



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

### Hybrid Meeting

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

Tuesday, December 10, 2024, from 9:00 – 4:00 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

### Closed Education Session:

9:00 – 9:45 a.m.	<p><b>HPRO Presentation</b> <i>(Dan Faulkner)</i></p> <p>Dan Faulkner, Registrar and CEO of the Royal College of Dental Surgeons, current Chair of HPRO, will present to the Board regarding HRPO's role, new strategic plan and current initiatives.</p>
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### Monday, December 9, 2024

Item	Time	Topic	Page	Purpose
*	10:00 a.m.	<p><b>Welcome and Call to Order</b> <i>(K. Schulz &amp; K. Moffett)</i></p> <ul style="list-style-type: none"> <li>• Roll Call</li> <li>• Territory Acknowledgement</li> </ul>	N/A	N/A
1.	10:05 a.m.	<p><b>Review and Approval of the Agenda</b> <i>(K. Schulz)</i></p>	1-7	Decision
2.	10:10 a.m.	<p><b>Declaration of Conflicts of Interest</b> <i>(K. Schulz)</i></p> <p>Following approval of the Agenda, Directors are being asked to declare any known conflicts of interest with the Agenda.</p>	8	Discussion
3.	10:15 a.m.	<p><b>Approval of the Consent Agenda</b> <i>(K. Schulz)</i></p> <ul style="list-style-type: none"> <li>• Approval of the September 23-24, 2024 Board Meeting Minutes</li> <li>• Approval of the September 24, 2024 Board Meeting In-Camera Minutes</li> <li>• Q2 Executive Committee Report</li> </ul>	9-19	Decision
4.	10:20 a.m.	<p><b>Acting Chair's Report</b> <i>(K. Schulz)</i></p> <p>The Board is provided with an overview and updated regarding key activities and initiatives.</p>	20-26	Information



5.	10:30 a.m.	<b>Registrar's Report</b> <i>(C. Roxborough)</i>  The Board is provided with an overview and update regarding key activities and initiatives.	27-49	Information
6.	11:15 a.m.	<b>Multi College Discipline Tribunal</b> <i>(C. Roxborough &amp; A. Ashton)</i>  The Board will be engaged in a discussion to determine the Board's interest in potentially joining the Multi College Discipline Tribunal Pilot.	50-99	Discussion
*	12:00 p.m.	<b>Lunch (45 Minutes)</b>	N/A	N/A
7.	12:45 p.m.	<b>Entry to Practice Licensure Examinations - Next Steps</b> <i>(Brandi Park, C. Roxborough &amp; A. Ashton)</i>  The Board will be engaged in a discussion about the new exam model the Canadian Alliance of Physiotherapy Regulators is developing.	100-113	Decision
8.	2:15 p.m.	<b>Final Review of Revised Standards (3<sup>rd</sup> batch) for Approval</b> <i>(E. Ermakova)</i>  The Board is being asked to approve the third group of revised Standards following the consultation.	114-133	Decision
*	2:45 p.m.	<b>Break (15 Minutes)</b>	N/A	N/A
9.	3:00 p.m.	<b>Code of Conduct Inquiry</b> <i>(K. Schulz)</i>  The Board is being asked to consider concerns that the Code of Conduct may potentially have been breached.	134-230	Decision
*	4:30 p.m.	<b>Adjournment of Day One</b>		



Tuesday, December 10, 2024				
Item	Time	Topic	Page	Purpose
10.	9:00 a.m.	<b>Motion to go in camera pursuant to section 7.2(d) of the Health Professions Procedural Code</b> <i>(K. Schulz)</i>  The Board will be asked to move in camera as personnel matters or property acquisitions will be discussed.	231	Decision
11.	10:00 a.m.	<b>Review of College Investments</b> <i>(C. Roxborough and Bill Quinn &amp; Cameron Clark, RBC)</i>  The Board will be provided with a primer and an update regarding the College's investments.	232	Information
*	10:30 a.m.	<b>Break (15 Minutes)</b>	N/A	N/A
12.	10:45 a.m.	<b>Priorities and Initiatives for FY2025-2026</b> <i>(C. Roxborough &amp; J. Huang)</i>  Staff have recently completed operational planning for FY2025-2026. The Board will be asked to provide feedback on the list of proposed priorities and initiatives.	233-237	Discussion
13.	11:15 a.m.	<b>FY2025 Q2 Financial Report</b> <i>(M. Catalfo)</i>  The Board will be provided with an update on the College's Q2 financial performance.	238-255	Information
14.	11:40 a.m.	<b>FY2026 Professional Corporation Fees – Consultation Results</b> <i>(C. Roxborough)</i>  The Board will be asked to approve a 2% increase to fees related only to professional corporations in line with a previously approved increase following the consultation.	256-260	Decision





15.	12:00 p.m.	<b>Appointment of the Auditor</b> <i>(C. Roxborough)</i>  The Board will be asked to approve a recommendation of the Auditor for the Fiscal Year 2024-2025 Audit.	261-263	Decision
*	12:15 p.m.	<b>Lunch (45 Minutes)</b>	N/A	N/A
16.	1:00 p.m.	<b>General Regulation Modernization</b> <i>(M. Berger &amp; E. Ermakova)</i>  The Board will be asked to provide direction on proposed amendments to the <i>O. Reg 532/98 General</i> .	264-294	Discussion
17.	2:00 p.m.	<b>Update to Signing Officers Policy and Related By-laws</b> <i>(C. O'Kelly)</i>  The Board will be asked to approve updates to the Signing Officers Policy and related By-law definition.	295-299	Decision
*	2:15 p.m.	<b>Break (15 Minutes)</b>	N/A	N/A
18.	2:30 p.m.	<b>Strategy: Environmental Scan Update</b> <i>(J. Huang)</i>  The Board will hear about recent updates and trends we are observing in our environment. Awareness of our current environment will support the Board's future thinking about our next strategic plan.	300-323	Information
19.	3:45 p.m.	<b>Committee Slate Amendment</b> <i>(C. O'Kelly)</i>  The Board will be asked to approve an amendment to the Committee Slate.	324-330	Decision
*	4:00 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  
December 9-10, 2024**

**Agenda #1: Review and 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.



## **2. Declaration of Conflicts of Interest** *Katie Schulz*



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 3.0**

**Board Meeting  
December 9-10, 2024**

**Agenda #3.0: 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:

- Approval of the September 23-24, 2024 Board Meeting Minutes
- Approval of the September 24, 2024 Board Meeting In-Camera Minutes
- Acceptance of the Q2 Executive Committee Report



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

**Monday, September 23 and Tuesday, September 24, 2024**

The College Boardroom & Virtually via Zoom

### **Public Director Attendees:**

Nitin Madhvani (Chair)  
Carole Baxter  
Mark Heller  
Frank Massey  
Richard O'Brien  
Christopher Warren

### **Professional Director Attendees:**

Katie Schulz (Vice-Chair)  
Frank DePalma  
Kate Moffett  
Dennis Ng  
Kirsten Pavelich  
Gary Rehan  
Theresa Stevens  
Maureen Vanwart

### **Guests:**

Blair MacKenzie, Managing Partner, Hilborn  
LLP

### **Staff Attendees:**

Craig Roxborough, Registrar & CEO  
Anita Ashton, Deputy Registrar & CRO  
Lisa Pretty, Senior Director, Organizational  
Effectiveness  
Mara Berger, Director Policy, Governance &  
General Counsel  
Mary Catalfo, Director, Finance  
Joyce Huang, Manger, Strategy  
Evguenia Ermakova, Policy Analyst

### **Recorder:**

Caitlin O'Kelly, Governance Specialist

### **Professional Director Regrets:**

Trisha Lawson  
Sinéad Dufour

### **Public Director Regrets:**

Jesse Finn  
Christopher Warren (September 24)

## **Monday, September 23, 2024**

### **Welcome and Call to Order**

N. Madhvani, Board Chair, called the meeting to order at 11:40 a.m. The Chair welcomed Directors and staff to the Board of Directors meeting. Meeting regrets were noted. F. DePalma, Professional Director, provided the Territory Acknowledgement.

N. Madhvani confirmed the College's ongoing commitment to the Public Interest mandate. Directors were reminded to declare any conflicts of interest for any items to be discussed during the meeting.



## 1.0 Review and Approval of the Agenda

### **Motion 1.0**

It was moved by G. Rehan and seconded by D. Ng 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

N. Madhvani provided an overview of the items listed on the Consent Agenda for approval.

### **Motion 2.0**

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

The following items be approved by the Board:

- June 24-25, 2024 Board Meeting Minutes as amended.
- June 24, 2024 In-Camera Board Meeting Minutes as presented.
- June 25, 2024 In-Camera Board Meeting Minutes as presented.
- Acceptance of the Q1 Executive Committee Report.

**CARRIED.**

## 3.0 Chair's Report

N. Madhvani provided an overview of the Chair's activities since the June Board meeting, which included a summary of the post Board meeting survey results and associated action items. It was noted that in addition to the regular post meeting survey, the Board would also receive the Annual Board Operations Evaluation to complete.

## 4.0 Registrar's Report (with Dashboard)

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

There was some discussion around the new Ontario Clinical Exam dashboard metrics, including an explanation of how many candidates can sit during an administration of the examination, and how often the examination occurs.



The Registrar also provided a historical overview of the efforts to expand the scope of practice for physiotherapists in Ontario. It was reported that the Ministry of Health has recently begun seeking new information to assess the need and impact of this change. More updates will be provided as this develops.

## **5.0 Enterprise Risk Management – Risk Registry Update**

C. Roxborough provided the Board with an update on the College's Risk Registry. The College has a Risk Register, which is a tool used to engage in discussions with the Risk, Audit and Finance Committee. At this time, no changes were identified in the risks since June, but more details have been added regarding mitigation activities. Moving forward, updates on the Risk Registry will be integrated into the Registrar's Report.

## **6.0 Final Review of Revised Standards (2nd batch) for Approval**

E. Ermakova, Policy Analyst, presented an overview of the revised standards from the second group, based on the consultation, and summarized the feedback received. The Board discussed what information might be useful to include in a companion resource.

### **Motion 6.0**

It was moved by M. Vanwart and seconded by M. Heller that:

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

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

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

- Restricted Titles, Credentials, and Specialty Designations Standard

**CARRIED.**

## **7.0 Review of Revised Standards (4th batch) for Consultation**

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

The Board engaged in small group discussions to review the revised standards and provided targeted feedback. After reconvening, the Board summarized and shared key points from their discussions, to ensure feedback was captured in the public session. Overall, the Board was supportive of the standards proceeding to consultation.





### **Motion 7.0**

It was moved by G. Rehan and seconded by M. Vanwart that:

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

- Advertising and Marketing
- Documentation
- Funding, Fees and Billing

**CARRIED.**

The Board recessed at 4:17 p.m. to reconvene at 9:00 a.m. on Tuesday, September 24, 2024.

### **Tuesday, September 24, 2024**

N. Madhvani reconvened the meeting at 9:00 a.m. on September 24, 2024.

### **8.0 Election Eligibility**

C. O'Kelly, Governance Specialist, presented the proposed amendments to the election eligibility section of the College By-laws. Following the election review in June 2024, the Board directed staff to assess the election process and propose potential improvements. The Board discussed the proposed amendments and reached consensus on most of the changes. However, they agreed that no amendments should be made to clause 3.1(9)(h).

Staff noted that the clause also appears in other sections of the By-laws, including eligibility criteria for Academic Directors, committee members and in the disqualification sections. It was noted that to maintain consistency, no updates would be made to these related clauses.

### **Motion 8.0**

It was moved by M. Heller and seconded by M. Vanwart that:

The Board approves the proposed amendments to By-laws s.3.1, 3.2 and 7.6 without the proposed changes to: 3.1(9)(h), 3.1(26)(vi), 3.2(2)(i), 3.2(7)(f), 7.6(2)(i), 7.6(3)(g).

**CARRIED.**

### **9.0 Governance Reform Discussion: Potential Implementation of a Screening and/or Selection Committee**



The Board engaged in a generative discussion on the potential establishment of a Screening and/or Selection Committee to support various processes, including Board elections and committee appointments.

Following the discussion, staff received direction that the Board was interested in exploring a committee specifically focused on supporting the election process. However, there was less interest in extending this committee's role to the committee appointments process, as the Board noted that this process currently rests with the Executive Committee.

## **11.0 Funding for Therapy/Counselling for Committee Members**

M. Berger, Director Policy, Governance & General Counsel, presented a proposal to establish a support system that would allow Committee members to access counselling and therapy services when dealing with emotionally challenging and potentially traumatizing regulatory matters. The Board was supportive of this initiative to promote a compassionate approach to regulation. Two options were presented, with the Board favoring Option A, which provides the support through the College's Employee Assistance program.

### **Motion 10.0**

It was moved by D. Ng and seconded by G. Rehan that:

The Board supports providing access to mental health services for all Board and Committee Members for a two-year pilot program.

**CARRIED.**

### **Motion 10.1**

It was moved by C. Baxter and seconded by M. Heller that:

The Board approves adding Board and Committee members to the College's Employee Assistance Program offered through HumanaCare.

**CARRIED.**

## **11.0 FY2025 Q1 Financial Report**

C. Roxborough provided the Board with an update on the College's Q1 financial report. The Board reviewed the financial report and engaged in discussions to seek clarification on key variances. It was also highlighted that consulting fees are higher this year due to human resource matters requiring additional support. A question was raised regarding whether the



increased consulting fees are expected to be one-time expenses or will continue into the next year, and it was confirmed that they are one-time costs.

## **12.0 FY2024 Audited Financial Statements**

Blair MacKenzie, Managing Partner from the College's auditing firm, Hilborn LLP, presented the Board with the 2023-2024 audited financial statements ending on March 31, 2024. The auditor noted that the College received a clean opinion, and that no material concerns were identified in the audit.

During the discussion, the Board acknowledged that adjustments were proposed by the auditor, all of which were accepted by management. While the number of adjustments exceeded what might typically be expected for the organization, it was noted that the internal control processes would be reviewed, with consideration given to any areas for improvement.

### **Motion 12.0**

It was moved by R. O'Brien and seconded by F. Massey that:

The Board approves the 2023-2024 Audited Financial Statements ending on March 31, 2024.

**CARRIED.**

## **13. Motion to go in camera pursuant to section 7.2(b) of the Health Professions Procedural Code**

### **Motion 13.0**

It was moved by C. Baxter and seconded by D. Ng that:

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

**CARRIED.**

The Board entered an in-camera session at 12:47 p.m. and returned to the open session at 1:08 p.m.

## **14.0 FY2026 Registrant Fees**

C. Roxborough provided the Board with a proposal to raise the FY2026 fees for professional corporations in line with a historical increase to all other registration and administrative fees in FY2025, and to retain all other fees at current levels. This adjustment was proposed to correct



an oversight from the prior year when other registrant and administrative fees were increased, but fees for professional corporations were unintentionally omitted. The proposed increase aims to align professional corporation fees with the fee adjustments approved in December 2023. The Board reviewed the context and acknowledged that although the financial impact of the adjustment would be minor, applying the increase would maintain consistency across all fees. During the discussion, there was a request for additional information on how the proposed professional corporation fees compare with those of other regulators. Any changes to the fees in the College By-laws require circulation to the registrants for consultation before receiving final approval by the Board.

#### **Motion 14.0**

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

The Board approves, in principle, a 2% increase to fees related to professional corporations and authorizes the circulation of the necessary By-law amendments of s.9.2 for feedback.

**CARRIED.**

K. Moffett and D. Ng abstained.

#### **15.0 Strategic Planning**

C. Roxborough and J. Huang introduced a discussion on the Board's approach to developing the College's next Strategic Plan, which will guide the organization from 2026 onward. The Board was asked to consider whether to build on the current plan or create a new one and whether an external consultant or College staff should lead the process.

During the discussion, the Board expressed support for the approach to have staff lead a process to refresh the current strategic plan for continued use beyond 2026. However, the Board recognized that more information about the current environment is needed before they can provide firm direction. Staff will bring forward updates from an environmental scan in December to inform the Board's direction about the approach for strategic planning.

*N. Madhvani, Chair, left the meeting at 2:00 p.m. K. Schulz, Vice-Chair, assumed the role of Chair.*

#### **16.0 General Regulation Modernization**

M. Berger and E. Ermakova presented an overview of potential revisions to the General Regulation, Ontario Regulation 532/98 under the *Physiotherapy Act, 1991*. The Board engaged in a discussion on guiding principles for potential amendments, considering changes to enable the College to adapt as the exam landscape continues to evolve.



The Board discussed the importance of building flexibility into the regulation to address future needs without compromising public safety. There was general support for exploring alternative pathways to registration that maintain high standards. The Board also discussed possible adjustments to the provisional practice certificate, reflecting on how a single exam model might impact its function and requirements. Staff will incorporate this feedback to develop draft amendments for the Board's further review and consideration at the December meeting.

*N. Madhvani returned to the meeting at 2:33 p.m. and resumed the role of Chair.*

### **17.0 Adjournment of Meeting**

K. Pavelich moved that the meeting be adjourned. The meeting was adjourned at 3:06 p.m.

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Katie Schulz, Acting Chair



## Executive Committee Report

### Reporting Period: July – September 2024 (Q2)

The Committee met one (1) time during this period:

- September 6, 2024

### Regular Executive Committee Meetings

<b>Date:</b>	September 6, 2024
<b>Meeting purpose:</b>	A regularly scheduled meeting to preview items that will go forward to the Board at upcoming meeting.
<b>Chaired by:</b>	Nitin Madhvani

#### Summary of discussions and decisions:

##### *Feedback on materials to the Board:*

- Revised Standards – Fourth Group: The Committee provided feedback to staff on materials regarding the fourth group of revised standards before they are presented to the Board for approval for consultation.
- Revised Standards – Second Group: The Committee provided feedback to staff on materials regarding the second group of revised standards following the consultation and the feedback received before they are presented to the Board for final approval.
- Election Eligibility: The Committee provided feedback to staff on materials related to proposed updates that clarify the College’s By-law election eligibility criteria.
- Funding for Therapy: The Committee provided feedback to staff on materials regarding a proposal to establish funding for therapy/counselling for Committee members.
- General Regulation Modernization: The Committee provided feedback to staff on materials concerning potential amendments to *O.Reg 532/98 General*. These materials are being presented to the Board to facilitate discussion and gather feedback and direction.
- Strategic Planning: The Committee provided feedback to staff on materials related to strategic planning. These materials are being presented to the Board to facilitate discussion and gather feedback and direction.



- **Screening Committee:** The Committee reviewed a proposal on the establishment of a Screening Committee to support the College's election process. The Committee deemed it premature to bring this item forward for Board approval. It was determined that additional discussions are necessary to ensure that the Board has provided direction before moving forward with a proposal for Board approval.

*Recommendations to the Board:*

- None.

*Decisions made within Executive Committee's authority:*

- None.

*Other:*

- Chairs's Report – received for information
- Registrar's Report – received for information
- Human Rights Tribunal of Ontario - The Committee was engaged in a discussion to inform strategies relating to an HRTO matter.

**Executive Committee Acting on behalf of the Board:**

The Executive Committee did not act on behalf of the Board during this reporting period.



**BOARD BRIEFING NOTE**  
For Information

<b>Topic:</b>	Acting Chair’s Report
<b>Public Interest Rationale:</b>	The Chair or Vice-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 or Vice-Chair and fosters transparency.
<b>Submitted By:</b>	Katie Schulz, Acting Chair
<b>Attachments:</b>	Appendix A: 2025-2026 Board Performance Assessment Framework Appendix B: Conference Key Learning Report – CNAR 2024

**Governance**

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- In September, Directors were asked to complete the Annual Board Operations Evaluation as part of the post-Board meeting survey. As part of the Evaluation, Directors were asked to reflect on the current process to inform improvements for future evaluations. An outline for the 2025-2026 Board Performance Assessment Framework is attached as Appendix A.
- The Executive Committee had discussions at its November meeting about the Board's quarterly 2-day meeting structure, prompted by recent board evaluation feedback. While the Committee decided to maintain the current structure, it acknowledged the feedback and emphasized the commitment to adjusting as needed including considerations for speaker availability and Board priorities, ensuring timing/content of agenda items are balanced whenever possible.
- Committee Chairs and Vice-Chairs attended a training session in mid-October, hosted by Facilitation First and building on the foundation we established last year.
  - The workshop was well received. Attendees reported gaining valuable tips and techniques to effectively facilitate meetings, including managing challenging behaviours and how to lead better decision-making.

