination.

### **Excellence**

Physiotherapists are committed to excellence in professional practice through continued development of knowledge, skills, judgment and attitudes.

### **Autonomy and Well Being**

Physiotherapists are at all times guided by a concern for the patient's well-being. Patients have the right to self-determination and are empowered to participate in decisions about their health-related quality of life and physical functioning.

### **Communication, Collaboration and Advocacy**

Physiotherapists value the contribution of all individuals involved in the care of a patient. Communication, collaboration and advocacy are essential to achieve the best possible outcomes.

### **Honesty and Integrity**

Each physiotherapist's commitment to act with honesty and integrity is fundamental to the delivery of high quality, safe and professional services.

## Steps to Ethical Decision Making

1. Recognize that there is an ethical issue—i.e. something is making you uncomfortable.
2. Identify the problem and who is involved—What is making you uncomfortable? Who else is involved?
3. Consider the relevant facts, laws, principles and values—What laws or standards might apply? What REACH value or ethical principle is involved?
4. Establish and analyze potential options—Weigh possibilities and outcomes. Use your moral imagination.
5. Choose a course of action and implement it—Are there any barriers to action? What information should be recorded?
6. Evaluate the outcome and determine if further action is needed—What did you learn? What can you do to prevent future occurrence?

*Revised March 2013*



March 27, 2024

Nitin Madhvani, President

Craig Roxborough, Registrar & CEO

College of Physiotherapists of Ontario  
375 University Avenue, Suite 800  
Toronto, Ontario  
M5G 2J5

Via email to: [consultation@collegept.org](mailto:consultation@collegept.org)

Subject: Consultation on Proposed Code of Ethical Conduct

Dear Mr. Madhvani and Dr. Roxborough,

The Ontario Physiotherapy Association (OPA) is writing to the College of Physiotherapists of Ontario (CPO) in response to the consultation on the proposed Code of Ethical Conduct. We thank you for the opportunity to participate in this consultation, and informed by our Board of Directors, offer the following feedback for your consideration.

### Recommendation: Ethical Conduct as a Standard

Updates to the Code of Ethical Conduct are useful but fall short of what's needed to effectively address discrimination, bias, and racism. Instead, OPA recommends establishing a Standard of Ethical Conduct. The move to a standard would demonstrate a strong commitment to anti-racism and cultural safety, and create a strong structure that the public, physiotherapists, and policy makers can depend on to provide safe, equitable and high-quality health care services.

There is precedent for establishing a standard for ethical conduct. The Health Standards Organization has published the British Columbia Cultural Safety and Humility Standard, which addresses racism and discrimination. The Standard highlights the responsibilities of not only health systems, but also health organizations and practitioners to establish a culture of anti-racism and cultural safety. Additionally, the British Columbia College of Nurses and Midwives has created an Ethical Practice Standard, which can be viewed [here](#). The OPA recommends that the College consider moving the Code of Ethical Conduct to a Standard, because as it is currently written and presented, it functions as a guideline or recommendation, rather than a requirement for practice.

### Feedback on the Code of Ethical Conduct

In reviewing the Code of Ethical Conduct as proposed, OPA has identified feedback that falls under the following three domains:



1) *Build on the concept of informed consent:*

- Highlight the ethical responsibility of a physiotherapist to provide all information necessary to ensure patients have the information they need for informed consent and informed decision making to be achieved.

2) *Recognize the role of substitute decision makers in patient care:*

- Various statements recognize the rights of patients, such as the responsibility to work in partnership with patients and support their decision making and autonomy. This can be expanded to recognize the role of families and caregivers in decision-making in certain circumstances, highlighting the ethical responsibility of physiotherapists to work in partnership with the patient and others involved in their care.

3) *Build on our ethical responsibility and role to address instances of discrimination, racism, and prejudice in healthcare:*

- Participate in creating an inclusive and equitable workplace and patient care setting.

More specific feedback is outlined, section by section, below.

### Section: Ethical Principles and Core Professional Values

Under *respect for autonomy*, the OPA recommends that the College include language around the physiotherapist's ethical duty to provide all information necessary for informed consent to occur.

Under *Least Harm*, the OPA recommends that the College includes more explicitly the option of abstaining from treatment as a treatment in itself. In some cases, refraining from providing treatment is safer than providing it to a patient. This can also be included in the informed consent section - ensuring each patient is aware that they can select no treatment as an option, with awareness of the applicable benefits and risks.

### Section: Responsibilities to the Patient

Under point 1., there is reference to *unique rights*, which requires further explanation or removal. There is lack of clarity of what is meant by this term, with an assumption that all patients possess the same rights under the *Canada Health Act* and *Healthcare Consent Act*.

Under point 2., *do not refuse care or treatment* is stated as a responsibility to the patient, however not refusing care should be considered the minimum requirement in the context of discrimination. To further promote equity and respect, language should include other ways of eliminating discriminatory behaviour, such as not lowering the quality or standard of care, and refraining from bias, judgment, and prejudice. The OPA recommends that the College consider language such as "actively work toward creating an inclusive and equitable environment and minimize the risk of discrimination, harassment, and judgment."



Under point 3., the statement *work in partnership with patients* should be extrapolated to include caregivers, family members, and other parties who may be involved in one's care so long as informed consent is obtained to include additional individuals in the care process. The College should also consider a statement about collaborating with caregivers who have power of attorney over medical decisions and how to still involve the patient in their care.

Under point 9., The statement *provides an alternative treatment option...if the therapeutic relationship is compromised* should include language around other circumstances in which referral may be warranted. This information is more explicitly outlined in the Duty of Care Standard but would be beneficial to have in the Code of Ethical Conduct as well. These circumstances may include:

- 1) If it is in the best interest of the patient and their health goals or needs
- 2) If it is requested by the patient out of preference
- 3) The care needs of the patient exceed the level of expertise of the physiotherapist

#### Section: Responsibilities to the Public

Under point 6., The statement *assesses the quality and impact of their services* should also include language around making amendments and improvements as needed.

#### Section: Responsibilities to the Profession

Under point 6., the statement *refrain from harassment, abuse, or discrimination of colleagues, employees, and students* is not comprehensive and does not accurately describe the physiotherapist's ethical duty to create and maintain safe workplaces. As mentioned in the section *Responsibilities to the Patient* under point 2., refraining from harassment and discrimination is the bare minimum. While it is important to not engage in this activity, it is equally important to not observe or act as a bystander. College Standards outline duties to report in certain circumstances, but the ethical responsibilities when observing acts of discrimination, harassment, bias, or judgment (outside duty to report situations) should be better outlined. The OPA recommends more explicitly outlining the ethical requirement to commit to creating and maintaining safe professional spaces by demonstrating sensitivity, respect, and understanding in addition to refraining from discrimination and harassment.

The following question also arose in discussion of this section:

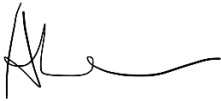
- Should observations of discrimination be considered as a duty to report?

OPA presents this question to highlight the significance of ethical conduct, and the importance of active participation by all physiotherapists in dismantling systems of oppression.



Thank you for this opportunity to provide feedback on this consultation. The OPA is happy to assist and, would be pleased to meet with you to discuss the points we have made in this submission.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amy Hondronicols', with a long horizontal flourish extending to the right.

Amy Hondronicols

Director, Practice, Policy & Member Services

## Citizens Advisory Group (CAG) Feedback Summary – Code of Ethical Conduct

Total number of responses = 27

### Principle-Based Feedback

Principle	Summary of Strengths	Summary of Improvement Areas
Patient autonomy in health decisions	<ul style="list-style-type: none"> <li>Underscores that patients ultimately should be in charge of their own care.</li> <li>Effectively addresses principles of informed consent.</li> </ul>	<ul style="list-style-type: none"> <li>Greater consideration of patients' capacity and self-efficacy in decision-making in determining the level of patient involvement.</li> <li>References to patient autonomy and consent should be more direct.</li> </ul>
Continuing professional development	<ul style="list-style-type: none"> <li>Highlights importance of lifelong learning in healthcare as scientific advancements and best practices always change.</li> <li>Increases patient trust in PT's knowledge and skills.</li> <li>Supports high quality care.</li> </ul>	<ul style="list-style-type: none"> <li>CPD provisions are vague, need specific requirements, including proof of skills upgrade.</li> <li>May not be feasible to always undergo continuous improvement.</li> </ul>
Communication, including active patient collaboration	<ul style="list-style-type: none"> <li>Encourages patient involvement, important due to inherent power and knowledge imbalance.</li> <li>Facilitates transparent exchange of information.</li> <li>Ensures patient participation while maintaining confidence in PT expertise.</li> </ul>	<ul style="list-style-type: none"> <li>Additional guidance is needed to ensure compliance.</li> <li>Suggested addition of PT's responsibility to share information and documentation with patients.</li> </ul>
Safe and supportive patient environment	<ul style="list-style-type: none"> <li>Emphasizes the understanding of diverse backgrounds to ensure respect and safety in patient care.</li> <li>Helps ensure PT spaces are safe, respectful, and free of judgement.</li> </ul>	<ul style="list-style-type: none"> <li>Poses practical challenges – may not be possible to know a patient's culture.</li> <li>Take patients' mental health into account (e.g., healthcare anxiety).</li> <li>Needs guidance on managing existing biases.</li> </ul>
PTs attending to their own mental and physical health	<ul style="list-style-type: none"> <li>Highlights that PT self-care is important for providing the best care to patients.</li> <li>Promotes awareness of mental health.</li> <li>Supports prevention of burnout and overwork.</li> </ul>	<ul style="list-style-type: none"> <li>Guidelines are not enough, will need follow-through from individual workplaces.</li> <li>Needs an addition where to seek support for mental health, moral injury, etc.</li> <li>Needs more emphasis on the convergence of self-care and patient interests.</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>Addresses all aspects of professionalism, including use of social media.</li> <li>Promotes clear communication and trust building in all interactions.</li> <li>Professionalism expectations are well-written and thorough.</li> </ul>	<ul style="list-style-type: none"> <li>Additional detail needed to help meet these guidelines in practice.</li> <li>Consider differentiation of personal and professional opinions on social media.</li> </ul>
Working collaboratively with other health professionals	<ul style="list-style-type: none"> <li>Focus on interdisciplinary collaboration allows for better patient outcomes and health system functioning.</li> <li>Reflects a collaborative rather than siloed approach to care, recognizes that PT patients will often see other practitioners.</li> </ul>	<ul style="list-style-type: none"> <li>Referral provisions should include that patient needs come first.</li> <li>Health system optimization is beyond the scope of what a PT can do.</li> </ul>

## General Feedback

### Clarity and understandability:

- Most respondents found the Code to be very clear. Strengths included a clear and organized layout, particularly the section-based format, and clear language with little to no technical jargon. Some suggested a plain language revision and further abridging the document for greater readability.

### Overall promotion of ethical behaviour:

- Most respondents noted that they were confident that the ethical responsibilities in the Code can help promote behaviours that are ethical and in the public interest. Respondents agreed that the Code is a good resource for education, self-evaluation and accountability for practitioners, and that it holds the profession to a high standard.
- Practical challenges in applying these concepts were also noted, saying that while it is a useful tool, it does not go far enough on its own.

### General comments and suggestions:

- Public awareness and comprehension – the Code should be distributed to the public as well as the profession so that the public is aware of the standards the profession is held to.
- Regular updates – the Code should be subject to regular review to ensure it is consistent with changes in the practice environment.
- Implementation – Suggestions for PTs should review and sign off on this Code annually and display in the workplace. Enforcement mechanisms should be considered.
- Inclusion – Code needs recognition of caregivers and other support systems, including diverse populations like pediatrics and geriatrics.



## BOARD BRIEFING NOTE

For Information

<b>Topic:</b>	Financial Management Report for the Fiscal Year ending March 31, 2024 (unaudited)
<b>Public Interest Rationale:</b>	Financial planning will ensure the programs and services provided the College are properly financially supported to protect and serve the public interest in each of the identified areas.
<b>Strategic Alignment:</b>	<i>Performance and Accountability:</i> Monitoring the College's financial resources ensures the finances are available to deliver on the College's public interest responsibilities and strategic priorities.
<b>Submitted By:</b>	Zoe Robinson, CPA, CMA, VP Finance and Reporting
<b>Attachments:</b>	Appendix A: FY 2024 Statement of Operations - budget v actuals Appendix B: FY 2024 Statement of Financial Position Comparison Appendix C: FY 2024 Statement of Operations - compare to Prior Year Appendix D: FY 2024 Statement of Cash Flows

### Issue

- The Board of Directors (Board) is provided with an unaudited summary of the College's financial performance and health for the FY2024, covering the period of April 1, 2023, to March 31, 2024.

### Decision/Outcome Sought

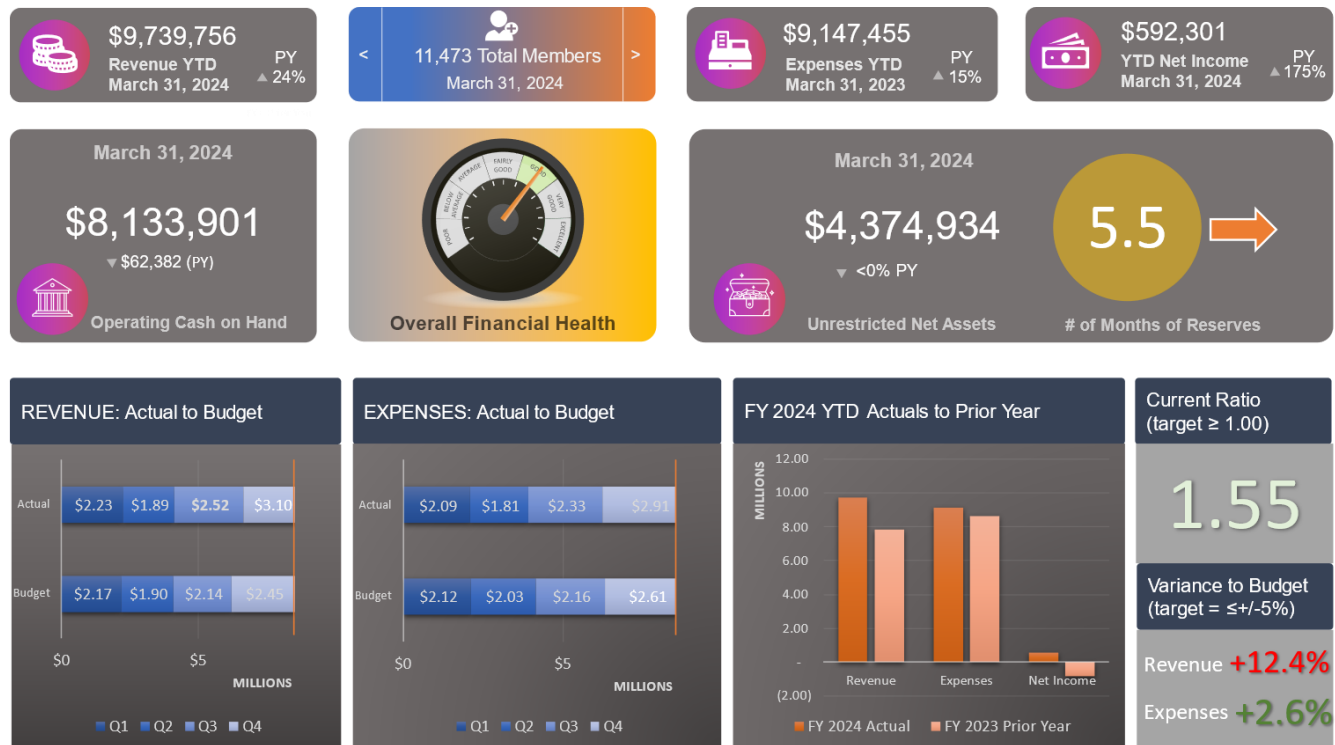
- The FY 2024 year-end financial report is provided for information only.

### Background

- The College's fiscal year end is March 31<sup>st</sup> each year. The quarterly financial statements are prepared in accordance with the Accounting Standards for Non-Profit Organizations and include estimates provided by management.
- As the Board will recall, a decision was made to extend the FY2024 audit from the historical three-month timeline to a six-month timeline. As a result, the audit process is still underway at the time these financial statements were prepared.
- As a result, the financial statements used to prepare this briefing note are **unaudited**. The reader is advised that the external financial audit for Fiscal Year 2024 is in progress at the time of writing. The results of the audit may change the final financial results for the fiscal year. The audited financial statements will be presented to the Board of Directors in September 2024.

## Current Status and Analysis

### Dashboard



- The top row of the dashboard represents the College's financial performance based on the statement of Operations. The middle row represents the College's financial health based on the statement of financial position. The bottom row represents comparisons of the statement of operations to the previous year and the annual operating budget.

### Executive Summary

- The College analyzes its financial results by reporting separately on the Ontario Clinical Exam and the College's core business. The financial statements are a consolidation of these two areas.
- The Ontario Clinical Exam (OCE) performed financially better than budgeted for FY 2024 because enrolment was higher than planned. The OCE generated a surplus approximately \$370,000 compared to a budgeted loss of approximately \$2,000. The unexpected surplus is due to:
  - 965 candidates completed the OCE compared to a planned enrollment of 540.
  - The higher enrolment results in higher revenues and higher expenses, although the surplus from the exam is higher than planned.



- The College's core business, excluding the OCE, generated a surplus of nearly \$222,000, compared to a budgeted loss of approximately \$243,000. The surplus is generated due to:
  - 3% higher revenue to support core operations due to:
    - higher than budgeted earned and accrued interest,
    - 2 new sublease agreements, and
    - higher than anticipated registration fees from pro-rate Independent Practice Certificate fee as more Registrants registered for the IPC due to the higher number of Registrants completing the OCE.
  - The Core Business expenses were nearly 3% lower than budgeted by approximately \$237,000. The lower expenses are impacted by a nearly \$216,000 offset (i.e., accrual) to legal costs related complaints and discipline because of the complaints and discipline accrued expenses.
- Overall, the College is performance financially better than planned when considering the combined results of the College's core business and the OCE. The consolidated surplus for FY 2024 is \$592,000.

### ***Statement of Operations (i.e., financial performance)***

#### *Overall Corporate Performance*

- The College generated a surplus of \$592,301 for FY 2024 compared to a FY 2024 budgeted loss of approximately \$245,000.
  - This is 241% higher than anticipated for the fiscal year 2024 annual operating budget.
  - The improved financial performance was due to 12% increase in total revenue, while total expenses were 2.6% higher than the FY 2024 operating budget (total revenue and total expenses includes both the OCE and core business operations).
- The main drivers for the improved actual financial performance are:
  1. Increased revenue from the Ontario Clinical Exam is due to a 78% increase in the number of candidates completing the OCE, resulting in approximately \$783,000 more revenue than planned.
  2. A 91% increase in earned and accrued interest due to higher interest rates as the Bank of Canada prime rate increased over the last 2 years. This resulted in approximately \$158,000 in more interest revenue in FY 2024.<sup>1</sup>

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<sup>1</sup> This increase in interest stems from higher than anticipated returns from the College's investments (e.g., GICs etc.) and higher interest rates on the College's cash accounts that are linked to the increase in the Bank of Canada's prime-rate over the past 2 years.



3. Significant complaints and discipline accrued expenses as 19 discipline cases and 5 divisional courts cases accrued on March 31, 2023, were closed by March 31, 2024. This reverses a significant amount of the accruals made in the previous fiscal year and amount to approximately \$216,000 credit to expenses, which lowers the overall expenses in FY 2024 (and contributes to higher surplus). If the complaints and discipline accrual wasn't factored into the total expenses<sup>2</sup>, total expenses for the College's core operating activities would have been less than 0.5% under the annual operating budgeted expenses.

#### *Overall Revenue*

- Total revenue for FY 2024 is \$9,739,756, approximately \$1,071,141 higher than budgeted (i.e., 12% higher).
  1. Higher revenue for the fiscal year is due primarily to:
    - Higher than planned revenue for the Ontario Clinical Exam. This is driven by 965 candidates completing the OCE in FY 2024 compared to 540 planned candidates.
    - Higher than interest revenue than budgeted. The College benefitted from higher interest rates with our RBC savings accounts and RBC Dominion Securities GIC and Bond investments.
    - \$61,927 in new and unbudgeted revenue from the sublease agreements with the College of Registered Psychotherapists of Ontario and the College of Early Childhood Educators.

#### *Overall Expenses*

- Total expenses for FY 2024 were \$9,147,455 and are 2.6% higher than budgeted.

#### Variance Explanations

The following is a brief description of important variances from the statement of operations.

- Honoraria and per diems for the Board of Directors and Committee members were lower overall than budgeted in FY 2024. This is generally related to:
  1. Fewer meetings held than planned;
  2. Fewer members attended meetings than planned, such as for the QA Committee;
  3. Some meetings were held jointly where per diems were shared between the two committees (for example, joint meetings for Finance and the Executive);
  4. The budget for the Board of Directors anticipated a professional member as the Chair, however a public member served as Chair for the Board and Executive Committee meetings, therefore resulting in lower honoraria.
- However, honoraria and per diems were higher for the ICRC in FY 2024. Twelve (12) meetings were planned, but nineteen (19) were held.

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<sup>2</sup> The College uses an accrual basis for the presentation of its financial statements, which mean non-cash items (i.e., accruals) are recorded according to the accounting standards. Therefore, the complaints and discipline accrued expenses are a non-cash item recorded as an expense.



- Expenses were higher than budgeted for the Board of Directors and Committee expenses:
  - The number of Directors attending the meetings of the Board of Directors was higher than planned.
  - The ICRC budgeted for 1 person to attend ICRC meetings in person for only 3 meetings. More ICRC members attended the meetings in person than originally planned, resulting in significantly higher expenses.
- Expenses were higher for IT department due to:
  - Purchase of new software to support the transition of IT services from an external vendor to being managed internally.
  - Additional closing costs to discontinue our agreement with the external IT vendor.
  - Purchase of software to support the migration to SharePoint.
  - Extra one-time costs to secure storage for the clean of our Atlas database.
- Office and general expenses were \$100,000 (i.e., 10%) higher than planned primarily due to:
  - Higher bank charges because of we processed a higher than planned number of payments.
  - Slightly higher rent to due costs related to securing the subleases.
- Regulatory effectiveness is below budget by \$24,600 due to:
  - Lower costs for the 3<sup>rd</sup> party external governance review than planned.
  - Several planned projects were not implemented.
  - Training for the Board of Directors utilized more in-house presentations.
- Investigation services expenses were lower than budgeted due to:
  - Fewer cases investigated by external investigators (i.e., 27 cases investigated versus 36 planned)
  - Lower cost for each chart reviewed than budgeted.
- Translation services were used less frequently than planned in FY 2024. Fewer requests were made to translate complaints into non-Canadian official languages (i.e., French), fewer French translations for the website, and the College had a bilingual communications staff member for a portion of the fiscal year. There was approximately \$5,400 in expenses for translation against a budget of \$22,400. However, the final expenses for translation services shows a credit because of nearly \$9,200 in supplier credits.

- Legal costs were lower than budgeted due to decreased demand for legal services for ICRC and hearings.
- The accrued expenses for Complaints and Discipline have a significant impact on lowering legal costs. Complaints and Discipline accrued expenses for FY 2024 totalled a Credit of \$216,082, which lowers the legal expenses in FY 2024.
  - As a reminder, future expenses for complaints and discipline cases accrued at the end of FY 2023 are recognized as expenses in FY 2023. The complaints and discipline accrued expenses are an offsetting entry to the legal costs paid in FY 2024 related to previous year accruals.
  - Most of the FY 2024 hearing invoices for legal services were related to cases accrued on March 31, 2023.
  - 19 cases accrued on March 31, 2023, were closed by March 31, 2024.
  - 5 Divisional Court cases accrued on March 31, 2023, were closed by March 31, 2024.
- Expenses to operate the Ontario Clinical Exam were \$471,000 higher than budgeted due to a higher number of candidates completing the exam in FY 2024 (note: 540 candidates were budgeted to write the OCE while 965 candidates completed the OCE).
- Staffing costs were on budget in FY 2024.

*Comparison of OCE and Core Business Statement of Operations*

*Table 1 – Breakout of OCE and Core Business for FY 2024*

Item	Actuals	Budget	Variance (\$)	Variance (%)
<b>Ontario Clinical Exam</b>				
Revenue	\$ 1,915,525.00	\$ 1,071,900.00	\$ 843,625	79%
Expenses	\$ 1,545,143.78	\$ 1,074,015.15	\$ 471,129	44%
<b>Surplus / (deficit)</b>	<b>\$370,381</b>	<b>-\$2,115</b>	\$ 372,496	>1,000%
<b>Core Business</b>				
Revenue	\$ 7,824,231.25	\$ 7,596,715.02	\$ 227,516	3%
Expenses	\$ 7,602,311.49	\$ 7,839,553.15	-\$ 237,242	-3%
<b>Surplus / (Deficit)</b>	<b>\$221,920</b>	<b>-\$242,838</b>	\$ 464,758	191%
<b>Total Corporate</b>				
Revenue	\$9,739,756	\$8,668,615	\$ 1,071,141	12.36%
Expenses	\$9,147,455	\$8,913,568	\$ 233,887	2.62%
<b>Surplus / (Deficit)</b>	<b>\$592,301</b>	<b>-\$244,953</b>	\$ 837,254	342%



- The OCE generated an additional \$370,000 of revenue than planned for FY 2024, 79% higher than planned. Expenses are 44% higher as more candidates complete the OCE, equalling \$1,545,144, including exam management, delivery, and CPO staff. Overall, the OCE is generated an actual surplus \$370,381 compared to a budgeted loss of approximately \$2,000.
- The College's Core Business, excluding the OCE, generated higher revenue than planned by \$227,500, exceeding the plan by 3% due primarily to increased revenue from earned and accrued interest, new revenue from sublease agreements, and higher than budgeted Independent Practice Certificate pro-rated fees.
  - The expenses to operate the core business are 3% lower than planned.
  - However, expenses are lower due to a \$216,000 recognition of accrued expenses for complaints and discipline (note: see above for explanation). The accrued expense for complaints and discipline is a non-cash item. If the accrued expenses are excluded from the core operating expenses, core operating expenses were on budget for FY 2024 (i.e., decrease surplus).
- The combined effect is a reported surplus of \$221,900 from the Core Business.

#### ***Statement of Financial Position (i.e., financial health)***

- The Statement of Financial Position reports on the financial health of the College on a specific day. For the purposes of this report, the Statement of Financial Position reports on the financial health of the College as of March 31, 2024. Comparison to the previous fiscal year related to the financial health of the College on March 31, 2023.
  - Total assets increased by less than 1% from the previous fiscal year. Cash increased due to higher registration fees received during the renewal period in 2024.
  - Overall investments increased by 2.7% when compared to the previous fiscal year.
  - Total liabilities decreased by 5.2% when compared to the previous fiscal year. This is partly due to:
    - Lower accounts payable
    - Lower accrued liabilities mainly due to the closing of discipline hearing cases and divisional courts cases.
    - Lower Deferred rent tenant inducements.
  - Deferred Revenue is lower than the previous year by 1.4%. However, this is a mixture of:
    - Lower deferred revenue for the OCE.
    - Lower deferred revenue for the exam exemption.
    - Higher deferred revenue for the Independent Practice Certificate renewal fees.

*Analytics*

- Current Ratio (e.g., current assets divided by current liabilities) = 1.55 on March 31, 2024.
  - The College is financially stable, with over \$4.46 million of cash invested in long-term investments, which are not included in the current ratio calculation.
- Operating reserve (i.e., unrestricted net assets) as of December 31, 2023 = 5.5 months.
  - This is still within the operating reserve policy limits of 3 to 6 months of the annual operating budget and unchanged December 31, 2024.
  - There is no change in the operating reserve compared to the end of Q3.



College of Physiotherapists of Ontario  
Statement of Operations - Budget vs. Actuals: FY 2024  
April 2023 - March 2024

	Total				Ontario Clinical Exam				Core (less OCE)			
	Actual	Budget	over Budget	% of Budget	Forecast	Budget	Var (\$)	Var (%)	Forecast Balance Core	Budget Core Only	Var (\$)	Var (%)
<b>Income</b>												
4001 Registration Fees			0.00						0.00			
4007 Registration fee credits	-36,025.00	-42,859.66	6,834.66	84.05%					-36,025.00	-42,859.66	6,834.66	-16%
4011 Independent Practice - \$648	6,530,549.62	6,572,885.00	-42,335.38	99.36%					6,530,549.62	6,572,885.00	-42,335.38	-1%
4012 Independent Practice - ProRated	400,416.81	321,135.38	79,281.43	124.69%					400,416.81	321,135.38	79,281.43	25%
4013 Prof Corp Fees \$277	125,441.00	121,880.00	3,561.00	102.92%					125,441.00	121,880.00	3,561.00	3%
4014 Provisional Practice Fees \$83	53,203.00	49,800.00	3,403.00	106.83%					53,203.00	49,800.00	3,403.00	7%
4021 Misc Fee \$113 and \$300	639.00	444.00	195.00	143.92%					639.00	444.00	195.00	44%
<b>Total 4001 Registration Fees</b>	<b>\$ 7,074,224.43</b>	<b>\$ 7,023,284.72</b>	<b>\$ 50,939.71</b>	<b>100.73%</b>					<b>\$ 7,074,224.43</b>	<b>\$ 7,023,284.72</b>	<b>\$ 50,939.71</b>	<b>1%</b>
4002 Interest Income	332,537.36	174,034.00	158,503.36	191.08%					332,537.36	174,034.00	158,503.36	91%
4008 Admin Fees			0.00						0.00	0.00	0.00	
4015 Application Fees \$114	177,911.00	172,971.30	4,939.70	102.86%					177,911.00	172,971.30	4,939.70	3%
4016 Letter of Prof Stand / NSF \$56	14,630.00	14,000.00	630.00	104.50%					14,630.00	14,000.00	630.00	5%
4017 Wall Certificates \$28	4,917.00	2,660.00	2,257.00	184.85%					4,917.00	2,660.00	2,257.00	85%
4018 Late Fees \$254	2,490.00	3,735.00	-1,245.00	66.67%					2,490.00	3,735.00	-1,245.00	-33%
4019 Prof Corp Application \$774	44,744.00	34,830.00	9,914.00	128.46%					44,744.00	34,830.00	9,914.00	28%
<b>Total 4008 Admin Fees</b>	<b>\$ 244,692.00</b>	<b>\$ 228,196.30</b>	<b>\$ 16,495.70</b>	<b>107.23%</b>					<b>244,692.00</b>	<b>228,196.30</b>	<b>16,495.70</b>	<b>7%</b>
4010 Miscellaneous Income	15,527.46	0.00	15,527.46						15,527.46	0.00	15,527.46	
4023 Sublease Income	46,400.00	0.00	46,400.00						46,400.00	0.00	46,400.00	
<b>Total 4010 Miscellaneous Income</b>	<b>\$ 61,927.46</b>	<b>\$ 0.00</b>	<b>\$ 61,927.46</b>						<b>\$ 61,927.46</b>	<b>\$ 0.00</b>	<b>\$ 61,927.46</b>	
4030 ETP Assessment Fees									0.00	0.00	0.00	
4031 Reg Com Exemption Fees (\$800)	108,600.00	171,200.00	-62,600.00	63.43%					108,600.00	171,200.00	-62,600.00	-37%
4032 Reg Com Screening Interview Fee	2,250.00		2,250.00						2,250.00	0.00	2,250.00	
4033 Reg Com - OCE Fee (\$1,985)	1,915,525.00	1,071,900.00	843,625.00	178.70%	1,915,525.00	1,071,900.00	843,625.00	79%			0.00	
<b>Total 4030 ETP Assessment Fees</b>	<b>\$ 2,026,375.00</b>	<b>\$ 1,243,100.00</b>	<b>\$ 783,275.00</b>	<b>163.01%</b>	<b>\$ 1,915,525.00</b>	<b>\$ 1,071,900.00</b>	<b>\$ 843,625.00</b>	<b>79%</b>	<b>\$ 110,850.00</b>	<b>\$ 171,200.00</b>	<b>-\$ 60,350.00</b>	<b>-35%</b>
<b>Total Income</b>	<b>\$ 9,739,756.25</b>	<b>\$ 8,668,615.02</b>	<b>\$ 1,071,141.23</b>	<b>112.36%</b>	<b>\$ 1,915,525.00</b>	<b>\$ 1,071,900.00</b>	<b>\$ 843,625.00</b>	<b>79%</b>	<b>\$ 7,824,231.25</b>	<b>\$ 7,596,715.02</b>	<b>\$ 227,516.23</b>	<b>3%</b>
<b>Expenses</b>												
0051 do not use GST Expenses	4,109.67		4,109.67						4,109.67	0.00	4,109.67	
5000 Committee Per Diem			0.00						0.00	0.00	0.00	
5001 Chairs Education - per diem	3,625.50	12,096.00	-8,470.50	29.97%					3,625.50	12,096.00	-8,470.50	-70%
5002 ICRC - per diem	73,091.25	54,273.04	18,818.21	134.67%					73,091.25	54,273.04	18,818.21	35%
5003 Council - per diem	42,331.45	49,976.00	-7,644.55	84.70%					42,331.45	49,976.00	-7,644.55	-15%
5005 Discipline Committee - per diem	18,046.50	37,524.00	-19,477.50	48.09%					18,046.50	37,524.00	-19,477.50	-52%
5006 Executive - per diem	9,772.50	20,186.40	-10,413.90	48.41%					9,772.50	20,186.40	-10,413.90	-52%
5010 Patient Relations - per diem	439.50	3,749.60	-3,310.10	11.72%					439.50	3,749.60	-3,310.10	-88%
5011 QA Committee - per diem	2,921.75	9,633.44	-6,711.69	30.33%					2,921.75	9,633.44	-6,711.69	-70%
5012 Registration Com. - per diem	3,549.00	9,365.72	-5,816.72	37.89%					3,549.00	9,365.72	-5,816.72	-62%
5017 Finance Committee - per diem	6,072.00	6,923.54	-851.54	87.70%					6,072.00	6,923.54	-851.54	-12%
5018 Exam Committee - per diem	3,202.50		3,202.50						3,202.50	0.00	3,202.50	