**Partner Engagement**

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- In October 2024, the Chair and Vice-Chair attended the Canadian Network of Agencies for Regulation (CNAR) Conference. A Conference Key Learning Report, prepared by the Vice-Chair, is attached as Appendix B.

**Board Feedback from the September 2024 Board Meeting**

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- Directors were asked to complete a post-Board evaluation survey that assessed the effectiveness of the meeting and materials, education sessions and overall satisfaction with the meeting. There was an 92% (12/13) completion rate.





- Overall, feedback was positive. All respondents felt they had sufficient time to review the Board package, and that the agenda achieved an appropriate balance between education, information and decision-making items. Briefing Notes were well received, with all respondents agreeing they provided the necessary information for active participation in discussions. Both the Chair's and Registrar's report were well received.
- One area of improvement involved the discussion on governance reform, which some felt could have benefited from clearer framing and more focused facilitation.
- Education sessions received mostly positive feedback. The multi-College Discipline Tribunal and governance modernization presentations were highlighted as useful. There was a suggestion to make future sessions more interactive and less lecture-style.
- A few members noted that discussions occasionally veered into operational matters and suggested a stronger focus on governance. Moving forward, strategies will be explored, such as the use of 'parking lot' if comments/questions stray from the purpose of the discussion.
- The format for the small group discussions for the Group 4 Standards was well received.
- Suggestions for future education sessions included further exploration of governance modernization, hearing from other regulatory bodies on their governance experiences, and additional training on strategic planning and governance versus operations.

### **Board Feedback from the Annual Board Operations Evaluation**

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- Directors were asked to complete the Annual Board Operations Evaluation. There was an 86% (13/15) completion rate.
- The evaluation indicates a generally positive perception of the Board's operations, with strong understanding for policies, communication and meeting structure. Areas for improvement include financial oversight, governance clarity and enhanced training opportunities.

### **Board Activity**

- There was strong agreement in most categories regarding the Board's familiarity with policies and procedures, the inclusion of valuable learning opportunities in meetings, support for the strategic planning process, the timely provision of agendas and materials, and the effective leadership of meetings by the Board Chair.
- There was some disagreement on the effective reporting of the Executive Committee, as well as areas for improvement in financial oversight, including the need for clearer communication regarding financial updates, and engagement in discussions on significant issues.



## **Mission and Mandate**

- Strong consensus that Board meetings consistently prioritize the public interest. Most members felt that discussions and materials adequately reflect this focus. Some noted that certain meetings occasionally divert attention from this core priority depending on the agenda topics.

## **Governance / Partnership Alignment**

- Strong agreement that the Board upholds its governance role and aligns with the organizations mission and core values. Feedback highlighted the need for a clearer governance structure, particularly concerning the absence of a governance committee.

## **Organization**

- There is general agreement that staff information supports effective governance, particularly through the helpfulness of the Registrar's reports and the visual dashboard. However, some expressed a need for further clarification on certain topics, including potential governance modernization options and the performance benchmarks set within the dashboard.

## **Meetings**

- Meeting frequency and duration were viewed positively, with most agreeing that they provide sufficient time for Board work.

## **Board Membership**

- Feedback on whether the Board effectively uses members' skills effectively was generally positive, with the majority of respondents agreed or strongly agreed with this statement. Comments highlighted the value of diverse perspectives, collaborative discussions and a respectful meeting environment. Some respondents expressed concerns about optimizing governance practices, the Board's composition, and the committee structure. Suggestions included exploring a governance committee to address these issues.

## **Administration and Staff Support**

- There was strong agreement on the communication between Board and staff.

## **Overall Effectiveness of the Board**

- Members found the evaluation process helpful. Respondents highlighted opportunities for enhancing Board performance through targeted training and education, particularly in finance



oversight and governance roles. Some expressed interest in peer feedback or a skills assessment mechanism and more forward-looking agenda items for discussion.

### **Evaluation Feedback**

- Respondents found the evaluation process clear and relevant. Overall, the evaluation was seen as a valuable tool for improving Board effectiveness and performance.

**2025-2026 Board Performance Assessment Framework**  
(April 2025 – March 2026)

Month	Activity	Purpose
May 2025	Annual Board Operations Evaluation for the 2024-2025 Board year.	<ul style="list-style-type: none"> <li>• Identifies areas for improvement</li> <li>• Gathers feedback on governance and Board satisfaction.</li> <li>• Timing allows for input from any outgoing Directors</li> </ul>
September 2025	Self-Assessment and Skills Matrix	<p><u>Self Assessment (returning):</u></p> <ul style="list-style-type: none"> <li>• Allows Directors to reflect on their strengths and growth</li> <li>• Identify learning needs</li> </ul> <p><u>Skills Matrix (new/in development):</u></p> <ul style="list-style-type: none"> <li>• Maps skills against the approved Competency Profile</li> <li>• Help identify gaps in knowledge and skills</li> </ul>
October – November 2025	Mid-Year Check in Calls with Board Chair and Directors	<ul style="list-style-type: none"> <li>• Chair to discuss progress and gather improvement ideas,</li> <li>• Chair will review the completed surveys beforehand</li> </ul>
Ongoing/Quarterly	Post-Board Meeting Evaluations	<ul style="list-style-type: none"> <li>• Regular evaluations of Board meetings</li> <li>• Identify trends and improvement opportunities</li> </ul>

**Other Evaluation Methods (not specific to only Directors)**

- Committee Chair Feedback: Distributed to all committee Chairs each year in January/February to gather insights on performance and aid in the development of the Committee Slate development.
- Committee Effectiveness Surveys: Distributed to all committee members in Spring, near the end of the committee year, to assess overall performance and identify strengths and areas for improvement.
- Quarterly Check in Calls between the Board Chair and Committee Chairs: Regular meetings between the Board Chair and committee Chairs will support better information flow and oversight. Quarterly check-in meetings will support Board oversight through the Chair and create formal communication pathways to identify and address any governance issues that arise over the course of the year.



## Conference Report to the Board of Directors

Director's Name: Katie Schulz

Name of Conference: Canadian Network of Agencies of Regulation (CNAR)

Link to Conference Agenda: [CNAR 2024 Hybrid Event - CNAR 2024 Hybrid Event](#)

Location of Conference: Ottawa, Ontario

Date of Conference: October 8, 9, 2024

Briefly summarize the nature of the conference:

Representatives from regulators across professions and across Canada came together to learn from one another and network. There were several sessions available that were applicable to CPO.

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

I chose to attend sessions related to compassionate regulation and trauma-informed care, in addition to the general plenary sessions. See specific sessions below:

**SESSION 3: Myths, Stereotypes, and Common Sense: Navigating the Legal Principles and Pitfalls of #IYKYK in Sexual Abuse Cases**

Discipline | British Columbia, Ontario

**SESSION 6: Compassionate Regulation: Harnessing Data for Informed Decision-Making**

Entry to Practice | Ontario, British Columbia

**SESSION 11: 10 Things You Can Do Today to Become a Trauma Informed Regulator**

Hot Topics | Ontario



What are your top key learnings from the conference?

**Education:** I learned that some colleges have a very intentional approach to educating their committee and board members. Individuals receive feedback on their performance at 3 different levels: self-reflection, from the Chair of the committee, and from a staff member. This info is used to create an individualized education program based on each individual's needs. Those who work in discipline hearings should all receive training on trauma-informed care to ensure a baseline knowledge.

**Trauma-informed approach:** In this session, I learned that there are many ways a college can apply this approach to ensure it's accessible and relevant to all who engage with it. For example:

- if you collect data about your registrants and users, you can learn more about their cultural context and how best to support them; it's important to be transparent with people as to WHY you are asking this info
- info shared with others should be in plain language and accessible (readability.io)
- when interacting with others (like registrants and complainants), ensure you are considering their needs, that the process is easy and that there's support available
- consider your role in mental health and wellness and if you need more training in empathy, and if there's a policy for crisis intervention

Did you hear about any tools or resources from other regulators that might be helpful to support the Board or the College in our work?

The feedback framework described above is something our college can strive towards, to ensure that all members have the skills and knowledge to contribute effectively on their respective committees and on the board.

There may be opportunities for us to receive more training in trauma-informed care, compassionate regulation, and navigating sexual abuse cases (beyond the minimum required each year), especially if we are sitting on discipline hearings.

Please provide any additional comments or feedback:

Even though some sessions may have been more applicable to those working in the operations side of regulation, I found that I could draw important conclusions from every session I attended. I also had the opportunity to speak with those working in regulatory colleges in other provinces (e.g., the amalgamated dental college in BC, the physiotherapy college in NS), and it was fascinating to learn about similarities and differences to our college.



**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: Q2 2024-2025 Dashboard Appendix B: Risk Register and Heat Map Appendix C: Governance Practice Review Recommendations & Progress

**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)*

- The October sitting of the OCE encountered some challenges from an examiner perspective. Immediately prior to the exam administration, more examiners than anticipated had to withdraw from participation.
- The Exam team is working to rebuild the examiner roster, which has declined down to about 200 from a high of around 250. Active recruitment is in process.



- Enrollment continues to be strong, with both the January and March sessions fully subscribed at 280 spots each (including three French candidates).

#### *Release of New Standards*

- The second group of updated standards – the Evidence-Informed Practice Standard and the Titles, Credentials, and Specialty Designations Standard – took effect on Nov. 1.
  - As with the previous group, we are undertaking a comprehensive promotional campaign to ensure that PTs are aware of and learn about the updated standards.
  - We highlighted the new standards in the October Perspectives newsletter.
  - We also sent a standalone email on Oct. 31 to promote the new standards that includes highlights about each one.
  - As of this writing, each standard has been viewed by almost 3,000 individuals.
  - We will continue to highlight each of the standards in future issues of Perspectives and on our social media channels.
- The College hosted a webinar in November to provide additional information and answer questions about the first group of updated standards that took effect in August.
  - Around 100 people joined the webinar live and the YouTube recording of the webinar has been viewed 200+ times.

#### *Compassionate regulation in action*

- As an example of how our regulatory approach is evolving to incorporate principles of compassionate regulation, the College is taking steps to adopt a more collaborative approach to supporting physiotherapists who are facing challenges in their practice.
  - This includes utilizing Undertakings where appropriate in lieu of issuing a Specific Continued Education and Redmediation Program through the investigations process.
  - While both outcomes aim to provide education and training to support physiotherapists, Undertakings are jointly agreed to between the College and the physiotherapist rather than imposed.

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

#### *Perspectives Newsletter*

- The September issue of Perspectives saw 75% of recipients opening the newsletter, which is consistent with historical open rates.





- What is notable is that 19% of recipients clicked through on at least one link. This is the best click-through rate of 2024 and suggests we are providing content that is of value to registrants.

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

- Updates regarding the development of a new consolidated exam are provided under separate cover within the meeting package.
- The Registrar's group is formally detaching itself from CAPR as of the end of 2024. The group has landed on a new name, Canadian Physiotherapy Regulators (CPTR), and logo.
- In keeping with CAPR's governance transition plan, new board members have been recruited and are being transitioned onto the CAPR board. The intention is to bring independence from the regulators to minimize any potential conflicts of interest and to ensure the board is comprised of individuals with competency specific to evaluation services. The transition formally began in the fall of 2024 and will be complete by June 2025.

#### *Engagement with current and future PTs and PTAs*

- The College continues to engage with the physiotherapy community to raise awareness about the College's role and to share relevant regulatory information with them.
  - In mid-September, the Registrar and the Senior Physiotherapy Advisor spoke to a group of PTs at St. Joseph's Health in London to share information about supervision of PTA and students, use of social media, and managing workloads.
  - In late September, the Registrar and Practice Advice Manager presented at a joint session with Ontario Physiotherapy Association (OPA) and Canadian Physiotherapy Association (CPA) to a group of internationally education PTs in the UofT Bridging Program to speak about the role of the College.
  - The Practice Advice team presented to PTA students at Georgian College in late September and at Fleming College in November to bring awareness to this group about the role of the College and professional regulation in the context of PTAs working alongside PTs.
  - In October, the Practice Advice Manager spoke to first year PT students at the University of Ottawa to introduce them to the College and health regulation. In early November the Registrar and the Practice Advice Manager did the same for first year PT students at McMaster University.
  - In November, the Senior Physiotherapy Advisor delivered a session for the learners in the UofT bridging program that covered both theory and application of how to effectively deliver virtual care.



- In early December, the Practice Advice Manager spoke with students at Queen's about maintaining appropriate boundaries in practice and the Registrar spoke with first year students at Western, introducing them to the concept of self-regulation.

#### *Supporting OCE candidates*

- The College hosts regular webinars to support OCE candidates as they prepare to sit the exam.
  - Most recently we hosted a webinar on Oct. 1 to answer common questions from candidates about taking part in a virtual exam.
  - 75 participants joined the webinar live, and 300+ people have viewed the webinar on our YouTube page.

#### *Connecting with system partners in Indigenous health*

- The Registrar was invited to participate in a panel discussion in September during the Indigenous Health Education Symposium.
  - The panel discussion explored the role a regulator might have in supporting reconciliation with Indigenous communities within the broader health system.

#### *Connecting with and learning from our regulatory peers*

- In early October, the Board Chair and Vice Chair, and nine staff members attended the annual CNAR conference.
  - The CNAR conference is very well attended by professional regulators across Canada (health and non-health). It offers a great opportunity to learn from our regulatory peers, hear about trends in our sector, and to make connections with other regulators.
  - Anita Ashton, Deputy Registrar, had an active role in the conference this year. She was a member of the planning committee, moderated a discussion about QA programs, and co-presented in a session about trauma-informed regulation.

**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.

#### *Human Resources*

- We had a few departures in Q2, which is higher than our historical norm. We also hired five individuals to fill vacancies.
  - In the summer, we conducted an employee engagement "check-in" survey. Our Employee Net Promoter Score increased at the check-in, from the initial score of 35 to 54.



- This suggests that despite the higher-than-historical turnover rate we have been experiencing, the College has a healthy workplace culture, and our staff feel positive about working here.

#### *Building strategic capacity*

- We continue to build the strategic capacity of our staff in an ongoing way through a variety of engagement activities.
  - New staff receive a detailed orientation to the College's strategy and reflect on how it connects to their work.
  - This year, our management team participated in a planning day, led by an external facilitator, where they got the opportunity to reflect on our accomplishments towards our strategic plan so far and identify areas of focus to advance our goals in the coming year.
  - The outcomes of this discussion then informed the teams' operational planning 'catchball' discussions. Staff at all levels are participating in the process, where they get to hear about the organization's goals and priorities and reflect on how their team can contribute to achieving them.

#### *Modernizing our HR policies*

- We are currently undertaking a comprehensive review of our human resource policies, many of which have not been updated for several years.
  - The review will ensure that our policies continue to comply with legislative requirements, that improvements are made from an equity, diversity and inclusion perspective, and we make necessary updates in response to our shift to remote work.

**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.

#### *Dashboard performance*

- Below is commentary on dashboard metrics that had a notable change in Q2:
  - In our QA area, we are slightly below our target number of screening interviews at the end of September. The team was being responsive to the fact that assessors were already at capacity and decided to defer one of the selections to later in the year. The team still expects to meet the annual target.



- Half of the complaints closed in Q2 were outside of our target timeline of 240 days, which is below our target of 70%. Many of these cases involved Undertakings, which take additional time because of the back-and-forth negotiation between the registrant and the committee.
- In the hearings area, one contested decision was released in Q2 after an unusually long deliberation period. The case involved a lot of evidence, and there were other, unique challenges during the deliberation phase. The team will debrief with the panel chair to explore further.

### *Cybersecurity*

- We continue to implement various measures to bolster the security of our technology systems. Recent changes include:
  - Multi-factor authentication (MFA) has been implemented for all external users accessing our systems. External users are those who access our systems using a non-College email, for example, Board and Committee members, examiners, assessors, etc.
  - Password manager software has been implemented for staff.

### *Risk Registry*

- An update to the College's risk register was shared with the Risk, Audit, and Finance Committee (RAFC) to support their ongoing oversight of risk (see Appendix A). An updated list of mitigation activities is provided in the risk register appended to this report.
  - On the basis of RAFC feedback, the likelihood rating for risk statement #11 relating to staff recruitment and retention was increased by 1 point (from 3 to 4) in light of higher than usual turnover. Notwithstanding this increase, the overall risk profile remains at 'medium'.
  - RAFC was also provided with an overview of a risk event that occurred in September 2024 where the College's credit card processing system was shut down unexpectedly. A planned migration to a new service provider was fast-tracked to remedy the issue and there were no significant impacts to registrants or applicants. An audit of the issues leading to the unexpected shutdown has occurred and changes have been made to prevent similar issues from occurring with the new service provider.

**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.

### *Increasing diversity of our assessor pool*

- As part of our ongoing commitment to EDI, the QA team is ensuring that our assessors reflect the diversity of registrants who are participating in the QA program.



- Based on previous analysis of the make-up of our assessor pool as compared to that of our registrant base, the team conducted a targeted recruitment in October for new assessors.
- In particular, they wanted to increase the proportion of internationally education PTs among applicants.
- During the last assessor recruitment in 2022, 18% of applicants were IEPTs. The team set a target of 30% for this round of recruitment. In the end, 47% of applicants were IEPTs, which exceeded the team's target.
- The team has since identified eight applicants to be hired as new assessors, three of whom are IEPTs and the others also help increase the diversity of the assessor pool in other domains.

#### *Ongoing training and learning*

- We continue to support our staff to engage in ongoing learning about equity, diversity and inclusion topics.
  - In September, all staff participated in a plain language writing workshop to support the use of more accessible language throughout the organization.
  - During Truth and Reconciliation week, staff participated in the lunch & learn sessions offered by the National Centre for Truth and Reconciliation. Staff also shared various resources and learning opportunities with each other.
  - In September and October, staff completed the 2SLGBTQ Foundations Course offered by Rainbow Health, to learn about the unique challenges this community faces in the healthcare system and how to make care more inclusive and equitable.

#### *EDI self-assessment and action planning*

- To deliver on our commitment to incorporate an equity, diversity and inclusion lens into all aspects of our work, we leveraged the Health Profession Regulators of Ontario (HPRO) EDI toolkit to conduct a departmental EDI self-assessment and action planning exercise.
  - The purpose is to help departments reflect on their work from an EDI lens and identify concrete actions we can take to achieve incremental improvements toward our EDI goals. The results of the exercise will be embedded in the College's operational plan and resourced as part of the budget process.
  - The intention is to repeat this process annually to ensure progress is consistently being made in this domain.



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

*Governance Practice Review Progress*

- The Governance Practice Review that concluded in December 2023 included 23 recommendations for changes that could be made to enhance or strengthen the governance structures of the College. Progress against the 23 recommendations is being tracked and is attached as Appendix B.
- Since the September Board meeting:
  - The Board Operations Evaluation was completed. A summary of the feedback and information about a proposed process for 2025 is included in the Chair’s report.
  - Following the Board’s direction at the September meeting, staff are developing a proposal for a Screening Committee to support the election process.
  - The Committee Chair and Vice-Chair training was held in October.
  - At their November meeting, the Executive Committee approved a set of Board education priorities for 2025-2026 including opportunities for Board and/or Committee Chairs to attend conferences. Key topics include the impact of emerging technology and artificial intelligence along with effective governance.