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<b>Total 5000 Committee Per Diem</b>	<b>\$ 163,051.95</b>	<b>\$ 203,727.74</b>	<b>-\$ 40,675.79</b>	<b>80.03%</b>					<b>\$ 163,051.95</b>	<b>\$ 203,727.74</b>	<b>-\$ 40,675.79</b>	<b>-20%</b>
5050 Committee Reimbursed Expenses			0.00						0.00	0.00	0.00	
5051 Chairs Education- expenses	6,582.28	20,150.00	-13,567.72	32.67%					6,582.28	20,150.00	-13,567.72	-67%
5052 ICRC - expenses	20,699.33	2,352.00	18,347.33	880.07%					20,699.33	2,352.00	18,347.33	780%
5053 Council - expenses	50,195.98	43,028.50	7,167.48	116.66%					50,195.98	43,028.50	7,167.48	17%
5055 Discipline Committee - expenses	0.00		0.00						0.00	0.00	0.00	
5056 Executive Committee - expenses	6,027.30	7,717.00	-1,689.70	78.10%					6,027.30	7,717.00	-1,689.70	-22%
5075 Finance Committee - expenses	2,713.35	4,056.00	-1,342.65	66.90%					2,713.35	4,056.00		0%
5076 Exam Committee - expenses	295.03		295.03						295.03	0.00	295.03	
<b>Total 5050 Committee Reimbursed Expenses</b>	<b>\$ 86,513.27</b>	<b>\$ 77,303.50</b>	<b>\$ 9,209.77</b>	<b>111.91%</b>					<b>\$ 86,513.27</b>	<b>\$ 77,303.50</b>	<b>\$ 9,209.77</b>	<b>12%</b>
5100 Information Management			0.00						0.00	0.00	0.00	
5101 IT Hardware	22,285.75	16,727.23	5,558.52	133.23%					22,285.75	16,727.23	5,558.52	33%
5102 Software	137,250.51	80,697.78	56,552.73	170.08%					137,250.51	80,697.78	56,552.73	70%
5103 IT Maintenance	185,520.32	140,103.81	45,416.51	132.42%					185,520.32	140,103.81	45,416.51	32%
5104 IT Database	173,910.64	144,388.00	29,522.64	120.45%					173,910.64	144,388.00		0%
5109 IT Implementation Costs	49,793.03		49,793.03						49,793.03	0.00	49,793.03	
<b>Total 5100 Information Management</b>	<b>\$ 568,760.25</b>	<b>\$ 381,916.82</b>	<b>\$ 186,843.43</b>	<b>148.92%</b>					<b>\$ 568,760.25</b>	<b>\$ 381,916.82</b>	<b>\$ 186,843.43</b>	<b>49%</b>
5200 Insurance	18,374.67	19,198.89	-824.22	95.71%					18,374.67	19,198.89	-824.22	-4%
5300 Networking	2,247.55	400.00	1,847.55	561.89%					2,247.55	400.00	1,847.55	462%
5301 Conferences and Travel	6,459.17		6,459.17						6,459.17	0.00		
5400 Office and General			0.00						0.00	0.00	0.00	
5402 Bank & service charges	225,340.64	161,745.78	63,594.86	139.32%					225,340.64	161,745.78	63,594.86	39%
5403 Maintenance & repairs	2,541.18	1,600.00	941.18	158.82%					2,541.18	1,600.00	941.18	59%
5405 Memberships & publications	22,849.88	27,967.63	-5,117.75	81.70%					22,849.88	27,967.63	-5,117.75	-18%
5406 CAPR Fees	250,218.73	239,316.11	10,902.62	104.56%					250,218.73	239,316.11	10,902.62	5%
5407 Office & kitchen supplies	4,949.43	6,000.00	-1,050.57	82.49%					4,949.43	6,000.00	-1,050.57	-18%
5408 Postage & courier	6,709.81	5,600.00	1,109.81	119.82%					6,709.81	5,600.00	1,109.81	20%
5409 Rent	528,292.02	507,732.70	20,559.32	104.05%					528,292.02	507,732.70	20,559.32	4%
5411 Printing, Filing & Stationery	6,100.85	3,000.00	3,100.85	203.36%					6,100.85	3,000.00	3,100.85	103%
5412 Telephone & Internet	35,892.87	20,317.44	15,575.43	176.66%					35,892.87	20,317.44	15,575.43	77%
5413 Bad Debt		10,000.00	-10,000.00	0.00%					0.00	10,000.00	-10,000.00	-100%
<b>Total 5400 Office and General</b>	<b>\$ 1,082,895.41</b>	<b>\$ 983,279.66</b>	<b>\$ 99,615.75</b>	<b>110.13%</b>					<b>\$ 1,082,895.41</b>	<b>\$ 983,279.66</b>	<b>\$ 99,615.75</b>	<b>10%</b>
5500 Regulatory Effectiveness			0.00						<b>\$ 0.00</b>	<b>\$ 0.00</b>		
5502 Strategic Operations	62,120.04	74,385.00	-12,264.96	83.51%					62,120.04	74,385.00	-12,264.96	-16%
5503 Council Education	7,368.94	13,815.00	-6,446.06	53.34%					7,368.94	13,815.00	-6,446.06	-47%
5504 Elections	3,837.68		3,837.68						3,837.68	0.00	3,837.68	
5505 Policy Development	51,806.85	61,615.00	-9,808.15	84.08%					51,806.85	61,615.00	-9,808.15	-16%
<b>Total 5500 Regulatory Effectiveness</b>	<b>\$ 125,133.51</b>	<b>\$ 149,815.00</b>	<b>-\$ 24,681.49</b>	<b>83.53%</b>					<b>\$ 125,133.51</b>	<b>\$ 149,815.00</b>	<b>-\$ 24,681.49</b>	<b>-16%</b>
5600 Communications			0.00						0.00	0.00	0.00	
5605 Translation Services	-3,792.00	22,400.00	-26,192.00	-16.93%					-3,792.00	22,400.00	-26,192.00	-117%
5620 Print Communication	380.65	800.00	-419.35	47.58%					380.65	800.00	-419.35	-52%
5621 Online Communication	88,859.80	81,272.20	7,587.60	109.34%					88,859.80	81,272.20	7,587.60	9%

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5622 In-Person Communication	2,722.50	3,500.00	-777.50	77.79%					2,722.50	3,500.00	-777.50	-22%
<b>Total 5600 Communications</b>	<b>\$ 88,170.95</b>	<b>\$ 107,972.20</b>	<b>-\$ 19,801.25</b>	<b>81.66%</b>					<b>\$ 88,170.95</b>	<b>\$ 107,972.20</b>	<b>-\$ 19,801.25</b>	<b>-18%</b>
5700 Professional fees			0.00						0.00	0.00	0.00	
4004 Cost recovery from cost orders	-42,056.44	-234,000.00	191,943.56	17.97%					-42,056.44	-234,000.00	191,943.56	-82%
5701 Audit	22,317.50	21,187.50	1,130.00	105.33%					22,317.50	21,187.50	1,130.00	5%
5702 Hearing Expenses	4,952.50	11,469.64	-6,517.14	43.18%					4,952.50	11,469.64	-6,517.14	-57%
5704 Investigation Services			0.00						0.00	0.00	0.00	
5710 Undercover Assessment Fees	2,425.67	904.00	1,521.67	268.33%					2,425.67	904.00	1,521.67	168%
5711 External Investigators	77,515.61	96,000.00	-18,484.39	80.75%					77,515.61	96,000.00	-18,484.39	-19%
5712 PC - Chart Review	9,975.00	24,000.00	-14,025.00	41.56%					9,975.00	24,000.00	-14,025.00	-58%
5713 Summons - Conduct fees	226.00	400.00	-174.00	56.50%					226.00	400.00	-174.00	-44%
5714 Fees to Secure Records	610.50	200.00	410.50	305.25%					610.50	200.00	410.50	205%
5715 Corporate Searches	408.21	188.00	220.21	217.13%					408.21	188.00	220.21	117%
5716 Transcripts	7,532.48	7,200.00	332.48	104.62%					7,532.48	7,200.00	332.48	5%
<b>Total 5704 Investigation Services</b>	<b>\$ 98,693.47</b>	<b>\$ 128,892.00</b>	<b>-\$ 30,198.53</b>	<b>76.57%</b>					<b>\$ 98,693.47</b>	<b>\$ 128,892.00</b>	<b>-\$ 30,198.53</b>	<b>-23%</b>
5705 Professional services - Other	16,859.69	10,000.00	6,859.69	168.60%					16,859.69	10,000.00	6,859.69	69%
5706 Investigator travel		3,600.00	-3,600.00	0.00%					0.00	3,600.00	-3,600.00	-100%
5707 Decision writing	45,092.84	38,430.00	6,662.84	117.34%					45,092.84	38,430.00	6,662.84	17%
5708 Peer / Expert opinions	23,472.60	41,200.00	-17,727.40	56.97%					23,472.60	41,200.00	-17,727.40	-43%
5750 Legal			0.00						0.00	0.00	0.00	
5751 Legal - QA	311.32	8,927.00	-8,615.68	3.49%					311.32	8,927.00	-8,615.68	-97%
5752 Legal - Registration	20,069.40	27,600.00	-7,530.60	72.72%					20,069.40	27,600.00	-7,530.60	-27%
5753 Legal - Professional Conduct			0.00						0.00	0.00	0.00	
5760 General Counsel	29,842.69	108,367.00	-78,524.31	27.54%					29,842.69	108,367.00	-78,524.31	-72%
5761 Independent Legal Advice	71,010.91	121,378.95	-50,368.04	58.50%					71,010.91	121,378.95	-50,368.04	-41%
5762 Hearing Counsel	71,221.69	199,332.00	-128,110.31	35.73%					71,221.69	199,332.00	-128,110.31	-64%
5763 Court Proceedings & Appeals	32,490.16	20,000.00	12,490.16	162.45%					32,490.16	20,000.00	12,490.16	62%
<b>Total 5753 Legal - Professional Conduct</b>	<b>\$ 204,565.45</b>	<b>\$ 449,077.95</b>	<b>-\$ 244,512.50</b>	<b>45.55%</b>					<b>\$ 204,565.45</b>	<b>\$ 449,077.95</b>	<b>-\$ 244,512.50</b>	<b>-54%</b>
5754 Legal - Council Advice	7,897.01	18,080.00	-10,182.99	43.68%					7,897.01	18,080.00	-10,182.99	-56%
5755 General Legal	2,996.76	9,000.00	-6,003.24	33.30%					2,996.76	9,000.00	-6,003.24	-67%
5756 C & D Accrual Expense	-216,082.27		-216,082.27						-216,082.27	0.00	-216,082.27	
5757 Legal - Corporate Obligations	226.00	6,000.00	-5,774.00	3.77%					226.00	6,000.00	-5,774.00	-96%
5758 Legal - Practice Advice	6,857.97	2,050.00	4,807.97	334.54%					6,857.97	2,050.00	4,807.97	235%
5759 Legal - Policy	180.80		180.80						180.80	0.00	180.80	
<b>Total 5750 Legal</b>	<b>\$ 27,022.44</b>	<b>\$ 520,734.95</b>	<b>-\$ 493,712.51</b>	<b>5.19%</b>					<b>\$ 27,022.44</b>	<b>\$ 520,734.95</b>	<b>-\$ 493,712.51</b>	<b>-95%</b>
<b>Total 5700 Professional fees</b>	<b>\$ 196,354.60</b>	<b>\$ 541,514.09</b>	<b>-\$ 345,159.49</b>	<b>36.26%</b>					<b>\$ 196,354.60</b>	<b>\$ 541,514.09</b>	<b>-\$ 345,159.49</b>	<b>-64%</b>
5800 Programs			0.00						\$ 0.00	\$ 0.00		
4022 Recovery of Therapy Costs	-1,111.12		-1,111.12						-1,111.12	0.00	-1,111.12	
5802 Jurisprudence	19,171.09	12,465.57	6,705.52	153.79%					19,171.09	12,465.57	6,705.52	54%
5810 Quality Program			0.00						0.00	0.00	0.00	
5821 Assessor Travel	22.20	3,056.00	-3,033.80	0.73%					22.20	3,056.00	-3,033.80	-99%
5823 Assessor Training	7,388.41	12,750.00	-5,361.59	57.95%					7,388.41	12,750.00	-5,361.59	-42%

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5824 Assessor Onsite Assessment Fee	5,001.00	10,800.00	-5,799.00	46.31%					5,001.00	10,800.00	-5,799.00	-54%
5825 Assessor Remote Assessment	131,833.50	130,000.00	1,833.50	101.41%					131,833.50	130,000.00	1,833.50	1%
<b>Total 5810 Quality Program</b>	<b>\$ 144,245.11</b>	<b>\$ 156,606.00</b>	<b>-\$ 12,360.89</b>	<b>92.11%</b>					<b>\$ 144,245.11</b>	<b>\$ 156,606.00</b>	<b>-\$ 12,360.89</b>	<b>-8%</b>
5830 Entry to Practice - Projects	1,427.75		1,427.75		\$ 1,427.75	\$ 0.00	\$ 1,427.75					
5831 OCE Examiner Exam Fee	721,043.72	348,988.00	372,055.72	206.61%	\$ 721,043.72	\$ 348,988.00	\$ 372,055.72	206.61%				
5832 OCE Examiner Training Fees	53,528.66	142,112.25	-88,583.59	37.67%	53,528.66	142,112.25	-88,583.59	38%				
5833 OCE Staff Compensation	777.65	21,461.90	-20,684.25	3.62%	777.65	21,461.90	-20,684.25	3.62%				
5834 Exam Committee - per diem	7,604.00	13,071.00	-5,467.00	58.17%	7,604.00	13,071.00	-5,467.00	58%				
5835 Exam - Technology costs	293,056.16	123,003.00	170,053.16	238.25%	293,056.16	123,003.00	170,053.16	238.25%				
5836 Exam Delivery Costs	664.44		664.44		664.44	0.00	664.44					
5837 Exam - Admin / Misc. costs	37,331.56	37,856.00	-524.44	98.61%	37,331.56	37,856.00	-524.44	98.61%				
5838 Exam - Consultant Fees	73,975.50	40,705.00	33,270.50	181.74%	73,975.50	40,705.00	33,270.50	182%				
5839 Exam - Legal costs		25,000.00	-25,000.00	0.00%	0.00	25,000.00	-25,000.00	0.00%				
5840 Exam - Development / Misc.costs	34,606.34		34,606.34		34,606.34	0.00	34,606.34					
<b>SubTotal Exams</b>	<b>1,224,015.78</b>	<b>752,197.15</b>	<b>471,818.63</b>									
5841 Exam - PT Assessment costs	5,408.81	4,500.00	908.81	120.20%					5,408.81	4,500.00	908.81	20%
5842 Exam - Screening Interview cost	39,577.00	39,000.00	577.00	101.48%					39,577.00	39,000.00	577.00	1%
<b>Total 5830 Entry to Practice - Projects</b>	<b>\$ 1,269,001.59</b>	<b>\$ 795,697.15</b>	<b>\$ 473,304.44</b>	<b>159.48%</b>	<b>\$ 1,224,015.78</b>	<b>\$ 752,197.15</b>	<b>\$ 471,818.63</b>	<b>49%</b>	<b>\$ 44,985.81</b>	<b>\$ 43,500.00</b>	<b>\$ 1,485.81</b>	<b>3%</b>
5880 Remediation												
4025 Office of Registrar Chargeback		-750.00	750.00	0.00%					0.00	-750.00	750.00	-1.00
5871 QA Practice Enhancement fees	7,909.20	10,600.00	-2,690.80	74.62%					7,909.20	10,600.00	-2,690.80	-25%
4029 QA Remediation Chargeback	-325.00	-6,310.00	5,985.00	5.15%					-325.00	-6,310.00	5,985.00	-95%
<b>Total 5871 QA Practice Enhancement fees</b>	<b>\$ 7,584.20</b>	<b>\$ 4,290.00</b>	<b>\$ 3,294.20</b>	<b>176.79%</b>					<b>\$ 7,584.20</b>	<b>\$ 4,290.00</b>	<b>\$ 3,294.20</b>	<b>77%</b>
5882 Remediation - ICRC	45,881.52	31,835.00	14,046.52	144.12%					45,881.52	31,835.00	14,046.52	44%
4028 ICRC Remediation Chargeback	-42,346.52	-31,835.00	-10,511.52	133.02%					-42,346.52	-31,835.00	-10,511.52	33%
<b>Total 5882 Remediation - ICRC</b>	<b>\$ 3,535.00</b>	<b>\$ 0.00</b>	<b>\$ 3,535.00</b>						<b>\$ 3,535.00</b>	<b>\$ 0.00</b>	<b>\$ 3,535.00</b>	
5883 Remediation - Registration	4,290.56	3,000.00	1,290.56	143.02%					4,290.56	3,000.00	1,290.56	43%
4027 Registration Chargeback	-3,742.50	-2,500.00	-1,242.50	149.70%					-3,742.50	-2,500.00	-1,242.50	50%
<b>Total 5883 Remediation - Registration</b>	<b>\$ 548.06</b>	<b>\$ 500.00</b>	<b>\$ 48.06</b>	<b>109.61%</b>					<b>\$ 548.06</b>	<b>\$ 500.00</b>	<b>\$ 48.06</b>	<b>10%</b>
5884 Remediation - Discipline	7,935.46	29,215.00	-21,279.54	27.16%					7,935.46	29,215.00	-21,279.54	-73%
4026 Discipline Chargeback	-8,812.96	-29,215.00	20,402.04	30.17%					-8,812.96	-29,215.00	20,402.04	-70%
<b>Total 5884 Remediation - Discipline</b>	<b>-\$ 877.50</b>	<b>\$ 0.00</b>	<b>-\$ 877.50</b>						<b>-\$ 877.50</b>	<b>\$ 0.00</b>	<b>-\$ 877.50</b>	
5886 Remediation - Office+Registrar		750.00	-750.00	0.00%					0.00	750.00	-750.00	-100%
5887 Coach Training	11,718.60	11,425.00	293.60	102.57%					11,718.60	11,425.00	293.60	3%
<b>Total 5880 Remediation</b>	<b>\$ 22,508.36</b>	<b>\$ 16,215.00</b>	<b>\$ 6,293.36</b>	<b>138.81%</b>					<b>\$ 22,508.36</b>	<b>\$ 16,215.00</b>	<b>\$ 6,293.36</b>	<b>39%</b>
5890 Therapy and Counselling Fund	23,240.37	60,927.36	-37,686.99	38.14%					23,240.37	60,927.36	-37,686.99	-62%
<b>Total 5800 Programs</b>	<b>\$ 1,477,055.40</b>	<b>\$ 1,041,911.08</b>	<b>\$ 435,144.32</b>	<b>141.76%</b>	<b>\$ 1,224,015.78</b>	<b>\$ 752,197.15</b>	<b>\$ 471,818.63</b>	<b>\$ 0.49</b>	<b>\$ 253,039.62</b>	<b>\$ 289,713.93</b>	<b>-\$ 36,674.31</b>	<b>-13%</b>
5900 Staffing			0.00						-3,742.50	-2,500.00	-1,242.50	50%
5901 Salaries	4,230,715.44	4,408,297.16	-177,581.72	95.97%	275,885.00	274,403.00			-275,336.94	-273,903.00	-1,433.94	1%
5902 Employer Benefits	192,416.15	189,497.41	2,918.74	101.54%	11,414.00	11,094.00			-3,478.54	18,121.00	-21,599.54	-119%
5903 Employer RRSP Contribution	218,665.59	264,497.84	-45,832.25	82.67%	14,788.00	16,464.00			-23,600.96	-45,679.00	22,078.04	-48%
5904 Consultant fees	22,632.59	12,000.00	10,632.59	188.60%					-877.50	0.00	-877.50	

College of Physiotherapists of Ontario  
Statement of Operations - Budget vs. Actuals: FY 2024  
April 2023 - March 2024

	Total				Ontario Clinical Exam				Core (less OCE)			
	Actual	Budget	over Budget	% of Budget	Forecast	Budget	Var (\$)	Var (%)	Forecast Balance Core	Budget Core Only	Var (\$)	Var (%)
5905 Staff Development	57,266.37	52,000.00	5,266.37	110.13%					0.00	750.00	-750.00	-100%
5906 Recruitment	3,037.28	5,400.00	-2,362.72	56.25%					11,718.60	11,425.00	293.60	3%
5907 Staff Recognition	29,431.53	27,110.00	2,321.53	108.56%					22,508.36	16,215.00	6,293.36	39%
5908 Registrar & Requested Education		400.00	-400.00	0.00%					23,240.37	60,927.36	-37,686.99	-62%
5909 Employee Overtime	164,813.86		164,813.86						1,477,055.40	1,041,911.08	435,144.32	42%
5911 CPP - Canadian Pension Plan	164,534.90	156,960.14	7,574.76	104.83%	11,764.00	4,212.00			-11,764.00	-4,212.00	-7,552.00	179%
5912 EI - Employment Insurance	60,264.22	55,639.08	4,625.14	108.31%	3,167.00	11,265.00			4,227,548.44	4,397,032.16	-169,483.72	-4%
5913 EHT - Employer Health Tax	73,137.38	71,682.45	1,454.93	102.03%	4,110.00	4,380.00			188,306.15	185,117.41	3,188.74	2%
5914 Vacation Pay Adjustment	-1,660.16		-1,660.16						218,665.59	264,497.84	-45,832.25	-17%
<b>Total 5900 Staffing</b>	<b>\$ 5,215,255.15</b>	<b>\$ 5,243,484.08</b>	<b>-\$ 28,228.93</b>	<b>99.46%</b>	<b>321,128.00</b>	<b>321,818.00</b>	<b>-690.00</b>	<b>0%</b>	<b>\$ 4,894,127.15</b>	<b>\$ 4,921,666.08</b>	<b>-\$ 27,538.93</b>	<b>-1%</b>
6001 Amortization	113,073.72	163,045.24	-49,971.52	69.35%					\$ 113,073.72	\$ 163,045.24	-\$ 49,971.52	-31%
Minister of Finance Expense	0.00		0.00									
<b>Total Expenses</b>	<b>\$ 9,147,455.27</b>	<b>\$ 8,913,568.30</b>	<b>\$ 233,886.97</b>	<b>102.62%</b>	<b>\$ 1,545,143.78</b>	<b>\$ 1,074,015.15</b>	<b>\$ 471,128.63</b>	<b>44%</b>	<b>\$ 7,602,311.49</b>	<b>\$ 7,839,553.15</b>	<b>-\$ 243,700.83</b>	<b>-3.1%</b>
Net Operating Income	\$ 592,300.98	-\$ 244,953.28	\$ 837,254.26	-241.80%	\$ 370,381.22	-\$ 2,115.15	\$ 372,496.37	-\$ 176.11	\$ 221,919.76	-\$ 242,838.13	\$ 464,757.89	-191%
Net Income	\$ 592,300.98	-\$ 244,953.28	\$ 837,254.26	-241.80%	\$ 370,381.22	-\$ 2,115.15	\$ 372,496.37	-\$ 176.11	\$ 221,919.76	-\$ 242,838.13	\$ 464,757.89	-191%
Forecast end of Q3	<b>\$ 444,673.49</b>	<b>-\$ 244,953.28</b>	<b>\$ 689,626.77</b>	<b>-281.5%</b>	<b>\$ 392,822.85</b>	<b>-\$ 45,615.15</b>	<b>\$ 438,438.00</b>	<b>-\$ 9.61</b>	<b>\$ 51,850.64</b>	<b>-\$ 199,338.13</b>	<b>\$ 251,188.77</b>	<b>-126%</b>
Variance to Q3 Forecast	\$ 147,627.49	\$ 0.00	\$ 147,627.49	\$ 0.40	-\$ 22,441.63	\$ 43,500.00	-\$ 65,941.63	-\$ 166.50	\$ 170,069.12	-\$ 43,500.00	\$ 213,569.12	-65%

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College of Physiotherapists of Ontario  
Statement of Financial Position  
As of March 31, 2024

	Total			
	As of Mar. 31, 2024	As of Mar. 31, 2023 (PY)	Change	% Change
<b>Assets</b>				
<b>Current Assets</b>				
<b>Cash and Cash Equivalent</b>				
1000 Cash on Hand	0.00	0.00	0.00	
1001 Petty Cash	0.00	0.00	0.00	
1003 CC Clearing - RBC - 100-999-2	531,458.10	234,936.51	296,521.59	126.21%
1005 Operating - RBC - 102-953-7	79,639.44	71,536.03	8,103.41	11.33%
1101 RBC Prime Linked GIC	1,500,000.00	0.00	1,500,000.00	
1103 Savings - RBC - 100-663-4	6,022,804.28	7,765,046.64	-1,742,242.36	-22.44%
<b>Total 1000 Cash on Hand</b>	<b>\$ 8,133,901.82</b>	<b>\$ 8,071,519.18</b>	<b>\$ 62,382.64</b>	<b>0.77%</b>
1100 Investments			0.00	
1102 Investments - Short Term	1,014,394.52	310,477.24	703,917.28	226.72%
1104 Investments - Long Term	4,466,595.52	4,761,884.28	-295,288.76	-6.20%
1105 RBC Investments - cash balance	14,464.84	278,843.64	-264,378.80	-94.81%
<b>Total 1100 Investments</b>	<b>\$ 5,495,454.88</b>	<b>\$ 5,351,205.16</b>	<b>\$ 144,249.72</b>	<b>2.70%</b>
Virtual Wallet (CAD)	0.00		0.00	
WayPay Clearing Account (CAD)	0.00		0.00	
1205 Undeposited Funds	0.00	0.00	0.00	
<b>Total Cash and Cash Equivalent</b>	<b>\$ 13,629,356.70</b>	<b>\$ 13,422,724.34</b>	<b>\$ 206,632.36</b>	<b>1.54%</b>
<b>Accounts Receivable (A/R)</b>				
1200 Accounts Receivable	83,481.96	76,845.30	6,636.66	8.64%
1207 Employer Health Tax Receivable	0.00	0.00	0.00	
<b>Total 1200 Accounts Receivable</b>	<b>\$ 83,481.96</b>	<b>\$ 76,845.30</b>	<b>\$ 6,636.66</b>	<b>8.64%</b>
<b>Total Accounts Receivable (A/R)</b>	<b>\$ 83,481.96</b>	<b>\$ 76,845.30</b>	<b>\$ 6,636.66</b>	<b>8.64%</b>
1201 Allowance for Doubtful Accounts	-71,992.60	-71,992.60	0.00	0.00%
1206 Accrued Receivable	57,600.00	64,729.39	-7,129.39	-11.01%
1400 Prepaid Expenses	0.00	0.00	0.00	
1401 Prepaid Software	15,154.50	8,602.15	6,552.35	76.17%
1403 Prepaid IT services	13,573.00	21,608.96	-8,035.96	-37.19%
1405 Prepaid Insurance	12,904.56	7,511.67	5,392.89	71.79%
1406 Prepaid Membership	205,243.06	192,656.75	12,586.31	6.53%
1408 Prepaid staff development	0.00	0.00	0.00	
1409 Prepaid Salary - COLA	0.00	0.00	0.00	
1410 Prepaid meetings	0.00	0.00	0.00	
1411 Prepaid Rent	46,533.40	0.00	46,533.40	
1412 Prepaid OCE	0.00	56,829.60	-56,829.60	-100.00%
<b>Total 1400 Prepaid Expenses</b>	<b>\$ 293,408.52</b>	<b>\$ 287,209.13</b>	<b>\$ 6,199.39</b>	<b>2.16%</b>
<b>Total Current Assets</b>	<b>\$ 13,991,854.58</b>	<b>\$ 13,779,515.56</b>	<b>\$ 212,339.02</b>	<b>1.54%</b>
<b>Non-current Assets</b>				
<b>Property, plant and equipment</b>				
1301 Computer equipment	174,139.13	151,237.55	22,901.58	15.14%
1302 Computer Software	110,740.00	110,740.00	0.00	0.00%
1305 Computer equipment - Acc dep	-136,810.90	-110,947.00	-25,863.90	-23.31%
1306 Computer Software - Acc Dep	-110,740.00	-110,740.00	0.00	0.00%

**College of Physiotherapists of Ontario**  
**Balance Sheet Comparison**  
As of March 31, 2024

	Total			
	As of Mar. 31, 2024	As of Mar. 31, 2023 (PY)	Change	% Change
1310 Furniture and Equipment	378,189.00	378,189.00	0.00	0.00%
1312 Furniture & Equipment -Acc Dep	-370,381.43	-363,455.13	-6,926.30	-1.91%
1320 Leasehold Improvements	793,263.20	793,263.20	0.00	0.00%
1322 Leasehold Improvments -Acc dep	-546,728.81	-466,445.29	-80,283.52	-17.21%
1325 Construction Work In Progress	0.00	0.00	0.00	
<b>Total Property, plant and equipment</b>	<b>\$ 291,670.19</b>	<b>\$ 381,842.33</b>	<b>-\$ 90,172.14</b>	<b>-23.62%</b>
1399 Suspense	0.00	0.00	0.00	
<b>Total Non Current Assets</b>	<b>\$ 291,670.19</b>	<b>\$ 381,842.33</b>	<b>-\$ 90,172.14</b>	<b>-23.62%</b>
<b>Total Assets</b>	<b>\$ 14,283,524.77</b>	<b>\$ 14,161,357.89</b>	<b>\$ 122,166.88</b>	<b>0.86%</b>
<b>Liabilities and Equity</b>				
<b>Liabilities</b>				
<b>Current Liabilities</b>				
<b>Accounts Payable (A/P)</b>				
2000 Accounts Payable	162,447.75	236,715.40	-74,267.65	-31.37%
<b>Total Accounts Payable (A/P)</b>	<b>\$ 162,447.75</b>	<b>\$ 236,715.40</b>	<b>-\$ 74,267.65</b>	<b>-31.37%</b>
2010 Accrued Liabilities	554,718.11	811,796.57	-257,078.46	-31.67%
2011 Vacation Accrual	222,546.69	224,147.74	-1,601.05	-0.71%
2015 Sexual Abuse Fund	0.00	0.00	0.00	
2100 Deferred Revenue	0.00	0.00	0.00	
2101 Deferred Registration Fees	0.00	0.00	0.00	
2102 Deferred Full Fee Revenue	6,719,760.00	6,490,970.00	228,790.00	3.52%
2103 Deferred Pro-Rated Fee Revenue	0.00	0.00	0.00	
2107 Deferred Reg Com Exemption Fee	60,200.00	116,000.00	-55,800.00	-48.10%
2108 Deferred Revenue - OCE Fee	610,995.00	893,250.00	-282,255.00	-31.60%
<b>Total 2101 Deferred Registration Fees</b>	<b>\$ 7,390,955.00</b>	<b>\$ 7,500,220.00</b>	<b>-\$ 109,265.00</b>	<b>-1.46%</b>
2105 Deferred credit card charges	0.00	0.00	0.00	
2110 Banked refunds	33,383.96	31,698.58	1,685.38	5.32%
<b>Total 2100 Deferred Revenue</b>	<b>\$ 7,424,338.96</b>	<b>\$ 7,531,918.58</b>	<b>-\$ 107,579.62</b>	<b>-1.43%</b>
2150 Other Payables	0.00	0.00	0.00	
2151 Due to Canada Life	0.00	0.00	0.00	
2152 Due to Manulife (RRSP)	0.00	2,500.00	-2,500.00	-100.00%
2153 Due to Allstate (CI)	0.00	0.00	0.00	
2154 Citizen's Advisory Group	0.00	0.00	0.00	
<b>Total 2150 Other Payables</b>	<b>\$ 0.00</b>	<b>\$ 2,500.00</b>	<b>-\$ 2,500.00</b>	<b>-100.00%</b>
2400 Payroll Liabilities	0.00	0.00	0.00	
<b>Total Current Liabilities</b>	<b>\$ 8,364,051.51</b>	<b>\$ 8,807,078.29</b>	<b>-\$ 443,026.78</b>	<b>-5.03%</b>
<b>Non-current Liabilities</b>				
2125 Deferred Rent - Tenant Incentiv	83,581.10	110,688.42	-27,107.32	-24.49%
2190 Lease Inducements	0.00	0.00	0.00	
<b>Total Non-current Liabilities</b>	<b>\$ 83,581.10</b>	<b>\$ 110,688.42</b>	<b>-\$ 27,107.32</b>	<b>-24.49%</b>
<b>Total Liabilities</b>	<b>\$ 8,447,632.61</b>	<b>\$ 8,917,766.71</b>	<b>-\$ 470,134.10</b>	<b>-5.27%</b>
<b>Equity</b>				
3000 Unrestricted Net Assets	3,782,633.71	3,782,633.71	0.00	0.00%
3001 Invested in Capital Assets	360,901.47	360,901.47	0.00	0.00%