**Action Items Tracker (ongoing):**

*A running list of action items from previous Council meetings; once items are marked complete, they will come off the list.*

<b>Date of Meeting</b>	<b>Action item description</b>	<b>Required by date</b>	<b>Current Status</b>
September 23-24, 2024	Circulate the 4 <sup>th</sup> group of revised standards for consultation.	September 2024	Completed
September 23-24, 2024	Staff to explore the creation of a screening committee to support the elections process and bring a proposal back to the Board for consideration.	-	In Progress
September 23-24, 2024	Provide access to mental health supports for Board and Committee members through the College’s Employee Assistance Program (EAP).	As soon as practical	In Progress
September 23-24, 2024	Circulate the By-law changes related to the increase to Professional Corporation Fees for consultation.	September 2024	Completed



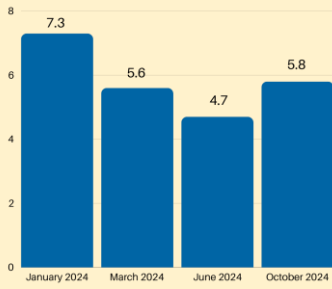
<b>Date of Meeting</b>	<b>Action item description</b>	<b>Required by date</b>	<b>Current Status</b>
September 23-24, 2024	Share updates with the Board from an environmental scan to inform their thinking about future strategy development.	December 2024	Completed (item included in December meeting)
September 23-24, 2024	Develop revisions to the General Regulations based on Board input and bring them to the Board for consideration.	December 2024	Completed (item included in December meeting)

# CPO Dashboard – Q2 (July – September 2024)

## Statutory Programs

### Exam

Average wait time from PPC registration to exam sitting for first-time test takers (in months)



### Registration



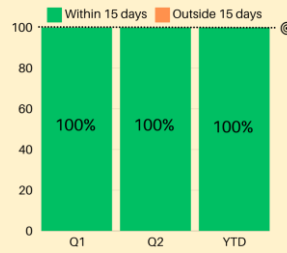
523

IPC applications received YTD



Processing applications within 15 calendar days

Target: Meet the 15-day timeline 100% of the time

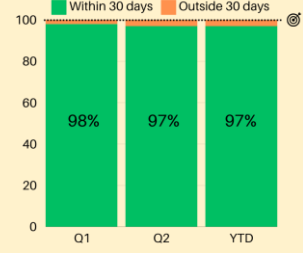


553

PPC applications received YTD

Referring/approving applications within 30 calendar days

Target: Meet the 30-day timeline 100% of the time



### Quality Assurance

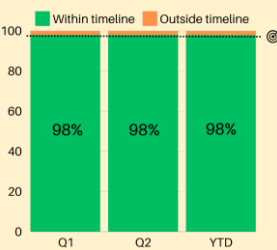


Q2 YTD screening interviews target 349



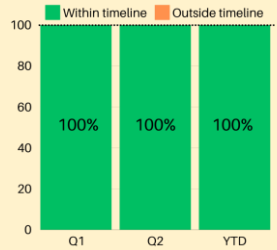
Performance against screening interview timeline

Target: Meet the timeline 97-98% of the time



Performance against assessment timeline

Target: Meet the timeline 100% of the time



### Practice Advice



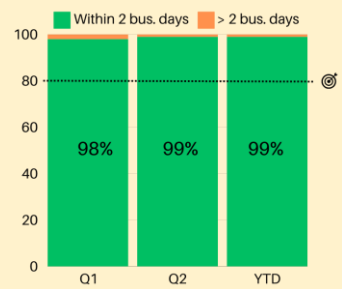
2,686

# of inquiries received YTD



Time to resolve inquiries

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



### Professional Conduct



167

# of concerns received YTD

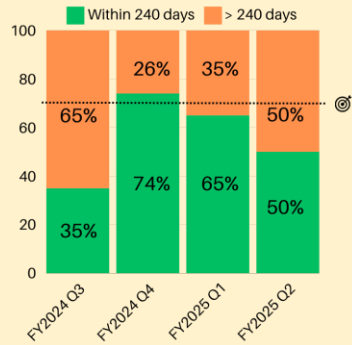
25

# of complaints closed YTD



Complaints disposition timeline

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



### Discipline



1

Hearings YTD

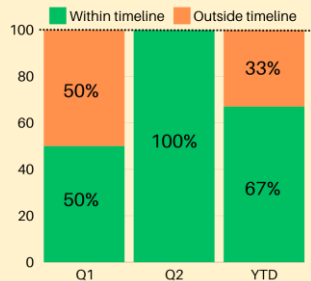
3

Meeting days YTD



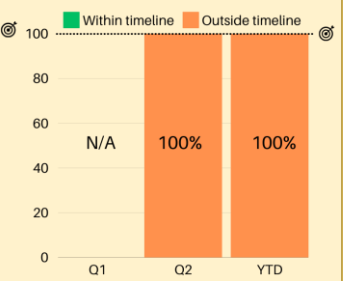
Time to release decisions for uncontested hearings

Target: Uncontested decisions released within 1 month



Time to release decisions for contested hearings

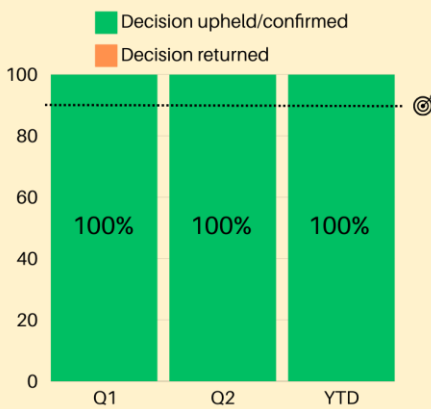
Target: Contested decisions released within 4 months



### Decision Reviews

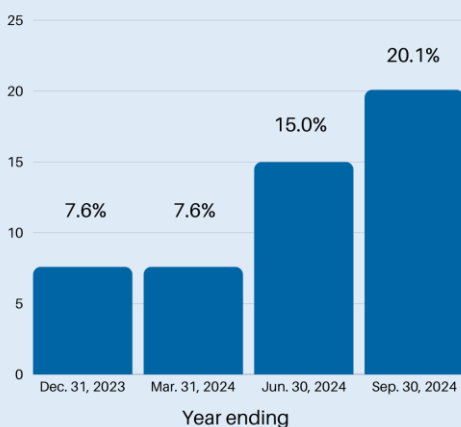
Outcomes of HPARB and judicial reviews

Target: The College's decision is upheld or confirmed in 90% of the cases



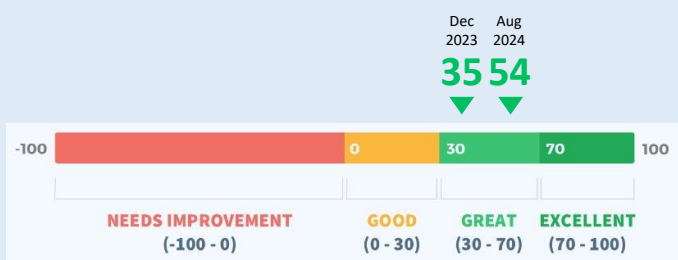
### People & Culture

Staff turnover (rolling annualized rate)



Employee net promoter score

Target: A score of above 0





College of Physiotherapists  
Risk Registry (Draft)  
Date Created: 26-Jan-24  
Date Updated: 26-Nov-24

Likelihood and Impact ratings are derived from the average ratings provided by the CPO Senior Management Team

Very High  
High  
Medium  
Low  
Very Low

Rating Legend



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

Legend of Common Acronyms Used in the Register and Heat Map			
Canadian Alliance of Physiotherapy Regulators	CAPR	Professional Competency Exam	PCE
Health Professional Appeal and Review Board	HPARB	Risk, Audit, and Finance Committee	RAFC
Health Profession Regulators of Ontario	HPRO	Regulated Health Professions Act	RHPA
Ontario Clinical Exam	OCE	Standard Operating Procedures	SOPs

#	Category	Updated Risk Statement	Owner	Likelihood (L) Scale 1-5	Impact (I) Scale 1-5	Interim Rating (LxI)	Capacity	Final Rating	Mitigation Activities	Updates: November 2024
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.	Senior Director, 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. - The College is reviewing the addition of assessors and coaches contracted to perform work on behalf of the College to use CPO email addresses	- Multi-factor authentication (MFA) has been rolled out for all Committee and Board Members - Assessors and coaches migration to CPO provided emails is planned for roll-out by end of 2024 - Password Manager has been rolled out to staff - Working with our Cybersecurity vendor to create an updated 'breach' policy
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.	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.	- Board will be engaged in a discussion at December meeting regarding interest in adopting (in principle) CAPR national exam - Board previously engaged in broad discussion regarding regulation amendments with drafts and options being presented in December 2024

College of Physiotherapists  
Risk Registry (Draft)  
Date Created: 26-Jan-24  
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Likelihood and Impact ratings are derived from the average ratings provided by the CPO Senior Management Team

Very High  
High  
Medium  
Low  
Very Low

Rating Legend



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

3	Reputational, Financial, Regulation	The College's appeals of discipline decisions at HPARB or the Ontario Division Court are unsuccessful which is caused by inadequate investigations or procedural fairness and results in the loss of confidence by the Registrants and the public to regulate the profession.	Deputy Registrar	2.8	2.8	2.8 x 2.8	2 (↓)	Very Low	<ul style="list-style-type: none"> <li>- Track and monitor appeals and outcomes;</li> <li>- Undertake analysis of returns to identify process and decision improvements needed;</li> <li>- Develop educational/decision-making/knowledge translation tools to support committee decision-making;</li> <li>- Develop SOPs to ensure consistency in regulatory activities.</li> </ul>	No Change
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.	Director, Finance	2.8	3.6	2.8 x 3.6	1 (↓)	Low	<ul style="list-style-type: none"> <li>- Financial results are monitored quarterly and reported to the RAFC and Board of Directors.</li> <li>- Financial planning includes the presentation of financial forecasts to the end of the fiscal year in the quarterly financial reports.</li> <li>- 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.</li> </ul>	<p>No Change in rating given the overall financial status of the College.</p> <p>However, internal processes need to be improved to strengthen confidence in the reporting being provided.</p>
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	<ul style="list-style-type: none"> <li>- Conflicts of interest are solicited at the beginning of each meeting of Board of Directors and proactively assessed by staff in advance of meetings;</li> <li>- Conflicts of interest are declared and individuals are excluded from those discussions;</li> <li>- Briefing notes include a description of how the item serves the public interest;</li> <li>- Every meeting includes a reminder of the public interest as our driver</li> </ul>	- Enhanced conflict of interest management is being implemented by making it a standalone item within Board agendas

College of Physiotherapists  
Risk Registry (Draft)  
Date Created: 26-Jan-24  
Date Updated: 26-Nov-24

Likelihood and Impact ratings are derived from the average ratings provided by the CPO Senior Management Team

Very High  
High  
Medium  
Low  
Very Low

Rating Legend



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

6	Governance	Board of Directors members are elected as the Board Chair or appointed as a Committee Chair without sufficient experience with the Board or the Committee, lack of context of the issues managed by the Board or the Committee, or a lack of knowledge caused by a lack of training resulting in disruptions to the Board of Directors or committee's work.	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	- Development of an onboarding tool for Chairs/Vice-Chairs is being explored
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	- Registrar is actively engaged with HPRO where bi-weekly information sharing is occurring including identification of opportunities/risks relating to government change; - External environment is regularly monitored for changes that may impact Ontario (e.g., BC amalgamation); - HPRO has engaged a Government Relations consultant to support our collective needs; - System Partner engagement is leveraged to identify opportunities/risk and information sharing.	No Change
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	- Implemented initial Competency Framework - Revised committee composition requirements to allow for more recruitment of Non-Board Committee members with specific background/skills/expertise	- The Board has given direction to explore the development of a Screening Committee - Board evaluation processes will begin to explore the diversity of skills present at the Board to support training in line with the competency framework

College of Physiotherapists  
Risk Registry (Draft)  
Date Created: 26-Jan-24  
Date Updated: 26-Nov-24

Likelihood and Impact ratings are derived from the average ratings provided by the CPO Senior Management Team

Very High  
High  
Medium  
Low  
Very Low

Rating Legend



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

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.	Senior Director, Organizational Effectiveness	3	3.2	3 x 3.2	3 (↑)	Medium	<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 if staff suddenly depart</li> </ul>	<ul style="list-style-type: none"> <li>- Additional work to scope out position profiles for critical roles is underway</li> <li>- SOPs are being developed to support knowledge transfer</li> <li>- Considering in-house cross training options</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.	Director, Finance	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>	No Change
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.	Senior Director, Organizational Effectiveness	4	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>	<ul style="list-style-type: none"> <li>- Market comparisons have been conducted of all College roles. Minor adjustments are being planned for some roles</li> <li>- New benefits plan has been rolled out to enhance employee coverage while reducing organizational cost</li> <li>- Additional recruitment of assessors, examiners, and coaches has been needed to address shortfalls in capacity and increased need</li> </ul>

College of Physiotherapists  
Risk Registry (Draft)  
Date Created: 26-Jan-24  
Date Updated: 26-Nov-24

Likelihood and Impact ratings are derived from the average ratings provided by the CPO Senior Management Team

Very High  
High  
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Rating Legend











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Capacity = Very Low = 5 (↑) = Increase by 1 level risk rating  
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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

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	- Registrar/CEO is in constant contact with the Public Appointments office.	- Attention is paying paid to a number of renewals for 2025 (C. Warren, C. Baxter, F. Massey, M. Heller)
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.	Senior Director, Organizational Effectiveness	2	2.6	2 x 2.6	1 (↓)	Very Low	- Costs to decommission the current office space will be investigated and factored into future financial planning and budgeting.	- Staff have met with vendors to begin to estimate decommissioning and moving costs - Needs analysis is planned for later in 2024 to support identifying potential space - Seeking commitments from two partner Colleges regarding space sharing

# Summary – Risk Registry













## Legend – Final Risk Rating

 Very High  
  Medium  
  Low  
 High  
  Very Low

RISK NUMBER*	Risk Event – General Description*	Final Risk Rating	
		Sept 2024	Nov 2024
R1	Cybersecurity		
R2	Winding down the Ontario Clinical Exam (OCE)		
R3	Appeals of HPARB Decisions		
R4	Structural and long-term financial deficits		

\*Risk Number & detail description of risk event, please refer to Master Risk Registry

# Summary – Risk Registry

RISK NUMBER*	Risk Event – General Description*	Final Risk Rating	
		Sept 2024	Nov 2024
<b>R5</b>	Impact on Public Interest from real or perceived conflicts of interest		
<b>R6</b>	Knowledge level of Committee Chairs		
<b>R7</b>	Changes to the RHPA or Physiotherapy Act		
<b>R8</b>	Lack of diversity on the Board of Directors and committees.		
<b>R9</b>	Unexpected turnover of staff and the impact on loss of institutional knowledge.		
<b>R10</b>	The College’s operating reserve dropping too low.		

\*Risk Number & detail description of risk event, please refer to Master Risk Registry

# Summary – Risk Registry

RISK NUMBER*	Risk Event Description*	Final Risk Rating	
		Sept 2024	Nov 2024
R11	College is unable to recruit, retain, and hire talent with the required skills	M	M
R12	Lack of availability of Public Members for appointment to the Board of Directors	M	M
R13	Moving the College’s office	VL	VL

\*Risk Number & detail description of risk event, please refer to Master Risk Registry



**Appendix B – Governance Practice Review 2023 Recommendations**

#	Human Dynamics	Priority*	Status	Notes
1	In addition to the hybrid meetings being offered, consider having at least two meetings per year in person, where Council members commit to attend in person. This will ensure that all Council members benefit from in person connection and relationship building.		Not started	
2	Review current term limits and cooling off periods for Council and committee members in order to align with emerging best practice across other regulators and balancing the need for experience with the need for increased diversity and renewal. Ensure that current and future term limits are enforced, with very limited exceptions, if any. We recommend that current term limits for Council and committee members are decreased from 9 to 6 years. We recommend creating a restriction that once the maximum term has been served a person is ineligible to run for Council elections again or serve on that committee again.	Yes*	On hold	Proposal presented to Executive Committee in May 2024 - Put on hold based on direction from Executive Committee because no clear risk with current term limits has been identified and Board diversity/renewal may be better accomplished via other initiatives
3	Engage in a process to refresh the Code of Conduct. Use this as an opportunity to review other examples of Codes of Conduct and engage Council in a discussion about the expectations and cultural norms they would like to see articulated in a Code of Conduct.		Planned for 2025	CPMF requirement - Code must be reviewed every 3 years
4	Continue to work with government to provide feedback regarding the current Remuneration Framework and recommendations for continuous improvement.	Yes*	Ongoing	

	<b>Role Clarity</b>			
5	Review of governance policies incorporated into the governance manual, including the Role of the President, to ensure that legacy “association governance” practices and language are updated.	Yes*	Complete	Role of the Chair updated March 2024
6	Develop ongoing education, opportunities for discussion and clarity regarding: <ul style="list-style-type: none"> <li>• What it means to “regulate in the public interest”</li> <li>• What are the key public risks that Council and the college need to pay attention to.</li> <li>• What is “reasonable reliance” and how can Council develop more trust with staff and committees so as not to duplicate their work.</li> <li>• The appropriate role of the Executive Committee and Committee Chair in reviewing vetting meeting materials.</li> <li>• When it is appropriate to have discussions outside of the Council or committee meeting and when it is not.</li> </ul>	Yes*	Ongoing	Role clarification conversation with Executive Committee March 2024 (including relationship to RAFC) - Risk Register & revised Dashboard metrics introduced June 2024 - orientation includes training re: public interest and ex parte conversations
	<b>Meetings</b>			
7	Consider replacing “rules of order” with customized meeting guidelines that are more easily accessible, less intimidating and support robust dialogue. Consider removing “member motions” in favour of a clear process within the meeting guidelines outlining how a Council member requests an issue be brought to Council.	Yes*	Complete	New Meeting Guidelines approved March 2024
8	Continue to develop new briefing note template. In addition to changes that have recently been made (e.g. adding “public interest rationale”), consider adding a section that provides information regarding internal and external impacts – impacts on patients; on internal resources, costs, and risks; on diversity, equity and inclusion considerations.		Ongoing	

<b>Strategy Oversight</b>				
9	Host a “strategy refresh” session for Council where the current strategic plan can be reviewed, updated if required, and the rationale for the plan outlined for new Council members. Alternatively, develop a briefing note for new Council members to outline the strategy rationale and considerations that formed the current strategic plan.	Yes*	Complete	Strategy Education session June 2024; Follow-up session in September 2024
10	Include strategy progress updates in the Dashboard that is being developed.		Planned for 2024-2025	
11	Continue to develop the Enterprise Risk Management framework including the risk register that will support Council’s monitoring of the most strategic enterprise risks. Consider providing additional education to Council with respect to their key risk oversight (not risk management) responsibilities.		Complete	Risk Register introduced June 2024 - living document that will be updated continuously
<b>Regulatory Oversight</b>				
12	Continue to develop the Dashboard ensuring that what is being measured with respect to regulatory programs aligns with regulatory outcomes.		Complete	Revised Dashboard metrics introduced June 2024 - further revisions will be made as needed over time
<b>Registrar Oversight</b>				
13	Council to discuss the ongoing executive HR resourcing required to support Council and the President facilitate the Registrar performance process outlined in the policy, in a consistent and meaningful way.		Ongoing	
14	Council to work with the Registrar to develop an “Emergency Registrar Succession Plan” that outlines what happens if the Registrar is unexpectedly unable to fulfill his duties. This plan would ensure continuity of leadership until such time that Council is able to appoint a permanent successor.		Not started	

<b>Financial Oversight</b>				
15	Develop a set of principles, focused on the public protection mandate of the college, to guide fee decisions. These principles could be communicated broadly to registrants so they too have an understanding of the process.		Not started	
<b>Stakeholder Oversight</b>				
16	Engage in a strategic Council discussion, with senior staff, about who the key stakeholders are for the college in relation to the college's strategic priorities, what type of relationship is required for each stakeholder, and how it can be monitored over time.		Not started	
<b>Learning &amp; Evaluation</b>				
17	Rethink orientation for Council members to be over a period of one year. This orientation plan would articulate what learning, both formal and informal, would be valuable for a Council member to have access to within their first year, and could be flexible to respond to the unique experience and background of each new Council member.		Ongoing	Orientation materials were revised for new Director onboarding in June 2024
18	Develop a Council member learning framework, connected to the annual Council member evaluation process to provide a customized learning strategy for each Council member.	Yes*	Not started	
19	Develop a new Council and Committee evaluation framework over time to provide feedback to: <ul style="list-style-type: none"> <li>• Council and committees as a whole</li> <li>• Council and committee chairs</li> <li>• Council and committee members.</li> </ul>	Yes*	Planned for 2024-2025	Initial feedback about current process that will help inform potential updates to the evaluation process was collected during Fall 2024 evaluation; update about proposed evaluation process for 2025 to be included in the November/December 2024 Chair's Report
20	Clearly articulate a committee that is responsible for this evaluation framework.		Planned for 2024-2025	

<b>Diversity, Equity &amp; Inclusion</b>				
21	<p>Review the current election process to consider emerging regulatory election practices including:</p> <ul style="list-style-type: none"> <li>• Elimination of geographic electoral district in favour of a single district.</li> <li>• Creation of a nomination process to vet or recommend candidates that meet articulated competency and diversity needs.</li> <li>• Creation of an independent nominations committee to lead competency and diversity needs assessment of candidates.</li> </ul>	Yes*	Ongoing	Direction from the Board to develop proposal for a Screening Committee following discussion at September 2024 Board meeting
<b>Committee Effectiveness</b>				
22	<p>Engage in a Committee Governance Review looking at current committee governance practices, emerging governance practices, and addressing (but not limited to) the following specific issues:</p> <ul style="list-style-type: none"> <li>• Roles, responsibilities and authority of both regulatory and governance-level committees, including the Executive Committee.</li> <li>• Identifying the committees that are still needed and the committees that may no longer be necessary.</li> <li>• Committee composition including the role of Council members on committees; role of non-Council public members; competencies and diversity requirements.</li> <li>• Role and competencies of Committee Chairs.</li> <li>• The role of an independent Nominations Committee to make committee composition recommendations based on articulated competency and diversity needs.</li> <li>• Committee member term limits and cooling off periods.</li> <li>• Reporting requirements and process.</li> </ul>	Yes*	Ongoing	Committee composition requirements updated March 2024, Committee Chair and Vice-Chair training occurred in October 2024
23	This Committee Review may result in certain recommendations to government for changes to legislation and policy that may be outdated.	Yes*	Not started	

\* = Identified by the Board as potential priorities at its December 14 debrief session. The Board also emphasized that a clear process to identify priority actions resulting from this Governance Practice Review is critical to (1) take on work that has the highest impact within CPO's current context, and (2) create focus and a realistic, budgeted implementation timeline.



**BOARD BRIEFING NOTE**  
For Discussion

<b>Topic:</b>	Multi College Discipline Tribunal – Opportunity Exploration
<b>Public Interest Rationale:</b>	Interprofessional collaboration between Colleges as it relates to discipline proceedings.
<b>Strategic Alignment:</b>	<i>Engagement &amp; Partnerships:</i> Collaborate with system partners in a clear and transparent manner to enhance trust and credibility.  <i>Performance &amp; Accountability:</i> Implement strong governance structures and systems.
<b>Submitted By:</b>	Craig Roxborough, Registrar & CEO Anita Ashton, Deputy Registrar & Chief Regulatory Officer (CRO)
<b>Attachments:</b>	Appendix A: HPDT Report and Proposal

**Issue**

- The Board is provided with an overview of the Health Professions Discipline Tribunal (HPDT) to support further discussion on this multi-college initiative

**Decision Sought**

- The Board is invited to provide initial impressions of the multi-college tribunal and to consider what additional information would support the Board in making a determination as to whether this College should join the collaborative.

**Background**

- In 2021 the Board at the College of Physicians and Surgeons of Ontario (CPSO) made the decision to create a separate organization to support the discipline hearing process.
  - The decision was made in part, to address long standing recommendations by external critics that the public does not have confidence in the independence of the discipline process when it is housed within the regulatory College.
- Between 2021 and 2023 the Ontario Physicians and Surgeons Discipline Tribunal was created to address this opportunity. The Tribunal adheres to the requirements for discipline proceedings set out in the [Health Professions Procedural Code](#) which governs the regulatory activities of all health regulatory colleges in Ontario.
  - A key feature of the Tribunal is the appointment of professional adjudicators. This included the appointment of David Wright, a lawyer and trained adjudicator, as Chair of the Tribunal along with five other experience adjudicators.



- These appointments ensured that expertise in adjudication would become a central feature of the way the Tribunal was managed globally and within each panel that is convened.
- The launch of the tribunal was successful and other health care regulators expressed an interest in joining the tribunal as members. The collaborative approach to the adjudicative processes was seen as a way that regulators could benefit in the following ways:
  - Consistent approaches in case management;
  - Consistent rules of procedure;
  - Annual educational conferences for all members;
  - Key performance indicators focussed on timeliness (days to hearing and decision release timelines);
  - Appointed panel chairs who are legally trained and able to support the panel in the way that Independent Legal Counsel (ILC) does;
  - Panels still include members of the profession and public members of the respective College Boards;
  - Having a full time Chair supporting the work of the tribunal; and
  - Dedicated staff to support the work of the tribunal.
- To explore the opportunity to collaborate and standardize tribunal processes across regulatory Colleges, the Health Professions Discipline Tribunal (HPDT) was created as a pilot project in 2023.
  - The collaborative initiative enabled multiple Colleges to come under one umbrella tribunal that still maintained the profession specific differentiation needed under law (e.g., to have professional members appointed to panels and to have public members appointed to each Board on each hearing panel).
  - The pilot program was constituted by the College of Registered Psychotherapists of Ontario (CRPO), the College of Audiologists and Speech Language Pathologists of Ontario (CASLPO), and the College of Massage Therapists of Ontario (CMTO).
    - The pilot program enabled Colleges to participate in the tribunal to varying degrees as part of an exploration as to the right model for the future. For example, the CMTO *only* used the tribunal for sexual abuse cases whereas other Colleges used the tribunal for all discipline proceedings.
- At the end of its first year the pilot program published a report (see **Appendix A**) outlining the rationale for the program and the outcomes associated with the program in relation to the Colleges that participated. Key highlights include:
  - Shortened timelines in relation to decision release;
  - Development of key performance indicators relating to time between referral and final decision (80% of cases within one year);
  - Cost savings;
  - More diverse tribunal membership;



- Enhanced transparency; and
- Positive feedback from both professional and public members regarding hearing management.
  
- Following publication of the report along with multiple presentations at national conferences and within HPRO, several regulatory Colleges are currently in the process of considering whether to join the tribunal in 2025 or beyond.

### **Current Status and Analysis**

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- The Board received a presentation from David Wright, Chair of the HPDT in September 2024. The intention of the presentation was educational to showcase to the Board innovations that are occurring in the health regulatory context.
- Feedback from Board members suggested there was further interest in exploring the tribunal and understanding whether an opportunity exists for the College to consider joining this project in 2025 or beyond.
- What follows is a brief overview of the current discipline process and what this process would look like under the tribunal model, along with a preliminary analysis of the opportunity presented by the tribunal.

### *Current Approach to Discipline*

- The College currently manages all discipline hearings directly. Key considerations that relate to our current state include:
  - The Discipline Committee is comprised of *all* Board Members, excluding the Chair, along with several non-Board Committee Members who are members of the profession.
    - The Discipline Committee is currently Chaired by a non-Board Committee Member and operates with relative independence from the College.
    - At this time there are no lawyers as members of the Discipline Committee. In the past we have had Public members of the Board who were legally trained.
  - The College holds approximately 10-15 discipline hearings a year. Each hearing requires that a panel of the Committee be convened.
  - Each panel is chaired by a member of the Discipline Committee. As required by the Health Professions Procedural Code, each panel must have:
    - At least three, and no more than five persons.
    - Two members of the panel must be public members of the Board.





- At least one member of the panel must be a professional member of the Board.
- Typically panels are comprised in manner where representation from the profession is either equal to or greater than the number of public members appointed (e.g., 3 physiotherapists and 2 public members).
- The majority of the College's cases are uncontested, meaning that there is an agreed statement of facts and joint submission on penalty. This is similar to a plea agreement or plea bargain in the criminal context.
- The College may hold a contested hearing once every couple of years. A contested hearing is similar to what you see in a court of law with both the prosecution team and defence team entering evidence. There are witnesses who testify and the discipline panel acts as judge and jury.
- To support the panel as they manage procedural elements of the process and to provide guidance regarding the development of reasons and writing decisions, the College retains a legal team external to the College.
  - This 'independent legal counsel' or ILC supports the panel exclusively and does not act on or represent the College.
  - In some cases, these costs can be quite high (e.g., uncontested hearings vary between \$3000-\$8000 in ILC costs and contested hearings may reach up to as much as \$40,000 depending on the complexity of the matter).
- Currently there are two staff supporting both discipline and compliance monitoring matters. Given the increasing number of files in compliance monitoring, staff resources are being challenged to manage the volume of work across both areas.

### *Tribunal Approach to Discipline*

- Moving to the Tribunal would result in some changes to the current approach.
  - The College would need to alter its current governance approach with respect to the Discipline Committee.
    - The Chair of the Discipline Committee would become David Wright as part of tying the College into the broader HPDT. The College would then select a Vice-Chair from our appointed Committee Members. The Vice-Chair would hold an important role as a key representative of this College within the broader tribunal community.
    - Additionally, all of the professional adjudicators currently on the HPDT would be appointed to the College's Discipline Committee. These would be non-Board Committee Members who are neither members of the profession nor publicly appointed members of the public.



- Hearing panels would be constituted of one professional adjudicator as Chair of the panel, along with two members of the profession (at least one of whom is from the Board) and two Public Members of the Board.
- By utilizing a professional adjudicator as Chair of the panel, the panels would no longer be dependent upon ILC to provide support. The panel would act independently.
- Unlike the College's current approach, all hearings would proceed through the same adjudicative process, which would include establishing case management conferences immediately upon filing a Notice of Hearing. The intention is to move cases through the process quickly and seek early resolution where possible.
- The Tribunal has also adopted and consistently applied new Rules of Procedure across all College's participating in the process. It is a requirement that these rules be adopted. More information on the structure of those rules can be found on page 17 of Appendix A.
- Like the College, the Tribunal is focused on timeliness.
  - For example, it sets a goal of approximately 12 months from referral to completion of the discipline process. On average among the three additional College participating in the pilot program, cases were closed within 201 days.
  - Decision release time also improved for the partnering College, with an average of 25 days for uncontested decisions (this College currently aims for 30 days) and 59 days for contested decision (this College currently aims for 60 days but is not always successful).
- Partnership in the Tribunal does involve outsourcing resources to the Tribunal staff and adjudicators. The Tribunal is operating on a not-for-profit basis. There are both standard monthly costs paid to support the administrative function of the Tribunal (currently estimated at \$1000) along with a cost-recovery model in relation to each hearing that is managed.

#### *Initial Analysis of Advantages and Disadvantages*

- Moving to the HPDT is a possibility for the College and work is underway to explore the potential advantages and disadvantages, pending feedback and direction from the Board.
  - It is worth noting that at this point a full analysis of the cost implications has not been completed. While there are costs associated with outsourcing the administrative and hearing costs, it is anticipated that much of these costs will be offset by other savings including costs associated with ILC. At this point it is anticipated that a break-even result may be reasonable. Staff can provide further analysis if there is interest in pursuing this option further.



- In terms of advantages, there are some worth highlighting at this early stage:
  - Participation in the Tribunal may be viewed as strategically beneficial insofar as it demonstrates a willingness on the part of the College to collaborate across the sector and engage in innovative projects that challenge the status quo.
    - Currently, it is anticipated that between six and nine College are likely to participate in the Tribunal over the course of 2025.
  - Operationally, some benefits may be achieved including reducing internal resource requirements that can be allocated to other areas of work and maintaining or improving timelines related to hearing scheduling and decision release. While the College is performing comparably on some metrics, an opportunity to standardize across the sector and increase performance against these goals is present.
  - From a panel perspective, the greatest area of potential benefit relates to contested hearings and managing both the procedural elements of a hearing and the development of reasons.
    - For example, feedback suggests that in general committee members from those College's partnering in the pilot program find that the process is easier to manage when a professional adjudicator with experience in this context managing all the procedural and legal matters.
  - While this College has demonstrated an ability to develop and produce good reasons in relation to discipline cases, there may be some benefits aligning with the Tribunal's approach. Additionally, the Tribunal has been commended by the Courts in at least one instance with respect to the quality of the reasons issued.
- In terms of disadvantages, there are some risks associated with a move to the Tribunal.
  - The primary consideration is the release of some responsibility as it pertains to our own discipline process.
    - It will require appointing a new and external Chair, changing the professional and public balance within panels, and adopting a standardized approach to rules/procedures.
    - The move requires contracting out staff responsibility for the administrative elements of the discipline process, relying on another organization to do this work on our behalf.
    - It is not clear how this College's committee members will respond to having trained adjudicators chairing each panel.
    - While each College participating has a voice and representation in the Tribunal model, there remains some uncertainty regarding the future governance structures of the tribunal and the role that each individual College will have as more join.



### *Considerations*

- Any decision made to proceed with joining the Tribunal can be done on a trial basis. The Tribunal is open to exploring potential partnerships that enable a College to explore the efficacy and suitability of the Tribunal for the needs of each College. Additionally, partnering in the Tribunal can always be undone with a return to in-house management of discipline matters in the future.
- While much work remains to be done to explore the opportunity, engaging in a preliminary discussion with the Board regarding appetite or interest in this tribunal will support further exploration and, if desired, decision-making.

### **Next Steps**

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- The Board is invited to share their thoughts and feedback on the HPDT model.
  - If the model is something the Board wishes to consider further, staff will conduct further analyses based on the direction of the Board and present a potential transition plan for discussion or approval at a subsequent meeting.
  - This could involve having David Wright return to answer additional Board questions or engage in further discussion.

### **Questions for the Board**

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- What questions do you have about the Tribunal and/or how it would change the work of the College?
- What data or information would you need to further support a discussion or decision-making in this regard?



# Pilot Phase Report and Proposal

HPDT  
Health Professions  
Discipline Tribunals



TDPS  
Tribunaux de discipline  
des professions de la santé



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# Glossary

The terminology used at different Health Colleges and at different times varies. For readability, we have used consistent terminology as follows.

<b>Board</b>	“Council” under the Code
<b>CASLPO</b>	College of Audiologists and Speech-Language Pathologists of Ontario
<b>HPDT or OPSDT Chair</b>	Chair of the Ontario Physicians and Surgeons Discipline Tribunal and Chair or Co-Chair of the Pilot Tribunals, currently David Wright
<b>CMC</b>	Case Management Conference
<b>CMTO</b>	College of Massage Therapists of Ontario
<b>Code</b>	Health Professions Procedural Code, Schedule 2 to the RHPA
<b>CPSO</b>	College of Physicians and Surgeons of Ontario
<b>CRPO</b>	College of Registered Psychotherapists of Ontario
<b>Discipline Tribunal</b>	A discipline committee or tribunal under the Code
<b>Experienced Adjudicator</b>	Individuals with at least five years of experience as an adjudicator, recruited through a competitive process and appointed to the OPSDT and Pilot Tribunals
<b>HPDT</b>	Health Professions Discipline Tribunals, currently the OPSDT, ORPDT, and the Discipline Committees of CMTO and CASLPO
<b>OPSDT</b>	Ontario Physicians and Surgeons Discipline Tribunal, which is the Discipline Committee of the CPSO
<b>ORPDT</b>	Ontario Registered Psychotherapists Discipline Tribunal, which is the Discipline Committee of the CRPO
<b>Parties</b>	The parties to a discipline proceedings are the College (the prosecutor) and the registrant (the defence)
<b>Pilot Colleges</b>	CASLPO, CMTO and CRPO
<b>Pilot Tribunals</b>	The Discipline Committees of CMTO and CASLPO and the ORPDT
<b>Registrant</b>	A “member” under the Code
<b>RHPA</b>	<i>Regulated Health Professions Act</i>
<b>Tribunal Office</b>	The department within CPSO that supports the OPSDT and HPDT
<b>Tribunal Office Staff</b>	Staff employed by CPSO who work on administration and case processing of HPDT matters, including the HPDT Chair and Tribunal Counsel.





# Introduction

## The OPSDT



Between 2021 and 2023, the College of Physicians and Surgeons of Ontario (CPSO) revamped its process for hearing and deciding allegations of professional misconduct and incompetence

referred for discipline hearings. The changes, reflecting best practices in administrative justice, have led to increased independence, higher participant and public confidence, dramatically shorter timelines and significant cost savings. Physician and public members hearing discipline cases have provided extremely positive feedback.

The significant components of the changes include:

- renaming the CPSO Discipline Committee the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) to signal independence and promote understanding of its work;
- appointing an independent full-time Chair to lead the OPSDT and the Tribunal Office, along with a part-time physician Vice-Chair;
- recruiting individuals with significant experience as adjudicators in other contexts to chair hearing panels, eliminating the need for independent legal counsel;
- instituting intensive case management in the pre-hearing phase, with case management conferences (CMCs) chaired by an experienced adjudicator;
- implementing a more streamlined scheduling process;
- modernizing the OPSDT's Rules of Procedure and Practice Directions to make them more plain language, flexible and values based;
- developing a separate website for the OPSDT, including detailed, plain-language guides to various OPSDT processes and other easily accessible and user-friendly resources;
- adopting a more contemporary, accessible reason-writing style and implementing a comprehensive reasons preparation and review policy with tightened timelines for completion;
- establishing a practice advisory group to gather feedback from lawyers who represent both the College and registrants;
- designing and implementing new, more robust training when new members are appointed and continuing education for all OPSDT members;
- emphasizing equity, diversity and inclusion in all we do.





**These changes produced notable successes, including:**

**Shortened timelines across all stages of the process, including:**



- releasing all reasons within our 84-day standard, with most completed sooner
- developing a 2024 key performance indicator of one year from referral to final decision, 80 percent of the time

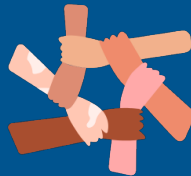


**Feedback from professional and public OPSDT members that hearing management by experienced adjudicator chairs allows them to better focus on the issues the panel must decide**



**Significant cost savings**

**A more diverse discipline tribunal membership**



**Positive feedback from all participants in the process and favorable comments from the courts**



**Ability to schedule uncontested hearings within weeks of parties' agreement**

**Greater transparency**





## The HPDT Pilot



In 2023, the OPSDT embarked on a pilot project together with the Colleges of Audiologists and Speech-Language Pathologists (CASLPO), Massage Therapists (CMTO) and Registered Psychotherapists (CRPO) – the Health Professions Discipline Tribunals Pilot (HPDTP). The Pilot Colleges adopted core aspects of the model as implemented at the OPSDT. The Pilot Colleges appointed the experienced adjudicators that were initially recruited by the OPSDT to their Discipline Committees, and the HPDT Chair as the Chair or Co-Chair of their Discipline Committees. CPSO billed the Pilot Colleges for the work done on a non-profit basis.

The Pilot began in March 2023 at CMTO, April 2023 at CRPO and May 2023 at CASLPO. Initial agreements were for a one-year period. After the first year, the Pilot was extended until the end of December 2024 at all three Colleges.

There have been several differences between Pilot Colleges in implementation:

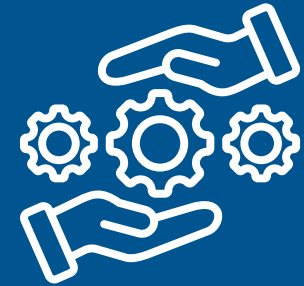
- At CMTO, only cases with allegations of sexual abuse were part of the Pilot stream; other cases continued under the existing system.
- At CASLPO, the Tribunal Office has handled case processing from the beginning of the Pilot. At CRPO, the Tribunal Office took over case processing in the spring of 2024. CMTO continues to do all its own case processing.
- CRPO, CASLPO and OPSDT harmonized their rules, forms, practice directions, guides, administrative processes and templates in the spring of 2024. CMTO continues to be distinct in these ways.



## This Report

This report on the Pilot Phase is divided into three parts. The first provides the background to the Pilot and reports on what we did. The second presents participant feedback and some quantitative measures of our work. The third outlines the form of the proposed permanent organization, which is open to both existing participants and other Ontario Health Colleges to join in 2025.

We sought feedback from multiple individuals, including members of the Pilot Tribunals and OPSDT, Pilot College leadership, prosecution and defence counsel and staff supporting the Pilot Tribunals. We have also consulted with senior leadership of other Health Colleges not currently part of the Pilot. Unless attributed to others, the analysis in this report reflects the views and proposals of the Tribunal Office. Proposals on human resources, information technology and finances are on behalf of both the Tribunal Office and CPSO as the organization responsible for resources and contractual arrangements.



# PART 1

# The model and the pilot

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# The model and the pilot

## BACKGROUND

### Changing Expectations and New Challenges

Ontario's Health Professions Procedural Code<sup>1</sup> sets out regulatory processes that apply to all 26 of Ontario's Health Colleges, including establishing various committees. The Discipline and Fitness to Practise Committees are unique within the College structure, in that they are required to hold formal, quasi-judicial hearings to decide allegations referred to them by the Inquiries, Complaints and Reports Committee.