**College of Physiotherapists of Ontario**  
**Balance Sheet Comparison**  
As of March 31, 2024

	Total			
	As of Mar. 31, 2024	As of Mar. 31, 2023 (PY)	Change	% Change
3010 Restricted Reserves	0.00	0.00	0.00	
3011 Contingency Reserve / C&D	1,000,000.00	1,000,000.00	0.00	0.00%
3012 Fee Stab / Sex Abuse Therapy	100,000.00	100,000.00	0.00	0.00%
3013 Strategic Initiatives	0.00	0.00	0.00	
3014 IT Improvements	0.00	0.00	0.00	
<b>Total 3010 Restricted Reserves</b>	<b>\$ 1,100,000.00</b>	<b>\$ 1,100,000.00</b>	<b>\$ 0.00</b>	<b>0.00%</b>
Retained Earnings	56.00	809,717.02	-809,661.02	-99.99%
Profit for the year	592,300.98	-809,661.02	1,401,962.00	173.15%
<b>Total Equity</b>	<b>\$ 5,835,892.16</b>	<b>\$ 5,243,591.18</b>	<b>\$ 592,300.98</b>	<b>11.30%</b>
<b>Total Liabilities and Equity</b>	<b>\$ 14,283,524.77</b>	<b>\$ 14,161,357.89</b>	<b>\$ 122,166.88</b>	<b>0.86%</b>

Wednesday, May 29, 2024 05:56:26 a.m. GMT-7 - Accrual Basis



# College of Physiotherapists of Ontario

## Statement of Operations - Prior Year Comparison

April 2023 - March 2024

	TOTAL			
	APR. 2023 - MAR. 2024	APR. 2022 - MAR. 2023 (PY)	CHANGE	% CHANGE
<b>INCOME</b>				
4001 Registration Fees				
4007 Registration fee credits	-36,025.00	-32,919.85	-3,105.15	-9.43 %
4011 Independent Practice - \$648	6,530,549.62	5,592,165.02	938,384.60	16.78 %
4012 Independent Practice - ProRated	400,416.81	261,096.05	139,320.76	53.36 %
4013 Prof Corp Fees \$277	125,441.00	104,250.00	21,191.00	20.33 %
4014 Provisional Practice Fees \$83	53,203.00	49,200.00	4,003.00	8.14 %
4020 Courtesy Registration Fee \$100		1,100.00	-1,100.00	-100.00 %
4021 Misc Fee \$113 and \$300	639.00		639.00	
<b>Total 4001 Registration Fees</b>	<b>7,074,224.43</b>	<b>5,974,891.22</b>	<b>1,099,333.21</b>	<b>18.40 %</b>
4002 Interest Income	332,537.36	164,930.00	167,607.36	101.62 %
<b>4008 Admin Fees</b>				
4015 Application Fees \$114	177,911.00	181,600.00	-3,689.00	-2.03 %
4016 Letter of Prof Stand / NSF \$56	14,630.00	14,650.00	-20.00	-0.14 %
4017 Wall Certificates \$28	4,917.00	2,625.00	2,292.00	87.31 %
4018 Late Fees \$254	2,490.00	3,150.00	-660.00	-20.95 %
4019 Prof Corp Application \$774	44,744.00	36,400.00	8,344.00	22.92 %
<b>Total 4008 Admin Fees</b>	<b>244,692.00</b>	<b>238,425.00</b>	<b>6,267.00</b>	<b>2.63 %</b>
4010 Miscellaneous Income	15,527.46		15,527.46	
4023 Sublease Income	46,400.00		46,400.00	
<b>Total 4010 Miscellaneous Income</b>	<b>61,927.46</b>		<b>61,927.46</b>	
4030 ETP Assessment Fees		149,600.00	-149,600.00	-100.00 %
4031 Reg Com Exemption Fees (\$800)	108,600.00	385,600.00	-277,000.00	-71.84 %
4032 Reg Com Screening Interview Fee	2,250.00	6,300.00	-4,050.00	-64.29 %
4033 Reg Com - OCE Fee (\$1,985)	1,915,525.00	906,560.00	1,008,965.00	111.30 %
<b>Total 4030 ETP Assessment Fees</b>	<b>2,026,375.00</b>	<b>1,448,060.00</b>	<b>578,315.00</b>	<b>39.94 %</b>
Services	0.00		0.00	
<b>Total Income</b>	<b>\$9,739,756.25</b>	<b>\$7,826,306.22</b>	<b>\$1,913,450.03</b>	<b>24.45 %</b>
<b>GROSS PROFIT</b>	<b>\$9,739,756.25</b>	<b>\$7,826,306.22</b>	<b>\$1,913,450.03</b>	<b>24.45 %</b>
<b>EXPENSES</b>				
0051 do not use GST Expenses	4,109.67	0.00	4,109.67	
<b>5000 Committee Per Diem</b>				
5001 Chairs Education - per diem	3,625.50	724.50	2,901.00	400.41 %
5002 ICRC - per diem	73,091.25	47,025.00	26,066.25	55.43 %
5003 Council - per diem	42,331.45	44,687.50	-2,356.05	-5.27 %
5005 Discipline Committee - per diem	18,046.50	23,306.00	-5,259.50	-22.57 %
5006 Executive - per diem	9,772.50	30,567.50	-20,795.00	-68.03 %
5010 Patient Relations - per diem	439.50	2,064.00	-1,624.50	-78.71 %
5011 QA Committee - per diem	2,921.75	5,413.50	-2,491.75	-46.03 %
5012 Registration Com. - per diem	3,549.00	5,255.50	-1,706.50	-32.47 %
5017 Finance Committee - per diem	6,072.00	2,645.00	3,427.00	129.57 %
5018 Exam Committee - per diem	3,202.50	5,416.00	-2,213.50	-40.87 %
<b>Total 5000 Committee Per Diem</b>	<b>163,051.95</b>	<b>167,104.50</b>	<b>-4,052.55</b>	<b>-2.43 %</b>

# College of Physiotherapists of Ontario

## Statement of Operations - Prior Year Comparison

April 2023 - March 2024

	TOTAL			
	APR. 2023 - MAR. 2024	APR. 2022 - MAR. 2023 (PY)	CHANGE	% CHANGE
<b>5050 Committee Reimbursed Expenses</b>				
5051 Chairs Education- expenses	6,582.28		6,582.28	
5052 ICRC - expenses	20,699.33	6,211.17	14,488.16	233.26 %
5053 Council - expenses	50,195.98	34,660.44	15,535.54	44.82 %
5055 Discipline Committee - expenses	0.00	1,280.53	-1,280.53	-100.00 %
5056 Executive Committee - expenses	6,027.30	7,795.84	-1,768.54	-22.69 %
5062 QA Committee - expenses		328.12	-328.12	-100.00 %
5075 Finance Committee - expenses	2,713.35	1,188.07	1,525.28	128.38 %
5076 Exam Committee - expenses	295.03		295.03	
<b>Total 5050 Committee Reimbursed Expenses</b>	<b>86,513.27</b>	<b>51,464.17</b>	<b>35,049.10</b>	<b>68.10 %</b>
<b>5100 Information Management</b>				
5101 IT Hardware	22,285.75	18,468.25	3,817.50	20.67 %
5102 Software	137,250.51	93,772.05	43,478.46	46.37 %
5103 IT Maintenance	185,520.32	130,687.24	54,833.08	41.96 %
5104 IT Database	173,910.64	131,821.18	42,089.46	31.93 %
5109 IT Implementation Costs	49,793.03		49,793.03	
<b>Total 5100 Information Management</b>	<b>568,760.25</b>	<b>374,748.72</b>	<b>194,011.53</b>	<b>51.77 %</b>
<b>5200 Insurance</b>	<b>18,374.67</b>	<b>17,842.68</b>	<b>531.99</b>	<b>2.98 %</b>
5300 Networking	2,247.55	452.15	1,795.40	397.08 %
5301 Conferences and Travel	6,459.17	15,442.61	-8,983.44	-58.17 %
<b>5400 Office and General</b>				
5402 Bank & service charges	225,340.64	231,050.64	-5,710.00	-2.47 %
5403 Maintenance & repairs	2,541.18		2,541.18	
5405 Memberships & publications	22,849.88	24,671.42	-1,821.54	-7.38 %
5406 CAPR Fees	250,218.73	233,325.17	16,893.56	7.24 %
5407 Office & kitchen supplies	4,949.43	3,466.55	1,482.88	42.78 %
5408 Postage & courier	6,709.81	4,901.13	1,808.68	36.90 %
5409 Rent	528,292.02	479,422.49	48,869.53	10.19 %
5411 Printing, Filing & Stationery	6,100.85	2,962.73	3,138.12	105.92 %
5412 Telephone & Internet	35,892.87	38,449.32	-2,556.45	-6.65 %
5413 Bad Debt		39,644.68	-39,644.68	-100.00 %
<b>Total 5400 Office and General</b>	<b>1,082,895.41</b>	<b>1,057,894.13</b>	<b>25,001.28</b>	<b>2.36 %</b>
<b>5500 Regulatory Effectiveness</b>				
5502 Strategic Operations	62,120.04	52,319.00	9,801.04	18.73 %
5503 Council Education	7,368.94	0.00	7,368.94	
5504 Elections	3,837.68	0.00	3,837.68	
5505 Policy Development	51,806.85	29,927.03	21,879.82	73.11 %
5506 Entry to Practice - WG		14,755.71	-14,755.71	-100.00 %
5513 Governance		9,886.27	-9,886.27	-100.00 %
<b>Total 5500 Regulatory Effectiveness</b>	<b>125,133.51</b>	<b>106,888.01</b>	<b>18,245.50</b>	<b>17.07 %</b>
<b>5600 Communications</b>				
5605 Translation Services	-3,792.00	31,982.55	-35,774.55	-111.86 %
5620 Print Communication	380.65	1,074.63	-693.98	-64.58 %
5621 Online Communication	88,859.80	107,718.27	-18,858.47	-17.51 %
5622 In-Person Communication	2,722.50	1,706.06	1,016.44	59.58 %

# College of Physiotherapists of Ontario

## Statement of Operations - Prior Year Comparison

April 2023 - March 2024

	TOTAL				
	APR. 2023 - MAR. 2024	APR. 2022 - MAR. 2023 (PY)	CHANGE	% CHANGE	
5630 Consultants		5,191.33	-5,191.33	-100.00 %	
<b>Total 5600 Communications</b>	<b>88,170.95</b>	<b>147,672.84</b>	<b>-59,501.89</b>	<b>-40.29 %</b>	
5700 Professional fees					
4004 Cost recovery from cost orders	-42,056.44	-41,935.72	-120.72	-0.29 %	
5701 Audit	22,317.50	19,492.50	2,825.00	14.49 %	
5702 Hearing Expenses	4,952.50	18,871.47	-13,918.97	-73.76 %	
5704 Investigation Services		62.09	-62.09	-100.00 %	
5710 Undercover Assessment Fees	2,425.67	11,856.38	-9,430.71	-79.54 %	
5711 External Investigators	77,515.61	148,136.35	-70,620.74	-47.67 %	
5712 PC - Chart Review	9,975.00	11,661.05	-1,686.05	-14.46 %	
5713 Summons - Conduct fees	226.00		226.00		
5714 Fees to Secure Records	610.50	197.25	413.25	209.51 %	
5715 Corporate Searches	408.21		408.21		
5716 Transcripts	7,532.48	8,606.87	-1,074.39	-12.48 %	
<b>Total 5704 Investigation Services</b>	<b>98,693.47</b>	<b>180,519.99</b>	<b>-81,826.52</b>	<b>-45.33 %</b>	
5705 Professional services - Other	16,859.69	29,840.94	-12,981.25	-43.50 %	
5707 Decision writing	45,092.84	50,658.74	-5,565.90	-10.99 %	
5708 Peer / Expert opinions	23,472.60	49,183.00	-25,710.40	-52.27 %	
5750 Legal					
5751 Legal - QA	311.32	11,489.01	-11,177.69	-97.29 %	
5752 Legal - Registration	20,069.40	93,365.14	-73,295.74	-78.50 %	
5753 Legal - Professional Conduct					
5760 General Counsel	29,842.69	116,189.71	-86,347.02	-74.32 %	
5761 Independent Legal Advice	71,010.91	110,917.11	-39,906.20	-35.98 %	
5762 Hearing Counsel	71,221.69	185,594.68	-114,372.99	-61.63 %	
5763 Court Proceedings & Appeals	32,490.16	27,454.43	5,035.73	18.34 %	
<b>Total 5753 Legal - Professional Conduct</b>	<b>204,565.45</b>	<b>440,155.93</b>	<b>-235,590.48</b>	<b>-53.52 %</b>	
5754 Legal - Council Advice	7,897.01		7,897.01		
5755 General Legal	2,996.76	110,832.63	-107,835.87	-97.30 %	
5756 C & D Accrual Expense	-216,082.27	-69,715.64	-146,366.63	-209.95 %	
5757 Legal - Corporate Obligations	226.00	20.58	205.42	998.15 %	
5758 Legal - Practice Advice	6,857.97	188.15	6,669.82	3,544.95 %	
5759 Legal - Policy	180.80		180.80		
<b>Total 5750 Legal</b>	<b>27,022.44</b>	<b>586,335.80</b>	<b>-559,313.36</b>	<b>-95.39 %</b>	
<b>Total 5700 Professional fees</b>	<b>196,354.60</b>	<b>892,966.72</b>	<b>-696,612.12</b>	<b>-78.01 %</b>	
5800 Programs					
4022 Recovery of Therapy Costs	-1,111.12	-6,333.36	5,222.24	82.46 %	
5802 Jurisprudence	19,171.09	2,816.01	16,355.08	580.79 %	
5810 Quality Program					
5811 QA Program Development & Eval.		0.00	0.00		
5821 Assessor Travel	22.20	887.86	-865.66	-97.50 %	
5823 Assessor Training	7,388.41	22,262.00	-14,873.59	-66.81 %	
5824 Assessor Onsite Assessment Fee	5,001.00	8,195.00	-3,194.00	-38.97 %	
5825 Assessor Remote Assessment	131,833.50	57,083.00	74,750.50	130.95 %	
<b>Total 5810 Quality Program</b>	<b>144,245.11</b>	<b>88,427.86</b>	<b>55,817.25</b>	<b>63.12 %</b>	

# College of Physiotherapists of Ontario

## Statement of Operations - Prior Year Comparison

April 2023 - March 2024

	TOTAL				
	APR. 2023 - MAR. 2024	APR. 2022 - MAR. 2023 (PY)	CHANGE	% CHANGE	
5830 Entry to Practice - Projects	1,427.75	982,820.82	-981,393.07	-99.85 %	
5831 OCE Examiner Exam Fee	721,043.72		721,043.72		
5832 OCE Examiner Training Fees	53,528.66		53,528.66		
5833 OCE Staff Compensation	777.65		777.65		
5834 Exam Committee - per diem	7,604.00		7,604.00		
5835 Exam - Technology costs	293,056.16		293,056.16		
5836 Exam Delivery Costs	664.44		664.44		
5837 Exam - Admin / Misc. costs	37,331.56		37,331.56		
5838 Exam - Consultant Fees	73,975.50		73,975.50		
5840 Exam - Development / Misc.costs	34,606.34		34,606.34		
5841 Exam - PT Assessment costs	5,408.81		5,408.81		
5842 Exam - Screening Interview cost	39,577.00		39,577.00		
<b>Total 5830 Entry to Practice - Projects</b>	<b>1,269,001.59</b>	<b>982,820.82</b>	<b>286,180.77</b>	<b>29.12 %</b>	
5880 Remediation					
5871 QA Practice Enhancement fees	7,909.20	3,692.94	4,216.26	114.17 %	
4029 QA Remediation Chargeback	-325.00	-487.50	162.50	33.33 %	
<b>Total 5871 QA Practice Enhancement fees</b>	<b>7,584.20</b>	<b>3,205.44</b>	<b>4,378.76</b>	<b>136.60 %</b>	
5882 Remediation - ICRC	45,881.52	31,566.20	14,315.32	45.35 %	
4028 ICRC Remediation Chargeback	-42,346.52	-29,988.36	-12,358.16	-41.21 %	
<b>Total 5882 Remediation - ICRC</b>	<b>3,535.00</b>	<b>1,577.84</b>	<b>1,957.16</b>	<b>124.04 %</b>	
5883 Remediation - Registration	4,290.56	1,413.75	2,876.81	203.49 %	
4027 Registration Chargeback	-3,742.50	-1,377.50	-2,365.00	-171.69 %	
<b>Total 5883 Remediation - Registration</b>	<b>548.06</b>	<b>36.25</b>	<b>511.81</b>	<b>1,411.89 %</b>	
5884 Remediation - Discipline	7,935.46	7,275.30	660.16	9.07 %	
4026 Discipline Chargeback	-8,812.96	-6,927.70	-1,885.26	-27.21 %	
<b>Total 5884 Remediation - Discipline</b>	<b>-877.50</b>	<b>347.60</b>	<b>-1,225.10</b>	<b>-352.45 %</b>	
5887 Coach Training	11,718.60	5,939.05	5,779.55	97.31 %	
<b>Total 5880 Remediation</b>	<b>22,508.36</b>	<b>11,106.18</b>	<b>11,402.18</b>	<b>102.67 %</b>	
5890 Therapy and Counselling Fund	23,240.37	37,699.71	-14,459.34	-38.35 %	
<b>Total 5800 Programs</b>	<b>1,477,055.40</b>	<b>1,116,537.22</b>	<b>360,518.18</b>	<b>32.29 %</b>	
5900 Staffing					
5901 Salaries	4,230,715.44	3,760,030.90	470,684.54	12.52 %	
5902 Employer Benefits	192,416.15	150,132.72	42,283.43	28.16 %	
5903 Employer RRSP Contribution	218,665.59	183,372.84	35,292.75	19.25 %	
5904 Consultant fees	22,632.59	27,001.93	-4,369.34	-16.18 %	
5905 Staff Development	57,266.37	65,752.95	-8,486.58	-12.91 %	
5906 Recruitment	3,037.28	58,289.77	-55,252.49	-94.79 %	
5907 Staff Recognition	29,431.53	20,823.00	8,608.53	41.34 %	
5908 Registrar & Requested Education		580.48	-580.48	-100.00 %	
5909 Employee Overtime	164,813.86		164,813.86		
5911 CPP - Canadian Pension Plan	164,534.90	144,081.44	20,453.46	14.20 %	
5912 EI - Employment Insurance	60,264.22	51,180.55	9,083.67	17.75 %	
5913 EHT - Employer Health Tax	73,137.38	60,668.37	12,469.01	20.55 %	
5914 Vacation Pay Adjustment	-1,660.16	59.11	-1,719.27	-2,908.59 %	
<b>Total 5900 Staffing</b>	<b>5,215,255.15</b>	<b>4,521,974.06</b>	<b>693,281.09</b>	<b>15.33 %</b>	

# College of Physiotherapists of Ontario

## Statement of Operations - Prior Year Comparison

April 2023 - March 2024

	TOTAL				
	APR. 2023 - MAR. 2024	APR. 2022 - MAR. 2023 (PY)	CHANGE	% CHANGE	
6001 Amortization	113,073.72	128,066.12	-14,992.40	-11.71 %	
6004 Amortization - intangible assets		36,913.31	-36,913.31	-100.00 %	
Minister of Finance Expense	0.00	0.00	0.00		
<b>Total Expenses</b>	<b>\$9,147,455.27</b>	<b>\$8,635,967.24</b>	<b>\$511,488.03</b>	<b>5.92 %</b>	
<b>PROFIT</b>	<b>\$592,300.98</b>	<b>\$ -809,661.02</b>	<b>\$1,401,962.00</b>	<b>173.15 %</b>	

# College of Physiotherapists of Ontario

## Statement of Cash Flows

April 2023 - March 2024

	TOTAL
OPERATING ACTIVITIES	
Net Income	592,300.98
Adjustments to reconcile Net Income to Net Cash provided by operations:	-448,733.44
<b>Net cash provided by operating activities</b>	<b>\$143,567.54</b>
INVESTING ACTIVITIES	\$90,172.14
FINANCING ACTIVITIES	\$ -27,107.32
NET CASH INCREASE FOR PERIOD	\$206,632.36
Cash at beginning of period	13,422,724.34
<b>CASH AT END OF PERIOD</b>	<b>\$13,629,356.70</b>



COLLEGE OF  
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**Board**

**8. Update from the Ontario Physiotherapy Association (OPA)**

*Courtney Bean & Sarah Hutchison*



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**Board**

**9. Update from the Canadian Alliance of Physiotherapy Regulators (CAPR)**  
*Brandi Park*





## BOARD BRIEFING NOTE

For Information

<b>Topic:</b>	Strategic Plan – Education Session
<b>Public Interest Rationale:</b>	The strategic plan is an important way the Board provides direction to the organization to effectively carry out our duties in the public interest while finding opportunities for continuous improvement.
<b>Strategic Alignment:</b>	<i>Performance &amp; Accountability</i> – Having a strategic plan provides direction to drive the College’s work and serves as a framework against which we can measure and report on our performance.
<b>Submitted By:</b>	Craig Roxborough, Registrar & CEO Joyce Huang, Manager of Strategy
<b>Attachments:</b>	n/a

### Issue

- The Board is presented with a brief overview of the College’s current [strategic plan](#). In addition to this briefing note, a presentation will be made to the Board with an opportunity for discussion.

### Decision Sought

- None, this item is for information only.

### Background

#### *History*

- A strategic plan is a common tool used by organizations to define their mission and purpose, set goals, and list concrete actions to achieve those goals.
- Having a strategic plan enables organizations to set priorities, focus their energy and resources, ensure employees and partners are working towards common goals, get agreement on intended outcomes, and to assess and adjust direction to respond to changes.
- It is not a statutory requirement for health regulatory Colleges to have a strategic plan.
- However, through the College Performance Measurement Framework (CPMF), the Ministry of Health has signaled that they view having a strategic plan as an indicator of effective performance for regulators.
- This College has used strategic plans for over 20 years. They are typically set every three to four years.
- High-level goals and initiatives are established at the beginning of the cycle, which stay consistent for the duration of the plan. Then, specific projects and actions are planned annually as part of our

operational and budget planning process. This allows flexibility for us to make adjustments as work is completed and as our environment changes.

### *Current Strategic Plan*

- The College most recently conducted strategic planning in 2021-2022.
- The development of the current strategic plan was informed by broad consultation and input from a diverse group of partners, including:
  - A survey to the Citizens' Advisory Group<sup>1</sup> to understand the public's perspective on the College's strategic priorities,
  - Targeted interviews with key partners (i.e., association, other health regulators, Committee members, academic community) to gather comments on the College, environmental trends and strategic priorities,
  - A survey to physiotherapists to understand registrants' perspective on the College's strategic priorities,
  - A facilitated discussion with Council in September 2021 to generate ideas for strategic priorities, areas of focus, and activities,
  - A facilitated discussion with Council in December 2021 to explore key questions to help shape the identity of the College and validate the strategic planning priorities developed in the September 2021 session,
  - Discussions with College staff to identify potential initiatives to support the strategic priorities, and
  - A facilitated discussion with Council in March 2022 to review and collect initial feedback on a draft strategic plan document.
- As part of this most recent strategic planning activity, the College's mission and vision statements were also reviewed and updated. At that time, they have been in place for more than 10 years.
- The Board approved the current strategic plan in March 2022. The plan covers the period of April 2022 to March 2026, in alignment with our fiscal year.
- The strategic plan is posted on [our website](#) and is included at the beginning of every Board meeting package.

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<sup>1</sup> The Citizen Advisory Group (CAG) brings patient and caregiver voices and perspectives to health care regulation in Ontario. The members are patients and caregivers who provide essential feedback on topics such as professional rules, standards of practice, policies, strategic priorities, and communications directed at the public.



- The strategy plan includes a mission statement which describes the organization's purpose, and a vision statement which describes our aspirations for the long-term outcome of our work.
  - *Mission:* To protect the public interest by ensuring physiotherapists provide competent, safe, and ethical care.
  - *Vision:* Inspiring public confidence in the physiotherapy profession.
- The plan contains four strategic pillars, or priority areas, which are: Regulation & Risk; Engagement & Partnerships; People & Culture; and Performance & Accountability.
- There are also two foundational areas that underpin all four pillars, which are to incorporate equity, diversity and inclusion (EDI) in our work, and to modernize our governance practices.
- The strategic plan also includes value statements which describe how we want to interact with those around us.
- College staff uses the strategic plan to assess and shape our work. For example, the plan informs the structure of the College's annual operating plan and the quarterly Registrar's Reports.

#### *Next Steps*

- As we approach the end of the current plan in 2026, staff have begun planning for the development of a new strategic plan, which is expected to begin in 2025.



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**Motion No.: 11.0**

**Board Meeting  
June 24-25, 2024**

**Agenda #11.0: Approval of the Committee Slate**

It is moved by

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and seconded by

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that:

The Board approves the 2024-2025 Committee Slate.

**BOARD BRIEFING NOTE**  
For Decision

<b>Topic:</b>	2024-2025 Committee Slate
<b>Public Interest Rationale:</b>	Committees need to be properly constituted to effectively engage in the work of the College and make decisions in the public interest.
<b>Strategic Alignment:</b>	<i>People &amp; Culture:</i> Ensure committees are representative of the profession and are composed with members that have the required skills and experience.
<b>Submitted By:</b>	Caitlin O’Kelly, Governance Specialist
<b>Attachments:</b>	Appendix A: Draft 2024-2025 Committee Slate Appendix B: By-laws (Committee Composition)

**Issue**

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- Consider the proposed 2024-2025 committee slate.

**Decision Sought**

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- The Board is asked to approve the 2024-2025 committee slate, including the selection of Chairs and Vice-Chairs.

**Background**

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- Each year, the development of the committee slate occurs prior to the June Board meeting.
- In March 2024, the Board approved changes to the College’s By-laws (attached) to provide more flexibility regarding committee composition and support the overall objective of separating the membership of our committees and our Board where legislation permits.
- This separation will take time, but to make progress in the year ahead staff have actively sought to propose appointments that align with this commitment. As a result, while in previous years we solicited interest in committee positions more generally, this year staff asked more targeted questions of individuals to assess the availability and interest as it aligns with our transition needs. Part of this targeted approach was to support succession planning for committees.
  - Committee members whose appointments will end at the June 2024 Board meeting, and who have not reached their term limits for committees, have been approached by staff to confirm that their ability to serve a subsequent term on select committees.
  - Staff also connected with individual Board and Committee members regarding their availability to Chair or Vice-Chair a committee.



- The information collected as part of the reach out, together with feedback from the Committee Chairs and staff, as well as considerations regarding each committee’s specific competency and diversity needs, helped inform the development of the proposed committee slate. To keep in mind:
  - Committee appointments are 1-year renewable terms.
  - The Board may appoint Professional Non-Board members as well as Public Non-Board members.
  - New this year, Vice-Chairs will need to be appointed for all committees.

**2024 Recruitment of Non-Board Committee Members**

- The last recruitment for committee members took place in June 2022 for the statutory committees and November 2022 for the Examinations Committee.
- A 2024 recruitment was conducted for the following committees:
  - Inquiries, Complaints and Reports Committee
  - Registration Committee
  - Quality Assurance Committee
  - Patient Relations Committee
- The College received 30 applications for committee interest.
- Staff conducted a preliminary review of the applicants which included a review of their CV and an eligibility check. New this year, those interested in a committee appointment also had to complete the *Values, Behaviours and Competency Assessment Form*, which was reviewed by staff and which provided additional insight into the experience and competencies of the applicants.
- At this point in the process, the following individuals are being proposed for committee appointments:

<b>Committee</b>	<b>Proposed:</b>	<b>Rationale</b>
Inquiries, Complaints and Reports Committee	Christine Morris-Bolton	Christine has experience in many environments; three hospitals, home care, children's treatment centre, pelvic health, private ortho and private paediatric clinics.
Inquiries, Complaints and Reports Committee	Diana Hatzoglou	Diana many has a wide range of experience in different practice settings and is an experienced practitioner.
Inquiries, Complaints and Reports Committee	Kristin Mosser	Kristin was an OCE Examiner & Exam Panel Member; is bilingual; is a clinical instructor.



Quality Assurance Committee	Halak Patel	Halak is an IEPT; many cases coming through QA are IEPTs. Halak brings diversity and has a good balance of varying work experience; was an OCE Examiner & Exam Panel Member;
Registration Committee	Yee Mei Mavis Fung	Yee Mei Mavis is an IEPT has worked in worked in variety of settings (e.g rehabilitation and acute care hospital settings, outpatient clinics) Adds a balance of experience to the committee.
Patient Relations Committee	Kim Westfall-Connor	Kim is a former Board Chair from the College of Massage Therapists of Ontario (CMTO) and a non-practicing RMT. She has sat on and chaired the Patient Relations Committee several times at CMTO.

### Composition of the ICRC

- In light of the evolving needs and strategic direction of our organization, the proposal is to add three new Non-Board Committee members to the ICRC. This expansion is driven by several critical factors.
  - Transitioning towards separating the Board from committees in accordance with the amended by-laws requires increasing the capacity and diversity of the ICRC, particularly with non-Board members.
  - To better distribute the workload of the Committee while achieving profess in the College dashboard metric relating to investigations, panels within the ICRC will be reintroduced in the coming year. This change necessitates expanding the size of the Committee so that panels can be constructed. This shift in approach will align the College with other health regulatory colleges<sup>1</sup>.
  - Recent changes have been made that simplify the way cases are structured and decided at the ICRC, which is anticipated to reduce the challenges of getting new members up to speed and will further contribute to improvements in timelines in this regulatory function.

### 2024 Proposed Committee Chairs and Vice-Chairs

- In March 2024, the Board approved the role description for the Committee Vice-Chair and made By-law and Governance Policy revisions to fully implement the Committee Vice-Chair model.
- The proposed Committee Chairs and Vice-Chairs for 2024-2025 reflect a targeted approach, different from previous year’s general solicitation of interest, to align with our strategic objective of separating the membership of our committees and Board.

<sup>1</sup> Out of 25 health colleges surveyed 22 utilize panels. In terms of size, 19 out of 25 colleges have ICRC memberships with 10 or more individuals.



- Selection criteria included:
  - Prioritizing succession planning and capacity building by including non-Board Committee members.
  - Proactively confirming individuals' willingness and availability to serve in these roles.
  - Ensuring no individual chairs more than one committee to distribute workloads effectively.

Committee	Proposed:
Inquiries, Complaints and Reports Committee	Katie Schulz, Chair Greg Heikoop, Vice-Chair
Discipline and Fitness to Practise Committees	James Wernham, Chair Angelo Karalekas, Vice Chair
Quality Assurance Committee	Antoinette Megens, Chair Richard O'Brien, Vice-Chair
Registration Committee	Juliana De Castro, Chair Sinéad Dufour, Vice-Chair
Patient Relations Committee	Anna Grunin, Chair Kim Westfall-Conner, Vice-Chair
Risk, Audit and Finance Committee	Gary Rehan, Chair Frank Massey, Vice-Chair
Examinations Committee	Hari Gopalakrishnan Nair, Chair Alireza Mazaheri, Vice-Chair

**Proposed Committee Slate for 2024-2025:**

Committee Member	Total # of years on the Committee*
<b>Executive Committee (statutory)</b>	
As a reminder, the Executive Committee was appointed at the Board meeting in March 2024, and it includes:	
Nitin Madhvani, Chair	3
Katie Schulz, Vice-Chair	2
Theresa Stevens	7
Carole Baxter	2
Gary Rehan	5





<b>Inquiries, Complaints and Reports Committee (statutory)</b>	
Katie Schulz, Chair, (Elected Director of the Board)	2
Greg Heikoop, Vice-Chair, (Professional Non-Board Committee Member)	1
Gary Rehan, (Elected Director of the Board)	9
Theresa Stevens, (Elected Director of the Board)	7
Tammy Morrissey, (Professional Non-Board Committee Member)	2
Christine Morris-Bolton, (Professional Non-Board Committee Member)	New
Diana Hatzoglou, (Professional Non-Board Committee Member)	New
Kristin Mosser, (Professional Non-Board Committee Member)	New
Carole Baxter, (Public Director of the Board)	3
Christopher Warren, (Public Director of the Board)	New
<b>Discipline and Fitness to Practise Committees (statutory)</b>	
Includes all Board members excluding the Board Chair, in addition to the following Non-Board Committee appointees:	
James Wernham, Chair (Professional Non-Board Committee Member)	8
Angelo Karalekas, Vice Chair (Professional Non-Board Committee Member)	5
Daniel Negro, (Professional Non-Board Committee Member)	8
Sue Grebe, (Professional Non-Board Committee Member)	5
Nicole Graham, (Professional Non-Board Committee Member)	5
Richa Rehan, (Professional Non-Board Committee Member)	5
Felix Umana, (Professional Non-Board Committee Member)	3
Theresa Kay, (Professional Non-Board Committee Member)	3
<b>Quality Assurance Committee (statutory)</b>	
Antoinette Megens, Chair, (Professional Non-Board Committee Member)	5
Richard O'Brien, Vice-Chair, (Public Director of the Board)	2
Dennis Ng, (Elected Director of the Board)	3
Maureen Vanwart, (Elected Director of the Board)	1
Halak Patel, (Professional Non-Board Committee Member)	New
<b>Registration Committee (statutory)</b>	
Juliana De Castro, Chair, (Professional Non-Board Committee Member)	2
Sinéad Dufour, Vice-Chair, (Academic Director of the Board)	1
Einat Mei-Dan, Vice-Chair, (Professional Non-Board Committee Member)	2
Yee Mei Mavis Fung, (Professional Non-Board Committee Member)	New
Jesse Finn, (Public Director of the Board)	4
Frank Massey, (Public Director of the Board)	1
<b>Patient Relations Committee (statutory)</b>	
Anna Grunin, Chair, (Professional Non-Board Committee Member)	3
Kim Westfall-Conner, Vice-Chair, (Public Non-Board Committee Member)	New
Einat Mei-Dan, (Professional Non-Board Committee Member)	1



<b>Risk, Audit and Finance Committee (non-statutory)</b>	
Gary Rehan, Chair, (Elected Director of the Board)	6
Frank Massey, Vice-Chair, (Public Director of the Board)	1
Nitin Madhvani, Board Chair, (Public Director of the Board)	4
Katie Schulz, Board Vice-Chair, (Elected Director of the Board)	New
Kate Moffet, (Elected Director of the Board)	New
<b>Examinations Committee (new non-statutory Committee established November 2022)</b>	
Hari Gopalakrishnan Nair, Chair (Professional Non-Board Committee Member)	1.5
Alireza Mazaheri, Vice-Chair (Professional Non-Board Committee Member)	1.5
Sameera Merchant (Professional Non-Board Committee Member)	1.5
Enoch Ho (Professional Non-Board Committee Member)	1.5
Lea Damata (Professional Non-Board Committee Member)	1.5
Greg Pope (Public Non-Board Committee Member)	1.5

\* The total number of years served on a committee represents the times an individual has served on a committee overall, not the number of years they have served on a committee consecutively.

### Workload Assessment

- An assessment of the workload distribution of Directors is provided below. The Executive will note that in the past Directors were typically appointed for two to three Committees. Board members currently constitute a significant portion of committee membership. This necessitates the continued presence of Board members to ensure consistency and a smooth knowledge transfer while the College would transition to the new committee composition model.

- Current appointment and proposed to continue to serve on this committee
- New appointment for 2024-2025
- Elected by the Board

<b>Table 1: Committee Workload Assessment for Board Members</b>									
Name	Term Ends <sup>2</sup>	# of Com	Exec	ICRC	Dis/Fit	Reg.	PRC	QAC	FC
<b>Elected Directors</b>									
Theresa Stevens	2025	3							
Maureen Vanwart	2026	2							
Gary Rehan	2026	4							
Dennis Ng	2027	2							
Katie Schulz	2025	4							
Kirsten Pavelich	2026	1							
Frank DePalma	2027	1							
Kate Moffett	2027	2							

<sup>2</sup> Public members are appointed for term lengths that are determined by the Minister of Health. Request for reappointments for the terms ending in 2024 have been submitted to the Public Appointments Secretariat



Table 1: Committee Workload Assessment for Board Members									
Name	Term Ends <sup>2</sup>	# of Com	Exec	ICRC	Dis/Fit	Reg.	PRC	QAC	FC
<b>Academic Directors</b>									
Trisha Lawson	2027	1							
Sinead Dufour	2026	2							
<b>Public Directors</b>									
Carole Baxter	2025	3							
Richard O'Brien	2024	2							
Nitin Madhvani	2026	2							
Jesse Finn	2027	2							
Mark Heller	2024	1							
Christopher Warren	2025	2							
Frank Massey	2024	3							

### Next Steps

- If the Board approves the 2024-2025 committee slate, staff will begin contacting committee members with meeting information.

### Questions for the Board

- Any questions about the recommend the 2024-2025 Committee Slate?



**2024-2025 Committee Slate - DRAFT**

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	PROPOSED SLATE 2024-2025	BRIEF DESCRIPTION OF COMMITTEE'S RESPONSIBILITIES	Staff Support
Executive Committee	5 people: <ul style="list-style-type: none"> <li>2 Public Directors, unless only 1 stands for election</li> <li>At least 3 Professional Directors of the Board</li> </ul> Must include Board Chair and Board Vice-Chair	<p><b>Nitin Madhvani, Chair</b> Carole Baxter</p> <p><b>Katie Schulz, Vice-Chair</b> Theresa Stevens Gary Rehan</p>	The Executive Committee provides leadership to the Board, promotes governance excellence at all levels, facilitates effective functioning of the College, in certain circumstances, to act on behalf of the Board between meetings and when required, to reconstitute itself as the College privacy committee to deal with appeals regarding the manner in which personal information is managed by the College. The Committee has all powers of the Board with respect to any matter that requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.	Craig Roxborough Mara Berger
Inquiries, Complaints and Reports Committee	Minimum 5 people, at least: <ul style="list-style-type: none"> <li>2 Registrants (Professional Board Directors or non-Board Committee members)</li> <li>2 Public Directors of the Board</li> </ul>	<p><b>Katie Schulz, Chair</b> <b>Greg Heikoop, Vice-Chair</b> Gary Rehan Theresa Stevens Tammy Morrisey Christine Morris-Bolton Diana Hatzoglou Kristin Mosser</p> <p>Carole Baxter Christopher Warren</p>	ICRC investigates complaints and considers reports as per section 79 of the Code related to the conduct or action, competencies or capacity of registrants as it relates to their practicing the profession.	Allan Mak

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	PROPOSED SLATE 2024-2025	BRIEF DESCRIPTION OF COMMITTEE'S RESPONSIBILITIES	Staff Support
Discipline & Fitness to Practise Committees	Minimum 10 people, at least: <ul style="list-style-type: none"> <li>• 2 Professional Directors of Board</li> <li>• 3 Public Directors of the Board</li> <li>• 1 Non-Board Committee Member</li> </ul>	<p><b>Maureen Vanwart</b>  <b>Katie Schulz</b>  <b>Sinéad Dufour</b>  <b>Gary Rehan</b>  <b>Dennis Ng</b>  <b>Theresa Stevens</b>  <b>Kirsten Pavelich</b>  <b>Frank DePalma</b>  <b>Kate Moffett</b>  <b>Trisha Lawson</b></p> <p><b>Jesse Finn</b>  <b>Carole Baxter</b>  <b>Richard O'Brien</b>  <b>Frank Massey</b>  <b>Mark Heller</b>  <b>Christopher Warren</b></p> <p><b>James Wernham, Chair</b>  <b>Angelo Karalekas, Vice-Chair</b>  <b>Daniel Negro</b>  <b>Sue Grebe</b>  <b>Nicole Graham</b>  <b>Richa Rehan</b>  <b>Felix Umana</b>  <b>Theresa Kay</b></p>	<p>A panel of at least 3-5 persons convenes to hear allegations of conduct or incompetence as referred by the ICRC.</p> <p>A panel of at least 3-5 persons convenes to hear allegations of incapacity as referred by the health inquiry panel of the ICRC. Hearings are in a judicial setting and can last from one to several days. Decisions and Reasons are documented in detail.</p>	Olivia Kisil
Quality Assurance Committee	Minimum 5 people, at least: <ul style="list-style-type: none"> <li>• 2 Registrants (Professional Board Directors or non-Board Committee Members)</li> <li>• 1 Public Director of the Board or public non-Board Committee Member</li> </ul>	<p><b>Antoinette Megens, Chair</b>  <b>Dennis Ng</b>  <b>Maureen Vanwart</b>  <b>Halak Patel</b></p> <p><b>Richard O'Brien, Vice-Chair</b></p>	<p>The Quality Assurance Committee is to administer the College's Quality Assurance program as defined in section 80.1 of the Code that is intended to assure the quality and safety of professional practice and promote continuing competence among the registrants.</p>	Shelley Martin

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	PROPOSED SLATE 2024-2025	BRIEF DESCRIPTION OF COMMITTEE'S RESPONSIBILITIES	Staff Support
Registration Committee	Minimum 5 people, at least: <ul style="list-style-type: none"> <li>• 2 Registrants (Professional Board Directors or non-Board Committee Members)</li> <li>• 2 Public Directors of the Board</li> </ul>	<b>Juliana De Castro, Chair</b> <b>Sinéad Dufour, Vice-Chair</b> <b>Einat Mei-Dan</b> <b>Yee Mei Mavis Fung</b>  <b>Jesse Finn</b> <b>Frank Massey</b>	The Registration Committee makes decisions on registration applications that do not meet the criteria for issuance of a certificate of registration by the Registrar and to ensure that processes related to entry are fair, transparent and objective.	Melissa Collimore
Patient Relations Committee	At least 3 people, at least: <ul style="list-style-type: none"> <li>• 1 Registrant (Professional Board Director or non-Board Committee Members)</li> <li>• 1 Public Director of the Board or public non-Board Committee Member</li> </ul>	<b>Anna Grunin, Chair</b> <b>Einat Mei-Dan</b>  <b>Kim Westfall-Conner, Vice-Chair</b>	The Patient Relations Committee is to advise the Board with respect to the patient relations program and to administer the program to provide funding for therapy and counselling.	Olivia Kisil
Risk, Audit, and Finance Committee (non-statutory)	Minimum 5 people, at least: <ul style="list-style-type: none"> <li>• Board Chair</li> <li>• Board Vice-Chair</li> <li>• 3 Directors of the Board including at least 1 Public Directors</li> </ul>	<b>Nitin Madhvani, Board Chair</b> <b>Katie Schulz, Board Vice-Chair</b>  <b>Gary Rehan, Chair</b> <b>Frank Massey, Vice-Chair</b> <b>Kate Moffet</b>	The Risk, Audit, and Finance Committee is to monitor significant financial planning, management and reporting matters of the College, to make recommendations and deliver reports to the Board, and to serve as the College's audit committee.	Zoe Robinson

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	PROPOSED SLATE 2024-2025	BRIEF DESCRIPTION OF COMMITTEE'S RESPONSIBILITIES	Staff Support
Examinations Committee  (non-statutory)	<ul style="list-style-type: none"> <li>• At least 1 Canadian-educated recent registrant</li> <li>• At least 1 Internationally Educated recent registrant</li> <li>• At least 2 Physiotherapy Supervisors</li> <li>• 1 Member of the public (Testing/assessment)</li> </ul>	<p><b>Alireza Mazaheri, Vice Chair</b></p> <p><b>Hari Gopalakrishnan Nair, Chair</b></p> <p>Sameera Merchant Enoch Ho Lea Damata</p> <p>Greg Pope</p>	The Examinations Committee's role is to provide oversight of the development, administration, and implementation of the Ontario Clinical Exam.	Amanda Sandhu

DRAFT



## By-laws: Committee Composition

### Part 7—Statutory and Non-statutory Committees

#### STATUTORY COMMITTEES

##### The Executive Committee

- 7.1. (1) (a) The Executive Committee shall be composed of five persons of whom:
- (i) at least three are Directors who are Registrants; and
  - (ii) two are Public Directors, unless only one Public Director stands for election, in which case one Public Director shall be sufficient.
- (b) In a manner consistent with subsection (1) (a), the Chair and Vice-Chair of the College shall be included in the membership of the Executive Committee.
- (c) The Chair of the Board shall be the Chair of the Executive Committee.

##### The Registration Committee

- (2) The Registration Committee shall be composed of at least five persons of whom:
- (i) at least two are Registrants; and
  - (ii) at least two are Public Directors.

##### The Inquiries, Complaints and Reports Committee

- (3) The Inquiries, Complaints and Reports Committee shall be composed of at least five persons of whom:
- (i) at least two are Registrants; and
  - (ii) at least two are Public Directors.

##### The Discipline Committee

- (4) The Discipline Committee shall be composed of at least ten persons of whom:
- (i) at least two are Directors who are Registrants;
  - (ii) at least three are Public Directors; and
  - (iii) at least one is a Non-Board Committee Member.

##### The Fitness to Practise Committee

- (5) The Fitness to Practise Committee shall be composed of at least ten persons of whom:
- (i) at least two are Directors who are Registrants;
  - (ii) at least three are Public Directors; and
  - (iii) at least one is a Non-Board Committee Member.

##### The Quality Assurance Committee

- (6) The Quality Assurance Committee shall be composed of at least five persons of whom:
- (a) at least two are Registrants; and
  - (b) at least one is a Public Director or a Public Non-Board Committee member.

##### The Patient Relations Committee

- (7) The Patient Relations Committee shall be composed of at least three persons of whom:
- (a) at least one is a Registrant; and
  - (b) at least one is a Public Director or a Public Non-Board Committee member.





COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Board**

## **12. Annual Committee Reports**

*Presented by Anita Ashton, Deputy Registrar & COO.*



## DISCIPLINE AND FITNESS TO PRACTISE COMMITTEES

**Reporting period: April 1, 2023 to March 31, 2024**

### **Committee Mandate:**

The role of the Discipline Committee is, through panels, to hold hearings related to specified allegations concerning a registrant's conduct or competence and to determine whether the registrant has committed an act(s) of professional misconduct or is incompetent as defined in the legislation and/or regulation.

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

### **Committee Membership:**

Jim Wernham, Professional Member (Chair)  
Angelo Karalekas, Professional Member (Vice-Chair)  
Janet Law, Professional Member  
Paul Parikh, Academic Member  
Maureen Vanwart, Professional Member  
Anna Grunin, Professional Member  
Katie Schulz, Professional Member  
Sinead Dufour, Academic Member  
Gary Rehan, Professional Member  
Dennis Ng, Professional Member  
Theresa Stevens, Professional Member  
Andy Wang, Professional Member (from June 26, 2023 until December 5, 2023)  
Jesse Finn, Public Member  
Carole Baxter, Public Member  
Rick O'Brien, Public Member  
Daniel Negro, Professional Member  
Sue Grebe, Professional Member  
Nicole Graham, Professional Member  
Richa Rehan, Professional Member  
Felix Umana, Professional Member  
Theresa Kay, Professional Member  
Frank Massey, Public Member  
Mark Heller, Public Member  
Laina Smith, Public Member (until February 1, 2024)



**Committee Work in This Period:**

Discipline Hearings Pending <sup>1</sup> as of March 31, 2024	3
Discipline Hearings in Progress <sup>2</sup> as of March 31, 2024	1
Discipline Hearings Completed	
Uncontested Hearings completed	9
Contested Hearings completed	0
Adjournments Sine Die	3
Withdrawal of allegations	1
Pre-Hearing Conferences held	1
Pre-Hearing Conference Pending as of March 31, 2024	1
Hearing Days Completed	
Uncontested Hearing Days Completed	8
Contested Hearing Days Completed	4
Hearing Days Pending as of March 31, 2024	0
Fitness to Practise Hearings Pending as of March 31, 2024	0
Fitness to Practise Hearings in Progress as of March 31, 2024	0
Decisions Released	10
Appeals	0

**Hearings pending and in progress as of March 31, 2024:**

- Bibu Thomas – in progress
- Mike Postic – hearing date to be determined
- Sudeep Uday Deshpande – hearing date to be determined
- Joseph Trambulo – hearing date to be determined

**Hearings completed in this period:**

- Dorothy Hillmann, May 31, 2023
- Jennifer Lapierre, June 1, 2023
- Katherine Yardley, June 16, 2023
- Adam Woronowicz, June 20, 2023
- Monisha Nambiar, June 20, 2023
- Vikramjeet Singh (2021-0314), November 23, 2023
- Vikramjeet Singh (2023-0078 & 2023-0095), November 23, 2023
- Vikramjeet Singh (2023-0144), November 23, 2023

<sup>1</sup> Pending hearings are matters that have been referred to the Committee but hearings have not yet begun.

<sup>2</sup> Hearings in progress are matters for which hearings have begun but have not concluded as of the date of the report.



- Christina Dzieduszycki, December 6, 2023
- Tania Mannella, December 11, 2023
- Mariana Paz, December 11, 2023
- Brian Empey, March 13, 2024
- Phillip Howell, March 14, 2024

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

- Adam Woronowicz
- Vikramjeet Singh

### **Committee Training Completed in this period:**

- Committee orientation for new Committee members by completing an online module asynchronously. Topics covered include how cases come before the Committee; the hearing participants; what takes place at the hearing; evidence; the decision-making process; the penalty phase; and decision writing.
- HPRO Training for New Discipline Committee Members: A full-day training offered through HPRO that includes introduction to the legal framework, principles of administrative law and fitness to practice process, pre-hearing procedures and the hearings process, roles of participants, and responsibilities of panel members.
- November 15, 2023: The Committee received a training session led by a lawyer, that covered various procedures and outcomes used in the discipline and hearings process, and a session on unconscious bias. This session was offered based on the fact that there were a number of new members on the Committee and based on feedback from the Chair and Independent Legal Counsel.

### **Resources currently available to the Committee:**

- Online training modules for:
  - Committee orientation
  - Decision writing
  - Panel chair
  - Gender neutral language
- Recordings of lawyer-led training sessions on:
  - Pre-hearings
  - Assessing evidence, note taking, and deliberations
  - Decision writing
  - Committee Training: Back to Basics & Unconscious Bias



- Tools and resources to support the Committee during a pre-hearing conference:
  - Pre-hearing Conference Resource Handbook
  - Pre-hearing report template
  
- A set of templates and tools to support the Committee during a hearing:
  - Manual for Panel Chairs
  - Rules of Procedure manual
  - Script for swearing of the witness
  - Motion Flow Chart
  - Exhibit Tracker
  - Deliberations Template for Contested Hearings
  - Deliberations Template for Uncontested Hearings
  - Decision Writing Summary Sheet

**Issues that Require Board Discussion / Decision:**

None.

**Committee Highlights:**

None.



## EXAMINATIONS COMMITTEE

**Reporting period: April 1, 2023 to March 31, 2024**

### **Committee Mandate:**

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

### **Committee Membership:**

Harikrishnan Gopalakrishnan Nair (Chair), Professional Member  
Alireza Mazaheri (Vice-Chair), Professional Member  
Sameera Merchant, Professional Member  
Enoch Ho, Professional Member  
Lea Damata, Professional Member  
Greg Pope, Public Member

### **Committee Work in This Period:**

Candidates who sat the OCE	964
Committee Meetings	4
Standard Setting Recommendations	4
Exam Appeals	1
Exam Policies Reviewed / Approved	8

During this reporting period, the Examinations Committee also received reports from staff regarding:

- The delivery of hybrid exams, including candidate and examiner feedback
- Project update for the transition to virtual exam delivery
- Program finances
- Program performance updates

### **Committee Training Completed in This Period:**

None during this period.

### **Resources currently available to the Committee:**

None at this time.

### **Issues that Require Board Discussion / Decision:**

None.



## Committee Highlights:

- The Committee completed work to solidify the process for exam standard setting.
- Between June and November 2023, the Committee conducted review and discussions about the exam appeals process, which culminated in the confirmation of the exam appeals procedure.
- The Committee reviewed all existing exam program policies, which were previously approved by the Registration Committee. The policies will now enter an annual review process.



EXECUTIVE COMMITTEE

Reporting period: April 1, 2023 to March 31, 2024

**Committee Mandate:**

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

**Committee Membership:**

Nitin Madhvani, Public Member (Member At Large, until June 25, 2023; President, from June 26, 2023)

Theresa Stevens, Professional Member (President, until June 25, 2023, Vice-President, from June 26, 2023)

Carole Baxter, Public Member

Katie Schulz, Professional Member (from June 26, 2023)

Janet Law, Professional Member (from June 26, 2023)

Jennifer Clifford, Professional Member (until June 25, 2023)

Herve Cavanagh, Professional Member (until June 25, 2023)

**Committee Work in This Period:**

Meeting Date	Work Undertaken
June 12, 2023	<p><i>Feedback on materials to the Board:</i></p> <ul style="list-style-type: none"> <li>Entry to Practice working group: The Executive Committee provided feedback on materials related to sunseting the Entry to Practice Working Group.</li> </ul> <p><i>Recommendations to the Board:</i></p> <ul style="list-style-type: none"> <li>Committee slate: The Executive Committee reviewed the proposed slate for each committee and made recommendations for the Board to consider.</li> </ul> <p><i>Decisions made within Executive Committee’s authority:</i></p> <ul style="list-style-type: none"> <li>Professional development program for the President: The Executive Committee reviewed the proposed professional development program and determined it was beneficial to establish a structured program to support current and future Presidents in effectively fulfill their role.</li> </ul>





Meeting Date	Work Undertaken
	<p><i>Other:</i></p> <ul style="list-style-type: none"> <li>• Chair’s Report – received for information</li> <li>• Executive Office Report – received for information</li> <li>• Feedback to staff on Executive Committee meeting format</li> </ul>
June 27, 2023	<p><i>Recommendations to the Board:</i></p> <ul style="list-style-type: none"> <li>• Amendments to the Committee slate: the Executive Committee recommended that the Board appoint Laina Smith, Public Member, to the Registration Committee and Inquiries, Complaints and Reports Committee.</li> </ul>
August 31, 2023	<p><i>Feedback on materials to the Board:</i></p> <ul style="list-style-type: none"> <li>• College dashboard: The Executive Committee provided suggestions to improve the content and clarity of the information in the dashboard.</li> <li>• Proposed by-law and governance policy updates: the Executive Committee provided suggestions to improve the clarity of the briefing materials for presentation to the Board.</li> <li>• Competency Framework: the Executive Committee identified opportunities to improve clarity of the briefing materials and items for additional consideration.</li> </ul> <p><i>Recommendations to the Board:</i></p> <ul style="list-style-type: none"> <li>• Committee slate amendment: the Executive Committee made recommendations to the Board to amend the Committee slate as a result of the College receiving a new Public Member appointee.</li> </ul> <p><i>Other:</i></p> <ul style="list-style-type: none"> <li>• Executive Committee Orientation delivered by M. Berger, Director, Policy, Governance &amp; General Counsel</li> <li>• Chair’s Report – received for information</li> <li>• Registrar’s Report – received for information</li> <li>• Confidential Discussion: Registrar Performance Appraisal</li> </ul>
November 27, 2023	<p><i>Feedback on materials to the Board:</i></p> <ul style="list-style-type: none"> <li>• Strategic initiatives for 2024-2025: The Committee provided feedback to staff on a briefing about activities underway to develop the 2024-2025 Operational Plan and potential strategic priorities for the year ahead to ensure the strategic priorities identified align with the Board’s vision for the organization.</li> <li>• Revised Standards – First Group: The Committee provided feedback to staff on materials regarding the first group of revised standards</li> </ul>



Meeting Date	Work Undertaken
	<p>before they are presented to the Board for approval for consultation.</p> <ul style="list-style-type: none"> <li>• Provisional Practice Certificate and Ontario Clinical Exam fees: The Committee provided feedback to staff on materials about the Risk, Audit, and Finance Committee’s recommendations regarding the Ontario Clinical Exam and Provisional Practice Certificate fees before they are presented to the Board for consideration.</li> <li>• Consultation Update - Proposed Fee Increase: The Committee received an update about the ongoing consultation about the proposed fee increase and provided feedback to staff on materials that will be presented to the Board for decision.</li> <li>• Emergency Class Policy: The Committee provided feedback to staff on a draft policy that has been developed to provide guidance around opening the new Emergency class of registration before it is presented to the Board for consideration and approval.</li> <li>• Code of Ethics: The Committee provided feedback to staff on briefing materials to present a draft Code of Ethical Conduct to the Board for consideration.</li> <li>• Consultation Update - Proposed By-law Additions for Collecting Practice and/or Demographic Information: The Committee received an update about the ongoing consultation about the proposed by-law changes regarding additional data collection and provided feedback to staff on materials that will be presented to the Board for decision.</li> </ul> <p><i>Recommendations to the Board:</i></p> <ul style="list-style-type: none"> <li>• Committee slate amendment: The Executive Committee recommended that the Board appoint Frank Massey to the Risk, Audit, and Finance Committee. The Committee also discussed, but recommended against, appointing a Public Member to the Examinations Committee.</li> </ul> <p><i>Decisions made within Executive Committee’s authority:</i></p> <ul style="list-style-type: none"> <li>• 2024-2025 Board Education Plan: The Executive Committee approved the following education priorities for 2024-2025: Equity, Diversity and Inclusion; Chairs training; and governance training. The Committee also directed staff to budget for Board and/or Committee Chairs to attend conferences.</li> </ul> <p><i>Other:</i></p> <ul style="list-style-type: none"> <li>• President’s Report – received for information</li> <li>• Registrar’s Report – received for information</li> <li>• Q2 Financial Results – received for information</li> </ul>



Meeting Date	Work Undertaken
	<ul style="list-style-type: none"> <li>The President also sought advice from the Executive Committee on a confidential matter</li> </ul>
<p>March 8, 2024</p>	<p><i>Feedback on materials to the Board:</i></p> <ul style="list-style-type: none"> <li>Annual Budget Fiscal Year 2024-2025: The Committee discussed the proposed budget for fiscal year 2025 and suggested one change to the budget related to ICRC meetings for the Board’s consideration.</li> <li>Finalizing Implementation of the Vice-Chair Model: The Committee suggested the need for additional clarification regarding the Vice-Chair compensation model in the Board briefing materials.</li> <li>Committee Composition: The Committee considered proposed revisions regarding committee composition and suggested a slight change to the language around the composition requirement for the Executive Committee.</li> <li>Meeting Guidelines: The Committee considered new meeting guidelines for Board meetings, and recommended adding a clarification for when there is a disagreement between the Chair and Registrar regarding the agenda.</li> <li>Proposed Improvements to Governance Terminology and Processes: The Committee considered the proposed changes and did not suggest any changes to the materials for the Board.</li> <li>Revised Standards – Second Group: The Committee considered the second group of revised standards for consideration by the Board, and noted the potential confusion from the use of the terms “best practice” and “evidence informed practice” in the standards.</li> </ul> <p><i>Recommendations to the Board:</i></p> <ul style="list-style-type: none"> <li>Committee Slate: The Committee recommended that Frank Massey be appointed to the Quality Assurance Committee.</li> </ul> <p><i>Other:</i></p> <ul style="list-style-type: none"> <li>Election Eligibility: The Committee was asked to consider the limitations of the current eligibility criteria for Board elections. After discussion, there was consensus that staff should explore options to strengthen the criteria.</li> <li>Chair’s Report – received for information</li> <li>Registrar’s Report – received for information</li> <li>Q3 Financial Results – received for information</li> <li>Role of the Executive Committee: The Committee discussed its role and reviewed the current reporting relationship with the Risk, Audit, and Finance Committee. There was consensus that the Executive Committee role should be supportive, with acknowledgement that</li> </ul>



Meeting Date	Work Undertaken
	<p>financial and other reports need not necessarily pass through the Executive Committee to reach the Board. Staff will review policies and bring back any necessary revisions.</p> <ul style="list-style-type: none"><li>• The Committee held a confidential discussion regarding the Registrar's Performance Appraisal and Goal Setting.</li></ul>
March 25, 2024	<p><i>Recommendations to the Board:</i></p> <ul style="list-style-type: none"><li>• Committee Slate: The Committee recommended that the Board appoint Greg Heikoop and Antoinette Megens to the Patient Relations Committee.</li></ul>

### Committee Training Completed in This Period:

- August 31, 2023: A Committee orientation session led by Mara Berger, Director, Policy, Governance & General Counsel, which covered the following topics:
  - Statutory and delegated powers of the Executive Committee
  - Role of the Executive Committee and relationship to the Board
  - Traits of an effective Executive Committee
  - Upcoming initiatives

### Resources currently available to the Committee:

None at this time.

### Issues that Require Board Discussion / Decision:

None.

### Committee Highlights:

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



**INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE**

**Reporting period: April 1, 2023 to March 31, 2024**

**Committee Mandate:**

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

**Committee Membership:**

- Gary Rehan, Professional Member (Chair)
- Katie Schulz, Professional Member (Vice-Chair)
- Theresa Stevens, Professional Member (from June 26, 2023)
- Carole Baxter, Public Member
- Mark Heller, Public Member (from September 29, 2023)
- Tammy Morrissey, Professional Member
- Greg Heikoop, Professional Member (from June 26, 2023)
- Anastasia Newman, Professional Member (until June 25, 2023)
- Dennis Ng, Professional Member (until June 25, 2023)
- Tyrone Skanes, Public Member (until June 30, 2023)

**Committee Work in This Period:**

Committee Meetings	21
Complaints Cases Considered	66
Registrar's Inquiries Considered	44
Appointments of Investigator Made (75a)	52
Appointments of Investigator Made (75c)	7
Decisions Made Regarding Complaints	
No action	16
Frivolous & Vexatious	0
Advice & Recommendations	19
Caution	0
SCERP	9
SCERP & Caution	3
Undertaking	11
Undertaking & Advice and Recommendations	2
Undertaking – Resign	0
Referral to Discipline	6
Referral to Fitness to Practise	0



Interim Order	0
Withdrawal	2
<b>Decisions Made Regarding Registrar's Inquiries</b>	
No action	9
Advice & Recommendation	5
Caution	4
Caution & Advice and Recommendation	4
SCERP	4
SCERP & Caution	4
Undertaking	8
Undertaking – Resign	1
Referral to Discipline	2
Referral to Fitness to Practise	0
Interim Order	1
<b>Cases at HPARB as of March 31, 2024</b>	<b>6</b>
Decisions Appealed	6
Decisions Upheld	9
Decisions Returned	2

**Committee Training Completed in This Period:**

- July 17, 2023: Orientation to the Committee for two new Committee members, which included a 3-hour live session, complemented by asynchronous learning using online modules and information on the College website. The orientation introduced new members to the Committee, their roles as Committee members, Committee decision-making, the complaints process, the College Standards, and Committee policies.
- September 18, 2023: Annual orientation and training session for the whole Committee. Topics covered during the orientation include: Interim Orders; SCERPs vs Undertakings; Cautions; Dealing with concerns outside the scope of the complaint; Managing files with Criminal Proceedings; Conduct Unbecoming vs Disgraceful Dishonorable and Unprofessional; and Person-centred / Compassionate Regulation.
- March 18, 2024: A staff member from the Ministry of Health provided the Committee with an overview of the Assistive Devices Program. This session was offered in response to a learning need identified by the Committee.

**Resources currently available to the Committee:**

- Orientation Manual: Contains key information Committee members need to know, such as the public interest, the role of the ICRC and individual members, overview of



complaints and registrar's inquiries, the investigation process, committee deliberation and decision-making, meeting preparation, and the appeals process.

- [ICRC Decision-Making Tool](#) and Risk Assessment Framework: They provide a consistent framework for the Committee to consider cases before them and to determine an appropriate outcome based on level of risk.
- How to Build a Remediation Program: Outlines options for remediation activities for different types of practice concerns.
- List of acronyms used in physiotherapy practice and regulation: To assist with reading and understanding case materials.
- Deliberation worksheet template: To assist the case lead to highlight pertinent issues for discussion and consider disposition options.
- ICRC Panel Lead Script: A structured script to assist the case lead to provide an overview of the case to the panel.
- ICRC Process Flow Chart: Outlines the entire complaints process, from the point that a concern is brought to the College, to the final appeal and review through the courts, and all of the possible pathways and outcomes in between.

### **Issues that Require Board Discussion / Decision:**

None.

### **Committee Highlights:**

- A new tool was introduced in November 2023 to help the ICRC with determining the use of an Acknowledgement & Undertaking (A&U) versus a Specified Continuing Education or Remediation Program (SCERP).
- The team began using an updated case overview format for ICRC in January 2024. The new format supports the evidentiary highlights in each file. This allows the committee the opportunity to focus their deliberations on both the issues and supporting evidence. The format is used as the foundation for the decision writer which supports a more efficient drafting process.



## PATIENT RELATIONS COMMITTEE

**Reporting period: April 1, 2023 to March 31, 2024**

### **Committee Mandate:**

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

### **Committee Membership:**

Anna Grunin, Professional Member (Chair)

Andy Wang, Professional Member (Vice-Chair, from June 26, 2023 until to December 5, 2023)

Richard O'Brien, Public Member

Einat Mei-Dan (from June 26, 2023)

Karen St. Jacques, Professional Member (until June 25, 2023)

Greg Heikoop, Professional Member (until June 25, 2023)

### **Committee Work in This Period:**

The Committee met on January 9, 2024 and February 27, 2024. At these meetings they considered requests for funding for supports beyond mental health and wellness supports.

### **Committee Training Completed in This Period:**

- January 9, 2024: A new Committee member completed orientation to the Committee which included an online orientation module and reading about the history of the therapy and counselling fund as part of the meeting package.

### **Resources currently available to the Committee:**

- Patient Relations Committee online orientation module: which covers topics such as an overview of regulation; overview of the Patient Relations Program; the role of the Patient Relations Committee and funding for therapy and counselling; conflict of interest and confidentiality; and sample cases.
- Sexual Abuse Awareness online training module: which covers topics such as sexual abuse and the RHPA; rates of sexual abuse and barriers to reporting; what constitutes "sexual abuse" of a patient; treatment of spouses; and what happens when the College receives a sexual abuse complaint or report. The module also links to a sexual assault learning module created by the Women's College Hospital.

### **Issues that Require Board Discussion / Decision:**

None.

### **Committee Highlights:**

None.





**QUALITY ASSURANCE COMMITTEE**

**Reporting period: April 1, 2023 to March 31, 2024**

**Committee Mandate:**

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

**Committee Membership:**

Antoinette Megens (Chair), Professional Member  
 Frank Massey, Public Member (from March 26, 2024)  
 Dennis Ng, Professional Member  
 Rick O’Brien, Public Member  
 Maureen Vanwart, Professional Member (from June 26, 2023)  
 Jennifer Clifford, Professional Member (until June 25, 2023)  
 Laina Smith, Public Member (until February 1, 2024)

**Committee Work in This Period:**

Committee Meetings	6
Cases considered by the Committee	12
Cases closed by the Committee with no action	3
Cases closed with advice and recommendations	3
Proposed SCERPs	2
Confirmed SCERPs	2
Confirmed Second SCERP	1
Cases closed by the Committee following a SCERP	1
Request for a deferral – approved by the Committee	1
Terms, Conditions or Limitations Imposed	0
Referrals to the ICRC	0

**Committee Training Completed in This Period:**

- New Committee members received orientation to the Committee, which included completing an online module and reviewing information on the College’s website about the screening interview and assessment.
- One Committee member had meetings with the Quality Assurance Manager individually to review a sample QA case and to discuss the approach to providing a case file overview.



- July 27, 2023: The Committee participated in training that included an orientation to the Committee, decision-making, and building a remediation program. The topics were chosen based on needs identified by the Committee and outcome of Committee evaluations.