Despite their name, Discipline Committees are administrative tribunals, a part of the justice system that decides far more disputes than the courts. They are required to hold quasi-judicial hearings in accordance with the principles of procedural fairness, write decisions and process cases effectively and efficiently. These are just some of the types of claims that tribunals address: rental housing disputes (Landlord and Tenant Board); entitlement to automobile insurance benefits (Licence Appeal Tribunal); allegations of discrimination in employment or services (Human Rights Tribunal); refugee claims (Immigration and Refugee Board), involuntary detention in psychiatric facilities (Consent and Capacity Board); and entitlement to Employment Insurance Benefits (Social Security Tribunal).

Like other parts of the administrative justice system, professional discipline tribunals are facing several challenges that have become more pronounced in recent years. One is scrutiny from the courts. Discipline decisions can be appealed by either party to the Divisional Court. Since the Supreme Court of Canada's 2019 decision in *Vavilov*,<sup>2</sup> discipline decisions no longer receive deference from the courts on questions of law; they must be correct. There is also greater scrutiny of tribunals' written reasons.

The court said in *Vavilov* that tribunals must adopt a "culture of justification" and demonstrate through reasons that their exercise of public power can be justified.<sup>3</sup>

The legal issues in discipline cases are becoming increasingly complex. Supreme Court decisions have clarified that parties may raise issues under the *Canadian Charter of Rights and Freedoms*<sup>4</sup> and the *Ontario Human Rights Code*<sup>5</sup> before tribunals. Recent discipline cases have involved decisions on *Charter* claims of freedom of expression, unreasonable search and seizure and patient privacy.

There is also a marked increase, in both tribunals and courts, in the number of self-represented litigants. Tribunals have a duty to provide appropriate support and information to self-represented litigants in published materials, communications with tribunal staff and case management/pre-hearing conferences. Some litigants' and counsel's approach to litigation can lead to hearing management challenges.

**Discipline Committees are administrative tribunals, a part of the justice system that decides far more disputes than the courts.**

**The legal issues in discipline cases are becoming increasingly complex.**

<sup>1</sup> Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18.

<sup>2</sup> *Canada (Minister of Citizenship and Immigration) v. Vavilov*, 2019 SCC 65.

<sup>3</sup> Para. 14.

<sup>4</sup> *Nova Scotia (Workers' Compensation Board) v. Martin; Nova Scotia (Workers' Compensation Board) v. Laseur*, 2003 SCC 54.

<sup>5</sup> *Tranchemontagne v. Ontario (Director, Disability Support Program)*, 2006 SCC 14.



Finally, there are increased legal and societal expectations of transparency and accessibility. Best practice is now to write decisions using a more plain-language, non-formulaic, less legalistic approach so they are more understandable to the parties and the public. Recent court decisions have also found that the “open courts principle” requires that documents filed in tribunal proceedings be available to the public in a timely way, with limited exceptions. The use of on-line hearings that began with the pandemic and has continued since then has allowed the public, complainants, other registrants and the media to view hearings without travelling to downtown Toronto and sitting in a hearing room all day.

## Tribunal Best Practices

The following are among the best practices in contemporary tribunal design<sup>6</sup>:

- merit-based appointment and reappointment processes, based on recommendations from the tribunal leadership;<sup>7</sup>
- expert leadership that sets direction through policy, process and decision writing, promoting consistency while respecting panels’ independence;
- tribunal independence, including fixed terms for adjudicators, removal of adjudicators during terms only for cause and separation from the prosecution in discipline tribunals;<sup>8</sup>
- a robust education program for adjudicators, both at the time of appointment and on an ongoing basis;
- plain language, values-based, flexible rules of procedure that allow procedures to adapt to the needs of a particular case;
- plain-language guides and practice directions to assist parties, witnesses and the public;
- issues-based, plain language reasons;<sup>9</sup>
- “decision review and release” policies to ensure high quality and timeliness;
- supports for self-represented litigants;<sup>10</sup>
- establishment of committees or roundtables for feedback from those who appear before the Tribunal;
- the use of case management, alternative dispute resolution and active adjudication to promote settlement and streamline hearings;<sup>11</sup>
- attention to trauma-informed approaches to adjudication.

<sup>6</sup> For examples of tribunal policies in these and other areas see the Council of Canadian Administrative Tribunals Tribunal Policies Repository: <https://www.ccat-ctac.org/tribunal-policies-repository/>

<sup>7</sup> See the *Adjudicative Tribunals Accountability, Governance and Appointments Act*, S.O. 2009, c. 33, Sched. 5 (ATAGAA), which does not apply to professional discipline tribunals but is based on best practice.

<sup>8</sup> See 2747-3174 *Québec Inc. v. Québec (Régie des permis d'alcool)*, [1996] 3 SCR 919.

<sup>9</sup> See Ed Berry, *Writing Reasons: A Handbook for Judges*, 5th Edition, 2020.

<sup>10</sup> See Canadian Judicial Council, *Statement of Principles on Self-represented Litigants and Accused Persons*, September 2006: <https://cjc-ccm.ca/sites/default/files/documents/2020/Final-Statement-of-Principles-SRL.pdf>; *Pintea v. Johns*, 2017 SCC 23; Michelle Flaherty and Morgan Teeple Hopkins, “Active Adjudication and Self-Represented Litigants: the Duties of Adjudicators” (2022) 35 *Canadian Journal of Administrative Law & Practice* 177.

<sup>11</sup> See Michelle Flaherty, “Best Practices in Active Adjudication” (2015) 28 *Canadian Journal of Administrative Law and Practice* 291.



## Expertise in Adjudication and Tribunal Administration

Greater professionalization of administrative tribunals has led more people to build careers in administrative justice, resulting in a significant cadre of professionals with extensive experience in the area. Adjudicators often serve on more than one tribunal at the same time or in succession, working part-time in multiple roles and/or applying their experience in different contexts.

With regards to tribunal administration, over the last 15 years, governments have developed umbrella organizations for tribunals, in which they share resources, leadership and policies. Tribunals Ontario is made up of 14 different adjudicative tribunals with a common Executive Chair and Executive Director. Several tribunals have now been combined into the Ontario Land Tribunal. Federally, the Adjudicative Tribunals Support Service of Canada provides support services to 11 tribunals.

## Combining Legal and Health Expertise

The OPSDT and Pilot Tribunals hear discipline cases in five-member panels that include an experienced adjudicator chair, two public members of the College's Board (as required under the Code), one professional member of the College's Board (also required under the Code) and one professional non-Board member. Panels of decision-makers such as this, consisting of experts in adjudication, health care professionals and members of the public are common in Canadian administrative justice.

For example, the Consent and Capacity Board decides a variety of applications, including those related to involuntary status in a psychiatric facility, findings of incapacity to consent to treatment, reviews of community treatment orders, admission to long term care, end-of-life care, capacity to make financial decisions, access to health and youth records, and certain communicable diseases. Its members include lawyers, psychiatrists, other physicians, nurses in the extended class and members of the public. It sits in panels of one, three or five members and multi-member panels must include a mixture of lawyers, health care professionals and public members. The legal member presides and prepares the written decision and the reasons for decision.

The Ontario Review Board and its counterparts in other provinces and territories make decisions about the detention or restrictions on individuals who have been found by a court to be either unfit to stand trial or not criminally responsible on account of mental disorder. Its members include lawyers, judges, retired judges, psychiatrists, psychologists and members of the public. Panels of five are made up of two legally trained members, two health professionals and a member of the public.

The Health Services Appeal and Review Board, which holds appeals, hearings and reviews concerning publicly insured health services under the Health Insurance Act and other hearings, is required to have both lawyers and medical professionals as members, and they may sit together on panels. The lawyer generally presides.

None of these tribunals regularly use independent legal counsel.

## Other Professional Regulators

There are also various professional regulators that have panels combining legal experts and others without using independent legal counsel.

The Colleges of Physicians and Surgeons of Saskatchewan, Nova Scotia and Quebec have legally trained members sit on all panels and chair their discipline hearings, as do the College of Immigration and Citizenship Consultants and the Electrical Safety Authority.

Beginning in 2013, the Law Society of Ontario implemented significant enhancements to its hearing process. This included establishing the Law Society Tribunal (LST) as a body with a separate identity from the Society. The LST has its own premises, website and logo along with an independent, full-time chair. Beginning in 2013, it recruited experienced adjudicators to serve on panels along with elected or appointed board members. Appointee lawyer members chair many but not all hearing panels and conduct most pre-hearing conferences. The panels include paralegal and public members sitting together with lawyers, without independent legal counsel.



## The Goudge Report

In 2015, the Ministry of Health and Long-Term Care asked Stephen Goudge, a former justice of the Court of Appeal for Ontario, to make recommendations about the complaint and hearing processes at the CPSO. His report recommended, among other things:

- that non-physician members with advanced dispute resolution skills be appointed to the Discipline Committee to deal with cases where a physician pre-hearing conference chair is not required, or where a non-physician pre-hearing conference chair might be more effective; and
- that legally trained persons, experienced in running hearings, be appointed to the Discipline Committee to chair hearing panels in non-clinical standards cases. He noted that would eliminate the need for independent legal counsel at those hearings.

## THE NEW MODEL: CORE COMPONENTS

### Leadership

#### OPSDT

The CPSO Board appointed David Wright as the Chair of the then Discipline Committee for a three-year term beginning in November 2020. He was renewed for a further five-year term beginning in November 2023.

A physician serves as Vice-Chair of the OPSDT: James Watters from 2020-2023 and Joanne Nicholson since 2023. The Vice-Chair's primary role has been to provide the Chair advice and feedback and to sit as a panel member on significant or difficult cases.



David Wright has been a full-time adjudicator for over 15 years, serving in senior leadership positions at adjudicative tribunals since 2009. Prior to his appointment at CPSO, he was the Chair of the Law Society Tribunal for over seven years, during which time he led the implementation of the reforms discussed above. Before that he was a Vice-Chair, Interim Chair

and Associate Chair at the Human Rights Tribunal of Ontario as that tribunal implemented the reform of the human rights system and a new adjudicative model. David is bilingual, has been the Chair of the Council of Canadian Administrative Tribunals and is frequently asked to speak at conferences and to other tribunals. He has published several articles on administrative law and practice in peer-reviewed journals.

The OPSDT Chair is responsible for both adjudicative and administrative leadership. His appointment agreement protects his independence, under a structure that has been found by the Divisional Court to be appropriate:<sup>12</sup>

- He is appointed for a fixed term of three years and cannot be removed except for just cause. He must be provided with written reasons and an opportunity to make submissions to the Board if it is proposed that he be removed for cause. Similar provisions are included in the CPSO's agreements with the Pilot Colleges.
- He reports to the Registrar and Chief Executive Officer on operational or managerial issues and with respect to the Tribunal's goals, policies and processes.
- The agreement specifies that nothing in it is intended to prevent the OPSDT Chair from "making any decisions and expressing any opinions in the course of conducting proceedings and writing reasons as an adjudicator."

The OPSDT Chair assigns panels and sits as an adjudicator on CMCs and hearings. Since 2020, he has been case management chair for most files, and has sat regularly as a panel chair or as a single adjudicator deciding preliminary issues. He coordinates the educational programming for adjudicators and often delivers training himself. He and his team have proposed and implemented all aspects of the new model, including recruitment, preparation of policies, guides and practice directions, and the project to update the Rules of Procedure.

The OPSDT Chair has the administrative responsibilities of a director on operational matters like finance, information technology and human resources. The Tribunal Office staff report to him, and he is the final decision maker on matters of case processing. He attends CPSO Senior Leadership Team meetings occasionally, but only when there are operational matters that affect the Tribunal Office.

<sup>12</sup> *College of Physicians and Surgeons of Ontario v. Khan*, 2022 ONPSDT 23; *Kopyto v. The Law Society of Upper Canada*, 2016 ONSC 7545.





## Pilot

The leadership model differed at each of the Pilot Colleges. As CMTO had a Pilot and a non-Pilot stream, two co-chairs were appointed. The HPDT Chair fulfills the Chair responsibilities for Pilot cases and a massage therapist – first Kim Westfall-Connor and then Bobbie Flint – exercised the responsibilities for the non-Pilot cases.

At CRPO, the HPDT Chair was appointed as Chair of the Discipline Committee when the Pilot started. In 2024, Shelley Briscoe-Dimock was appointed as Vice-Chair, reflecting the model at OPSDT.

At CASLPO, the HPDT Chair was appointed as Co-Chair of the Discipline Committee. The CASLPO Co-Chair, elected by the members of the Committee, appoints the two professional and two public members to each panel. This position has been held since the Pilot started by Kim Eskritt.

## Recruitment of Adjudicators

We engaged in a rigorous process to select the five experienced adjudicators over the summer of 2021. At least five years of experience as an adjudicator was required, although those selected had considerably more experience.

Out of nearly 100 applicants, we selected 20 for interviews. The interview panel was made up of one public member and one professional member of the Discipline Committee, Tribunal Counsel and the OPSDT Chair. In addition to a structured, scenario-based interview, each interviewee was required to watch a video of a mock hearing and write a decision. The written decisions were subject to a blind evaluation, ensuring that the evaluators did not know who had written which decision. Another important consideration was diversity. Four of those selected are women, two are racialized, one is Franco-Ontarian and two can conduct hearings in French. Three live in Toronto, one in Niagara Region and one in the Ottawa Valley. Four have previous adjudicative experience in human rights and three have previous experience in professional discipline for other regulators.

A brief summary of some of their previous and current experience shows the cross-pollination in the tribunal sector. These adjudicators were appointed to the Pilot Tribunals for the Pilot period.



**Raj Anand:** Multiple adjudicative and public service roles including Chief Commissioner of the Ontario Human Rights Commission and member of the Law Society Tribunal (current). Raj led the working group that proposed the reform of adjudication at the Law Society and the creation of the Law Society Tribunal.



**Shayne Kert:** Alternate Chair of the Ontario Review Board (current); Alternate Chair of the Nunavut Review Board (current); member of the Law Society Tribunal; member of the Consent and Capacity Board.



**Sherry Liang:** Assistant Commissioner with the Office of the Information and Privacy Commissioner of Ontario; Vice-Chair of the Ontario Labour Relations Board, the Human Rights Tribunal of Ontario, and the Grievance Settlement Board.



**Sophie Martel:** Vice Chair of the Workplace Safety and Insurance Appeals Tribunal and the Human Rights Tribunal of Ontario; workplace investigator; member of the Law Society Tribunal (current).



**Jennifer Scott:** Presiding Officer with the Office of the Chief Coroner; Associate Chair of the Child and Family Services Review Board, Custody Review Board and the Ontario Special Education Tribunals; Vice-Chair of the Human Rights Tribunal of Ontario.

For their complete biographies, see <https://opsdt.ca/adjudicators>.





## Building an Independent Identity

### Renaming the Discipline Committee

The CPSO’s Board renamed the Discipline Committee of the College of Physicians and Surgeons of Ontario the Ontario Physicians and Surgeons Discipline Tribunal through a by-law amendment. The OPSDT established its own web site (opsdt.ca) and logo.

The use of “Tribunal” identifies more accurately that we conduct open, formal hearings, rather than the type of work done and paper-based process typically used by committees. Given that the College as prosecutor is a party to every case before the Tribunal, the new identity underscores its independence from the College.

The CPSO received an outside legal opinion confirming that the renaming was not contrary to the Code. In accordance with that advice, key documents like

notices of hearing include the note that the OPSDT is the discipline committee established under the Health Professions Procedural Code. There have been no legal challenges to the change of name.

The only other Pilot College to change the name of its discipline committee thus far has been CRPO, in May 2024. It is now known as the Ontario Registered Psychotherapists Discipline Tribunal, pursuant to a by-law similar to that of CPSO.

### HPDT Identity

We have begun the process of developing an identity for HPDT. It has its own logo, and we have obtained the internet domain hpdt.ca.

### Mission and Core Values

The OPSDT developed the mission and core values set out below to help define its new identity.

## MISSION

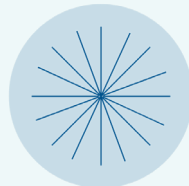
To hear and decide allegations of physician misconduct and incompetence with independence and fairness, making just decisions in the public interest.

## CORE VALUES



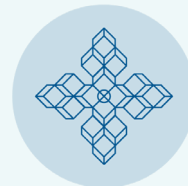
### Fairness

*We are neutral and ensure all parties are heard. Our decisions and processes are accessible and clearly explained.*



### Excellence

*We aim for high quality decision-making and service.*



### Respect

*We actively listen with humility and empathy. We strive to understand the diverse identities and experiences of parties, witnesses and those affected by our decisions.*



### Openness

*Our decisions, hearings and processes are transparent, balancing openness and privacy.*



### Timeliness

*We recognize the importance to participants and the public of promptly resolving cases. We act and require parties to act in a responsive and timely way.*



## Panel Composition and Roles

### Composition

Panels hearing the merits and penalty are made up of five individuals: two public members of the Board, two professional members, at least one of whom is a member of the Board and one experienced adjudicator who chairs the panel. One-member panels consisting of only an experienced adjudicator sometimes hear pre-hearing motions on issues like adjournments, evidentiary or procedural issues.

As mentioned above, panel composition flows from the Code. There are no restrictions in the Code on who the Board may appoint as a member of a discipline tribunal. Each panel must consist of 3-5 members of the discipline tribunal, two of whom must be public members of the Board and one of whom must be a professional member of the Board. The other two spots may be filled by any member of the discipline tribunal, and our practice is to always appoint another professional, either a member of the Board or not, and an experienced adjudicator.

### Roles

While the panel chair is responsible for managing the hearing and writing the first draft of the reasons, all panel members are equal in decision making. Skills in leading inclusive discussions and encouraging participation were one of the core criteria in selecting the experienced adjudicators. A key part of our training focuses on the role of all panel members in deliberations and reason writing.

Here are some quotations from experienced adjudicators about how they promote participation:

- “During deliberations I may start by framing the questions for discussion but ask the panel for their thoughts before offering my own. I will canvass each

panel member for their thoughts on each decision point, if they have not already jumped into the discussion... At the beginning of a hearing (especially with panel members I haven’t worked with before), I discuss our mutual expectations around asking questions during the hearing, dealing with objections on the fly (whether it is necessary to consult with the entire panel and how they may signify if they wish to go into breakout.)”

- “At nearly every break, I check in with the other panel members to see if they are comfortable with how I am chairing and whether they have questions or comments. In deliberations, I ask the panel members about how the reasons should be written, often seeking input about specific choices on things like tone and how much detail should be included on certain issues. Where there is a reprimand, it is almost always drafted and always delivered by a professional or public member of the panel.”
- “I have been very deferential to the other panel members, essentially trying to intervene mostly to frame discussions/issues. I have also ensured all panel members are heard by specifically asking for comments from those who have yet to participate in any discussion. For hearings, it has also been important to join hearings well ahead of the scheduled start time to introduce myself and answer any questions or concerns panel members may have. During hearings, it has been important to take breaks and ensure that questions are first discussed among the panel members before being raised with the parties.”

As set out in more detail in the survey results in Part II, nearly all Tribunal members felt they were contributing, with some saying it was easier to do so than in the previous system. Many noted that the experienced adjudicators made sure all voices were heard.

**Panels hearing the merits and penalty are made up of five individuals: two public members of the Board, two professional members, at least one of whom is a member of the Board and one experienced adjudicator who chairs the panel.**

**Nearly all Tribunal members felt they were contributing, with some saying it was easier to do so than in the previous system.**



## Legality of the Model

Some lawyers in the regulatory legal community have expressed concerns, including in their feedback on the Pilot for this report, that the presence of a lawyer on a panel is improper on the basis that the lawyer is giving “legal advice” to the other members of the panel that is not being shared with the College and the defence and that the process is therefore less transparent. Section 44 of the Code, similar provisions in other legislation and the common law require that if a panel in any administrative tribunal obtains formal legal advice, it must disclose that advice to the parties and give them a chance to make submissions on it. The concern raises both legal and transparency grounds.

An example of the concerns is the following response to our survey:

“Transparency may be lacking as legal advice provided by the Experienced Adjudicator to the panel is not made available to the parties (as compared to ILC who provided their advice on the record).”