### **Resources currently available to the Committee:**

- Committee orientation presentation – provides overview of roles in Committee work, the practice assessment process, conflict of interest, how to review the meeting materials and case files, what to expect before and during a meeting, decision options, and the QAC Decision Tool.
- QAC Decision Tool – provides a framework for assessing level of risk and suggests appropriate outcomes for each risk level.
- List of abbreviations – a list of abbreviations that are commonly used in physiotherapy to assist with reading case files.
- Building a Remediation Program That Works presentation – describes features of a strong remediation program and key considerations when building one.
- Remediation options – include options for remediation activities to include in programs based on the type of practice issue.
- Public Interest info-graphic – describes the six domains that may be considered when thinking about the public interest.

### **Issues that Require Board Discussion / Decision:**

None.

### **Committee Highlights:**

- On April 28, 2023, the Committee reviewed and approved updates to the Deferrals and Extensions Policy to make the policy easier to manage for staff.
- On June 9, 2023, the Committee reviewed and approved minor changes to two existing program policies (Communication and Observers at Practice Assessments).
- In November 2023, staff presented to the Committee results from registrant surveys that measure the practice impact and registrants' perception of the screening interview and assessment activities.



**REGISTRATION COMMITTEE**

**Reporting period: April 1, 2023 to March 31, 2024**

**Committee Mandate:**

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

**Committee Membership:**

Katie Schulz, Professional Member (Co-Chair until June 25, 2023, Chair from June 26, 2023)

Paul Parikh, Academic Member

Sinead Dufour, Academic Member (from June 26, 2023)

Jesse Finn, Public Member

Frank Massey, Public Member (from September 28, 2023)

Einat Mei-Dan, Professional Member

Juliana De Castro Faria, Professional Member

Tyrone Skanes Public Member (until June 30, 2023)

Carole Baxter, Public Member (until June 25, 2023)

Sharon Gabison, Academic Member (until June 25, 2023)

**Committee Work in This Period:**

Committee Meetings	6
Applications Considered	29
Applications Approved with Terms, Conditions, and Limitations	8
Directed the Registrar to remove the Terms, Conditions and Limitations from a Certificate	5
Directed the Registrar to refuse to vary the Terms, Conditions and Limitations from a Certificate	2
Directed the Registrar to vary the Terms, Conditions and Limitations from a Certificate	1
Applications Denied	9
Exam Exemption Approved	2
Applications Deferred Pending Additional Information	2
Appeals before HPARB	2
Decisions of the Committee Upheld by HPARB	2
Decisions of the Committee Returned / Not Upheld by HPARB	0



**Committee Training Completed in This Period:**

- July 2023: Orientation for two new Committee members that included completion of an online module asynchronously; an orientation presentation with the Registration Manager; and Q&A with the Registration Manager and the Chair.

**Resources currently available to the Committee:**

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

**Issues that Require Board Discussion / Decision:**

None.

**Committee Highlights:**

- Last year, the Committee saw a higher than usual number of applications where the applicant was applying for an Independent Practice Certificate after exhausting their exam attempts. To date, the Committee has not reviewed an application where they believe that the applicant has provided sufficient evidence to demonstrate that they should be exempt from the examination requirement.
- In October 2023, a reference tool was created for Registration Committee to outline precedents for PTs applying to return to the profession after an extended absence who have low practice hours. The tool references the Committees decision for previous cases wherein applicants are returning to the profession after a period of time. It is intended to assist with consistency in decision-making.



**RISK, AUDIT & FINANCE COMMITTEE**

**Reporting period: April 1, 2023 to March 31, 2024**

**Committee Mandate:**

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

**Committee Membership:**

- Janet Law, Professional Member (Chair)
- Gary Rehan, Professional Member (Vice Chair, from June 26, 2023)
- Nitin Madhavi, Public Member
- Theresa Stevens, Professional Member
- Anna Grunin, Professional Member
- Jesse Finn, Public Member
- Frank Massey (from December 14, 2023)
- Jennifer Clifford, Professional Member (until June 25, 2023)

**Committee Work in This Period:**

Meeting Date	Work Undertaken
June 12, 2023	<ul style="list-style-type: none"> <li>• Reviewed audited financial statements for fiscal year 2022-2023, and recommended in principle that the Board approve them, with possible changes if required.</li> <li>• Considered a funding request to support the implementation of financial planning and analysis software and recommended to the Board that they approve this funding request.</li> <li>• Discussion about long-term financial planning for the College.</li> <li>• Received an update about the work to develop a Risk Management Policy for the College.</li> </ul>
August 31, 2023	<ul style="list-style-type: none"> <li>• Received Q1 financial report for information and discussion.</li> <li>• Recommendation to the Board that they appoint Hilborn LLP as the College’s auditor for fiscal year 2024.</li> <li>• Provided feedback on the draft Enterprise Risk Management Policy.</li> </ul>
September 19, 2023	<ul style="list-style-type: none"> <li>• Discussion about the College’s financial sustainability and the potential impact on registrant fees. The Committee recommended that the Board approve a 4% increase to registration fees for the coming year, and motioned that the</li> </ul>



	Finance Committee undertakes further study of the financial status of the exam.
November 13, 2023	<ul style="list-style-type: none"> <li>Received an investment review and update presented by representatives from RBC Dominion Securities presented.</li> <li>Considered potential changes to the fees charged for the Provincial Practice Certificate and recommended to the Board that they consider an increase in the PPC and determine the amount of the increase. The Committee also recommended that the OCE fee remain the same and for it to be reviewed each year.</li> <li>Received Q2 financial report for information and discussion.</li> <li>Received an update about the development of a College risk report, and the development of the risk categories in the report.</li> <li>Received and supported an annual workplan for the Committee.</li> <li>Reviewed the Operational Reserve Policy and determined that no changes were required to the policy.</li> </ul>
February 26, 2024	<ul style="list-style-type: none"> <li>Considered the draft budget for fiscal year 2025 and recommended that the Board approves the proposed budget.</li> <li>Received Q3 financial report for information and discussion.</li> <li>Received an update about the development of a College risk report, and the development of the risk statements in the report.</li> <li>Received an update about the fiscal year 2024 audit plan, which includes a change where audited financial statements will be presented to the Board in September instead of June to allow more time for the audit work to be completed.</li> </ul>

**Committee Training Completed in This Period:**

- February 2024: An orientation session was held for a newly-appointed Committee member with the VP, Finance & Reporting, the Registrar & CEO, and the Chair of the Committee to introduce the member to the Committee and prepare them to participate in their first meeting.

**Resources currently available to the Committee:**

- New Committee Member Orientation Module: covers topics such as the role and core functions of the College; overview of College Committees; structure of Committees; and becoming a Committee member.



- Finance Committee Orientation Module, which covers topics such as financial governance; how the College manages its financial resources; important financial concepts; understanding financial statements; the financial audit; and conflict of interest and confidentiality.
- College by-laws document, which contains various provisions regarding the financial management of the College.

**Issues that Require Board Discussion / Decision:**

None.

**Committee Highlights:**

None.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 13.0**

**Board Meeting  
June 24-25, 2024**

**Agenda #13.0: Approval and Review of Revised Standards for Consultation**

It is moved by

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and seconded by

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that:

The Board approves the following draft Standards for 60-day consultation:

- Infection Control
- Collaborative Care
- Conflict of Interest
- Dual Practice



## BOARD BRIEFING NOTE

For Decision

<b>Topic:</b>	Standards Review – Third Group (Consultation)
<b>Public Interest Rationale:</b>	The College ensures accountability, high-quality care, and equity in PT practice by regularly reviewing and updating its standards of practice to align with evolving practice and public expectations.
<b>Strategic Alignment:</b>	<p><i>Risk &amp; Regulation:</i> A risk-based approach is applied throughout standards work.</p> <p><i>Continuous Improvement:</i> Standards are current and relevant and establish the right level of professional expectations.</p> <p><i>EDI:</i> Equity, Diversity, and Inclusion principles are considered as part of the adaptation process.</p>
<b>Submitted By:</b>	Evguenia Ermakova, Policy Analyst
<b>Attachments:</b>	<p>Appendix A: Draft Standard – Infection Control</p> <p>Appendix B: Draft Standard – Collaborative Care</p> <p>Appendix C: Draft Standard – Conflict of Interest</p> <p>Appendix D: Draft Standard – Dual Practice</p>

### Issue

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- The College is in the process of adapting sixteen national Core Standards for Ontario. The third group of Standards is now undergoing review.

### Decision Sought

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- The Board is being asked to approve the third group of draft Standards to be circulated for registrant and partner consultation.

### Background

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- The College is currently adopting 16 of the National Core Standards for use in Ontario.
- The Standards will be adapted for Ontario in five groups of 3-4 Standards each over the next couple of years, as approved by the Board.
- Each group of Standards are first presented to the Board for approval for a 60-day consultation period with registrants, members of the public, and other community and regulatory partners. Following this phase, the draft Standards return to the Board for final approval together with the consultation feedback received.



- For additional background information, please see the [December 2023 Board materials](#).

## Current Status

### *Third Group of Standards*

- The following Standards were selected for the third group:
  - **Collaborative Care:** PTs work with other healthcare providers to give patients safe and effective concurrent care tailored to patient goals, needs, and preferences.  
If approved, this would replace the College's existing Collaborative Care Standard.
  - **Conflict of Interest:** PTs recognize, avoid, or otherwise mitigate any conflicts of interest to prioritize the best interests of their patients.  
If approved, this would replace the College's existing Conflict of Interest Standard.
  - **Dual Practice:** PTs clearly identify instances when they are providing non-physiotherapy services.  
  
If approved, this would be a new Standard.
- The third group of standards also includes the draft **Infection Control Standard:** PTs adhere to infection prevention and control (IPAC) protocols to ensure a safe treatment environment for their patients, themselves, and others.
  - This Standard underwent additional review following the [March 2024 Board Meeting](#), where staff were asked to add Ontario-specific IPAC provisions before the Standard is reconsidered for consultation.
  - This standard was revised to include references to the advisory document *Infection Prevention and Control for Clinical Office Practice* by the Provincial Infectious Diseases Advisory Committee (PIDAC). This addition ensures clear guidance on Routine Practices for infection prevention and aligns with industry best practices.  
  
If approved, this Standard would replace the College's existing Infection Control and Equipment Maintenance Standard.

## Internal Review: Key Considerations

- As with the previous Standards, the Group 3 Standards were reviewed internally to flag the following:
  - Any comparable provisions in the College's current Standards,



- Any gaps between current expectations and those set out in the selected Standards,
- Any inconsistencies with current expectations or terminology, and
- Any modifications required based on Ontario legislation, regulation, or other rules.
- The internal review resulted in some revisions to the selected Standards to fit the Ontario context while maintaining consistency with the national approach as much as possible:
  - Collaborative Care: Changed title from “Concurrent Care” to align with CPO’s current language. Changed terminology from “complementary approaches” to “compatible” for clarification. Removed a duplicated provision.
  - Conflict of Interest: Clarified the concepts of mitigation, referrals (including self-referrals), financial gain, and close personal relationships in the definitions and throughout the Standard.
  - Dual Practice: Removed the following examples from the expectation of establishing PT and non-PT services as distinct entities:
    - Providing PT and non-PT services on distinct days, and
    - Keeping separate advertising, marketing, and promotional activities for each service.
- The internal review also flagged three changes to the Conflict of Interest Standard which deviate more substantially from the national approach.
  - An expectation was removed from the Standard: “Does not use professional status and the credibility afforded by professional status for purposes unrelated to physiotherapy.”
    - This provision does not appear to align with the Expected Outcome, which speaks to the PT *delivering* physiotherapy services in patients’ best interests while addressing real, potential, or perceived conflicts of interest.
    - Furthermore, concerns around misuse of PT credibility are addressed in other Standards, such as Titles and Boundary Violations.
  - One of the examples related to activities that may compromise professional judgement is that physiotherapists do not enter into “contract terms which incentivize the physiotherapist to discharge patients following a specified number of visits in return for financial or other benefits”.



- There was a concern that this provision as it is written could be interpreted to interfere with established bundles of care and standard billing practices in Ontario.
- To provide clarification, relevant parts of the definition for financial benefits were incorporated directly into the provision, as well as considerations of patients' best interests.
- The Conflict of Interest Standard includes boundary issues in their definition of a conflict, stating that physiotherapists must avoid treating individuals with whom they have a close personal relationship.
  - This helps prevent potential compromises to patient interests arising from the physiotherapist's desire to maintain their pre-existing relationship with the patient.
  - Historically, the College has distinguished between boundary issues and conflicts of interest, with conflicts of interest typically involving financial matters.
  - Boundary issues remain within this Standard to maintain national consistency, and a reference to the Boundaries and Sexual Abuse Standard for completeness.
- As part of the consultation process, the College is planning to ask for specific feedback regarding these provisions, which will help inform any further rewording that may be needed.

### **Next Steps**

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- If approved, the consultation will be posted to the website immediately following the meeting for a 60-day period. The College will also continue to engage in direct outreach to external partners.
- The second group of revised Standards (Evidence-Informed Practice and Titles, Credentials, and Specialty Designations) will be presented to the Board for review of the consultation feedback and final approval in September.

### **Questions for the Board**

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- Do you have any questions regarding the briefing materials?
- Is there any additional background or information you require to determine whether to approve the third group of Standards for consultation?

# Infection Control

## Standard

The physiotherapist complies with current **infection prevention and control** best practices, in line with Public Health Ontario's Provincial Infectious Diseases Advisory Committee (PIDAC) *Infection Prevention and Control for Clinical Office Practice*<sup>1</sup>, to support the health and safety of patients, health-care providers, themselves, and others.

## Expected outcome

Patients can expect that the measures in place for infection prevention and control during the provision of physiotherapy services comply with applicable legislation, regulatory requirements, standards, guidelines and best practices.

## Performance expectations

The physiotherapist:

- Acquires education, training, and proficiency regarding best practices of infection prevention and control relevant to their practice.
- Applies infection prevention and control techniques and **Routine Practices**<sup>2</sup> relevant to their physiotherapy practice consistently and effectively. This includes:
  - Conducting a **Point of Care Risk Assessment** prior to each patient interaction.
  - Employing the **personal protective equipment** indicated by the Point of Care Risk Assessment.
  - Completing effective hand hygiene before and after each client interaction.
  - Practicing effective respiratory hygiene.
- Ensures all physiotherapy spaces and equipment are cleaned and disinfected prior to patient use.
- Disposes of devices and materials according to best practices and established protocols.

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<sup>1</sup> A summary of mandatory practices and best practice recommendations for clinical office practice is set out on page 72 of [Infection Prevention and Control for Clinical Office Practice](#).

<sup>2</sup> [Information about Routine Practices can be found on page 13 of Infection Prevention and Clinical Office Practice.](#)

- Follows manufacturer's specifications, relevant legislation, and Public Health Ontario standards and policies for the use, cleaning, disinfection and reprocessing of equipment and devices.
- Documents and retains details of reprocessing and sterilization of reusable critical and semi-critical medical equipment including parameters used.
- Is aware of and fulfills their legislated responsibilities regarding worksite safety, in accordance with occupational health and safety legislation.

## Definitions

**Infection prevention and control** refers to *“measures practiced by health-care personnel intended to prevent spread, transmission and acquisition of infectious agents or pathogens between patients, from health-care workers to patients, and from patients to health-care workers in the health-care setting.”*

**Personal protective equipment (PPE)** refers to *items in place for infection prevention and control, such as masks, gloves, gowns and goggles.*

**Point of Care Risk Assessment (PCRA)** is a routine practice that should be conducted by a physiotherapist before every patient interaction to assess the likelihood of exposing themselves and/or others to infectious agents. The Point of Care Risk Assessment informs the physiotherapist's use of PPE and other infection control measures.

**Risk** refers to *something that may cause injury or harm or the state of not being protected from injury or harm. Patients encounter risk of harm each time they seek health care services. Some risks are directly related to assessment procedures and interventions, while others relate to environmental factors or are sector specific.*

**Routine Practices** refer to *“the system of IPAC practices to be used with all patients during all care to prevent and control transmission of microorganisms in all clinical office settings.”* For a full description of Routine Practices, refer to PIDAC's Routine Practices and Additional Precautions for all Health Care Settings.

## Collaborative Care

### Standard

The physiotherapist collaborates with health-care providers and others to provide safe, effective, quality, **concurrent** care, when indicated by the patient's health-care needs and preferences.

### Expected outcome

Patients can expect that the physiotherapist collaborates effectively with others to promote integrated patient-centered care.

### Performance expectations

The physiotherapist:

- Inquires about situations where patients may be receiving or considering concurrent treatment from another health-care provider for the same or a related condition.
- Consults with/refers to the appropriate health-care provider when the patient's interests and aspects of patients' goals are best addressed by another provider.
- Clearly explains funding implications of concurrent treatment to the patient.
- Only participates in concurrent treatment of the same or a related condition when approaches are compatible, clinically indicated, of benefit to patients, and an appropriate use of human/financial resources.
- Identifies, documents, **communicates** and manages **risks** of concurrent treatment of the same or related condition when:
  - Approaches conflict,
  - There is inefficient use of resources, and/or
  - The risks outweigh the benefits to patients.
- Communicates the decision to decline or discontinue concurrent treatment to the patient providing their rationale for the decision and documents this discussion.

## Definitions

**Concurrent** *treatment or care refers to “the circumstance where more than one health professional (provider) is administering or applying remedies, including medical, surgical or other therapies, to a patient for the same or related disease or injury.”*

**Risk** *refers to something that may cause injury or harm or the state of not being protected from injury or harm. Patients encounter risk of harm each time they seek health care services. Some risks are directly related to assessment procedures and interventions, while others relate to environmental factors or are sector specific.*



# Conflict of Interest

## Standard

The physiotherapist must identify, avoid or otherwise **mitigate**, and disclose any real, potential, or perceived **conflicts of interest**.

## Expected outcome

Patients can expect that the physiotherapist delivers physiotherapy services that are in patients' best interests and that real, potential, or perceived conflicts of interest are avoided or disclosed and mitigated.

## Performance expectations

The physiotherapist:

- Identifies situations of real, potential or perceived conflicts of interest involving themselves or someone with whom they have a close personal relationship.
- Does not enter into any agreement or arrangement that prevents or could prevent the physiotherapist from putting the needs and interests of the patient first.
- Does not participate in any activity which could compromise professional judgment. Examples include, but are not limited to:
  - Paying for or providing **other benefits** to other parties in return for **referrals**.
  - Providing referrals to other parties in return for payment or other benefits.
  - Contract terms which incentivize the sale of physiotherapy products or non-physiotherapy services by the physiotherapist, by providing **financial** or other benefits to the physiotherapist for doing so.
  - Contract terms which incentivize the physiotherapist to discharge patients following a specified number of visits in return for financial or other benefits without regard for patients' best interests and beyond their customary reimbursement for providing physiotherapy care.
  - Contract terms which include financial or other benefits if the physiotherapist provides more than a specified number of treatment sessions to a patient.
  - Self-referring patients without ensuring transparent disclosure to the patient and offering alternative options.

- Avoids participating in other activities that a reasonable person would conclude pose a real, potential, or perceived conflict of interest. In situations where a conflict of interest cannot be avoided, the physiotherapist must take steps to mitigate the conflict by:
  - Providing full disclosure of the conflict of interest to patients and others as appropriate and
  - Documenting in a complete, transparent, and timely manner how the conflict was managed.
  
- Avoids providing physiotherapy services to individuals with whom they have a close personal relationship. In situations where this conflict of interest cannot be avoided (e.g., in situations when no other professional with the skills and competencies needed to provide the physiotherapy services that the patient needs is available) the physiotherapist must:
  - Identify the risks related to providing the physiotherapy services and the measures they can adopt to limit these risks.
  - Document and disclose the conflict of interest to the patient and others, including third-party payers, indicating how the relationship is to the patient's benefit and complies with regulatory requirements.
  - Follow formal processes for obtaining free and informed consent and conducting assessment, documentation, communication, and billing of all physiotherapy services provided.
  - The Boundaries and Sexual Abuse Standard applies notwithstanding any of the above provisions.

## Definitions:

**Conflict of Interest** *exists when a reasonable person could conclude that the physiotherapist's duty to act in the patient's best interests while exercising their professional expertise or judgment may be affected or influenced by competing interests or relationships. Competing interests may be financial, non-financial, or social in nature.*

*A conflict of interest may be actual, potential or perceived and can exist even if the physiotherapist is confident that their professional judgment is not being influenced by the conflicting interest or relationship.*

**Close personal relationship** *is one where the physiotherapist's ability to be objective and impartial, and to fulfill their professional obligations may be impaired due to the nature of the personal relationship. Close personal relationships typically exist between an individual and their*

*romantic or sexual partner, children, parents, and close friends, but may also exist between individuals and other relatives, business partners, past romantic partners and others.*

**Financial gain:** *In the context of physiotherapy practice and conflict of interest, financial gain refers to instances where physiotherapists receive financial benefits beyond their customary reimbursement in return for specific and preferential transactions, arrangements, or recommendations. Examples include reimbursement in return for providing referrals to others, receiving kickbacks from products or non-PT service sales, and receiving financial bonuses that are contingent on achieving specific, inflated billing targets.*

**Mitigate** *means proactively taking action to lessen the impact or severity of any real, potential, or perceived conflicts of interest to the greatest extent possible. Physiotherapists must ensure that patient interests are protected and any conflicts that could compromise quality of care are addressed effectively.*

**Other benefit:** *Includes but is not limited to gifts of materials or equipment (beyond gifts of a token or cultural nature that are of insignificant monetary value), preferential access to facilities, or provision of promotional activities that would typically be paid for by the physiotherapist, that have the potential to harm or affect patient care, professional judgment and/or trust in the profession.*

**Referral:** *A recommendation or direction that a patient seek care or services from another provider or specialist. This includes self-referrals where a physiotherapist refers existing patients to their own services, for example in another practice setting. Referrals are not limited to the formal process of directing a patient to a medical specialist.*

# Dual Practice

## Standard

The physiotherapist clearly identifies instances when they are providing non-physiotherapy services.

## Expected outcome

Patients can expect that the physiotherapist will clearly identify instances where the services provided do not constitute physiotherapy.

## Performance expectations

The physiotherapist:

- Does not represent non-physiotherapy services as physiotherapy or use protected titles when providing non-physiotherapy services.
- If offering non-physiotherapy services, establishes each service as a distinct entity, maintaining:
  - Separate billing and financial records for each service, issuing invoices that clearly, transparently, accurately indicate the service provided.
  - Separate patient records for each service or separate entries in a shared patient record that clearly identify which professional role/service was provided at each patient visit.
  - Separate appointment books and/or distinct times for providing each service.
- Provides physiotherapy services, if the patient sought physiotherapy services, unless the physiotherapy services sought are not in the patient's best interests.
- Clearly communicates with patients and others when the services proposed do not constitute physiotherapy services.
- Advises the patient of the implications of receiving non-physiotherapy services, including potential funding implications, obtaining patient informed consent for non-physiotherapy services.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 14.0**

**Board Meeting  
June 24-25, 2024**

**Agenda #14.0: Final Approval and Review of Revised Standards**

It is moved by

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and seconded by

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that:

The Board approves the adoption of the following Standards, to be effective August 1, 2024:

- Assessment, Diagnosis, Treatment
- Communication
- Duty of Care
- Risk Management and Safety

And rescinds the following Standards, effective August 1, 2024:

- Providing or Refusing Care Standard

## BOARD BRIEFING NOTE

For Decision

<b>Topic:</b>	Revised Standards – First Group (Approval)
<b>Public Interest Rationale:</b>	The College ensures accountability, high-quality care, and equity in PT practice by regularly reviewing and updating its Standards of practice to align with evolving practice and public expectations.
<b>Strategic Alignment:</b>	<p><i>Risk &amp; Regulation:</i> A risk-based approach is applied to the development of Standards.</p> <p><i>Continuous Improvement:</i> Standards are current and relevant and establish the right level of professional expectations.</p> <p><i>EDI:</i> Equity, Diversity, and Inclusion principles are considered as part of the adaptation process.</p>
<b>Submitted By:</b>	Evguenia Ermakova, Policy Analyst
<b>Attachments:</b>	<p>Appendix A: Draft Standard – Assessment, Diagnosis, Treatment</p> <p>Appendix B: Draft Standard – Communication</p> <p>Appendix C: Draft Standard – Duty of Care</p> <p>Appendix D: Draft Standard – Risk Management and Safety</p> <p>Appendix E: Consultation Response Summary – Individual Respondents</p> <p>Appendix F: Consultation Response Letter – Ontario Physiotherapy Association</p> <p>Appendix G: Consultation Response Summary – Citizens Advisory Group</p>

### Issue

- The College is in the process of adapting sixteen national Core Standards for Ontario.
- Following consultation, the first batch of revised Standards (Assessment, Diagnosis, Treatment; Communication; Duty of Care; and Risk Management and Safety) is now being considered by the Board for final approval.

### Decision Sought

- The Board is being asked to approve the first group of Standards for use in Ontario, effective August 1, 2024.

### Background

- The College is currently adopting 16 of the National Core Standards for use in Ontario.



- The intention is for the draft Standards to remain as closely aligned as possible to the national consensus while making the changes necessary to reflect the Ontario context.
- In December 2023, the CPO Board previewed the draft Standards and approved their circulation for consultation with the College's registrants and partners, including organizations and academic representatives.
  - The consultation was posted on the College website and shared with registrants and partners, spanning from January to March 2024.
  - A separate survey-based consultation was conducted with the Citizens Advisory Group, with a completion deadline of May 31<sup>st</sup>.
- Feedback received through the consultation process will also help to inform supplementary resources, which will be discussed in further detail below.
- For additional background information, please see the [December 2023 Board materials](#).
- The following Standards were part of the first group:
  - **Assessment, Diagnosis, Treatment:** Physiotherapists select appropriate assessment techniques, make informed diagnoses, and apply treatment procedures proficiently to deliver high-quality, safe, and effective PT services.
  - **Communication:** Physiotherapists communicate in a respectful, professional, clear, and timely manner to support patients' understanding of and participation in their health management.
  - **Duty of Care:** Physiotherapists put their patients' needs first, providing them with the information needed to meet their physiotherapy needs and ensuring continuity of care throughout the therapeutic relationship.
  - **Risk Management and Safety:** Physiotherapists promote and maintain a safe practice environment, addressing any patient safety incidents appropriately and with prompt and transparent disclosure.

## **Key Considerations**

### *Summary of Consultation Responses*

- The College received 34 feedback responses in total:



- 7 responses were from individual respondents submitted anonymously, all of whom identified as registered physiotherapists.
- 2 responses were submitted on behalf of organizations: The Ontario Physiotherapy Association (OPA) and the Black Physiotherapy Association (BPTA).
- 25 responses were submitted through consultation with the Citizens Advisory Group (CAG). The CAG brings together patients and caregivers to share their thoughts and experiences with health regulators. Their feedback helps shape policies, standards, and public messages for various health professions.

Individual (Registrant) Responses – Summary available in Appendix E.

- Requests for clarification of concepts such as evidence-informed care, timely communication, language barriers, and starting, managing, and ending a therapeutic relationship.
- Suggestions for additional guidance included active listening, nonverbal communication, treating LGBTQ+ individuals, and retention of facility and equipment maintenance records.
- Both pieces will be addressed as part of the Companion Resources.

Organization Response: Ontario Physiotherapy Association (OPA) – Full letter attached as Appendix F.

- Suggested minor revisions to the Assessment, Communication, and Risk Standards, including expanding on certain concepts such as accurate documentation and active listening. This will be considered when developing Companion Resources.
- More major concerns were raised regarding the Duty of Care Standard. The following changes were made as a result:
  - Aligned the language more closely with the Professional Misconduct Regulation.
  - Clarified provisions around discontinuing care and providing continuity of care.
  - Returned the section from current Providing or Refusing Care Standard around providing services during emergencies.

Organization Response: Black Physiotherapy Association (BPTA)

- No major concerns with the content of the draft Standards.
- Emphasized the importance of better alignment with the language in the National Physiotherapy Advisory Group (NPAG) *Competency Profile for Physiotherapists in Canada* (2017).





Citizens Advisory Group (CAG) – Summary available in Appendix G.

- The College received 25 responses from the CAG. All respondents indicated that they have had direct experience with the physiotherapy profession, for example as a patient or caregiver.
- The CAG were generally supportive of the four draft Standards, indicating that they largely align with their values and expectations.
- No changes to the Standards are suggested as a result of the CAG feedback. The improvement areas that speak to providing more detail, examples, or elaboration will be included in the Companion Resources for the respective Standard.
- Assessment, Diagnosis, Treatment:
  - Strengths: Clearly written, well-organized, and emphasizes proficiency, competence, patient safety, clinical judgment.
  - Suggestions for improvement: Concept of informed consent needs clarification, further elaborate on how patient preferences and input should be factored into their treatment plan.
- Communication:
  - Strengths: Clear, concise expectations, emphasizing active listening, collaboration, privacy, and patient-centered communication approaches.
  - Suggestions for improvement: Address communication needs of different patient groups (such as English language learners and non-consenting patients), expand on effective communication strategies, including nonverbal communication.
- Duty of Care:
  - Strengths: Clearly outlines PT responsibilities, effectively addresses informed decision-making, ensuring continuity of care, and the transition to self-care.
  - Suggestions for improvement: Further clarity and guidance needed around discontinuation provisions. Suggested inclusion of trauma-informed care and the duty of care to diverse patient groups.
- Risk Management and Safety:
  - Strengths: Clear language, effective formatting, and comprehensive coverage of safety practices, including ensuring competence and maintaining cleanliness.



- Suggestions for improvement: Define terms like “mitigate” and “near miss,” provide examples. Clarify procedures around mitigating and addressing Patient Safety Incidents.
- General themes across all Standards included:
  - Patient empowerment was noted as a priority – patients do not always feel actively involved in their care and able to voice concerns.
  - Recognizing economic barriers to physiotherapy care, quality physiotherapy sessions and the transition to self-management need to be emphasized.
  - Improve readability where possible and ensure application to diverse practice settings.

### *Implementation of the Standards*

- If approved, the effective date for the Group 1 Standards will be **August 1, 2024**. This allows for a transition period to accommodate exam candidates and support the complaints processes.
- Communication regarding the effective date will be circulated to all registrants to ensure awareness and preparedness. Communications will also include a list of the top 5 changes from any former Standard or the top 5 expectations for new Standards.
- Implementation strategy also includes hosting webinars for each group of standards several months after their introduction, allowing time for questions to be collected beforehand.
- This approach ensures a smooth transition and provides registrants with ample support and guidance in understanding and implementing the new standards.

### Registrant Support: Companion Resources to the Standards

- Implementation of the Standards will also involve the development of Companion Resources. The College will allocate one Companion Resource per Standard to provide additional clarity around the Standards.
- Companion resources will be:
  - Designed to provide further clarification and support for registrants in understanding and implementing the Standards effectively.
  - Living documents, evolving based on new information and collected questions.
- Based on the internal review and consultation, the College has collected some initial ideas for what to include in the companion resources. It is important to note that this is not a definitive list and



that it will be expanded on based on new learnings.

- The College will also review existing guidance related to the Group 1 Standards and, where appropriate, incorporate that guidance as part of the Companion Resources.
- Initial Companion Resource ideas for the Group 1 Standards include (but are not limited to):

<b>Standard</b>	<b>Initial Areas to Highlight in Companion Resource</b>
Assessment, Diagnosis, Treatment	<ul style="list-style-type: none"> <li>• Integration of evidence in assessment, diagnosis, and treatment practices.</li> <li>• Patient referrals.</li> <li>• Strategies for achieving patient self-management.</li> <li>• Explanation of informed consent and its application to patients.</li> <li>• Patient involvement in their treatment plan.</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• Define what is meant by “timely” in patient communications.</li> <li>• Include social media guidance.</li> <li>• Effective communication and active listening techniques.</li> </ul>
Duty of Care	<ul style="list-style-type: none"> <li>• Treating LGBTQ+ patients.</li> <li>• Managing continuity of care, including during planned absences.</li> <li>• Clarification on the provisions around discontinuing care.</li> <li>• Clarification on what constitutes "reasonable attempts to facilitate payment".</li> <li>• Strategies for collaboration with caregivers and others assisting with patient care.</li> </ul>
Risk Management and Safety	<ul style="list-style-type: none"> <li>• Ethical management of Patient Safety Incidents.</li> <li>• Retention of clinical maintenance records.</li> <li>• Clarification on the responsibilities for cleaning and maintenance of physiotherapy spaces and for ensuring that they are suitable for treatment.</li> </ul>

### **Next Steps**

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- If the Duty of Care Standard is approved, the Providing or Refusing Care Standard will be rescinded.
- If approved, the Standards will have an effective date of August 1, 2024.
- The College will develop the Companion Resources to the Group 1 Standards by Fall 2024.

### **Questions for the Board**

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- Do you have any questions based on the consultation feedback received?
- Do you have anything to highlight or consider with respect to the final approval of the first group of revised Standards?

## Assessment, Diagnosis, Treatment

### Standard

The physiotherapist demonstrates **proficiency** in patient assessment, diagnosis, and treatments to deliver **quality, safe, patient-centered** physiotherapy services.

### Expected outcome

Patients can expect the physiotherapist to select appropriate assessment techniques, make an informed diagnosis, and apply treatment procedures that are carried out proficiently for quality delivery of safe, effective physiotherapy services.

### Performance expectations

The physiotherapist:

- Obtains patients' ongoing **informed consent** to proposed physiotherapy services.
- Applies professional judgment to select and apply appropriate assessment procedures to evaluate patients' health status. Appropriate assessment includes taking a history and completing a physical examination relevant to presenting symptoms.
- Uses **standardized measures** as available to assess and reassess the patient's condition and progress.
- Uses critical thinking and professional judgment to interpret the assessment findings and determine a diagnosis and prognosis consistent with the scope of practice of the physiotherapy profession and the physiotherapist's individual competence.
- Addresses patient's physiotherapy needs and goals by employing professional judgment to develop sensible and practical treatment plans that are consistent with the assessment findings.
- Applies treatment procedures safely and effectively.
- Assigns appropriate tasks to **supervisees** with patients' consent.
- Re-evaluates, monitors, and documents patients' responses throughout the course of treatment.
- Makes adjustments and/or discontinues physiotherapy services that are no longer required or effective.

- Makes appropriate referrals when patients' needs are best addressed in **collaboration** with or by another provider.
- Employs professional judgment to plan and implement discharge plans appropriate for the patient's need, goals and progress.
- Provides patient education to enable and optimize patients' transition to self-management.
- Promotes continuity in service by collaborating and facilitating patients' transition from one health sector or provider to another.
- Delivers only those physiotherapy services that are clinically indicated for patients and that they are competently able to provide.

## Definitions

**Collaborate** means to work jointly with others or together, especially in an intellectual endeavor.

**Informed Consent** refers to the process where a patient or their substitute decision maker, in cases where the patient is incapable with respect to the treatment, is provided with information regarding a proposed course of treatment. This information covers essential topics such as the nature of the treatment, expected benefits, material risks and potential side effects, alternative courses of action, and the likely consequences of not undergoing the treatment. The individual is ensured the opportunity to seek and receive additional information to help make an informed decision about the treatment.

**Proficiency** means performance consistent with the established standards in the profession.

**Quality** is the degree to which a product or service satisfies a specified set of attributes or requirements.

**Safe** means free from harm or reasonably foreseeable risk; secure from threat or danger.

**Standardized Measures** refers to measurement tools that are designed for a specific purpose in a given population. Information is provided regarding the administration, scoring, interpretation, and psychometric properties for each measure.

**Supervisee** means an individual who is working under supervision. In physiotherapy practice this may include physiotherapist residents, physiotherapist assistants, or students and volunteers.

## Communication

### Standard

The physiotherapist communicates professionally, clearly, effectively, and in a **timely** manner to support and promote quality physiotherapy services.

### Expected outcome

Patients, potential patients, colleagues, members of the public, and others can expect that communication with and by the physiotherapist will be respectful and professional and will contribute to their understanding and/or participation in their health management.

### Performance expectations

The physiotherapist:

- Does not engage in communication that is disrespectful, dishonest, misleading or lacking in transparency.
- Identifies potential barriers to effective communication and makes a reasonable effort to address these barriers.
- Engages in **active listening** to ensure that the patient's perspective, needs, and preferences are heard and understood.
- Communicates with patients, team members, and others to facilitate collaboration and coordinate care.
- When sharing information with the patient, team members and others regarding the patient and physiotherapy services:
  - Obtains patient consent when required by privacy legislation, and
  - Maintains patient **confidentiality** by selecting secure methods of communication.
- Documents all communications accurately, clearly, professionally, and in a timely manner.
- Confirms that any exchanges using electronic communications are appropriate for therapeutic relationships established with patients.
- When using social media platforms, communicates with patients, potential patients, members of the public, and others honestly, **transparently**, and professionally:

- Obtains explicit informed consent if using patient images or personal information in social media posts.
- Conveys scientifically sound, evidence-informed information.
- Does not share private, disrespectful, dishonest or misleading information.
- Does not provide patient specific treatment recommendations via social media platforms.

## Definitions

**Active Listening** is a process of attending to what the speaker is saying and repeating back to the speaker what has been heard, to confirm that the listener has correctly understood the speaker.

**Communication** is “the imparting and exchanging information” and includes speaking, listening, written and electronic information exchange. Effective, professional, communication involves active listening, and the sharing of information using **plain language** and assistive methods or devices (e.g., interpreters, technology, diagrams, printed education materials) when needed to facilitate the listener’s understanding.

**Confidentiality** is the assurance that certain information that may include a subject’s identity, health, behaviour, or lifestyle information would not be disclosed without permission from the subject.

**Plain language** refers to “communication your audience can understand the first time they read or hear it. Language that is plain to one set of readers may not be plain to others. Written material is in plain language if your audience can:

- Find what they need
- Understand what they find
- Use what they find to meet their needs”

**Social Media** refers to online practices, technologies, and platforms used to network, share content, and communicate opinions, insights, and experiences. Social media can involve a variety of formats, such as text, video, audio, and live dialogue. Examples include, but are not limited to, social networks (Facebook, Instagram, LinkedIn, X), podcasts, blogs, and discussion forums. In this standard, social media is not intended to cover e-mail, electronic messaging services, or secure platforms used for the purposes of delivering virtual care.

**Timely** refers to “happening at the correct or most useful time: not happening too late.”

**Transparent (transparently)** refers to the quality of being easy to perceive, obvious, clear and unambiguous.

## Duty of Care

### Standard

The physiotherapist has a duty of care to their patients, and an obligation to provide for continuity of care whenever a therapeutic relationship with a patient has been established.

### Expected outcome

Patients can expect that their interests will be the primary consideration when receiving physiotherapy services and that they will be provided with the information needed to manage their physiotherapy needs and to access ongoing care if their physiotherapist is unavailable or unable to continue the therapeutic relationship.

### Performance expectations

The physiotherapist:

- Takes responsibility for maintaining an effective therapeutic relationship.
- Facilitates shared decision-making by taking the time to provide education regarding the patient's condition, supporting health literacy and facilitating the transition to self-management.
- Does not provide a physiotherapy service when the patient's condition indicates that commencing or continuing the physiotherapy service is not warranted or is contraindicated.
- Recognizes that patients have the right to make informed decisions about their own care, even when the physiotherapist believes the decisions may put the patient's health at risk.
- Complies with the relevant legal requirements under the [Ontario Human Rights Code](#) and the [Accessibility for Ontarians with Disabilities Act](#).
- Does not discriminate, either directly or indirectly, based on a protected ground under the *Human Rights Code* when making decisions relating to the provision of physiotherapy services, including when:
  - Accepting or refusing individuals as patients,
  - Providing information to patients,
  - Providing or limiting physiotherapy services,
  - Providing referrals, and



- Ending the therapeutic relationship.
- Does not allow their personal judgments about a patient, the patient's lifestyle or health choices to compromise the patient's physiotherapy care. The physiotherapist does not withdraw from or refuse to provide care due to the physiotherapist's judgements about a patient, the patient's lifestyle or health choices.
- Complies with the duty to accommodate the needs of patients arising from protected grounds under the *Human Rights Code* in a manner that respects the dignity, autonomy, privacy, and confidentiality of the patient.
- Employs respectful conflict resolution strategies when conflict arises.
- Makes appropriate arrangements for continuity of care during planned absences.
- When discharging a patient in need of ongoing care, the physiotherapist:
  - Must document their reasons for discontinuing care.
  - Must advise the patient of their decision to discontinue care and rationale.
- Discharge of a patient without providing for continuity of care may be considered under the following circumstances:
  - The patient requests the discontinuation.
  - Alternate services are arranged, or the patient is given a reasonable opportunity to arrange alternative services.
  - The physiotherapist is unable to provide care that meets the standards of practice because there are not enough resources available.
  - The patient has failed to pay for physiotherapy services received within a reasonable time, and all reasonable attempts made by the physiotherapist to facilitate payment have been unsuccessful.
  - The patient has not cooperated or complied with the treatment plan and the result, in the physiotherapist's opinion, is that the services are not effective.
  - The patient is abusive (physically, verbally, emotionally or sexually) towards the physiotherapist or others within the practice setting, or the physiotherapist has reasonable grounds to believe that the patient may become abusive.
  - A professional boundary has been breached and all reasonable steps have been taken to manage the behaviour.

## Providing Care during a Public Health Emergency:

When making decisions about providing care during a public health emergency, physiotherapists must:

- Understand the nature of the public health emergency and remain informed about the relevant federal, provincial, and local response plans.
- Consider their personal competencies relevant to the care needed during the public health emergency and make decisions about their involvement accordingly.

## Definitions

A **Public Health Emergency** is a situation, or an impending situation, that constitutes a danger of major proportions and may put human health at risk. It could be caused by forces of nature, a disease or other health risk, an accident, or an act, whether intentional or otherwise. (Reference: *Emergency Management and Civil Protection Act, R.S.O. 1990, c. E.9, s. 1.*)

## Risk Management and Safety

### Standard

The physiotherapist promotes and maintains a safe environment for patients, health-care providers, themselves, and others.

### Expected outcome

Patients can expect to be safe in the care of the physiotherapist and in the practice environment, and that any **patient safety incidents** will be appropriately addressed and disclosed promptly and transparently.

### Performance expectations

#### Related to Risk Identification and Mitigation

The physiotherapist:

- Identifies potential patient safety risks relevant to the practice setting, method of service delivery, and patient population served.
- Verifies that there are policies and procedures in place related to risk and crisis management and is knowledgeable about these procedures.
- Incorporates appropriate measures to mitigate/manage identified risks and adheres to safety best practices.

#### Related to Physiotherapist Training

The physiotherapist:

- Maintains their competency in safety protocols, procedures and risk mitigation measures relevant to their practice.
- Participates in emergency preparedness and response training appropriate to the practice setting, method of service delivery, patient population served, and identified safety risks.

#### Related to Patient Interactions

The physiotherapist:

- Provides a clean and safe physiotherapy practice environment.

- Confirms that all equipment and electrophysical modalities are clean, safe, and maintained and calibrated in accordance with manufacturer specifications, and retains documentation of equipment calibration and maintenance.
- Verifies patients' identities to confirm that the correct physiotherapy services are provided.
- Applies appropriate safety procedures when using equipment or electrophysical modalities.

### **Related to Responding to Patient Safety Incidents**

The physiotherapist:

- Recognizes the occurrence of patient safety incidents and near misses.
- Responds immediately to patient safety incidents and near misses to minimize the impact on the patient.
- Documents patient safety incidents and near misses in the patient's treatment record and completes reports appropriate to the practice setting in accordance with the practice setting's policies and procedures.
- Contributes to the collection of data to identify, manage, remediate and prevent potential risks and patient safety incidents and near misses relevant to the practice setting and population served.
- Discloses details of patient safety incidents and near misses related to physiotherapy services to the patient and appropriate parties promptly and transparently.
- Confirms that the appropriate party has disclosed patient safety incidents and near misses not related to physiotherapy services.

### **Definitions:**

**Patient Safety Incident** *refers to any event or circumstance which could have resulted or did result in unnecessary harm to a patient. Patient Safety Incidents consist of near miss events, no-harm incidents, and harmful incidents.*

**Risk** *refers to something that may cause injury or harm or the state of not being protected from injury or harm. Patients encounter risk of harm each time they seek health care services. Some risks are directly related to assessment procedures and interventions, while others relate to environmental factors or are sector specific.*

**Consultation Response Summary – Individual Respondents**

Standard	Comments
Assessment, Diagnosis, Treatment	<ul style="list-style-type: none"> <li>• Standard is clear, reasonable, feasible in diverse practice settings, and supports EDI.</li> <li>• Standard emphasizes safe, competent, and informed practice.</li> <li>• Suggestions to address continuous learning in specific areas of practice for more accountability and oversight.</li> <li>• Suggestions to integrate evidence-informed care, including trials of not evidence-informed treatments.</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• Standard is reasonable and feasible in diverse practice settings, supports EDI, and enables patient participation.</li> <li>• Suggestions to clarify the meaning of “active listening” and “timely” communication, ensure patient confidentiality in social media interactions, and address language barriers in communication.</li> <li>• Suggestions to add a resource on active listening, and effective communication (including body language).</li> </ul>
Duty of Care	<ul style="list-style-type: none"> <li>• Standard is clear and feasible in diverse practice settings.</li> <li>• Suggestions to clarify starting, managing, and ending a therapeutic relationship, and instances where treatment plans can be ended.</li> <li>• Suggestions to include cultural considerations and further address pronoun and/or gender bias.</li> <li>• Suggestion to add a resource on treating LGBTQ+ individuals.</li> </ul>
Risk Management and Safety	<ul style="list-style-type: none"> <li>• Standard is clear, reasonable, and feasible in diverse practice settings.</li> <li>• Suggestions to address mental/emotional safety, add longer minimum retention periods for maintenance records, pronoun sensitivity and gender concerns, and the risks of treating patients beyond the PT’s competencies, including when to refer to other, more specialized PTs.</li> </ul>



March 27, 2024

Nitin Madhvani, President

Craig Roxborough, Registrar & CEO

College of Physiotherapists of Ontario  
375 University Avenue, Suite 800  
Toronto, Ontario  
M5G 2J5

Via email to: [consultation@collegept.org](mailto:consultation@collegept.org)

Subject: Consultation on proposed Standard Additions and Changes

Dear Mr. Madhvani and Dr. Roxborough,

The Ontario Physiotherapy Association (OPA) is writing to the College of Physiotherapists of Ontario (CPO, the College) in response to the consultation on the four (4) proposed Standards. We thank you for the opportunity to participate in these consultations and offer the following feedback for your consideration.

### Standard: Assessment, Treatment, Diagnosis

The OPA does not have significant concerns with this proposed Standard, however, while *professional judgment* and *safe, effective care* are referenced throughout the Standard, there is no mention of the basis of this judgment and care. Specifically, the OPA recommends including language around applying *evidence-based or evidence-informed practice*, which informs professional judgment and safe, effective care.

Furthermore, while there is a Record Keeping Standard, it may be beneficial to include a component of accurate documentation as it pertains to assessment, treatment, and diagnosis.

Lastly, the OPA recommends changing the term “standardized measures” to “standardized outcome measures” for improved clarity and consistency of terminology.



### Standard: Communication

The OPA feels that this Standard is generally well-written with no need for significant amendment. However, elaboration on specific statements and terminology may offer more clarity. Under “Performance Expectations”:

- “Engages in **active listening** to ensure that the patient’s perspective, need, and preferences are heard and understood”.
  - Consider adding that their perspective, needs, and preferences are not only heard and understood, but accounted for and acted upon.
- “Documents all communications accurately, clearly, professionally, and in a timely manner”.
  - Consider adding that their documentation will be in-line with the Record Keeping Standard for additional clarity.

### Standard: Duty of Care

The OPA has consulted on versions of this Standard in the past, most recently a 2018 consultation on the Providing and Refusing Care Standard. Significant feedback is offered about specific sections of this Standard below:

#### Section: Performance Expectations – Discharging a Patient in Need of Ongoing Care

The statement “when discharging a patient in need of ongoing care, the physiotherapist must not abandon patients” does not provide enough clarity on the definition of patient abandonment. Elaboration on this term is recommended.

#### Section: Performance Expectations – Discharging a Patient Without Providing Continuity of Care

There are several statements within this section that require greater clarity. With respect to the statement, “The physiotherapist is unable to provide care that meets the standards of practice because there are not enough resources available,” does not identify in which scenario this would apply. Clarification is needed to better understand the expectations of this point, especially in terms of varying funding models and what is meant by “resources.” Additional questions also include:

- Would this include retiring or leaving the profession?
- Would this also apply to cases where the patient’s needs exceed the skills/competencies of the Physiotherapist (in which case the physiotherapist would be required to refer the patient to another provider)?

With respect to the statement, “the patient has failed to pay for physiotherapy services received within a reasonable time and all reasonable attempts made by the physiotherapist to facilitate



payment have been unsuccessful,” the OPA recommends defining what are reasonable attempts for payment facilitation. What is reasonable may vary depending on the size, model, and location of a practice, and as such, OPA recommends providing parameters around the term *reasonable* as used for this point.

With respect to the statement, “the patient has not cooperated or complied with the treatment plan and the result is that the care is not effective,” there is a discrepancy between this language and the language used in the Ontario Code of Misconduct. The following statement, for comparison, is taken directly from the Ontario Code of Misconduct Regulation (O. Reg. 388/08: PROFESSIONAL MISCONDUCT): “the patient’s lack of cooperation or compliance with his or her treatment plan is such that, in the member’s opinion, the services are not effective.” The OPA recommends that the College uses exact language from this legislation because as it is currently written, effectiveness can be subject to diverse interpretation.

With respect to the statement, “the patient is abusive (physically, verbally, emotionally or sexually) towards the physiotherapist or others within the practice setting,” there is significant discrepancy between this statement and the language used in the Professional Misconduct Regulation. The legislation states that discontinuation of care may occur if “the member has reasonable grounds to believe that the patient may abuse the member, verbally, physically or sexually.” A patient who is abusive indicates that an act of abuse has already occurred. A patient who may abuse communicates that a threat of abuse is sufficient grounds to discontinue care. The OPA recommends that the College use the original language of the Ontario Professional Misconduct Regulation.

With respect to the statement, “A professional boundary has been breached and all reasonable steps have been taken to manage the behaviour,” a definition of what is reasonable is not present. Further, the OPA recommends including a statement that care can be discontinued in any circumstance that impairs the therapeutic relationship, and that the physiotherapist is expected to provide options for continuing care elsewhere. As such, the OPA recommends moving this statement to the above section – discharging a patient in need of ongoing care. This section of the Standard should also add reference to the Boundaries and Sexual Abuse Standard to illustrate the connection between the two Standards.

### Recommendation for Additional Section

In the current “Providing and Refusing Care Standard” there is a section on providing care during a public health emergency, and previous iterations included a section on providing services during an emergency. OPA recommends including a section on providing services during emergencies, which would also touch on public health emergencies. The following statements from the previous iterations flagged here for inclusion are:





*The physiotherapist should only provide services within their scope of practice, except if:*

- *the need for care is urgent; and*
- *a more skilled health professional is not available, and*
- *not providing the care would lead to worse consequences than providing it.*

*When making decisions about providing care during a public health emergency\*, a physiotherapist must:*

- *Understand the nature of the public health emergency\* and remain informed about the relevant federal, provincial, and local response plans.*
- *Consider their personal competencies relevant to the care needed during the public health emergency and make decisions about their involvement accordingly.*

Furthermore, the current Standard does not include a statement with applicable statutory regulations pertaining to consent to treat. Under Ontario Regulation 388/08, it is classified as professional misconduct to perform “a professional service for which consent is required by law without such consent.” However, an emergency is an example of a circumstance when a physiotherapist is protected from being held liable for care provided without consent. The OPA recommends that the College include relevant language from the Health Care Consent Act 1996 c. 2, Sched. A, s.25-29 to provide greater clarity around consent as it relates to emergency services.

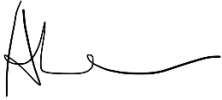
### Standard: Risk Management

The OPA feels that this Standard is generally well-written and comprehensive, with some recommendations for amendment. Specifically, the OPA has concerns with the language presented around equipment safety and maintenance. Equipment types vary between manufacturers and practice settings, as do safety and calibration protocols. The OPA recommends more clarity around who holds responsibility for cleaning, maintenance, and calibration. In most hospitals and clinics, the responsibility of maintenance and calibration according to manufacturer protocols is that of the employer – whether they perform this maintenance themselves, or hire a manufacturer representative to carry out routine maintenance – while the responsibility of the physiotherapist is awareness that there is a maintenance program; safe operating of equipment; daily equipment checks for damage; reporting damage or malfunction of equipment, and removing equipment from general use.

Thank you for this opportunity to provide feedback on this consultation. The OPA is happy to assist and, would be pleased to meet with you to discuss the points we have made in this submission.



Sincerely,

A handwritten signature in black ink, appearing to read 'Amy Hondronicols', with a long horizontal flourish extending to the right.

Amy Hondronicols

Director, Practice, Policy & Member Services

## Citizens Advisory Group (CAG) Feedback Summary – Group 1 Standards

### Assessment, Diagnosis, Treatment Standard

Total number of responses = 25

Domain	Summary of Strengths	Summary of Improvement Areas
Clarity of Standard	<ul style="list-style-type: none"> <li>Clearly written and understandable overall.</li> <li>Highlights all the salient principles, including proficiency, competence, and patient safety.</li> <li>Definitions are helpful.</li> <li>Standard is well-organized.</li> </ul>	<ul style="list-style-type: none"> <li>Would benefit from plainer language and definition of more complex terms (e.g., psychometric).</li> <li>May benefit from examples.</li> </ul>
Alignment with expectations for ADT practices	<ul style="list-style-type: none"> <li>Strong overall alignment between Standard and patient expectations.</li> <li>Emphasis on clinical judgement, standardized measures, and critical thinking.</li> <li>Supports patient-centered care.</li> </ul>	<ul style="list-style-type: none"> <li>Concerns regarding practical application and adherence to the Standard.</li> <li>Concept of informed consent needs further elaboration.</li> </ul>
Support of patient collaboration	<ul style="list-style-type: none"> <li>Emphasis on patient education and enabling self-care.</li> <li>Clearly outlines that patients are partners in the decision-making process.</li> <li>Clearly outlines that physiotherapists are required to demonstrate proficiency.</li> </ul>	<ul style="list-style-type: none"> <li>Patient agency should be strengthened – unclear who is the final decision-maker.</li> <li>Unclear how patient input is sought and incorporated in the treatment plan.</li> <li>Needs inclusion of collaboration with caregivers.</li> </ul>
Support of equal access and inclusion for patients	<ul style="list-style-type: none"> <li>Equitable treatment of patients is well-addressed through placing importance on general effective communication principles.</li> </ul>	<ul style="list-style-type: none"> <li>Implies but does not explicitly address issues of discrimination (e.g., by mentioning demographics or ability levels).</li> <li>Inadequate attention to specific groups, such as those requiring long-term PT care.</li> </ul>
Prevention of inappropriate behaviour	<ul style="list-style-type: none"> <li>Well-outlined, effective in combination with other regulatory processes.</li> <li>Standardized measures help to quantify appropriate care.</li> </ul>	<ul style="list-style-type: none"> <li>Informed consent not typically accounted for in patient care, needs greater emphasis.</li> <li>Needs greater attention to patient preferences and respect.</li> </ul>

### Communication Standard

Total number of responses = 24

Domain	Summary of Strengths	Summary of Improvement Areas
Clarity of Standard	<ul style="list-style-type: none"> <li>Expectations are clear, concise, and in plain language.</li> <li>Consistent and logical structure.</li> </ul>	<ul style="list-style-type: none"> <li>May benefit from examples.</li> <li>Some of the language used may not be understandable for all.</li> </ul>
Alignment with expectations for PT communication approach	<ul style="list-style-type: none"> <li>Strong alignment with values such as active listening, collaboration, privacy, and patient-centered care.</li> <li>Reflects how patients want to be treated.</li> <li>Plain language communication is an important inclusion.</li> </ul>	<ul style="list-style-type: none"> <li>Language could be more inclusive of patients unable to give consent.</li> <li>Should incorporate nonverbal communication.</li> </ul>
Guidance on explaining treatment risks and benefits	<ul style="list-style-type: none"> <li>Highlights the need to speak in a way that patients understand.</li> <li>Good emphasis on timely communication.</li> </ul>	<ul style="list-style-type: none"> <li>Patient should have a say around information distribution, even within circle of care.</li> <li>Cultural and language barriers need consideration.</li> </ul>

	<ul style="list-style-type: none"> <li>Embodies transparency and confidentiality in explaining treatment options.</li> </ul>	
Reflection of preferred communication skills/qualities	<ul style="list-style-type: none"> <li>Aligned communication qualities include: active listening, respect, professionalism, and clear and concise communication.</li> <li>Aligned expectations around social media.</li> </ul>	<ul style="list-style-type: none"> <li>Communication qualities that may require greater emphasis include: empathy, inclusivity and cultural sensitivity, honesty, and transparency.</li> </ul>
Support of equal access and inclusion for patients	<ul style="list-style-type: none"> <li>Concepts like professionalism and respect are integral in equitable patient interactions.</li> <li>Outlines the need to address communication barriers.</li> </ul>	<ul style="list-style-type: none"> <li>Address communication needs of different patient groups (e.g., different language or accessibility needs).</li> <li>Some patients do not have access to secure communication platforms.</li> </ul>

## Duty of Care Standard

Total number of responses = 24

Domain	Summary of Strengths	Summary of Improvement Areas
Clarity of Standard	<ul style="list-style-type: none"> <li>Clear outline of both what is expected and not acceptable.</li> <li>Concise and well-structured.</li> <li>PT responsibilities well-defined.</li> </ul>	<ul style="list-style-type: none"> <li>Would benefit from additional detail for clarity.</li> <li>Further clarify conflict resolution strategies.</li> </ul>
Alignment with patient care expectations throughout the cycle of care	<ul style="list-style-type: none"> <li>Effectively outlines PT responsibilities for when care is unavailable or not working.</li> <li>Recognizes that patient has the right to make informed decisions about their care.</li> <li>Alignment with stopping care when not needed and ensuring continuity of care.</li> <li>Facilitates transition to self-care.</li> </ul>	<ul style="list-style-type: none"> <li>Does not consider persons with disabilities or those who cannot advocate for themselves.</li> <li>Does not recognize role of caregivers or others accompanying a patient.</li> </ul>
Reasonableness of processes for ending therapeutic relationship	<ul style="list-style-type: none"> <li>Thorough delineation of PT's responsibilities when discharging patients.</li> <li>Reasonable provisions for ending care.</li> <li>Consideration of patient's well-being throughout.</li> </ul>	<ul style="list-style-type: none"> <li>Patient preferences missing from discontinuation provisions.</li> <li>Needs consideration of underserved areas.</li> <li>Discharging due to lack of resources without attempting continuity of care is patient abandonment.</li> </ul>
Reasonableness of processes for helping patients access continuing care	<ul style="list-style-type: none"> <li>Helps facilitate a smooth care transition.</li> <li>Importance of providing information to assist patients' decision making.</li> <li>Expectations are patient centered.</li> </ul>	<ul style="list-style-type: none"> <li>Needs consideration of situations with few or no continuing care options.</li> <li>Unclear about timeframes to arrange continuing care, long periods without care may decrease function.</li> </ul>
Support of patient autonomy	<ul style="list-style-type: none"> <li>Patient-centered, emphasizes autonomy and empowered decision-making.</li> <li>Good balance between subjective (patient preferences) and objective considerations.</li> <li>Emphasis on informed consent.</li> </ul>	<ul style="list-style-type: none"> <li>Providing education to patients could be expanded to include format of education.</li> <li>Patients should be informed when a treatment option is deemed "unwarranted."</li> </ul>
Support of equal access and inclusion for patients	<ul style="list-style-type: none"> <li>Provision of not allowing personal judgements to affect PT care may help to control for discriminatory treatment.</li> <li>Values of professionalism and respect help to ensure inclusive care.</li> </ul>	<ul style="list-style-type: none"> <li>Trauma-informed care should be addressed.</li> <li>Clarification needed around duty of care to specific groups (e.g., religious and those with chronic illness).</li> <li>Needs recognition of intersectionality and social determinants of health.</li> </ul>

## Risk Management and Safety Standard

Total number of responses = 25

Domain	Summary of Strengths	Summary of Improvement Areas
Clarity of Standard	<ul style="list-style-type: none"> <li>• Clear and concise language, concepts are easily understood.</li> <li>• Formatting is clear and understandable.</li> </ul>	<ul style="list-style-type: none"> <li>• Definitions of “mitigate” and “near miss” would be useful.</li> <li>• Include examples of patient safety incidents.</li> </ul>
Alignment with expectations for managing risks and patient safety incidents (PSIs)	<ul style="list-style-type: none"> <li>• Highlights transparency and appropriate disclosure for PSIs.</li> <li>• Thorough coverage of various aspects of safety practices, including PSI documentation, patient communication, and cleanliness protocols.</li> <li>• Ongoing training and competency maintenance mitigates risks and PSIs.</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of PSIs needs to occur in a timely manner to maintain quality of report.</li> <li>• “Near misses related to PT services” not clear or relevant.</li> <li>• Expectation around honesty and ethics when managing PSIs would be helpful.</li> <li>• Needs a reference to safety incidents informing future improvement actions.</li> </ul>
Confidence in helping to establish a safe and clean PT environment	<ul style="list-style-type: none"> <li>• Thorough, clear, and specific expectations for ensuring safety strengthens public confidence.</li> <li>• Confidence knowing PTs are held accountable to the expectations outlined.</li> <li>• Alleviates concerns around equipment sanitization and maintenance.</li> </ul>	<ul style="list-style-type: none"> <li>• Unclear application to home PT settings.</li> <li>• Needs more consideration of patient perceptions of a safe environment, especially for different ability levels.</li> <li>• Suggestion to include teaching patients how to use equipment and communicating the risks of using the equipment.</li> </ul>
Mitigation of risks to the individual patient	<ul style="list-style-type: none"> <li>• Strong emphasis on the importance of patient education in PT safety practices.</li> <li>• Confidence that patient safety risks would be minimized through clear communication and understanding of the treatment plan.</li> </ul>	<ul style="list-style-type: none"> <li>• No explicit mention of communicating risks to patients before and during treatment, Standard only talks about identifying risks.</li> <li>• Patient education needs to account for individuals with disabilities and other needs.</li> </ul>
Support of equal access and inclusion for patients	<ul style="list-style-type: none"> <li>• Language universally promotes equality and inclusivity of all patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Safety is different for everyone – no consideration of vulnerable groups such as LGBTQ+, underserved populations, and patients with disabilities.</li> </ul>

### General Comments for All Standards

- Standards should empower patients to actively participate in their care to address the gap between the emphasis on patient control in theory and their actual experiences of deferring to clinicians.
- Patients are not always aware of professional standards, the College’s role, and how to report incidents – public awareness and education needs to be strengthened to support the Standards.
- Privacy and confidentiality considerations should accompany all Standards.
- Standards should consider that economic barriers (e.g., due to removal of OHIP coverage) present an added need for high quality (rather than high volume) physiotherapy sessions.
- Suggestions to improve the general readability of the Standards where possible.
- Emphasis on the importance of application to diverse practice settings.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 15.0**

**Board Meeting  
June 24-25, 2024**

**Agenda #15.0: By-law and Governance Policy Updates**

It is moved by

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and seconded by

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that:

The Board approves amendments to:

- By-law s.7.8(3).
- Policy 7.10: Specialty Designation.

## BOARD BRIEFING NOTE

For Decision

<b>Topic:</b>	By-law and Governance Policy Updates
<b>Public Interest Rationale:</b>	Ensure our By-laws and Governance Policies are adequate, clear and comprehensive to allow for the proper functioning of the College.
<b>Strategic Alignment:</b>	<i>Performance &amp; Accountability:</i> Improvement of the College's governance structures to meet or exceed industry standards.
<b>Submitted By:</b>	Mara Berger, Director, Policy, Governance & General Counsel Caitlin O'Kelly, Governance Specialist
<b>Attachments:</b>	Appendix A: <i>Policy 7.10: Specialty Designation</i> – revised Policy Appendix B: <i>Policy 7.10: Specialty Designation</i> – original Policy

### Issue

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- The College's Governance Policy for Specialty Designation require updates to align with the proposed new Titles, Credentials, and Specialty Designations Standard. Additionally, By-law s.7.8(3) is being revisited as per instructions by the Board.

### Decision Sought

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- The Board is being asked to approve amendments to the following By-law provisions and Governance Policies:
  - By-law s.7.8(3)
  - Policy 7.10: Specialty Designation

### Background

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#### *By-law s.7.8(3)*

- In March 2024, the Board approved amendments to the College's By-laws to provide more flexibility for committee composition and to foster a clearer separation between the Board and committees.
  - These changes seek to address workload concerns for Board members, align with best practices, and allow for greater diversity of perspectives on committees.
- As part of the amendments, a Governance Policy related to Public Member attendance at statutory committee meetings was rescinded and the relevant provisions were transferred into the By-laws to avoid duplication.



- A concern was raised during the Board discussion regarding By-law s.7.8(3). The Board felt that greater clarity was needed to confirm Public Director attendance at committee meetings remains vital where required by legislation.
- While the amendments were passed, staff was directed to revisit s.7.8(3) for future consideration by the Board.

*Policy 7.10: Specialty Designation*

- The College is in the process of adopting a revised Titles, Credentials, and Specialty Designations Standard.
- To support the new Standard, it was determined that the Specialty Designations Policy would require revisions to ensure alignment.

**Current Status and Analysis**

*By-law s.7.8(3)*

- In accordance with the *Health Professions Procedural Code (the Code)*<sup>1</sup>, the Registration Committee, the Discipline Committee, the Fitness to Practice Committee and the Inquiries, Complaints and Reports Committee require the appointment of a Public Director to a panel of the committee.
  - Only panels of the Discipline Committee require a Public Director to meet quorum. For the other three committees, while a Public Director must be appointed to the panel, the Public Director is not required to meet the quorum provisions in the *Code*.
- In addition, the requirements set out in the Code, the College has implemented a requirement that meetings by all committees should only proceed if a Public Director or Public Non-Board Committee Member is present, unless exceptional circumstances apply and proceeding would not be in breach of statutory requirements.
- Following input from the Board, s.7.8(3) has been revised as follows to provide greater clarity regarding when attendance of a Public Director is required versus when a Public Non-Board Committee member is sufficient:

<b>Current Wording</b>	<b>Proposed Wording</b>
Unless otherwise provided for in the RHPA, the Act or the Regulations, in exceptional circumstances, the Chair of a Committee, in	Where permitted by the RHPA, the Act, or the Regulations, the Chair of a Committee, along with the Committee members present, may in

<sup>1</sup> The Health Professions Procedural Code is Schedule 2 of the *Regulated Health Professions Act, 1991*.