In light of concerns such as this, we obtained a legal opinion in May 2023 from Nadia Effendi, a partner at Borden Ladner Gervais LLP. Ms. Effendi is recognized as one of the leading administrative and public lawyers in Canada. Her detailed opinion, which can be provided on request, concludes that a lawyer serving as a panel member is not providing legal advice and the panel composition is not improper.

There are other factors that give us confidence that the model is appropriate:

- The model was recommended by Justice Goudge, also recognized as an expert on administrative law.
- As discussed above, panels that combine lawyers and non-lawyers without using independent legal counsel are common in Canadian administrative tribunals, and to our knowledge the model has not been challenged or overturned in the courts.<sup>13</sup>

- The panel is required to raise with the parties any analysis, factual or legal, that the parties did not raise. The parties then have the opportunity to make submissions about it. Indeed, panels have done so in OPSDT and Pilot cases.<sup>14</sup>
- Under the previous model, discussions or communications with lawyers that are not known to the parties and are not formal “legal advice” take place, including through review and assistance with decisions by independent legal counsel or the drafting of decisions on behalf of the panel by legally trained decision writers.<sup>15</sup>

## Adopting Adjudication Best Practices

### Active Adjudication and Case Management

Under the new model, the Tribunal takes a more active role in moving cases forward by promoting early settlement or partial agreement where possible, identifying pre-hearing issues and deciding them sooner with less formality. Panel chairs also take a more active role in hearings. This stems directly from the HPDT Chair and the experienced adjudicators’ expertise in alternative dispute resolution.

The first case management conference is scheduled immediately upon filing of the Notice of Hearing. Depending on the nature of the case, more CMCs are often held before the hearing is scheduled. Given the HPDT Chair’s availability, a CMC can be scheduled on short notice to quickly deal with issues.

**The first case management conference is scheduled immediately upon filing of the Notice of Hearing. Depending on the nature of the case, more CMCs are often held before the hearing is scheduled. Given the Chair’s availability, a CMC can be scheduled on short notice to quickly deal with issues.**

<sup>13</sup> The principles set out in s. 44 are a codification of common law principles of fairness, so the same principles apply whether or not there is an explicit provision to this effect. Some statutes under which tribunals use this model have a similar section to s. 44. *Health Insurance Act*, R.S.O. 1990, c. H.6, s. 23 (2) (Health Services Appeal and Review Board); *Health Care Consent Act, 1996*, S.O. 1996, c. 2, Sched. A, s. 77 (2) (Consent and Capacity Board).

<sup>14</sup> *R. v. N.C.*, 2024 ONCA 239. This occurred, for example, in *College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario v. Becker*, 2024 ONRPDT 7 (legal issue) and *College of Physicians and Surgeons of Ontario v. Fagbemiun*, 2022 ONPSDT 11 (factual issue).

<sup>15</sup> *Khan v. College of Physicians and Surgeons of Ontario*, 1992 CanLII 2784 (ON CA).



Some examples of the use of the case management process are:

- A matter that had been referred to a discipline committee in 2019 began case management when the Pilot began in spring 2023. After several case management conferences, the parties reached a joint submission. An uncontested hearing took place in October and the decision was released in early November 2023.
- A self-represented registrant advised at a CMC in early October 2023 that they would bring a motion to disqualify College counsel from acting on the case. The case management chair set a schedule under which the motion would be heard in writing, with submissions to be made in November and early December 2023. The decision on the motion was released two days after the written submissions were complete, allowing the matter to move forward.
- Several hearings where the registrant was not participating were heard in writing, avoiding scheduling challenges and reducing hearing costs.
- Through changes to scheduling practices and the use of case management, payments to OPSDT members for late cancellation of hearing dates decreased by 81% between 2021 and 2023.

<sup>16</sup> See Edward Berry, *Writing Reasons: A Handbook for Judges*, 5th Edition, 2020.

<sup>17</sup> <https://opsdt.ca/hpdt/rules-of-procedure>

There may be cases in which it would be helpful for the registrant to hear the perspective of another member of the profession. If this is identified by either of the parties or the case management chair, a CMC can be conducted jointly with a professional member.

### *Issues-Based Reason Writing*

Best practices for writing of court and tribunal reasons have undergone a revolution in recent years. Led by Justice John Laskin, formerly of the Court of Appeal for Ontario, and Ed Berry, an English professor at the University of Toronto, most legal decision makers now write very differently from the way that the courts and tribunals did previously. This approach rejects legal formality and templated decisions in favour of an audience-focused approach that emphasizes the organization of the decision based on the issues in the case, plain language and conciseness.<sup>16</sup>

Our approach to decision writing reflects this. The experienced adjudicators have all written many decisions using this approach, and indeed, their ability to do so was an important criterion when evaluating decisions during the recruitment process. Reasons look quite different than they used to and, we believe, better capture the expectations of the courts. We also promote quality decisions through a formal decision review process.

### *New Rules of Procedure*

OPSDT implemented new Rules of Procedure to replace the previous OPSDT Rules, which were similar to those of most other health professions' discipline committees.<sup>17</sup> They took effect on January 1, 2023, and were developed following an extensive process of research, consultation and drafting.

The approach to the revisions was centered around several principles (see Rule 1.1.1):

- the overarching importance of fairness;
- accessibility and understandability, using plain language and simplified processes;
- flexible processes, allowing for adaptation to the circumstances of each case;
- adopting successful practices used at other regulators and tribunals; and
- ensuring that matters move forward expeditiously.



Here are some of the most significant changes:



**Rule 2 – Openness**

Under most Colleges’ current rules, a member of the public who wishes to obtain copies of documents in the discipline tribunal’s record must file a motion to do so. This can take some time. Pursuant to a 2018 decision of the Superior Court of Justice, the “open courts principle” applies to administrative tribunals. Among other things, the public must have timely access to hearing materials.

Rule 2 adapts to these changes. It establishes an automatic publication ban on the names of patients and anything that could identify them. If a party asks for additional information to be subject to a publication ban or made not public, it sets out the test to be applied, which comes from Supreme Court of Canada caselaw.

Materials in the record are public, and if there is personal health information or other personal information, it must be redacted by the party filing the document. This can be done by filing two versions: one public and one not public. A process like the old process applies to documents filed before the rules came into effect, to protect reasonable expectations of the parties.



**Rule 3 – Accommodation and Language**

The rule codifies the rights of participants to accommodation in accordance with the Human Rights Code, to communicate with the discipline tribunal in English or French and to an interpreter. It also sets out the right of the registrant to choose the language of the proceeding, subject to reasonable limits.



**Rule 8 – Statement of Particulars**

The tribunal may direct either party to provide more information (particulars) about their position.



**Rule 9 – Case Management**

This rule sets out the discipline tribunal’s case management approach and the values that underly it. It sets out the following four goals of case management:

- a. hearings progress in a fair and timely way, in the public interest;
- b. hearing time is used efficiently and effectively;
- c. procedural and legal issues are identified early; and
- d. adjournments are only necessary in exceptional circumstances.

This rule requires a case management conference in every proceeding, and describes what the case management chair may do, including exploring and applying alternatives to traditional adjudicative or adversarial processes.



**Rule 12 – Hearing Preparation**

Rule 12.3 – This rule is used mostly when the registrant is not participating. If one party sends a request to admit and the other party does not respond, the other party is deemed to have admitted the facts contained in the request to admit. This avoids the need to call evidence if the registrant isn’t participating, since the hearing can proceed based on the deemed admissions. A similar rule at the Law Society Tribunal was recently upheld and applied by the Divisional Court.<sup>18</sup>

Rule 12.4 – This rule requires each side to provide the other with a list of witnesses and a summary of their anticipated evidence. It also requires the parties to file the documents they may rely upon, including any agreed statement of facts or joint submission on penalty, one week in advance so that the panel may prepare.



**Rule 13 – Registrant Applications to the Tribunal**

Rule 13.3 – The Divisional Court decided, in *Li v. College of Physicians and Surgeons of Ontario*,<sup>19</sup> that the Health Professions Procedural Code implicitly allows a discipline committee to remove or vary an indefinite term, condition or limitation on a certificate of registration. The CPSO Discipline Committee had previously concluded it had no power to do so. The court found that it was “not for us [the court] to determine the circumstances in which a member may seek a variation of a term as that issue is not before us on this application.” (para. 30) This rule sets out these conditions.

<sup>18</sup> *Khan v. Law Society of Ontario*, 2024 ONSC 3092.

<sup>19</sup> 2008 CanLII 37613.



**Rule 14 – Hearings**

Rule 14.1 – This rule sets out a set of factors to be considered when determining a request that a hearing be held all or partially in person.



**Rule 17 – Costs**

Rules 17.1.1 and 17.1.2 – The *Statutory Powers Procedure Act* allows a tribunal to make rules to order costs in circumstances other than those set out in the Health Professions Procedural Code if a party has

acted in a way that is unreasonable, frivolous, vexatious or in bad faith, and this rule does so. Examples of new situations in which this rule would allow costs include before the end of the hearing (for example, after a frivolous motion) or in favour of a third party who had to respond to a third-party records motion. Rule 17.2.1 allows for costs because of an adjournment less than two weeks before the hearing.

There are also several provisions of the Rules that, while not new to OPSDT in 2023, would be changes from some other Colleges’ discipline committee rules.

**Rule 9.4.1** – Both parties, rather than only the College are required to prepare a case management conference memo.

**Rule 10** – Adjournments are granted only where it is necessary for a fair hearing, even if both parties consent.

**Rule 12.4** – Both the College and the registrant are required to provide the other, in advance, a list of witnesses, a summary of what each witness will say and a copy of all documents the party may rely upon. This is sometimes called “reciprocal disclosure.”

**Rule 14.3** – This rule allows the parties to agree that the registrant will plead “no contest.” This means that the registrant does not admit the allegations. The registrant accepts that the discipline tribunal can rely on the facts set out in a Statement of Uncontested Facts provided by the College, but only for the purposes of the College proceeding.

**Rule 14.5.1** – This rule mirrors a similar provision in the Criminal Code that prevents the use of a complainant’s sexual history except in certain circumstances.

**Companion Resources and Adoption**

The Tribunal has prepared practice directions, forms, frequently asked questions, and guides to provide plain language information for registrants, witnesses and members of the public about the process as a whole and specific issues. These work together with the rules to promote understanding of the process and transparency. They also assist in meeting our responsibilities to self-represented registrants.

All three Pilot Colleges kept their existing Rules of Procedure for the first year, with the addition of a modified version of the OPSDT’s case management rules for their Pilot cases. When the Pilot was extended in spring 2024, both the CASLPO Discipline Committee and the ORPDT adopted the new rules, forms and guidelines. They were all amended to remove any OPSDT or CPSO-specific references and are now on a separate portion of the website ([opsdt.ca/hpdt](https://opsdt.ca/hpdt)). CASLPO, CRPO and OPSDT all link to this webpage from their own websites. Each retained their previous approach to costs, reflected in Tariff A.





## Education

### Orientation

We have designed a four half-day orientation program, delivered mostly virtually, for new public or professional discipline tribunal members. Its topics include: the RHPA, the Code and its discipline provisions, procedural fairness, the burden of proof, rules of evidence, reason writing, deliberations, myths and stereotypes in sexual abuse cases, joint submissions, penalty principles and making credibility determinations. It is interactive and uses a variety of teaching techniques to support different styles of adult learning. It has been coordinated and delivered by Dionne Woodward, Tribunal Counsel and David Wright.

We have tailored the orientation to the new model. For example, we emphasize the role of panel members in deliberating, reviewing and commenting on reasons in a way that will strengthen the final product and ensure their voices are heard. In relation to hearing management, while they must have an understanding of the role of the panel chair and the principles applied, they do not need to be trained to chair themselves.

In each Pilot College, there has been an orientation to the profession for the experienced adjudicators delivered by professional members of the discipline tribunal, as well as an introduction to the Pilot for the other members provided by the HPDT Chair and counsel.

In the spring of 2024, a joint orientation was conducted for new members of the OPSDT and the CASLPO Discipline Committee. When orientation is urgent, for example when a new member is needed to sit on hearings shortly after their appointment, they have watched a recording of the most recent training.



### Ongoing Professional Development

The OPSDT has had semi-annual business/education meetings, with sessions facilitated by both Tribunal Office staff and guests. These have included:

- reason writing and deliberations;
- discussions with judges;
- lessons for our work from cognitive science;
- reprimands;
- trauma-informed adjudication;
- the law of evidence;
- deliberation scenarios; and
- the role of counsel cross-examining complainants where there is a self-represented registrant.



### Annual Conference

A one-day conference was held in November 2023, in person with an on-line option, for the members of all four discipline tribunals. It provided an opportunity both for learning and for the decision makers from different Pilot Colleges to network with each other and discuss their work. Sessions included:

- a panel of lawyers who prosecute and defend health discipline cases providing insight on hearings from their perspective and that of their clients;
- a deliberation exercise with breakout “discipline panels” made up of public and professional members from each College;
- equity in adjudication;
- mandatory revocation and sexual abuse: a legislative history;
- freedom of expression and professional discipline; and
- a networking reception.

Sessions were organized and delivered by Angela Peco, Manager and Tribunal Counsel at CMTO, Dionne Woodward and David Wright. Guests included Superior Court Justice Andrew Pinto, Palma Paccioco, a professor at Osgoode Hall Law School and Grace Vaccarelli, a mediator and investigator with over 20 years of experience in human rights.

Our second annual conference is scheduled for November 2024.

Feedback on the sessions was very positive. The overall rating for the conference by the participants who completed the evaluation was 4.72 out of 5. Here are some comments we received on the evaluation:

***“Great conference, well organized, education sessions were really good. The deliberation exercise was excellent and allowed networking as well as education.”***

***“I hope this will become a yearly event!”***

***“...[A]ll of the sessions seemed short, but I think that was because they were so interesting and time went by fast.”***

***“Great day of learning. The deliberation exercise and comparison of decisions from each group was very interesting.”***

***“I liked the varied style of presentations. Fireside chat was excellent.”***

***“Breakout session was great! Really liked the design of the exercise. Seemed daunting at first but we rolled into it quickly. Really liked hearing thought process of other professionals from different backgrounds and Colleges.”***





The Pilot has also led to benefits for individual Colleges' education. For example, Angela Peco presented to the OPSDT about the CMTO Discipline Committee's experience with appointing counsel to cross-examine complainants in contested sexual assault cases where the registrant is self-represented. This situation is common at CMTO, but recently arose at OPSDT for the first time. Similarly, David Wright made presentations at CMTO business meetings on topics such as evidence, reason writing, and updates on caselaw. Tribunal Office staff will coordinate a business/education meeting for the ORPDT in the spring of 2025.

### Newsletter

We send all members of the Pilot Tribunals and OPSDT a monthly newsletter, containing updates on decisions released in the Pilot, as well as other decisions of significance for health discipline. The newsletter, which began with the OPSDT before the Pilot and then expanded, is largely written and edited by Dionne Woodward. David Wright also writes a monthly column, usually about practical issues that arise in adjudication. All members also have access to an archive of all previous issues.



### Timeliness



Deadlines are set so that decisions are released within 84 days of the last hearing day or final submissions. This standard has been met in every case under the new model, both at OPSDT and in the Pilot, with most decisions being released more quickly. We have prepared a policy on reason preparation, review and release that establishes deadlines for each step in the process, from the first draft being provided to the panel to legal and peer review. It also establishes a process and expectations for these reviews, consistent with the requirements set out by the Court of Appeal.<sup>20</sup>

The average number of days to complete a discipline file at OPSDT decreased from 429 to 285 between 2020 and 2023. In 2023, the OPSDT's key performance indicator was 15 months from referral to the completion of the discipline process (80th percentile). As of December 2023, the 80th percentile was 11 months. In 2024, the KPI has been reduced to 12 months, with tighter criteria for exclusion from the measure. Considering that before the new model, the CPSO Discipline Committee was struggling to meet a target of starting hearings within one year, this is a dramatic change.

Data on timeliness at Pilot Colleges follows later in this report.

### Financial Implications for CPSO



While the primary motivation for change was not financial, the new model has resulted in significant cost savings for CPSO. Given other changes in recent years, in particular a lower volume of referrals and the shift to virtual hearings, it is difficult to separate how much of the savings are due to each of these factors.

Significant savings have resulted from the following:

- elimination of fees for independent legal counsel to attend hearings, provide advice and support to staff in the Tribunal Office and review decisions;

<sup>20</sup> *Shuttleworth v. Ontario (Safety, Licensing Appeals and Standards Tribunals)*, 2019 ONCA 518.



- reduced hearing time;
- reduced reason writing time;
- reduced cancellation fees;
- reduced time for decision review and editing;
- CMCs and hearings conducted by the OPSDT Chair; and
- education organized and delivered by the OPSDT Chair and Tribunal Counsel rather than ILC.

## Electronic Hearings and Hearing Support



The new model coincided with the general adoption of electronic hearings by professional regulators and other tribunals throughout Canada because of the pandemic. All OPSDT hearings have been conducted by videoconference. The OPSDT has established a Rule and Practice Direction that sets out the factors to be considered when there is a request that all or part of the hearing be held in person.

The move to electronic hearings has had various advantages. In particular, it has assisted with the challenges of scheduling five-member panel hearings with a small pool of members who meet the statutory requirements for public and physician board members and live across Ontario. Largely eliminating the need for travel means that an out-of-Toronto panelist with a commitment one evening during the week in their home city can still sit, or a panel can sit on Monday, Tuesday and Friday to accommodate schedules without wasted costs. The same advantages apply to witnesses, registrants and lawyers from outside Toronto.

Electronic hearings have also had significant benefits for transparency. Anyone, such as complainants, the registrant's family, media or members of the public can watch a hearing without travelling to downtown Toronto.

OPSDT piloted various methods of supporting electronic hearings before reaching an agreement with First Class Conferencing Facilitation (FCCF). FCCF specializes in supporting electronic legal hearings and also supports coroners' inquests and arbitrations, among other hearings.

FCCF, among other functions:

- sets up the Zoom hearing and the livestream accessible only through a private link;
- sets up and manages a webpage that automatically sends users who provide their name and email address the link to watch a hearing, together with relevant information;
- moves panel members, counsel, witnesses and other participants in and out of the breakout rooms;
- has expertise in troubleshooting technical issues, resolving them quickly;
- displays documents as requested by the parties or the panel, which, if appropriate, can be blocked from being viewed by the public;
- displays information on the livestream if the hearing is delayed or on a break;
- marks exhibits and other documents;
- prepares a report for the Tribunal Office staff summarizing what occurred at the hearing, including a witness list and exhibit list;
- provides a video recording from which a transcript can be generated by a court reporter, making it unnecessary to have a court reporter present during the hearing.

Among other advantages, we have found that using FCCF rather than staff allows for flexible scheduling, since FCCF can support multiple hearings on the same day. It has led to less delay due to participants' technical issues and allows staff to focus on case processing, with other work less disrupted by hearing days.

In the Pilot, CMTO and CRPO staff have continued to support virtual hearings, while CASLPO has used FCCF.



## Ongoing Consultation

The OPSDT established the Practice Advisory Group for feedback from those who regularly represent the College and defence before the Tribunal. A similar roundtable was established under the Pilot.

## Appeals

There have been two appeals from OPSDT decisions under the new model. Both were dismissed, with positive comments from the court. There have not yet been any appeals from Pilot decisions in the other Colleges.

In *Fagbemigan v. College of Physicians and Surgeons of Ontario*, 2023 ONSC 2642, the registrant argued that the Tribunal had not fulfilled its duties to him as a self-represented litigant. The court said, at para. 47, “The transcripts clearly demonstrate that the Tribunal patiently and carefully assisted the Appellant throughout the process.” Among the issues in this case was a *Charter* challenge to the College investigators’ having viewed and removed documents during a site visit to the registrant’s clinic. The court fully upheld the Tribunal’s constitutional and professional misconduct analyses.

In *Aboujamra v. College of Physicians and Surgeons of Ontario*, 2023 ONSC 3344, the court spoke of the Tribunal’s “detailed and nuanced credibility findings” (para. 77) in rejecting the multiple challenges to the decision in a highly contested sexual abuse case. An application for leave to the Court of Appeal for Ontario was dismissed.