<p>conjunction with the Committee members present at the meeting, may determine that a committee meeting may proceed without the presence of at least one Public Director or Public Non-Board Committee member when the planned attendance of the Public Director or the Public Non-Board Committee member is interrupted by unforeseen personal circumstances and the benefit of proceeding outweighs the desirability of having a Public Director or Public Non-Board Committee member present.</p>	<p>exceptional circumstances determine that a committee meeting can proceed without at least one Public Director or Public Non-Board Committee Member depending on panel composition requirements established by the RHPA, the Act or the Regulations.</p> <p>Exceptional circumstances include situations where a Public Director or Public Non-Board Committee Member cannot attend due to unforeseen personal reasons, and the benefit of proceeding with the meeting outweighs the need for their presence.</p>
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*Policy 7.10: Specialty Designation*

- The Specialty Designation policy functions to supplement the College’s Restricted Titles, Credentials and Speciality Designations Standard by providing additional context and process requirements.
- The proposed new Titles, Credentials, and Specialty Designations Standard is more comprehensive than the College’s current Standard and provides some of the additional context currently covered in the Specialty Designation policy.
  - A review of the policy also showed that certain provisions, specifically with respect to CAPR’s role in the review of specialty certification programs, may no longer be accurate.
- To align with the new proposed Titles, Credentials, and Speciality Designations Standard and avoid duplication, the following revisions have been made to the Specialty Designation Policy:
  - Added a reference to the Titles, Credentials, and Specialty Designations Standard.
  - Removed references to CAPR, since CAPR is currently going through a restructuring process and is currently not reviewing specialty certification programs.
  - Confirmed which speciality certification programs are currently recognized and provided flexibility for the Board to potentially recognize other specialty certification programs.
  - Removed provisions regarding the use of specialist titles for duplication since those requirements are set out in the new Title, Credentials, and Speciality Designations Standard.
- In December 2011, the Board endorsed the acceptance of the speciality certification programs offered by the Physiotherapy Specialty Certification Board of Canada (an initiative of the Canadian



Physiotherapy Association) and the American Board of Physical Therapy Specialties (an initiative of the American Physical Therapy Association).

- Since June 1, 2012, speciality designations granted by those two programs have been approved by the College. While this is reflected in both the current Restricted Titles, Credentials and Specialty Designations Standard and the proposed new Titles, Credentials, and Specialty Designations Standard, a reference to the two programs has also been added to the revised Speciality Designation Policy for greater clarity.
- A list of the current specialty designations granted by the two programs has been posted on the College's website and is referenced in the revised Specialty Designation Policy through a footnote for ease of access.

### **Next Steps**

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- Following approval at the Board the College's By-laws and Governance Policies will be updated.

### **Questions for the Board**

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- Does the revised By-law provision provide the necessary clarity?
- Is there anything about the revised Speciality Designation policy that requires further information?

**Section:** General  
**Title:** Specialty Designation  
**Date approved:** March 2012  
**Date revised:** June 2024

**Policy #7.10**

### Legislative Reference

- a. Ontario Regulation 388/08, Professional Misconduct: s. 1 (20)

### Policy

The Professional Misconduct Regulation indicates that it is professional misconduct for a registrant to use the title “specialist” unless the registrant holds a specialty designation approved by the College. In keeping with this requirement, and the Titles, Credentials, and Specialty Designations Standard, this policy outlines the designations that College registrants are entitled to use in conjunction with the title “specialist”.

### Procedure

1. The College recognizes the following specialty certification programs<sup>1</sup> relevant to the practice of physiotherapy in Ontario:
  - a. The Physiotherapy Specialty Certification Board of Canada, and
  - b. The American Board of Physical Therapy Specialties.
2. The College may, from time to time, recognize additional specialty certification programs the Board deems to have met the level of rigor required to satisfy use of a title of “specialist” in Ontario.
3. The College will maintain a list of all specialty certification programs and their designations that have been approved by the Board.
4. A registrant may apply to the College to use the title “specialist”. In their application, the registrant must identify the specialty certification program from which their specialty was conferred. If the specialty designation is on the list approved by the Board, the registrant will be entitled to use the title “specialist”.

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<sup>1</sup> An overview of all Specialty Designations currently being granted by both programs can be found on the College website for the Titles, Credentials, and Specialty Designations Standard.

<b>Section:</b>	<b>General</b>	<b>Policy #7.10</b>
<b>Title:</b>	<b>Specialty Designation</b>	
<b>Date approved:</b>	<b>March 2012</b>	
<b>Date confirmed:</b>	<b>June 2021</b>	

### **Policy**

Section 1, paragraph 20, of Ontario Regulation 388/08, Professional Misconduct, indicates that it is professional misconduct for a registrant to use the title “specialist” unless the registrant holds a specialty designation approved by the College. In keeping with this requirement, the College will consider the approval of specialty certifications recognized by the Canadian Alliance of Physiotherapy Regulators (CAPR), as designations that College registrants are entitled to use in conjunction with the title “specialist”.

### **Procedure**

1. The College, as a member of the CAPR Board of Directors, will approve the policy and processes used to recognize specialty certification programs relevant to the practice of physiotherapy in Canada and in Ontario.
2. CAPR will approve specialty certification programs relevant to the practice of physiotherapy in Canada. The decisions of CAPR respecting the approval of specialty certification programs in Canada are not subject to appeal through the College.
3. A specialty certification program approved by the CAPR Board of Directors as meeting the level of rigor required to satisfy use of a title of “specialist” in Canada will be presented to the Board for consideration of its approval prior to recognition in Ontario. The College will maintain a list of all specialty certification programs and their designations approved by the Board.
4. A registrant may apply to the College to use the title “specialist”. In their application the registrant must identify the specialty certification program from which their specialty was conferred. If the specialty designation is on the list approved by the Board, the registrant will be entitled to use the title “specialist”.
5. Where a registrant applies to use the title “specialist” and their specialty certification program is not recognized (on the list), the registrant may provide the details of their program to CAPR for national review and consideration. If the specialty certification program is then approved by CAPR, procedures #3 and #4 above must occur before the registrant is entitled to use the title “specialist” in Ontario. If the specialty certification program is not approved, the registrant will not be permitted to use the title “specialist” in Ontario.

6. Any registrant entitled to use the title specialist will have the relevant information indicating the type of specialist certification(s) they hold listed on the College's public register.
7. Any registrant entitled to use the title "specialist" in Ontario will use their registered title first (i.e. physiotherapist) and then acknowledge their specialty with a designation (i.e. Orthopaedic specialist or specialist, orthopaedics).



COLLEGE OF  
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of ONTARIO

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**Motion No.: 16.0**

**Board Meeting  
June 24-25, 2024**

**Agenda #16.0: Signing Officers Policy**

It is moved by

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and seconded by

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that:

The Board approves amendments to Policy 4.2: Signing Officers.



## BOARD COMMITTEE BRIEFING NOTE

For Decision

<b>Topic:</b>	Signing Officers Policy Updates
<b>Public Interest Rationale:</b>	Ensure our Governance Policies are adequate, clear and comprehensive to allow for the proper functioning of the College.
<b>Strategic Alignment:</b>	<i>Performance &amp; Accountability:</i> Improvement of the College’s governance structures to meet or exceed industry standards.
<b>Submitted By:</b>	Caitlin O’Kelly, Governance Specialist
<b>Attachments:</b>	Appendix A: <i>Policy 4.2 Signing Officers</i> – with Tracked Changes

### Issue

- The College’s Signing Officers governance policy requires updates to address gaps and to articulate the responsibilities of staff and the Board more clearly.

### Decision Sought

- The Board is being asked to approve revisions to *Policy 4.2: Signing Officers*.

### Background

- The Signing Officers governance policy (#4.2) outlines the roles and responsibilities of Signing Officers within the College regarding financial matters. Particularly as it relates to the approval of purchases within and outside the College’s annual budget.
- The policy is necessary from a governance perspective to ensure the right financial controls and oversight mechanisms are in place. This includes appropriately delineating between the governance and operational roles that exist within the College.

### Current Status and Analysis

- As part of the College’s ongoing evaluation of its governance processes, it was determined that the policy requires revisions to address gaps, clarify process and provide for greater efficiency with respect to expenditure approval.
- The Signing Officer policy was revised to address the following gaps or issues:
  - Added the Vice-President, Finance and Reporting as a Signing Officer to enhance financial oversight and management.
  - Increased the requirement for the Board Chair or Vice-Chair to sign off on expenses already approved by the Board up to \$500,000. This change avoids duplicating oversight already



done during the budget approval process and helps reduce delays and administrative burdens. Another layer of approval for larger expenses is being added to ensure careful review.

- Increased the maximum authorization limits for unbudgeted expenses. Adjusting authorization limits reflects the evolving financial needs of the College and allows for more agile decision-making while maintaining appropriate levels of oversight and control. The College conducted an environmental scan to align these limits with comparable Colleges.
- Established that the Risk, Audit, and Finance Committee will be responsible for reviewing proposed purchases exceeding a certain threshold and making recommendations to the Board for approval, rather than the Executive Committee.
- The revised signing authority outlined in the policy is as follows:

Description	Value	Persons Authorized to Sign	# of Signatures
Purchases previously approved in College budget	Equal to or less than \$50,000	Registrar, Deputy Registrar, or VP, Finance and Reporting	1
Purchases previously approved in College budget	More than \$50,000 up to \$500,000	Registrar + one of Deputy Registrar, or VP, Finance and Reporting	2
Purchases previously approved in College budget	More than \$500,000	Registrar and one of the Chair or Vice-Chair	2
Purchases not previously approved in College budget	Equal to or less than \$20,000	Registrar, Deputy Registrar, or VP, Finance and Reporting	1
Purchases not previously approved in College budget	More than \$20,000 up to \$50,000	Registrar and one of the Chair or Vice-Chair	2
Purchases not previously approved in College budget	More than \$50,000	Review by Risk, Audit and Finance Committee for unbudgeted expenses	RAFC to make recommendations to the Board.

- To add the Vice-President, Finance and Reporting as a Signing Officer a minor change needs to be made to the definition section within the College By-laws, as follows:

Current Wording	New Wording
1.1(y) "Signing Officer" means the Registrar, Deputy Registrar(s), Chair and Vice-Chair;	1.1(y) "Signing Officer" means the Registrar, Deputy Registrar(s), Vice-President, Finance and Reporting, Chair and Vice-Chair;

- The revised policy was reviewed by the Executive Committee in May, and the Risk, Audit and Finance Committee in June.





- The auditors have reviewed the revised policy and have noted no concerns.

### **Next Steps**

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- Upon Board approval, *Policy 4.2: Signing Officers* will be updated.

### **Questions for the Board**

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

**Section:** Finance Policy #4.2  
**Title:** Signing Officers  
**Applicable to:** Board and staff  
**Date approved:** December 2007  
**Date revised:** December 2011, March 2014, June 2021, June 2024  
**Date confirmed:** March 2009

### Policy

For the purposes of subsections 2.5(2), (3), (4), and (5) and section 2.6 of the By-laws, the ~~signing~~ Signing officers ~~Officers~~ for the College will be the Chair, Vice-Chair, the Registrar/CEO, ~~and the~~ Deputy Registrar, and the Vice-President, Finance and Reporting.

Signing Officers can commit the College to future financial expenditures that are approved within the limits set by the College's annual operational budget or authorized by this policy.

Signing Officers who are employees of the College (i.e., Registrar/CEO, Deputy Registrar, and Vice-President, Finance and Reporting) are authorized to act on behalf of the College with banking institutions, investment firms, and other financial institutions to manage the financial matters of the College. This includes authorizing payments as limited by the College's policies and management of the College's treasury accounts.

Signing Officers who are members of the Board of Directors (i.e., Chair and Vice-Chair) are not required to process payments or manage the daily financial matters of the College.

~~No one will approve their own expense claims.~~

~~Two signatories are required on all single expenditures above \$7,500:~~

- ~~• One of the Chair or Vice-Chair, and~~
- ~~• One of the Registrar or the Deputy Registrar.~~

~~of~~

Signing ~~officers~~ Officers may approve purchases or leasing of goods and acquisition of services (purchases) in accordance with the following:

1. The Registrar/CEO, ~~/~~Deputy Registrar or Vice-President, Finance and Reporting may authorize purchases ~~expenses~~ not exceeding \$50,000 if the expenditure has previously been approved as an item in the College budget;

2. The Registrar/CEO and one of the ~~/Deputy Registrar~~ or Vice-President, Finance and Reporting ~~and one Board signing officer (Chair or Vice-Chair)~~ may authorize the purchases ~~authorize expenses~~ in excess of \$50,000 up to \$500,000 if the expenditure has previously been approved as an item in the College budget;
3. The Registrar/CEO and one of the Board Signing Officers (Chair or Vice-Chair) may authorize purchases in excess of \$500,000 if the expenditure has previously been approved as an item in the College budget.
4. The Registrar/CEO, ~~/Deputy Registrar~~ or Vice-President, Finance and Reporting may authorize ~~expenses~~ purchases not exceeding ~~\$10,000~~ 20,000 if the expenditure has not previously been approved as an item in the College budget if the Registrar/CEO ~~/Deputy Registrar~~ believes that the expenditure is necessary for the operations of the College;
- 4.5. The Registrar/CEO ~~and one of the Board Signing Officers (Chair or Vice-Chair)~~ ~~or the VP Finance and Reporting~~ may authorize purchases in excess of \$20,000 and ~~less than~~ up to \$50,000 if the expenditure has not previously been approved as an item in the College budget; and
6. The ~~Executive Committee~~ Risk, Audit and Finance Committee shall review any proposed ~~expense~~ purchases exceeding ~~\$50,000~~ \$10,000 if the item is not an expenditure in the College budget and make recommendations to the Board for approval. ~~if immediate action is required, the Executive Committee may approve the expenditure.~~
7. Despite the provisions outlined above, in the case of unbudgeted items, the Registrar/CEO or the Chair may choose to present a matter to the Risk, Audit and Finance Committee for consideration, even if they have the authority to approve the expense.



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**Motion No.: 17.0**

**Board Meeting  
June 24-25, 2024**

**Agenda #17.0: Board In-Camera Meeting Policy**

It is moved by

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and seconded by

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that:

The Board approves amendments to Policy #7.11 Board In-Camera Meetings.



## BOARD BRIEFING NOTE

For Decision

<b>Topic:</b>	Board In-Camera Meeting Policy
<b>Public Interest Rationale:</b>	The revised policy ensures compliance with legal provisions while promoting transparency and accountability in our organization's governance practices, serving the public interest by fostering trust and confidence in our decision-making processes.
<b>Strategic Alignment:</b>	<i>Performance &amp; Accountability:</i> Improvement of the College's governance policies for clarity of process.
<b>Submitted By:</b>	Caitlin O'Kelly, Governance Specialist
<b>Attachments:</b>	Appendix A: Revised - <i>Policy #7.11 Board In-Camera Meetings</i> Appendix B: Current - <i>Policy #7.11 Board In-Camera Minutes – Storage and Access</i>

### Issue

- As part of the College's ongoing review of its governance processes, a need to revise the In-Camera Minutes policy was identified to address in-camera meetings more broadly and develop a clearer process around how to manage in-camera minutes.

### Decision Sought

- The Board is being asked to approve amendments to Policy #7.11 Board In-Camera Minutes.

### Background

- Under the Health Professions Procedural Code ("the Code"), Board meetings are meant to be open to the public by default as a matter of principle. Only in specific circumstances, as outlined in s.7(2) of the Code, can the public be excluded. When an agenda falls under those criteria, an in-camera meeting may be added to the Board agenda.
- Once an item meets this threshold for legally being entitled to prohibit the public from the discussion a decision must then be made to confirm who, outside of the Board, can be present for the discussion of the confidential information.
- In most cases the Registrar would be present for an in-camera discussion. Depending on the item, specific staff members may also be present.
  - In limited circumstances no staff member, including the Registrar, may attend an in-camera session.



- Board discussions and decisions should always be recorded in formal minutes to provide a legal record and audit trail. All meeting minutes of the Board, public or in-camera, belong to the College not the Board itself. While some items may be confidential and not include staff, the minutes of these in-camera meetings belong to the College and are to be stored by the College.
- At the College, procedures related to in-camera minutes are covered by *Policy #7.11 Board In-Camera Minutes – Storage and Access*.
  - The policy was meant to address procedures for in-camera minutes for meetings where neither the Registrar nor other staff were present, resulting in limitations and confusion in its application.
  - An examination of policies from other Colleges reveals a more comprehensive approach, reflecting the need to broaden our policy's scope to cover all aspects of in-camera meetings.
  - The lack of clarity in the existing policy regarding the involvement of staff in minute-taking, distribution, and access underscores the need for clearly defined responsibilities.

### **Current Status and Analysis**

- The revised policy clarifies the circumstances under which in-camera meetings may occur, aligning with legal provisions while emphasizing transparency. The policy also outlines explicit procedures for recording, approving, and storing in-camera minutes, enhancing accountability and appropriately restricting access.
- The updated policy defines the roles and responsibilities of key partners such as the Chair, Registrar, and designated staff in managing in-camera meetings and associated documentation. It aims to mitigate the risk of unauthorized access to confidential information, while also clarifying that when staff are present during in-camera meetings, they will be responsible for recording and drafting minutes, aligning with best practices and enhancing efficiency in meeting documentation and management.
- In-camera minutes, just like regular meeting minutes, are part of the official record of the College. They are essential to preserve a historical record of the Board's decisions. Therefore, the minutes must be stored at the College to ensure the continuity of access. Only in limited circumstances would it be appropriate to store in-camera minutes offsite.
- In most circumstances, the Registrar will manage the retention and access process for in-camera minutes. Where the discussions exclude the Registrar, then alternative arrangements will be made to ensure that only the Board Chair has access to those in-camera minutes.
  - The Chair will have access to a secure site on the College's network to store in-camera minutes independently of staff.



- o Additionally and in limited circumstances, the Chair may decide to store in-camera minutes offsite with a law firm retained by the College.

Below is a comparison chart highlighting the differences between the current policy and the proposed new policy.

Aspect	Original Policy	Revised Policy	Explanation
Policy Title	Board In Camera Minutes — Storage and Access	Board In-Camera Meetings	Represents the expanded focus of the policy.
Policy Statement	Detailed the storage and access restrictions of in-camera minutes.	Outlines the purpose, attendees, and procedures for in-camera meetings, emphasizing transparency and adherence to legal regulations.	The modification aims to clarify the purpose of in-camera meetings and ensure compliance with legal requirements.
Attendance at In-Camera Meetings	Restricted access to in-camera meetings to Board Directors.	Specifies that in-camera meetings include the Board of Directors, the Registrar and relevant staff. However, there are exceptions where the Registrar does not attend in-camera meetings.	Ensures transparency and accountability in meeting practices while acknowledging specific circumstances where the Registrar's presence may not be appropriate.
Responsibility for Recording Minutes	Assigned the responsibility of recording minutes to designated individuals appointed by the Chair.	Designates the Registrar as the recorder during meetings where they are present.	Clarifies that when present, the Registrar, will be responsible for recording the minutes or designating this responsibility to other staff members present.
Distribution of Minutes for Approval	N/A	Clarifies distribution responsibilities, when the Registrar or other staff are present, they will be responsible for distributing minutes. In meetings where the Registrar is absent, the Chair will handle distribution duties.	By explicitly assigning distribution responsibilities based on meeting attendance, the new policy ensures clarity and accountability in the handling of meeting minutes.
Access to In-Camera Minutes	Restricted access to all in-camera minutes to Directors.	Specifies that access to in-camera minutes will be limited to the Board Chair for meetings where the Registrar	Clarifies access restrictions to in-camera minutes based on meeting attendance



		is absent. For meetings where the Registrar or other staff are present, the Registrar or designated staff members are responsible for recording, distributing and storing minutes.	to ensure efficient management and storage of meeting documentation.
Passwords	Passwords were created for accessing in-camera minutes and passed from outgoing Chair to new Chairs.	The Board Chair will have exclusive access to a secure site on the College's network and in limited circumstances minutes may be stored offsite with a designated law firm.	Utilizing a secure site on the College's network enhances security by limiting access to a single authorized individual while also simplifying access control measures by no longer requiring passwords that may be lost over time.
Investigation of Unauthorized Access	Outlined procedures for investigating and addressing unauthorized access incidents.	Assigns responsibility for investigating unauthorized access to the Chair and Registrar, with potential escalation to the Board or HR for resolution.	Clarifies the roles and responsibilities for investigating unauthorized access.

### Next Steps

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- If approved, the proposed revisions will be updated in the Colleges Governance Policies Manual.

### Questions for the Board

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- Is there anything about the proposed revision to the In Camera Meetings Policy that requires additional clarification?



<b>Section:</b>	<b>General</b>	<b>Policy #7.11</b>
<b>Title:</b>	<b>Board In-Camera Meetings</b>	
<b>Applicable to:</b>	<b>Board, Staff</b>	
<b>Date approved:</b>	<b>June 2021</b>	
<b>Date revised:</b>		

### Legislative references

- a. Health Professions Procedural Code: s.7
- b. By-laws: s.4.8

### Policy

In accordance with subsection 7(1) of the *Health Professions Procedural Code* (“Code”) all meetings of the Board of Directors shall be open to the public. However, if discussions include subject matters as set out in subsection 7(2) of the Code, the Board may decide to exclude the public from the meeting by going in-camera. The Board is mindful that they should only go in-camera when it is necessary.

In-camera meetings will include the Board of Directors and the Registrar in most circumstances. The Registrar does not attend in-camera meetings where the Registrar’s performance, contract or compensation are the subject(s) of discussion, unless invited by the Chair to attend to address the Board. The Board may also decide to include guests to the in-camera meeting, such as legal counsel, designated staff members or other advisors. Guests or observers present will be asked to leave the meeting for the duration of the in-camera portion.

The Chair is responsible for ensuring that in-camera meetings remain focused on the designated items and do not digress into areas that ought to be discussed during the open Board meeting. The Chair has the authority to determine the appropriateness and relevance of the issues raised in-camera.

### Minutes and Record Keeping Procedure

1. During in-camera meetings where the Registrar is present, they will be responsible for recording the minutes. If other staff members are present, the Registrar can designate this responsibility.
2. During in-camera meetings without the Registrar, the Chair shall appoint an individual to record the minutes.

3. Staff drafted in-camera minutes will be distributed to the Board by staff. If minutes were drafted by the Chair's appointee, the Chair will distribute them directly to the Board.
4. The approval of in-camera minutes will take place during the subsequent Board meeting as part of the Consent Agenda. If there are any questions regarding the in-camera minutes, they shall be pulled from the Consent Agenda and an in-camera meeting will be convened during that Board meeting to address the questions.
5. Once approved, in-camera Minutes will be signed by the Chair.
6. Approved in-camera minutes will be securely stored in a confidential location on the College's computer network. Access will be restricted to designated staff for meetings attended by the Registrar, and for meetings without the Registrar, access to the minutes will be limited to the Chair. In limited circumstances where the Chair deems it necessary, certain in-camera minutes may be stored offsite with a designated law firm.
7. In-camera minutes will be made available to all Board Directors upon request. Access to them will be through the Chair.
8. The Registrar may request access to in-camera minutes for meetings where they were not present. Requests shall be made to the Chair, who will seek Board approval for their release.
9. The Chair may under exceptional circumstances release in-camera minutes to third parties when deemed necessary for the operations of the College. Such circumstances may include but are not limited to, requests from financial institutions. Any such release shall be conducted with due diligence to ensure confidentiality. The Chair will report any such release to the Board.
10. Unauthorized access of in-camera minutes is a serious breach of privacy. The Chair and the Registrar shall investigate any incidents of unauthorized access and bring the matter to either the Board or HR for consideration.

**Section:** General **Policy #7.11**  
**Title:** Board *In Camera* Minutes — Storage and Access  
**Applicable to:** Board, Staff  
**Date approved:** June 2021  
**Date revised:**

### Legislative references

- a. Health Professions Procedural Code: s.7

### Policy

From time to time, the Board holds *in camera* discussions. These discussions typically involve proprietary matters, human resources matters, the receipt of legal advice or other such matters that are appropriately not to be in the public domain and permitted by subsection 7(2) of the Health Professions Procedural Code

Records of such meetings must be stored in a secure environment, and access to such records must be limited to the Board. The conduit of access to such records are the Chair, Vice-Chair, and Chair of the Risk, Audit, and Finance Committee.

Access to these Minutes is restricted to the officials named above. Anyone other than those permitted who attempts to access these Minutes will be subjected to sanction up to and including termination of employment in the case of an employee and disqualification in the case of a Director or Non-Board Committee member.

### Procedure

1. During *in camera* meetings, the Chair shall appoint an individual to record the Minutes.
2. Once the *in camera* Minutes are approved, they shall be signed by the Chair and Vice-Chair, then scanned and saved in a secure file on the College's computer network.
3. All *in camera* Minutes will be made available to all Board members upon request. Access to them will be through the Chair, Vice-Chair and Chair of the Risk, Audit, and Finance Committee.
4. The Registrar may request access to specific *in camera* Minutes. Such requests shall be made to the Chair, and the Chair will seek approval from the Board to release the *in camera* Minutes.

5. The documents will be password protected and the password passed from the outgoing Chair to the incoming Chair.
6. The incoming Chair shall change the password upon taking office and share the new password with the Vice-Chair and the Chair of the Risk, Audit, and Finance Committee.
7. Staff, Directors and Non-Board Committee members are to be made aware that it is a serious breach of privacy to attempt to access *in camera* Minutes. Such actions are cause for termination of employment in the case of staff, disqualification in the case of Directors and Non-Board Committee members as well as any other action that the Board decides.
8. The Chair and Executive Committee will investigate incidents of unauthorized access to *in camera* Minutes and bring the matter to the Board for a decision. If the unauthorized access involves staff, then the Chair will investigate the matter in consultation with the Registrar, and the Board will consider the matter *in camera*.

## BOARD BRIEFING NOTE

For Discussion

<b>Topic:</b>	Enterprise Risk Management – Risk Registry
<b>Public Interest Rationale:</b>	Managing enterprise risk ensures the College can anticipate opportunities and barriers that may impact the ability of the College to fulfill its public interest mandate.
<b>Strategic Alignment:</b>	<i>Performance &amp; Accountability:</i> Managing enterprise risk is an important task that enables the College to identify potential risk (i.e., barriers) that might impede the College’s ability to fulfill its regulatory responsibilities and its strategic priorities. Risk may be barriers that negatively impact the College or opportunities that positively impact the College.
<b>Submitted By:</b>	Zoe Robinson, CPA, CMA, VP Finance and Reporting
<b>Attachments:</b>	Appendix A - ERM Policy (approved September 2023) Appendix B - Risk Registry Draft v2

### Issue

- A draft of the College’s risk registry has been developed and is presented for review by the Board.

### Decision/Outcome Sought

- The Board is asked for feedback on the draft risk registry and whether it serves the needs of the Board as it seeks to monitor risk across the organization.

### Background

- The Board of Directors approved the College’s Enterprise Risk Management Policy (ERM Policy) in September 2023 (Appendix A).
- The ERM Policy:
  - States that the RAFC is “Responsible for reviewing enterprise risk management policies and enterprise risk management reports prior to their presentation to Board of Directors, providing more regular oversight of the College’s enterprise risk management processes through regular updates from the Registrar & CEO or their designate. This Committee will support Board of Directors in its review of the ERM policy and provide recommendations when appropriate.”
  - Provides direction for the process of identifying, analyzing, monitoring, and consciously accepting or mitigating risks within approved risk tolerances.”



- Directs College staff to implement risk management practices to identify and report “up through the organization.”
- Requires a risk registry to be developed that identifies the risk, the likelihood, and impact of the risk, and the controls in place to mitigate the risk.
- Directs the Registrar and CEO or their designate to routinely report on the College’s key risks to the RAFC and Board of Directors.

## **Current Status and Analysis**

### *Risk Registry Purpose and RAFC’s Responsibility*

- A risk registry is used as a monitoring tool for tracking risks that may have impacts on the College’s ability to execute its strategic priorities and plans and to fulfill its regulatory obligations.
  - It acts as a repository of key organizational risks that the Board has identified and wishes to monitor on an ongoing basis.
  - It assesses the likelihood and impact of those risks and requires College staff to develop mitigation activities in response to the risk.
  - It further requires staff to provide updates to the Board on how those risks are being managed and whether any risk events occur.
- RAFC’s role and responsibility is to support the development of enterprise risk management related tools, including the risk registry, and to receive and review risk management reports. The role of the Board is to receive reports and to monitor the College’s risk management practices.

### *Risk Identification*

- To develop the risk registry, the RAFC was engaged over multiple meetings to identify risk categories and evaluate the risk statements that were developed in response.
  - Risk statements were developed internally and in consultation with the Senior Management Team.
  - Risks were identified after reviewing:
    - Risks that were identified by program managers and the SMT each quarter as part of the quarter end review process.
    - Risk registries within other regulatory colleges were reviewed to assess the types of risks that may be experienced other regulators.

### *Risk Registry Development Process*

- A draft risk registry has been developed based on the consultation with the SMT and a review of risk registries from other regulatory colleges.
  - The risk registry has been created in accordance with the risk registry guidelines created by the College staff.
    - The risk registry identifies:
      - Risk Category
      - Risk events (through the development of a risk statement)
      - Risk Owners
      - Likelihood of the risk event occurring
      - Impact of the risk event if it occurs
      - Actions to mitigate the risk
  - In total, 13 risks have been identified and catalogued in the risk registry. This list of risks may not be exhaustive.
  - Risk events are communicated by risk statements that developed are written using the format: [Risk Event] is [Caused by] and results in [Impact]. The statements identify a risk event that may occur in the future.
  - Risk statements are grouped by risk categories and it is recognized that risk statements and risk events may not be mutually exclusive. As a result, a risk statement may be linked to multiple risk categories.
  - The risk statements were reviewed by the Senior Management Team (SMT) and reflect the risk events that should be communicated to the Board of Directors.
    - The likelihood and impact for each risk statement were assessed and developed through a broad consensus after consulting with the SMT.
- In response to RAFC feedback, the College's capacity to manage the risk was assessed and also integrated into the risk registry.
  - Capacity is defined as *"how the College's susceptibility to a risk event can be assessed by the College's preparedness, ability, and adaptability to respond to the risk event. The assessment of capacity considers the level of expertise within the College and the available tools to address the risk events, the plans are in place that define how to respond and manage the risk event, and considers how well the College implemented the plans and the ability to mitigate the risk event."*
  - Capacity is rated on a scale of 1 to 5 where:
    - 1 equals "High Capacity" that includes the College has a high level of internal skill and knowledge related to the risk event, plans are formalized and systematic, and



the College consistently implements and mitigates the risk event under all conditions; and

- 5 equals “Very Low Capacity” that includes the College lacks the level of skills, knowledge, and tool address the risk event, there is no plan to respond, and no response to the risk event is implemented.
- Capacity is used to modify the initial risk rating.
  - Capacity ratings that equal 4 or 5 impact the initial risk rating by raising the level of risk by one step. For example, if the initial risk rating was Medium, a capacity rating of 4 or 5 would increase the final risk rating to High (i.e., one step higher).
  - Capacity ratings that equal 3 have no change on the initial risk rating. Therefore, the final risk rating equals the initial risk rating.
  - Capacity ratings that equal 1 or 2 impact the final risk rating by lowering the level of risk by one step. For example, if the initial risk rating was Medium, a capacity rating of 1 or 2 would lower the final risk ratings to Low (i.e., one step lower).

### *Ongoing Risk Monitoring*

- How will the risk registry be evaluated and monitored?
  - The Risk, Audit, and Finance Committee (RAFC) will review the risk registry and risk reports each quarter and provide feedback and direction to the Registrar & CEO on the risk reports that will be prepared for the Board of Directors.
  - The Board of Directors will receive quarterly reports on the risk registry.
  - The review process is cyclical and iterative, to be repeated each quarter.
  - The Executive Committee and/or the Board will consider actions to be taken on any risks that require immediate attention and direction as needed.
- As the risk register and corresponding reports are integrated into routine practices, the RAFC will be engaged to evaluate how the risk registry and corresponding reports are working in practice and provide recommendations to amend this framework as needed to better support Board oversight and organizational responses to risks.
  - For example, if it is determined that some initially identified risks do not require Board oversight but that gaps in the registry exists, recommendations can be made to support continuous improvement.

### **Next Steps**

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- Pending feedback from the Board, the risk registry will be finalized and College staff will transition to an implementation plan that involves developing an internal monitoring and reporting process that engages both the RAFC and the Board.





## Questions for the Board

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- Has the risk registry captured risk events that will have a significant impact on the College's ability to execute its strategic plan and fulfill its regulatory obligations?
- Based on your knowledge of the College's activities and strategic plan, do the final risk ratings resonate with you? Do you believe any of the risk ratings should be adjusted? If yes, can you articulate why the adjustment should occur and what the final risk rating should look like?
- Is the Board supportive of moving forward with the draft risk registry?

<b>Section:</b>	<b>General</b>	<b>Policy #7.12</b>
<b>Title:</b>	<b>Enterprise Risk Management</b>	
<b>Applicable to:</b>	<b>Board, Committees and Staff</b>	
<b>Date approved:</b>	<b>September 2023</b>	
<b>Date revised:</b>		

### **Introduction**

The College of Physiotherapists of Ontario (the “College”) uses an enterprise-wide approach to managing regulatory and business risks. The Enterprise Risk Management (ERM) approach supports the utilization of a uniform approach for identifying, measuring, mitigating, and reporting on risk.

This approach enables the Board to effectively fulfill its mandate, discharge its governance responsibilities, and provide direction to the Registrar & CEO and College Leadership as they exercise their due diligence. It also recognizes that all members of the organization have a role to play in risk management and demonstrates our collective commitment to risk management both internally and externally.

### **Purpose**

The ERM policy provides the framework needed to support a uniform process for identifying, measuring, mitigating, and reporting on key organizational risks. This includes, but is not limited to, strategic, public interest, and operational risks.

The policy achieves this objective by:

- Promoting an environment where risk management is an integral part of the College’s organizational culture;
- Establishing a commitment to risk assessment as part of all College decision-making;
- Outlining clear responsibilities and accountabilities throughout the College;
- Requiring an articulation of the College’s risk appetite and tolerance and monitoring risk management processes through the development of a risk registry; and
- Supporting College-wide communication and monitoring regarding risk management.

### **Risk Culture**

The College recognizes that taking reasonable risks is inherent to its work and that risk cannot, nor should it, be eliminated. However, risk needs to be managed efficiently and effectively to acceptable levels.

As part of this, the College is committed to managing risk in a manner that is transparent and builds confidence both internally and externally that the College will take the action needed to fulfill its mandate to serve the public interest.

The College recognizes that risk management requires both an organization-wide and departmental approach that balances risk with anticipated benefits in all decision-making. This process engages all individuals throughout the organization to consider risk as part of normal day to day activities.

### **Roles, Responsibilities, and Accountability**

While recognizing that all individuals throughout the organization have a role to play in risk management, key roles within the organization possess specific responsibilities and accountabilities in relation to specific types of risk.

<b>Role</b>	<b>Responsibility and Accountability</b>	<b>Type of Risk</b>
Board	Responsible for approval of CPO's strategic plan, annual operational budget, governance policies, including the ERM policy, and by-laws. This includes the development of the College's risk appetite and tolerance and monitoring the College's risk management processes through review of regular risk reports.	Strategic, public interest, regulatory, and key operational (material) risks
Committee Members	To consider risk within their scope of responsibility as defined by statute, College by-laws, and policies when making decisions within their statutory role.	Committee decisions related to statutory role.
Executive Committee	Act on behalf of the Board to discharge the Board's risk responsibilities as required between meetings of the Board.	Strategic, public interest, regulatory, and key operational (material) risks
Risk, Audit and Finance Committee	Responsible for reviewing enterprise risk management policies and enterprise risk management reports prior to their presentation to the Board, providing more regular oversight of the College's enterprise risk management processes through regular updates from the Registrar & CEO or their designate. This Committee will support the Board in its review of the ERM policy and provide recommendations when appropriate.	Strategic, public interest, regulatory, and key operational (material) risks, with a focus on financial and audit related risks.

Registrar & CEO	Responsible for managing organizational risks, developing and implementing the College’s ERM program, ensuring the ERM program is actively utilized, and reporting to the Board in support of its oversight responsibilities. These responsibilities may be delegated as necessary, but overall accountability rests with the Registrar & CEO.	Strategic, operational, and regulatory risks.
Risk Officer	Identified by the Registrar & CEO as a member(s) of the CPO’s Leadership Team, the Risk Officer has primary responsibility for leadership and daily management of the ERM processes and risk register. The Risk Officer provides support across the organization to support the implementation of risk management processes and supports reporting processes to both the Risk, Audit, and Finance Committee and the Board.	Strategic, operational, and regulatory risks.
Leadership Team	Responsible for identifying, assessing, managing, and reporting risks within their scope of authority and accountability. They provide direction on the implementation and evolution of these processes and priority areas of focus.	Strategic, operational (particularly departmental and project), and regulatory risks.
Project Leads	Responsible for identifying and assessing risks within the scope of projects, programs, or services that they lead. They will engage leadership in these processes as needed and support risk-based decision-making regarding the project, program, or service.	Operational project risks.

**Policy**

*Approach and Commitment*

The College’s approach to risk management:

- Is guided by the Strategic Plan, annual operational budget, governance policies, College by-laws, and relevant legislation. It is through these foundational resources and frameworks that key risks will be identified and managed.
- Is informed by an understanding that risk is inherent to fulfilling our regulatory obligations and implementing innovative approaches to fulfilling our strategic objectives.

- Recognizes there are a diversity of risks that the organization might face, including but not limited to, regulatory, strategic, operational, and financial.
- Requires an organization-wide approach to identifying, assessing, mitigating and managing, and reporting on risks in relation to all decision-making processes.
- Necessitates that all individuals captured by this policy be aware of and apply risk management processes in line with their level of responsibility and role within the organization.
- Recognizes that risk management processes must continuously evolve to respond to changing environments.
- Requires employees and Directors to learn about the principles of enterprise risk management and be regularly trained to fulfill their respective responsibilities.

#### *Risk Appetite and Tolerance*

The Board will establish the College's level of risk appetite and tolerance.

All risks will be assessed and managed in accordance with the Board's risk appetite and tolerance assessment.

#### *Procedure*

Risk management within the College is a deliberate process of identifying, analyzing, monitoring, and consciously accepting or mitigating risk within approved risk tolerances.

College staff need to implement risk management practices in accordance with their organizational responsibility, being aware of the limitations on their ability to respond to an identified risk and reporting up through the organization, including to the Registrar & CEO, where appropriate.

The Risk, Audit, and Finance Committee and the Board will be kept apprised of any significant or material risks that have been identified in a timely manner, urgently if necessary, having regard to the nature and scope of the risk.

#### *Monitoring and Reporting*

Risk register(s) will be developed reflecting the risk appetite and tolerance articulated by the Board and to support risk assessments throughout the organization. Risk registers will identify the risk, the likelihood and impact of the risk, and controls in place to mitigate the risk.

The Registrar & CEO or their designate will routinely report on the College's key risks to the Risk, Audit, and Finance Committee and the Board to support their oversight responsibilities.

*Responding to Changing Needs*

This policy and the risk appetite and tolerance set by the Board will be reviewed annually to ensure currency.

The Risk, Audit, and Finance Committee will provide recommendations to the Board regarding any changes that may be needed to the policy.

*Allocation of Resources*

The College's annual budgeting and long-term planning will include the allocation of financial and human resources for the management of the College's risks.

College of Physiotherapists  
Risk Registry (Draft)  
Date Created: 26-Jan-24  
Date Updated: 13-Jun-24

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

Rating Legend
Very High
High
Medium
Low
Very Low

Capacity Reference  
Capacity = Very Low = 5 (↑) = Increase by 1 level risk rating  
Capacity = Low = 4 (↑) = Increase by 1 level risk rating  
Capacity = Medium = 3 (↔) = maintain level risk rating  
Capacity = High = 2 (↓) = Decrease by 1 level risk rating  
Capacity = Very High = 1 (↓) = Decrease by 1 level risk rating

#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities
1	Regulation and Compliance, Reputational	The College's cyber systems are accessed by external threat actors caused by phishing attempts, malware, and other methods of breaking through the College's cyber security measures. This results in access to confidential information potentially leading to:  a. Registrant and Employee identity theft. b. Access to vendor information and confidential contracts. c. Employees locked out of the College's IT systems. d. College paying a ransom to regain access to IT systems.	VP Organizational Effectiveness	3.4	4	3.4 x 4	3 (↔)	High	- The College is completing an external cyber security audit in Fiscal Year 2025 that will result in recommendation to be implemented to continuously improve the security of our information systems. - KnowB4 training for all staff to learn how to prevent phishing attacks. - College is developing the internal knowledge and skills to internally manage attacks to its computer systems and network.
2	Regulation and Compliance	The College must manage the transition from its Ontario Clinical Exam (OCE) to a national exam administered by the Canadian Alliance of Physiotherapy Regulators (CAPR), caused by CAPR's decision to implement a one-step exam that replaces both the written and clinical Professional Competency Exams (PCE), prior to the College being able to change regulations, which currently require separate written and clinical exams to be licensed as a physiotherapist in Ontario. This results in confusion among Registrants on the requirements to become licensed in Ontario.	Chief Operating Officer and Deputy Registrar	3.6	3.4	3.6 x 3.4	4 (↑)	high	- Registrar/CEO connects with governments - Scoping exercise undertaken to analyze regulatory changes needs. - Engage Board of Directors in key decision points.
3	Reputational, Financial, Regulation	Regulatory decisions of the College are appealed to HPARB or divisional court and are overturned/returned to the College for further investigation/consideration, caused by inadequate investigations or procedural fairness and results in loss of confidence by Registrants and the public in the College's ability to regulate the profession.	Chief Operating Officer and Deputy Registrar	2.8	2.8	2.8 x 2.8	2 (↓)	Very Low	- Track and monitor appeals and outcomes; - undertake analysis of returns to identify process and decision improvements needed; - develop educational/decision-making/knowledge translation tools to support committee decision-making; - develop SOPs to ensure consistency in regulatory activities.
4	Finance, Operational	Structural and long-term annual deficits impairs the ability of the College operates its Core Statutory work is caused by registration fees not increasing to meet the financial requirements resulting in the College being unable to meet its regulatory requirements.	VP Finance and Reporting	2.8	3.6	2.8 x 3.6	1 (+)	Low	- Financial results are monitored quarterly and reported to the RAFC and Board of Directors. - Financial planning includes the presentation of financial forecasts to the end of the fiscal year in the quarterly financial reports. - A financial analysis is completed segregating the Ontario Clinical Exam and the College's Core Business (e.g., regulatory and strategic work) in order to monitor the surplus or deficits related to the College's Core Business. - College has professionally accredited financial managers on staff.
5	Governance	The Board of Directors makes decisions that are perceived to be in the profession's interest instead of the public interest is caused by any real or perceived conflicts of interest that are not managed and result in loss of confidence and credibility with the public, the government, and other partners.	Board of Directors Chair	2.6	3.6	2.6 x 3.6	3 (↔)	Medium	- Conflicts of interest are solicited at the beginning of each meeting of Board of Directors and proactively assessed by staff in advance of meetings; - conflicts of interest are declared and individuals are excluded from those discussions; - briefing notes include a description of how the item serves the public interest; - every meeting includes a reminder of the public interest as our driver
6	Governance	Board or Committee Chairs are elected/appointed without sufficient experience with the Board or Committee, lack the context of the issues managed by the Board or Committee, or lack required knowledge caused by a lack of training resulting in disruptions to the work of the Board or Committees.	Director, Policy & Governance, General Counsel	2.6	2.6	2.6 x 2.6	2 (+)	Very low	Annual Chair & Vice-Chair training - Specific training budget for Chair - Implemented Committee Vice-Chair model to support succession planning

College of Physiotherapists  
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#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities
7	Regulation and Compliance, Governance, Strategic	Changes to the Regulated Health Professions Act (RHPA) or the Physiotherapy Act (PA) are made by the Government of Ontario without consulting the College may result in the College being unable to respond in a timely and effective manner that impact the College's ability to fulfill its regulatory and statutory obligations.	Registrar and CEO	1.6	4.2	1.6 x 4.2	3 (↔)	High	<ul style="list-style-type: none"> <li>- Registrar is actively engaged with HPRO where bi-weekly information sharing is occurring including identification of opportunities/risks relating to government change;</li> <li>- External environment is regularly monitored for changes that may impact Ontario (e.g. BC amalgamation);</li> <li>- HPRO has engaged a GR consultant to support our collective needs;</li> <li>- System Partner engagement is leveraged to identify opportunities/risk and information sharing.</li> </ul>
8	Governance	The lack of diversity in the composition of the Board of Directors and committees caused by the composition of the Board of Directors and committees not reflecting the changing demographics in Ontario could lead decisions that do not consider the impact of these decisions on equity-seeking groups such as Indigenous people, physiotherapists who are internationally educated, disabled, or LGBTQ2IA+.	Director, Policy & Governance, General Counsel	3	3	3 x 3	3 (↔)	Medium	<ul style="list-style-type: none"> <li>- Implemented initial Competency Framework</li> <li>- revised committee composition requirements to allow for more recruitment of Non-Board Committee members with specific background/skills/expertise</li> <li>- potential implementation of Governance &amp; Nominating Committee and competency-based elections</li> </ul>
9	Operations	Staff members unexpectedly and quickly change which may result the loss of specialized skills, disruptions to operational oversight and management, additional work shifted to other employees leading to increased stress and potential burnout, and the loss of institutional knowledge when changes of leadership happen quickly.	VP Organizational Effectiveness	3	3.2	3 x 3.2	2 (+)	Low	<ul style="list-style-type: none"> <li>- College has created a succession plan and is working to cross train individuals to ensure critical roles can be backfilled if needed.</li> <li>- Have established strong relationships with vendors who could assist with</li> </ul>
10	Financial	The College's operating reserve (i.e., Unrestricted Net Assets) drops below the College's minimum level required for the operating reserve and results in the possibility of the College being unable to meet its short and long term financial obligations.	VP Finance and Reporting	2.4	3.8	2.4 x 3.8	1 (+)	Low	<ul style="list-style-type: none"> <li>- The operating reserve (i.e., Unrestricted Net Assets) is monitored each quarter and reported to the RAFC and Board of Directors.</li> <li>- financial plans and budgets are developed with the intent of staying within the 3 months to 6 months of annual operating budgets as defined the College's policies.</li> </ul>
11	Operational	The College is unable to recruit, retain, and hire talent with the required skills, knowledge, and experience which is caused by the College's compensation packages being below the market for RHPA colleges, results in the College's performance being negatively impacted.	VP Organizational Effectiveness	3	2.8	3 x 2.8	3 (↔)	Medium	<ul style="list-style-type: none"> <li>- The College has recruited a number of roles recently and is participating in a number of compensation surveys to assess where our salaries fit related to other regulators and like organizations.</li> <li>- The College recently gave staff a Board approved 4% increase, which includes a cost-of-living increase.</li> </ul>
12	Governance	Lack of available Public Members up for appointments leads to the Board of Directors and committees being unconstituted, resulting in Board of Directors and the committees being unable to conduct business.	Director, Policy & Governance, General Counsel	2.2	4	2.2 x 4	1 (+)	Medium	<ul style="list-style-type: none"> <li>- Registrar/CEO is in constant contact with the Public Appointments office.</li> <li>- Public Appointments office has renewed appointments for 2 current Board of Directors members for an additional 3 years.</li> <li>- Expect the Public Appointments Office to reappoint 2 Board of Directors member who were appointed on a 1-year interim basis to a new 3-year term</li> <li>- 1 Public Appointment on the Board of Directors is still available</li> </ul>
13	Financial	The College will move office locations caused by the end or termination of a lease and results in a significant expenditure of cash to manage the move and reduces the College's operating reserve.	VP Organizational Effectiveness	2	2.6	2 x 2.6	1 (+)	Very Low	<ul style="list-style-type: none"> <li>- Costs to decommission the current office space will be investigated and factored into future financial planning and budgeting.</li> </ul>



**College of Physiotherapists of Ontario  
Risk Heat Map**

**Likelihood**

5 - Almost Certain  
(may occur < 1 year)

4 - Likely  
(may occur in 1-2 years)

3 - Possible  
(may occur in 2-3 years)

2 - Unlikely  
(may occur in > 4 years)

1 - Rare  
(once in exception  
circumstances)

	R9	R11 R8	R2 R1	
R3 R1 R6	R4 R1	R12 R5		
			R7	

Impact	1 - Insignificant	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
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Definition	The impact can be easily managed internally and absorbed in the College's day-to-day operations.	The impact is a hardly noticable loss to operations, the College's governance and/or stragegy, and a minimal financial impact	The impact has a noticable loss to operations, governance and/or strategy in the short-term with moderate impact	The impact is large on the College's operations, governance and/or strategy and the finances over a medium term	The impact is significant and beyond the College's ability to manage, threatens the College's survival or requires significant changes in the College's structure
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**LEGEND**

Very High

High

Medium

Low

Very Low



## BOARD BRIEFING NOTE

For Information

<b>Topic:</b>	Annual EDI Report
<b>Public Interest Rationale:</b>	Incorporating equity, diversity and inclusion principles into our work ensures everyone is treated with sensitivity and respect when dealing with health professionals and the College.
<b>Strategic Alignment:</b>	<i>Equity, Diversity &amp; Inclusion:</i> This report supports transparency and accountability for our actions towards achieving our strategic goal of incorporate an EDI lens into all of our work.
<b>Submitted By:</b>	Craig Roxborough, Registrar & CEO
<b>Attachments:</b>	Appendix A: 2023-2024 EDI Report

### Issue

- The College has committed to incorporating an equity, diversity and inclusion lens into all of our work. The annual EDI report helps to show progress towards that goal and highlight future actions.

### Decision Sought

- None, this item is for information.

### Background

- The Board approved a new strategic plan in 2022. A foundational pillar of the plan is a commitment to embrace a culture where an Equity, Diversity, and Inclusion lens is intentionally incorporated into all levels of decision making at the College.
- Over the past two years, the College has undertaken numerous actions to begin making progress towards that goal. This is an ongoing area of focus for the College in the coming years.
- Part of our commitment to EDI is to transparent and accountable for this work. The annual EDI report helps us achieve this. It showcases work that we have completed recently to make progress towards our EDI goals and highlights future commitments. This will enable our partners and the public to know what we are doing in this space and to hold us accountable for progress.
- The first annual EDI report for 2023-2024 is presented in Appendix A and will be published on our website. This being our first report, it also highlights some actions we took prior to 2023 related to EDI.

### Next Steps

- Going forward, this report will be presented annually to showcase progress in the previous year.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

# Equity, Diversity and Inclusion

2023-2024 Report





# Territorial Acknowledgement

We acknowledge the land our office is on is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.

We are honouring these lands as part of a deeper commitment to Indigenous communities in Ontario. As provincial health regulators, we have a large role to play in reconciliation to meet the broader goal of public protection.

*Statement of Awareness around Equity, Diversity, and Inclusion  
(EDI) by the College of Physiotherapists of Ontario*

How well we achieve **our mission** to  
**protect the public interest** depends wholly  
on our ability to **cultivate a climate** in  
which everyone feels like they **belong**.



Advancing safe, welcoming, and equitable physiotherapy care requires that we acknowledge and address direct and systemic discrimination within our health systems and broader communities. Both types of discrimination lead to barriers that exclude many people from participating in health systems based on identity factors like race, ethnicity, gender identity and expression, sex and sexual orientation, age, ability levels, and physical appearance. Discrimination often goes unaddressed, resulting in continued inequity and marginalization.

This is our first formal report in the College's ongoing Equity, Diversity and Inclusion journey, and we are excited to share our progress to date. Our goal is to establish a baseline and encourage belonging for all through participation within our organization, the physiotherapy profession, and the public we serve.

We are dedicated to learning about inclusive practices, working with system partners to grow our knowledge base, and evolving our commitment to fostering true belonging. We are consistently humbled by this work and recognize that it requires community-centered decision making.

We also understand that doing this work honestly and productively is not easy, and that it will always be a work in progress. We look forward to learning more about ourselves, the communities we live in and serve, and our society as we forge ahead.

We are proud of the progress and notable achievements from the past year, while recognizing that there is much more to be done. Please consider this the first step in our commitment to advancing EDI and connect with us as we continue on this journey.



Nitin Madhvani  
Chair, Board of Directors



Craig Roxborough  
Registrar and CEO

**Equity, Diversity and Inclusion** is a foundational pillar in our **strategic plan**, and our EDI initiatives are connected to our **mission, vision and values**.



# Strategic Plan



## Mission

To protect the public interest by ensuring physiotherapists provide **competent, safe, and ethical care.**



## Vision

Inspiring **public confidence** in the physiotherapy profession.



## Values

Integrity  
& Trust



Inclusion  
& Respect



Transparency  
& Accountability



Collaboration



# Strategic Plan

## Focus on Equity, Diversity and Inclusion (EDI)

Embrace a culture where an EDI lens is intentionally incorporated into all levels of decision making at the College.

### Strategic Pillars and Initiatives



#### Focus on Equity, Diversity & Inclusion (EDI)

Embrace a culture where an Equity, Diversity and Inclusion lens is intentionally incorporated into all levels of decision making at the College.



#### Improve Governance Based on Government Direction and Best Practices

Create a governance framework which meets or exceeds industry standards as assessed against our regulator peers.



## Our EDI Strategy

Embrace a culture where an Equity, Diversity and Inclusion (EDI) lens is intentionally incorporated into all levels of decision making at the College.

- Increase diversity and representation among people who do work for the College so they reflect the diversity of the profession and society at large.
- Empower individuals to identify and address unconscious bias so they do not lead to inequitable or unfair decisions.
- Design our processes to support equitable outcomes and equitable access for all individuals.
- Meaningfully engage with groups who are impacted by our work to understand their needs and address them.
- Support registrants in incorporating EDI principles in their practice to advance safe, welcoming, and equitable physiotherapy care.
- Always pursue incremental improvements, acknowledging that work towards achieving equity, diversity and inclusion is never truly done.

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# Establishing a Solid Foundation



## EDI Working Group

A staff-led EDI Working Group has been meeting regularly since July 2023.

The goal is to help advance EDI work within the College by initiating and tracking various EDI-related projects and processes.



Craig Roxborough  
Registrar and CEO



Mara Berger  
Director, Policy, Governance  
and General Counsel



Joyce Huang  
Manager, Strategy



Diane Daley  
Manager, People and Culture

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# Establishing a Solid Foundation

## EDI Self-Assessment

We conducted an EDI self-assessment in the fall of 2023 to gain a better understanding of our current state and identify areas of improvement. The results illustrated that we are more 'reactive' than 'proactive' and we had work to do.

This helped inspire key initiatives around EDI that were included in the College's operational plan for 2024-2025.

In 2024 we will continue the assessment at a departmental level to help identify specific improvements in the years to come.



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# Establishing a Solid Foundation

## HPRO Support Work and Resources

The College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) – a collective of all 26 health regulatory colleges – in Equity, Diversity and Inclusion including:

- Establishing recommendations for reviewing existing policies, particularly those for registration, complaints/discipline, and policy/governance.
- Consulting with the HPRO Anti-Racism in Health Regulation project when conducting these reviews.
- Using HPRO's EDI assessment toolkit to conduct our organizational self-assessment.



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Education is the most **powerful** weapon  
you can use to **change the world**  
for the **better**.

—Marian Wright Edelman





## A Learning Journey: Education and Training

We are working diligently to source and create reliable education and training materials to help us ensure that an EDI lens is incorporated into all levels of decision making at the College, while also supporting physiotherapists in integrating EDI in their practice.

We recognize that every board director, committee member, staff person, physiotherapist, student and system partner will be on a unique learning journey.

The opportunity to reflect and learn from some influential minds in this space has been welcomed and appreciated, and we look forward to continuing this journey.



## Board of Directors and Committee Training and Education

- Blanket Exercise with Braving the Healing to explore the rich and complex history of Indigenous peoples in Canada, and learn about the ongoing impact of colonization and various attempts to assimilate Indigenous cultures, traditions, ceremonies, and people.
- Anti-bias training with Dr. Javeed Sukhera to gain a better understanding of types of biases, their implications, and how to mitigate them to make decisions that are more accommodating and inclusive.
- Education session with Dr. Nafeesa Jalal to explore EDI principles in regulatory work, define cultural competence, better understand unconscious bias, and learn more about Ontario's changing demographics.





## Board of Directors and Committee Training and Education

- Education session about the Community Rehabilitation Worker training program in Northern Ontario. This program trains local members of Indigenous communities to provide rehabilitative services to help Elders as they age, while supporting their health, wellbeing, and quality of life.

As part of the session, the Board heard from two program graduates who are now delivering rehabilitation services in their communities. The session highlighted the unique barriers and challenges experienced by remote Indigenous communities in accessing care, and potential ways the regulator can help address some of those barriers and challenges.



## Board of Directors and Committee Training and Education

- Education session on trauma-informed regulation to gain a deeper understanding of how trauma shows up in different regulatory areas, how power and privilege can impact the people we serve including registrants and the public, and various trauma-informed practices that the College can implement to create a safer experience.
- Discipline Committee members are required to complete a training module on gender inclusive writing for decisions and other materials.



## Staff Training and Education

- Staff participated in a Blanket Exercise with Kamamak Consulting and received the education session about the Community Rehabilitation Worker training program in Northern Ontario.
- The Practice Advice team completed a program on anti-Black racism and race education to gain a greater understanding of concepts such as race and racism, and how they can unconsciously manifest in general and organizational relations.
- Several staff have participated in various workshops and webinars independently. These sessions covered topics including creating safe workplaces, anti-racism, working with Indigenous communities and more.



## Staff Training and Education

- The Practice Advice, Professional Conduct, Registration, Quality Assurance and Exam teams (along with some other staff members) participated in a mental health first aid course to better understand trauma and psychological wellbeing.
- All staff members have also completed training sessions covering an introduction to equity, diversity and inclusion and unconscious bias.
- The Quality Assurance and Practice Advice teams completed training on unconscious bias and communication to help them provide a welcoming and inclusive experience to the physiotherapists and other system partners they interact with.



# Staff Training and Education

## Still to come...

- Plain language training to help all staff communicate more clearly and effectively, therefore removing unintended barriers. Takeaways from this training will be applied to all written communication including the website, emails, presentations, reports, decisions and social media.
- Additional training and education for some staff to help increase understanding and awareness of Indigenous experiences and how we can incorporate further change in our work.



# Physiotherapists Training and Education

**Several EDI resources related to anti-racism, allyship, disability, weight bias and more are listed on the [Equity, Diversity and Inclusion page](#) of the College website.**

We also have a series of blogs covering several topics related to EDI. These are available on the College website and are regularly featured in the Perspectives newsletter and on social media.

- [A Northern Learning Journey: Helping Transform Ageing in Place and Quality of Life for First Nation Elders](#)
- [Providing Culturally Safe and Welcoming Care for Transgender and Gender-Diverse Patients](#)
- [Strengthening the Therapeutic Relationship: Identifying and Addressing Implicit Bias](#)
- [Being More Inclusive in Your Practice](#)



# Physiotherapists Training and Education

## Anti-Racism and Equity Workshops with Future Ancestors

In 2022, we partnered with the College of Massage Therapists of Ontario, the College of Occupational Therapists of Ontario and the College of Dietitians of Ontario to host two webinars about anti-racism and equity with [Future Ancestors](#).

Asynchronous learning materials were distributed to all registrants to encourage ongoing reflection, and recordings of the sessions are available to physiotherapists through the Future Ancestors YouTube channel.



## Examiners, Assessors and Practice Coaches Training and Education

### OCE Examiners

All examiners for the Ontario Clinical Exam participate in anti-bias training to help ensure an inclusive and consistent experience for all candidates.

### Assessors

Assessors for the Quality Assurance program attended a session on trauma-informed care and completed a training module that includes a section on inclusive language.

### Practice Coaches

Practice Coaches participated in a training session on trauma-informed practices.



# Building Connections

We can't do this work alone and we value the thoughts, opinions and experiences of physiotherapists, patients, PT Residents, students, the academic community, our regulatory colleagues and other system partners.

We appreciate the connections we have established with many of you as we further our EDI initiatives, and we look forward to more opportunities to collaborate and learn in the future.





## Data Collection – Open Consultations

In November 2023 we held an open consultation on proposed by-law changes that would allow the College increased flexibility to collect additional data about our registrants to support future strategic directives, including those related to EDI.

We greatly appreciate everyone who shared their thoughtful feedback. It highlighted the need for us to make sure we are asking the right questions to understand the diversity of identities and lived experiences that exist within physiotherapy.

You can read some additional reflections on the results of the consultations in this blog by Craig Roxborough, Registrar and CEO: [Let's Talk Data: The Role of Data Collection in our EDI Work.](#)

# Prioritizing Inclusivity and Accommodation

## Recruitment

- An inclusivity statement is included on all College job postings and candidates are encouraged to reach out to the Manager, People and Culture to request any accommodations that would improve their experience with the recruitment process.
- Job postings are listed on Indigenous recruitment sites including [Aboriginaljobboard.ca](http://Aboriginaljobboard.ca).
- We intentionally recruit examiners from various backgrounds, including different practice settings and physiotherapists who were educated internationally.
- An EDI lens is incorporated in committee recruitment to help ensure college committees are representative of the diverse communities we serve.
- As a part of the competency profile for Board and Committee members, candidates will be assessed on whether they have knowledge, experience and/or training in areas of EDI.





## Accessible Communications

### PISA and Jurisprudence

- The Professional Issues Self-Assessment (PISA) and the Jurisprudence Module are offered in English and French.
- PISA uses gender inclusive language.



# Accessible Communications



## Complaints Process and Patient Resources

- Information about how to make a complaint about the care received from a physiotherapist is available in 11 languages including French, Arabic and Tagalog. Audio clips explaining the complaints process are available in seven languages.
- The College has staff members fluent in French, Spanish, German and Russian. We can also connect with an interpretation service to answer questions in other languages.

# Accessible Communications



## Complaints Process and Patient Resources

When submitting a complaint, patients or caregivers have the option of doing so in whichever language they choose. The College offers a comprehensive translation service that will provide information in a preferred language throughout the entire complaints process. This includes interviews, email updates and written decisions. To date, we have been pleased to provide this service in several languages including Korean and Farsi.

## Inquiries, Complaints and Reports Committee Decisions

- The Professional Conduct team created a new template for written decisions from the Inquiries, Complaints and Reports Committee to make them more concise, accessible and reader friendly.

## Ontario Clinical Exam Resources

- Exam content is reviewed by an independent plain language consultant to help remove unintended barriers.
- The Ontario Clinical Exam (OCE) is available in both English and French. To support candidates taking the OCE in French, we created and published OCE resources in French on the website.



## Website, Social Media and Video Assets

- The College website is compliant with the *Accessibility for Ontarians with Disabilities Act (AODA)*, and our compliance is reviewed on a regular basis to identify improvements.
- Our social media accounts include alt text on all images for people who use screen readers.
- Our social media accounts acknowledge cultural holidays and recognition days including Pride Month, Black History Month, Ramadan, the National Day for Truth and Reconciliation and more. We aim to recognize the diverse communities we serve and highlight helpful resources created by the College or other organizations.





## Website, Social Media and Video Assets

- Our video assets include voice over for all on-screen elements including text for anyone who is blind or partially sighted, and closed captioning for people with hearing loss.
- Alternative formats including large print, braille or audio are available upon request.





## Fostering a More Inclusive Experience

Across the College, all audiences and system partners are encouraged to connect with us to request accommodations or specify if there's anything we can do to help improve their experience.

Exam candidates can request accommodations for the Ontario Clinical Exam. This may include additional time, scheduled breaks, access to medication, etc. Accommodation requests are reviewed by the exam team, and a specific accommodation plan is developed for each candidate.



## Fostering a More Inclusive Experience

- The exam team conducts a comprehensive review of all faith-based calendars before scheduling exam dates to be as inclusive as possible and remove any barriers that would prevent candidates from being able to take the Ontario Clinical Exam.
- Physiotherapists selected to participate in a screening interview or practice assessment as part of the Quality Assurance program are asked if they require any accommodations to participate in the process. This may include additional time to complete the screening interview or assessment or requesting materials in alternate formats.
- All staff signatures include a territorial acknowledgement, pronouns, inclusivity statement and an invitation to request accommodations to better access our services.



# What's Next

While it's important to take time to learn as much as we can about the communities we serve, it's equally important to make sure these learnings translate into meaningful action.

We're proud of the work we have accomplished so far, while also recognizing that we're only just getting started. In the coming year, we look forward to moving closer to our overarching goal by continuing to implement various initiatives and processes that enable us to further our guiding principles for equity, diversity and inclusion.



## New Standards

Two new standards will be developed in the coming year or so to solidify guidance and support physiotherapists in the delivery of safe, welcoming and equitable care. We look forward to meaningfully engaging with all system partners as the standards are developed.

- Health Equity and Anti-Discrimination Standard
- Indigenous Cultural Safety and Humility Standard



## A More Inclusive and Welcoming Workplace

In the coming year, the College will continue to make efforts to foster an inclusive and welcoming workplace within the organization by:

- Reviewing all human resource policies with an EDI lens
- Implementing an EDI-focused staff engagement survey to explore how well we are currently integrating and applying EDI principles in our work culture





## Initiating New Relationships and Furthering Established Connections

We are identifying opportunities to meaningfully engage with Indigenous health care providers and communities to learn more about how regulatory processes and guidance impact them and how we can make changes that respond to their experiences and needs.

We understand that fostering these connections requires time, humility and demonstrated authenticity.



## Initiating New Relationships and Furthering Established Connections

We will continue to seek opportunities to establish and build connections with physiotherapists, community groups, academics and system partners who can support our work in this space including:

- Physiotherapists and PT collectives representing different racial and ethnic backgrounds and the LGBTQ2S+ community
- Internationally educated physiotherapists and newcomer networks

We appreciate any opportunities to collaborate and meaningfully engage with these communities to better understand their experiences and expectations.





## Next Steps in Data Collection

We will continue to learn about data and the role it can play in helping us further our EDI work. Our goal is to ultimately collect the right data in the right way so we can:

- Understand who comprises the physiotherapy profession.
- Understand if the diversity of the profession reflects the diversity of the public we serve.
- Consider the composition of our Board of Directors and committees.
- Proactively assess whether there is unequal or inequitable treatment or outcomes in our regulatory process and implement corrective actions as needed.

We can only do this with your willing participation so we will take time to engage with you and find the right way forward.



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of ONTARIO  
*Regulating Physiotherapists*

## Keep in Touch

We look forward to sharing our ongoing Equity, Diversity and Inclusion (EDI) journey with you, and your thoughts are always welcome.



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

Visit the College website for updates and information about new and existing resources.

[cpo@collegept.org](mailto:cpo@collegept.org)

Contact us with any feedback on this report or questions about our EDI work:  
[cpo@collegept.org](mailto:cpo@collegept.org)

Social Media

Follow us on social media for more information about our EDI initiatives:





**20. Conflict of Interest Primer**  
*Mara Berger*



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ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Board**

## **21. Ontario Clinical Exam (OCE) Update**

*Amanda Sandhu and John Wickett*



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**Motion No.: 22.0**

**Board Meeting  
June 24-25, 2024**

**Agenda #22.0: Motion to go in-camera session pursuant to section 7.2(b) of the Health Professions Procedural Code**

It is moved by

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and seconded by

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that:

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