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## IMPLEMENTING THE PILOT

### Differences Between Colleges

During the Pilot phase, the division of responsibilities between the OPSDT and each participating College varied. Each College brought unique backgrounds and experiences in discipline matters, leading to different approaches. This diversity assisted us in evaluating the pros and cons of different options, and allowed the Pilot Colleges to adopt the arrangement that best suited their needs.



CMTO has the highest volume among the Pilot Colleges: 20 new referrals and 46 cases closed in 2022. It has a high volume of sexual abuse cases relative to its size; 56% of the cases before the CMTO Discipline Committee in 2022 were sexual abuse matters. The CMTO has a Hearings Office with several full-time staff, well-established processes and

experience in many different types of cases. Its staff and Discipline Committee members, because of this volume, have extensive experience and involvement in all aspects of discipline work under the existing model.

CMTO established two tracks. Any case in which sexual abuse was alleged and there was no activity prior to the start of the Pilot was assigned to the Pilot track. Cases with sexual abuse allegations in which there had been activity under the existing model, and cases where sexual abuse was not alleged, were assigned to the standard track. As a result of its higher case volume and experience, CMTO staff did all administration and hearing support for all cases, including those assigned to the Pilot. CMTO adapted some of the OPSDT’s policies, practices and precedents for its Pilot cases. Other cases continued as before. The two tracks were important to CMTO, among other reasons, so that it had the option to easily return to the previous system after the Pilot if either it or OPSDT decided not to continue, and so that it could make comparisons as part of evaluating the success of the new model.



CRPO’s Discipline Committee received five referrals in 2022. For the first year of the Pilot, CRPO staff continued to do all case processing and hearing support,



under the primary direction of the HPDT Chair. It adopted the policies, practices and procedures of the OPSDT, with modifications to reflect the fact that the Rules were not the same. In the spring of 2024, when the Pilot was renewed and the Rules of Procedure were harmonized, the Tribunal Office took over case processing, using the same templates and processes as for OPSDT cases.



CASLPO's Discipline Committee received four referrals in 2022. At CASLPO, the OPSDT staff did case processing from the beginning of the Pilot. Tribunal Office staff prepared modified versions of the guides

and practice directions (where possible), to reflect the differences between the OPSDT and CASLPO Discipline Committee Rules of Procedure. The CASLPO-specific versions were no longer needed when the Discipline Committee adopted the HPDT Rules of Procedure.



## Memorandum of Agreement

The Pilot was implemented through a memorandum of agreement between the CPSO and each College. The significant provisions were:

- The College would make changes to its by-laws, where needed, to allow for the experienced adjudicators to be appointed to its Discipline Committee and for the appointment of the HPDT Chair.
- Staff would recommend to the Board the appointment of the Pilot Chair and the five experienced adjudicators to the Discipline Committee for a term parallel to the term of the Pilot. The agreement would be null and void if the Board did not make the appointments.
- The independence of the HPDT Chair and adjudicators would be protected.
- A participants' committee consisting of representatives from all four Colleges would meet bimonthly.
- A dispute resolution process.



## Cost Sharing and Billing Structure

The financial arrangements were designed to reflect the following:

- CPSO is not making any profits.
- The financial approach should be clear and simple, with as little time as possible spent on administration.
- Rates should compensate CPSO for its expenses on the Pilot and for a share of salaries and administrative costs based on the time spent by its staff (including the HPDT Chair) on Pilot matters.
- Common costs should be shared equitably between the Pilot Colleges.

For the first year, the Pilot Colleges were billed only based on the time spent by the experienced adjudicators and HPDT Chair on cases and their attendance at College-specific educational programs. The OPSDT has a remuneration policy that sets out the activities for which adjudicators are compensated, including preparation, hearing and CMC time, deliberations and reason writing. There are also limits on the number of hours that can be claimed based on the nature and length of the case, which can be increased where appropriate based on the circumstances of a case with authorization of the HPDT Chair. The Pilot Colleges also reimburse CPSO for the disbursements on their behalf.

The hourly rate compensates for the adjudicator time and the time spent on administration, education, set-up and other costs. There are no separate charges to the Pilot Colleges for matters like education, administration, decision review or meetings attended by Tribunal Office staff and the HPDT Chair.

The first year's hourly rate was \$275 per hour for Colleges where their staff did case processing and hearing support and \$325 per hour where OPSDT staff were doing that work. These amounts were increased for inflation in 2024 to \$282 and \$334. The OPSDT staff recorded the amount of time they spent so that calculations could be done to determine whether the gross-up from the amounts paid to the adjudicators was over or under compensating CPSO for its staff's



time. The agreements provided that if CPSO was over compensated, it would use the surplus for future HPDT activities or return it to the Pilot Colleges. If the CPSO was under compensated, it could use future revenues to compensate for the deficit but there would be no extra charges to the Pilot Colleges.

During the first year, CPSO was under compensated. We concluded that was for three main reasons: the large amount of time and expenses associated with start-up, that the rates had been set too low and a higher-than-expected amount of time spent in meetings with and adjustments to policies and practices for individual Colleges.

In addition, the costs paid by some Colleges were disproportionate to the amount of time spent on their matters. This was because, first, there were differential amounts of time spent adapting to the needs of individual Colleges. Second, case processing and pre-hearing work often did not correspond with the amount of remunerable time on a particular file, particularly if a lot of work was put into case management that successfully reduced hearing time. Third, there was a base amount of non-remunerable time that did not vary with caseload, for example preparing the newsletter, offering educational programming or preparing invoices.

Accordingly, when the Pilot was extended, participants agreed that rather than raising the hourly rate, each Pilot College would pay a base fee of \$1,000 per month. While it is too early to reach any conclusions, it appears that with this change the compensation is more accurately reflecting CPSO's costs and equitable sharing of expenses.



## Information Technology

IT proved to be a challenge. Initially, CPSO IT was not used for any case-related matters in the other Pilot Colleges. This required experienced adjudicators to juggle multiple laptops, email addresses and other systems. Additionally, Tribunal Office staff had to monitor multiple email boxes and learn different systems. This proved to be unwieldy, time consuming and prone to error. Accordingly, in

2024 the IT arrangement was changed so that the adjudicators use their CPSO equipment and email addresses, and staff use CPSO systems. An internal CPSO protocol has been established so that Pilot Colleges' data cannot be accessed by anyone other than Tribunal Office and CPSO IT staff without the authorization of the Chair or the Registrar of the College concerned. Once a discipline file has been closed, the file is returned to the College concerned for retention and the CPSO does not retain the data. A common email box is used for the three discipline tribunals whose cases are administered by the Tribunal Office.

## Scheduling

The requirements of the Health Professions Procedural Code for panels that include three Board members -- two public and one professional -- created challenges for scheduling at all Colleges, given the numbers of public members and the limitation on theirs and professional members' schedules. This often increased the amount of time and back-and-forth needed to set hearing dates.

## Fitness to Practise Committee

At CPSO and CRPO, the HPDT Chair is also Chair of the Fitness to Practise Committee and the membership is the same as the discipline tribunal. There has not yet been a hearing of a Fitness to Practise case at either College since the new model was implemented.

## Summary of Current State

- OPSDT, ORPDT and the CASLPO Discipline Committee have common rules, guides, practice directions and forms, and a common "resources" website that contains them. The Tribunal Office does case processing, decision review and decision preparation and release throughout the life of a discipline file, using common processes, templates and forms. With some exceptions, the Tribunal Office is responsible for all aspects of the file from referral to final reasons.



- CMTO has two streams: a Pilot stream for cases that allege sexual abuse and a regular stream for other cases. It maintains its own Hearings Office, which does the case processing and decision review and release for Pilot and non-Pilot cases, using materials for the Pilot cases adapted from but not the same as those used elsewhere. CMTO has separate rules, policies and procedures, and has adapted the Pilot templates as appropriate.
- Each Pilot College pays a base fee plus an hourly rate for adjudicator time. The hourly rate varies depending on the level of service provided by the Tribunal Office.
- The experienced adjudicators and the HPDT Chair are cross-appointed to each Pilot Tribunal.
- The Tribunal Office offers, without additional charge, educational programming including a full day or two half days of College-specific business/educational programs, a monthly newsletter and a full-day conference. There is a registration fee per attendee to cover the costs of outside speakers, food, the venue, IT support and related matters.



# Part 2

# Feedback and Data

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# Feedback and Data

## QUALITATIVE FEEDBACK

We sought feedback through a Microsoft Forms survey, which asked open-ended questions. We sent separate, tailored surveys to lawyers on the HPDT Counsel Roundtable, to discipline tribunal members (including at OPSDT) and to the experienced adjudicators. We received 12 responses from counsel, 51 from discipline tribunal members and five from experienced adjudicators. Participants were free to reply anonymously or provide their name as they wished.

Overall, the responses were extremely positive, although some discipline tribunal members were limited in their ability to comment because they had not yet sat on a case in the new model. Most respondents believed the Pilot had met its objectives, that the changes were positive and that it should continue. The discipline tribunal members were generally more positive than counsel. As discussed below, a theme among counsel respondents was a concern that there was a lack of transparency because independent legal counsel was not present.

**Discipline tribunal members reported a greater ability to focus on the substance of the case rather than legal procedure and an improved deliberation process.**

## Panel Composition

### *Leveraging diverse skill sets*

The discipline tribunal members who had participated in Pilot hearings were nearly universally supportive of the change to panel composition. They reported a greater ability to focus on the substance of the case rather than legal procedure and an improved deliberation process.

***"The difference is that with the experience our discussion time has reduced and the adjudicator makes sure that all the panel members' concerns are heard."***

***"My concerns as we made the change between the outside legal advisors and the experienced adjudicators was gone working with individuals with strong interpersonal skills in addition to a wealth of legal knowledge."***

***"I was surprised and very pleased with this new approach. Initially I was concerned with the reduction in physician members of the panel but the new arrangement works very well..."***

***"[T]he experience and skill sets that the Chair brings to the hearings allow us to be more effective while providing us with an educational component that would have been lost if they were not part of the process. They lead us through support and collaboration."***





### Every perspective counts

We asked the discipline tribunal members whether they felt their perspectives were heard and considered. There was nearly unanimous agreement.

***“Absolutely. The adjudicator/chair of the hearings I participated in made a point of including all members in the discussion, circulated written drafts in a timely manner, incorporated suggestions/edits and opened further discussion on items as required.”***

***“Fantastic job ensuring that everyone is heard, their questions are answered and reinforcing that there are no stupid questions.”***

***“Deliberations have been handled well. It’s definitely easier to review and comment on shorter, more plain-language documents that are provided in reasonable time following a hearing.”***

***“During deliberations all voices are encouraged and heard better than ever.”***

### Other Comments

A small number of discipline tribunal members expressed concerns. One was concerned that an adjudicator did not have sufficient skills and knowledge. Another expressed concern that the non-lawyer discipline tribunal members’ legal knowledge was not being developed. A third explained as follows:

***“Compared to a traditional deliberation I do not feel as involved. It felt more like the experienced adjudicator gathering a small amount of input from the panel to satisfy the requirement. I do not necessarily see this as a negative.”***

Several lawyers expressed concern that without independent legal counsel providing legal advice on the record, the process was less transparent. They expressed concern that the panel chair was improperly providing “legal advice” in deliberations. One expressed concern that the panel chair was improperly dominating:

***“My other concern is that the Chairs dominate the proceedings, which has happened in every hearing to date.”***

Other counsel expressed the opposite view, for example:

***“I think it makes eminent sense to hire experienced lawyer adjudicators in lieu of ILC. As much as the ILC work is excellent for lawyers such as myself, it does not make sense from a resource perspective.”***



## Perspectives of the Experienced Adjudicators

Most respondents commented that the Pilot was effectively achieving its objectives. Many commented on the collegiality and discussions among the experienced adjudicators, who meet once a month to discuss issues and approaches. All appreciated the relationships they had built with professional and public discipline tribunal members, although some found it challenging given the number of members of the different Pilot Tribunals and often small volume. The HPDT Chair has been informally assigning a subset of adjudicators to each Pilot Tribunal where possible, and in general the adjudicators supported this approach.

Experienced adjudicators expressed concern about differences in technology and process, between the Colleges, but were pleased with changes that had been made in that regard in 2024. Generally, they were pleased with administrative support.

## Case Management

There was strong support among both discipline tribunal members and counsel for the more intensive case management. Respondents felt that it improved the efficiency of the process. One respondent noted that the ability of the CMC chair to provide information to self-represented litigants from a neutral perspective was helpful. Examples of the comments are:

***“The robust case management, in my experience has been extremely effective. Parties are able to schedule a case management conference with very little notice. The CMC directions are usually issued within 24 hours, and the directions I have received have been clear and fair.”***

***“Also, the CMC Chair has the power to make procedural orders, which is helpful and brings more certainty in the process. We also appreciate that the CMC Chair adopts flexible approaches and is open to waive certain procedural requirements to be efficient.”***

Several discipline tribunal members mentioned that the case management process had reduced surprises and cancellations.

Two lawyer respondents emphasized that the CMC chair should not be heavy-handed in promoting settlement. One suggested that the CMC process should better take into account different policy approaches to resolution at different Colleges and better coordinate ADR techniques with College counsel. One suggested that pre-hearing hearing conferences were less effective than they were with a member of the profession serving as chair. As set out below in the description of the new model, we can include members of the profession in CMCs along with the case management chair as appropriate.



## Quality of Hearings and Reasons

The strong view among the discipline tribunal members was that hearings were smoother and the process more efficient. Many commented on the quality of the reasons and the benefits of receiving them more quickly after the hearing.

There was near unanimous support among discipline tribunal members for obtaining the parties' materials in advance, with several respondents noting that the amount of preparation could be heavy.

Most counsel commented positively on the quality of hearings and reasons. Two respondents suggested there was little difference from the previous model and two suggested that some reasons were difficult to understand. One respondent commented that reasons in joint submission cases were sometimes too short.

***"I have always found that having an experienced Chair that is able to navigate the system allows for a more effective and efficient process, allows for more genuine conversations, and provides the panel a solid foundation of experience and application."***

***"The Pilot has been extremely effective. The quality of hearings has increased drastically with experienced chairs and removing ILC. As a public member, I feel a lot more confident in the proceedings under the Pilot than previous Discipline Panels. Decisions have been released a lot faster and more well written. Overall this has benefited our College and the public interest and we should continue this process."***

***"I've noticed a significant quality improvement of deliberation discussions under the Pilot."***

***"Increased efficiency, increased clarity of writing, and in my view increased accuracy on important points of law."***

***"In my opinion, the Pilot project is such an asset to the CMTO discipline system. Hearings progress so much more efficiently with expert tribunal and panel leadership. The experienced lawyer is able to keep panel members from straying into the weeds while deliberating. Detailed reasons for decisions are received in a timely manner. The efficiency of this whole process is astonishing. Love it."***

***"Although it takes time pre-hearing, time is saved during the hearing/deliberation phase, making it a worthwhile activity."***

***"[Receiving materials in advance] is the best part of the Pilot project for me. It is such a benefit to be able to review and absorb this information prior to the hearing."***

***"Very significant impact – allows opportunity to review the material which enhances the panel discussion and makes for an efficient use of time."***



## Education

Comments on the educational offerings were nearly universally positive.

***"I have found the education to be the most beneficial part for me so far. Being a member of the CMTO we have two discipline streams and the education from the HPDTP has been an immense benefit to my work on the non HPDTP stream as well as the HPDTP stream."***

***"Joint educational conference enabled me to see the road block or ways others have overcome. The complexity of the different Colleges and the relationship with their clientele impacts the type of hearings."***

***"I find that David's presentations are always educational and engages all the members. He brings scenarios and case examples from other institutions and his personal experiences as well. The newsletter keeps us informed about the current cases and outcome of the tribunals."***

***"Education has struck the right balance with business meetings, complemented by other learning opportunities, presentations and the newsletter which I thoroughly enjoy and learn from. Keep up the great work."***

***"My orientation session to discipline hearings was very elaborate and informative. I use this as my reference point for any hearing meetings. The monthly newsletter is a valuable tool and helps me understand the jargon used in the process."***

***"The joint educational conference was outstanding. The newsletter is well done and very informative."***





## A Selection of General Comments

***"Very impressive conceptualization and work by many. Very positive impact."***

***"I think this has been a successful experiment."***

***"Not having to Chair hearings and write D and Rs has eliminated the significant anxiety associated with those tasks."***

***"I believe the Pilot has been effective. The proceedings are more focused, the Case Management and decision writing much better. I support adopting this model going forward."***

***"It is an exciting initiative that has done a great job with our committee so far. Thank you for everything you've done to date."***

***"My peers seem pleased, and I have heard only good things from those who have sat on panels. It is great to hear the experienced adjudicators refer to their experience with other Colleges and their processes, as it gives insight into what we do at ours."***

***"In the matter of fairness and credibility the Pilot model is essential, but I on occasion feel we are relinquishing our own College's responsibility to regulate our own."***

***"I believe that this initiative should definitely continue to become our 'new normal.'"***

***"The Pilot has been a huge success thanks to David's leadership. It is also a great example of cross sectoral collaboration."***

***"Turn the Pilot into a full tribunal."***

***"It is exciting to be a part of a program that is growing in the right direction, for the right reasons. Thank you!"***

***"At this time, all I have to share is, 'Keep doing what you are doing.'"***

***"I would recommend this Pilot to all Colleges."***

## Feedback from Non-Pilot Colleges

We reached out to RHPA colleges not currently in the Pilot to canvass interest in the Pilot and their needs and held multiple meetings with senior staff. There is considerable interest in the possibility of joining, and the most common preference is to have the HPDT take on the administration and case processing as well as sharing adjudicative resources.

Some Colleges have a very low volume of discipline proceedings, which can be as infrequent as one case every two or three years. These Colleges have a different set of needs from larger ones. Rather than orienting all committee members and providing them regular education, their preference would be to have an infrastructure in place to take on the processing and management of cases, as well as the training of adjudicators when a referral is made and the need arises.

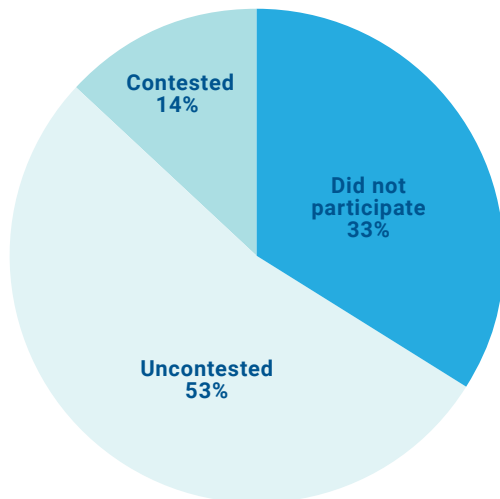


## QUANTITATIVE MEASURES

**Total of 30 hearings have been held**

### General

From the start of the HPDT Pilot to the end of June 2024, a total of 30 hearings have been held. Of these, 16 hearings, 53% were uncontested, where the merits, penalty, and costs were agreed to by the parties. In 10 (33%) of the cases, the registrant did not participate. In contrast, four hearings (14%) were contested, with the parties disagreeing on some or all issues, typically resulting in longer hearings.



Fifteen cases involving allegations of sexual abuse were completed: 11 at CMTO and four at CRPO.

Contested hearings made up less than one sixth of Pilot hearings but accounted for just over 40% of total hearing days.

### Breakdown of Hearings by College

Agreement level	CASLPO	CRPO	CMTO	Total
Contested	0	2	2	<b>4</b>
Uncontested	2	9	5	<b>16</b>
Not participating	3	2	5	<b>10</b>
<b>Total</b>	<b>5</b>	<b>13</b>	<b>12</b>	<b>30</b>

**All four contested cases involved sexual abuse allegations**

### Hearing Length

Six multi-day hearings have been held, four of which were contested. In the other two, the registrant did not participate in the hearing. The lengthiest contested hearing, in a CMTO case, was scheduled for five days but was completed in four-and-a-half days, covering both merits and penalty hearing days.

Nineteen cases were heard over a single or half day, all of which were uncontested or the registrant did not participate. There were five written hearings; in four of these, the registrant did not participate, and one involved an uncontested motion to withdraw allegations.

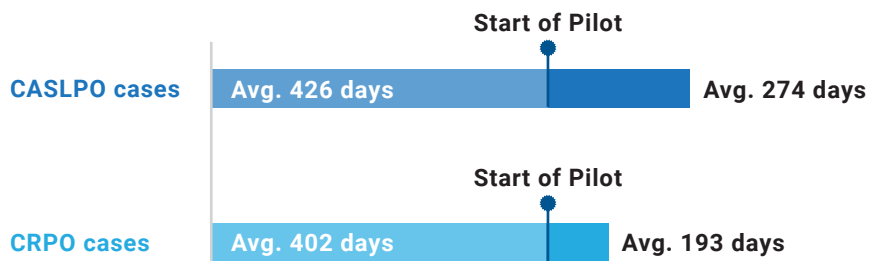




## Timeliness

### Cases Referred Before the Start of the Pilot

At CRPO, seven cases had been pending for an average of 402 days at the time the Pilot began. They were subsequently completed within an average of 193 days from the start of the Pilot.



At CASLPO, four cases had been pending for an average of 426 days. These cases were completed within an average of 274 days from the start of the Pilot. Two of these cases were case managed together with one other case involving the same registrant referred after the Pilot.

### Cases Referred During the Pilot

Cases that were both opened and completed after the start of the Pilot were completed on average 201 days from the date of the notice of hearing.

At CRPO, six cases that were opened after the Pilot began were completed in an average of 200 days.

At CMTO, four cases that were opened after the start of the Pilot were completed in an average of 204 days.

At CASLPO, we have yet to complete a case that was opened after the start of the Pilot.



**On average, Pilot cases have closed within 201 days.**

### Decision Release

Overall, there have been 40 decisions released during the Pilot: 16 for CMTO, 9 for CASLPO and 15 for CRPO .

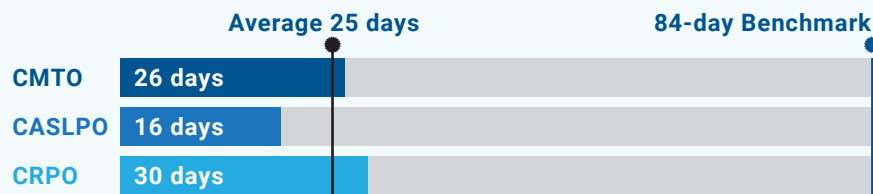
**40 decisions released during the Pilot**



In the Pilot, decisions have been released within an average of 25 days following the conclusion of a hearing, significantly outperforming the 84-day benchmark.

### Average Days to Decision Release

There were four merits reasons released for cases that were contested. These reasons were released in an average of 59 days. There were ten reasons released in cases where the registrant did not participate. These reasons were released in an average of 27 days. There were 19 reasons released in uncontested cases. They were released in an average of 25 days.



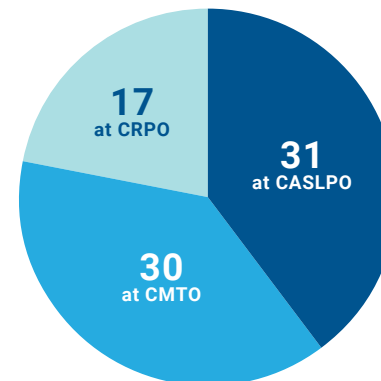
There were seven motion reasons released during the Pilot and their average time to release was six days. Of these there were five uncontested motion reasons released within an average of five days. The remaining two were contested motions and their reasons were released within an average of nine days.

### Case Management

The Pilot incorporates a comprehensive case management rule designed to streamline the hearing process in a manner that is fair, timely, and aligned with the public interest. This approach ensures that hearing time is utilized efficiently and effectively, procedural and legal issues are identified early and adjournments are reserved for exceptional circumstances only.

Throughout the Pilot, 78 CMCs have been conducted across all Pilot Colleges: 31 at CASLPO, 30 at CMTO, and 17 at CRPO. On average, there were 2.43 CMCs per contested case and 1.78 CMCs per uncontested case. The higher number of CMCs per contested case reflects the greater complexity often associated with these matters, requiring more preliminary management to ensure efficient proceedings.

### 78 CMCs have been conducted across all Pilot Colleges



The higher number of CMCs per contested case reflects the greater complexity often associated with these matters.





## Financial Impact

The impact of the new model on each College will be different, so it is difficult to generalize. Factors that will affect cost and cost comparisons with the previous model include:

- caseload;
- types of cases;
- settlement rates;
- discipline committee size;
- remuneration rates paid to professional members;
- staff resources devoted to discipline;
- current ILC hourly rates;
- current approach to reason writing;
- frequency and nature of education.

To give a sense of HPDT costs, we have summarized the number of adjudicator hours spent for various Pilot cases with a description of the nature of the case.

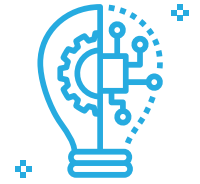
Hours Spent by Case Type		CMC Hours	Hearing Hours (including preparation and deliberation)	Reason Writing Hours	Total
<b>Joint submission through CMC process</b>	<b>Example 1</b>	5.7	2.50	1.50	<b>9.70</b>
	<b>Example 2</b>	4.00	2.75	3.50	<b>10.25</b>
<b>Written hearing; registrant not participating; complex legal issues</b>		1.00	11.20	15.70	<b>27.90</b>
<b>Contested sexual abuse; registrant represented</b>	<b>Example 1</b>	2.00	27.20	23.70	<b>52.90</b>
	<b>Example 2</b>	1.50	37.00	40.00	<b>28.50</b>
<b>Contested sexual abuse; registrant self-represented</b>		3.00	30.50	14.70	<b>48.20</b>
<b>Consent withdrawal; single adjudicator; in writing</b>		0.00	0.00	1.50	<b>1.50</b>
<b>Indefinite Adjournment after CMCs; single adjudicator</b>		1.00	1.25	0.75	<b>3.00</b>



# Part 3

# New Model

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# New Model

## PRINCIPLES

This part sets out the model we are proposing be adopted should Pilot Colleges decide to continue or other Colleges choose to join.

The following principles were applied in the design:

- The model has been very well-received and few changes are needed to the overall structure.
- The success of the model has come from the combination of all its elements, most importantly case management, the change in panel composition, enhanced education and modernized adjudicative and administrative processes.
- It is important for each profession's tribunal to maintain its separate identity and jurisprudence and provide opportunities for separate interactions and education.
- Consistency in processes, rules, templates and IT is important for many reasons, including:
  - smoother hearings and reasons through consistent approaches, in particular if the number of Colleges participating grows;
  - consistent approaches and reduced costs for representatives who appear before multiple tribunals;
  - the ability to prepare extensive documentation and support for self-represented and represented litigants that apply to all the participating tribunals;
  - reduced administrative and adjudicative costs and time;
  - changes to ensure continuous improvement are more easily made;
  - consistent fees and fair cost sharing.
- In limited circumstances there may be differences between Colleges in processes, rules and templates including:
  - on costs tariffs, which are a policy question, and do not require changes to adjudicative processes;
  - to respond to differences that relate to the nature of the profession;
  - during transition and to allow a trial period.
- Independence, and therefore the confidence of the public and registrants, is promoted by separation between the College, in particular the professional conduct staff and prosecution counsel, and the discipline tribunal.

**The success of the model has come from the combination of all its elements, most importantly case management, the change in panel composition, enhanced education and modernized adjudicative and administrative processes.**



# PROPOSAL FOR THE HPDT

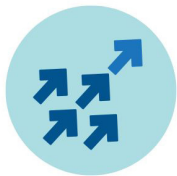


## Identity

The Discipline Committee of each participating College is renamed the Ontario [name of profession] Discipline Tribunal by Board By-Law. The group of tribunals together is known as the Health Professions Discipline Tribunals. Decisions and orders have the HPDT logo at the top, followed by the name of the discipline tribunal. Each discipline tribunal has a separate section on the Canadian Legal Information Institute (CanLII) and other legal reporting services.

Correspondence and emails to and from HPDT Tribunals use a central email address and HPDT branding.

The HPDT website contains an “About Us” section with general information about the HPDT, a “Scheduled Hearings” section with all scheduled dates, which can be sorted by College, a “resources” section similar to that already built and a “contact” section. Discipline tribunals or Colleges will likely wish to maintain their own web pages for information such as cases currently referred, outcomes and a list and/or biographies of discipline tribunal members.



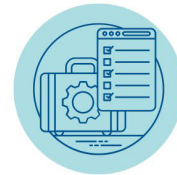
## Tribunal Membership and Leadership

Pursuant to the Code, each College’s Board appoints the members and leaders of its discipline tribunal. Unless there is a conflict of interest, all experienced adjudicators are appointed to all HPDT Tribunals. The HPDT Chair is appointed Chair of each HPDT Tribunal and a professional or public member of the discipline tribunal is selected as Vice-Chair. The Chair meets with each Vice-Chair as needed and there are regular meetings of all Vice-Chairs. Particularly with smaller Colleges, the Chair will make efforts to have a smaller group of the experienced adjudicators chair hearings in each HPDT Tribunal.



## Rules of Procedure, Practice Directions and Guides

Each HPDT Tribunal adopts the HPDT Rules of Procedure, Practice Directions and Guides. Where agreed by HPDT and the relevant College, Appendix A to the Rules of Procedure allows for rules that apply to one tribunal and a Practice Direction specific to that College can be prepared. Each College determines whether there will be a costs tariff and the amounts.



## Case Processing and Administration

Participating Colleges have the option to decide whether they wish to have Tribunal Office staff conduct case processing using common templates and procedures or whether they will continue to do so themselves. Both of the options presented require individual Colleges to provide staffing support, the amount of which will depend on their volumes. There is much less College staff time required with the first option.

### *Tribunal Office Processes Cases*

Where the Tribunal Office does case processing, it is responsible for all file administration from the filing of the Notice of Hearing until the file is closed, including all correspondence, scheduling, canvassing panel members for their availability, maintaining the file, tracking, editing and releasing reasons and preparing the file for storage. Further, the Chair and Tribunal Counsel leverage their legal expertise to advise Tribunal Office staff on file management issues that arise throughout the duration of a case file.



The College remains responsible for:

- advising the Tribunal Office of conflicts of interest of tribunal members;
- all updates to the public register;
- all updates to the College’s website;
- all reports, including statistical updates, reports to the Board and the College’s annual report;
- supporting business or education meetings of the individual tribunal;
- file retention;
- remuneration and reimbursement of professional members and administration of public members’ remuneration claims with the Health Boards Secretariat.

The College appoints a staff member or members outside the professional conduct department as the liaison with the Tribunal Office. The liaison advises the Tribunal Office of all changes to tribunal membership.

Tribunal Office staff and experienced adjudicators use CPSO systems, and members of the other tribunals are given access to documents using SharePoint. Data access and sharing with discipline tribunal members is conducted in accordance with the agreed-upon data protocol.

### College Processes Cases

Where the College processes its own cases, it uses the same templates and processes, email address and databases as the Tribunal Office. Tribunal Office staff provide training to the College’s staff on the processes. The HPDT Chair has ultimate responsibility and decision making in relation to case processing and may be consulted by College leadership on the performance of staff working on discipline cases.



### Hearing Support

HPDT tribunals are encouraged to use FCCF to support hearings. Where the Tribunal Office is doing administration and file processing, the Tribunal Office makes all relevant arrangements, pays FCCF invoices and invoices the College. When using FCCF, hearings are recorded and there is no need for a court reporter to attend the hearing; the recording is sent if the transcript is ordered.



### Education

The HPDT organizes an annual education conference. There is a registration fee to cover the expenses. In consultation with the Vice-Chair, the HPDT organizes up to one full-day or two half-day virtual business/education meetings.

The HPDT provides a combined orientation (four half days) for new discipline tribunal members in all HPDT Colleges. In general, the orientation takes place twice annually. If a member is needed to sit on a hearing before the next orientation, they watch the video of the last training and are invited to an individual question and answer session with the HPDT Chair or Tribunal Counsel.

The HPDT continues to produce the monthly newsletter.

Colleges provide an orientation to the profession for the experienced adjudicators when joining the HPDT and for new experienced adjudicators. The HPDT provides up to a one-day orientation to the HPDT for discipline tribunal members when the College joins the HPDT.



## Finances

The financial arrangements continue as in the Pilot. Colleges are only billed for adjudicator time (including time attending College-specific meetings), base fee, reimbursement of expenses incurred on their behalf (such as hearing support) and expense sharing for the conference. Colleges are not charged separately for preparation of education, organizing the conference, the newsletter, case processing, reasons review and editing, etc. The Tribunal Office continues to track the time spent on all other activities to ensure that the program is cost neutral for CPSO.

The 2025 base fee will remain unchanged at \$1,000 per month per College, except that for Colleges with an average of two hearings or less per year over the past five years, it will be \$750. The hourly rates will be \$350 per hour if the Tribunal Office staff are doing case processing and \$300 per hour if the College is doing its own case processing. If more Colleges participate, that will allow for steady or perhaps reduced base fees as base costs can be spread between all participating Colleges. While in the future it may be appropriate to set fees for a longer period, at the outset fees should be reviewed and agreements should be signed on an annual basis.

## Smaller Colleges

Colleges that have had an average of less than one hearing per year over the past five years, and that do not wish to regularly participate in education will pay a base fee of \$150 per month (billed on an annual basis) during any period in which they have no active cases. If there is a referral, the HPDT will provide focused training tied to the nature of the case and regular fees will apply during the period the case is active.

## Reporting, Feedback and Evaluation

There will continue to be regular meetings of all the participating Colleges and the HPDT. The HPDT-Counsel Roundtable will continue and be expanded as appropriate to include new members.

There are various issues and decisions that may need to be considered in coming years. How these are approached will depend on various factors, including the number of Colleges that join, volume of cases, our experiences under the new model and changes in the sector. These may include:

- the process for selecting the HPDT Chair;
- whether full-time experienced adjudicators in addition to the HPDT Chair should be recruited;
- the possibility of statutory and/or regulatory changes to promote effectiveness and efficiency, including to the requirement for Board members on discipline panels, methods for appointing public members and the size of panels;
- HPDT office location and financial structure;
- the duration of agreements and appointments;
- mechanisms for determining future structure and independence; and
- continuous improvement and strategic planning.

Commencing in 2026 for the year 2025, the HPDT will prepare an annual report of its activities. The HPDT will establish annual performance metrics in consultation with all participating Colleges to be reported on in the next year's annual report.

In the first half of 2028, we will consult participants from the regulatory community and prepare a report on the first three years of the HPDT and possible improvements to all aspects of the model, including the structure and the Rules of Procedure.

## Timing of New Participants and Transition

We are open to new Colleges participating at any time after January 2025. Transition, and any special arrangements during a trial period, can be discussed individually.

## Fitness to Practise

The HPDT is able to take on fitness to practise cases. Rules and processes for fitness to practise cases will be developed as needed.



[tribunal@opsdt.ca](mailto:tribunal@opsdt.ca)



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 7.0**

**Board Meeting  
December 9-10, 2024**

**Agenda #7: Entry to Practice Licensure Examinations - Next Steps**

It is moved by

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and seconded by

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that:

The Board approves the College of Physiotherapist's adoption of the Canadian Alliance of Physiotherapy Regulators national exam in principle, assuming satisfactory results from appropriate due diligence checks.





**BOARD BRIEFING NOTE**  
For Decision

<b>Topic:</b>	Entry to Practice Licensure Examinations - Next Steps
<b>Public Interest Rationale:</b>	Successful completion of an entry to practice licensure examination is an important entry to practice competency milestone. Reliable, valid, and universal requirements ensure consistency in the patient experience.
<b>Strategic Alignment:</b>	<i>Regulation &amp; Risk:</i> Ensuring that the pathways to licensure are appropriate and fair to both Canadian trained and Internationally Educated Physiotherapists
<b>Submitted By:</b>	Craig Roxborough, Registrar & CEO Anita Ashton, Deputy Registrar & Chief Regulatory Officer
<b>Attachments:</b>	Appendix A: Canadian Alliance of Physiotherapy Regulators Backgrounder (Provided by CAPR)

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### Issue

- The Board is provided with an overview of the changes being implemented at the national level regarding entry-to-practice examinations.

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### Decision Sought

- The Board is asked to confirm whether it approves the College of Physiotherapist's adoption of the Canadian Alliance of Physiotherapy Regulators national exam **in principle**, assuming satisfactory results from appropriate due diligence checks.

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### Background

#### *Pathway to Licensure*

- The pathway to licensure in Ontario currently involves a two-step examination process. Internationally educated physiotherapists (IEPTs) must go through an additional credentialing process prior to challenging the examinations in order to ensure their education and training is comparable to the education offered in Canadian programs.
- Like many regulators, the credentialing and examination processes are not managed directly by the regulator, but instead are conducted by a national alliance or third-party service provider who administers these processes on behalf of regulators.
- Within the physiotherapy landscape, the Canadian Alliance of Physiotherapy Regulators (CAPR) has historically managed both the entry-to-practice credentialing and examination processes on behalf of Canadian regulators (with the exception of Quebec).



- With respect to the credentialing process for IEPTs, CAPR reviews an applicant's educational background and training to ensure that it is not dissimilar to what is taught in the Canadian university physiotherapy programs.
  - Applicants must have also completed 1025 hours of clinical practice as a part of their program.
  - The candidate must be fluent in English or French and have knowledge of physiotherapy practice in Canada which is demonstrated by the successful completion of a course.
- Both IEPTs and Canadian trained physiotherapists (CEPTs) are then required to successfully complete the written component of the Physiotherapy Competency exam, known as the PCE-written. This exam is a 200-question multiple choice examination. It covers the following topics in the following areas of practice, neurological, musculoskeletal, and cardiovascular – respiratory:
  - Taking a client's history
  - Conducting a physical examination
  - Data interpretation
  - Clinical problem solving
  - Treatment techniques
  - Ethics
  - Safety
  - Interviewing
  - Communication
- Individuals who successfully complete the PCE-written can apply for a Provisional Practice certificate of registration in Ontario. This certificate allows the individual to work as a physiotherapy resident under supervision while waiting for the next administration of the clinical examination.

#### *Clinical Examination*

- While historically, CAPR offered a clinical examination, that exam was discontinued during the pandemic.
  - The clinical examination administered by CAPR was a practical exam, known as an observed structured clinical examination (OSCE). It involved a candidate rotating through different stations and demonstrating their clinical skills on standardized patients. These interactions were observed and graded by an examiner.
  - The exam was historically offered twice per year and was conducted in-person across Canada.



- The last administration of the CAPR clinical exam took place in November 2019.
- During the pandemic, public health requirements limited CAPR's ability to conduct in-person examinations and while CAPR attempted to launch a virtual version of the clinical exam, this attempt was unsuccessful.
- The clinical exam was then put on hold and was eventually discontinued in January of 2022, leaving each Canadian jurisdiction to develop their own alternatives to the clinical exam to create reliable pathways to licensure. Currently there are a variety of approaches that have been taken across the country to fill this gap. This means that there is no standardization across the country.
- CAPR's lack of success in administering the clinical exam during the pandemic and eventual decision to discontinue their exam created significant disruptions within the examination landscape, the profession, and for all candidates and regulators. It also raised questions and concerns within the academic community, by the media, the Ontario Fairness Commissioner and the Ministry of Health.
- During this period of uncertainty, the Board of this College directed staff to develop a new clinical exam that was pandemic proof and could act as a suitable replacement for the historical CAPR clinical exam as a short-term solution while the national landscape evolved.
  - The development process focussed on the [Essential Competency Profile for Physiotherapists in Canada](#), a practical analysis and included feedback from physiotherapists, practice supervisors, and physiotherapist employers.
  - The goal was to launch the exam within the year. The exam format was approved by the Board in the summer of 2022 and the [Ontario Clinical Exam or OCE](#) was launched in October 2022.
  - The OCE is a virtual exam which allows candidates to attempt it from anywhere in the world. The exam is three hours in length and involves the candidate being interviewed by two examiners. There are 2 case studies and 11 short scenarios which are known as vignettes.
  - The [exam blueprint](#) outlines what is assessed. While it is built upon the Essential Competency Profile, it also explores the areas of practice that Ontario physiotherapists tend to struggle with based on our complaints and investigations data.
  - The College currently holds 16 administrations of the OCE each year over 8 days (approx. 1100 candidates a year). This work is supported by a staff team and many external consultants or vendors (e.g., psychometrician, exam consultant, external IT team, item



writers, item reviewers, plain language writer, translation services, legal counsel, 200+ physiotherapist examiners).

## **Current Status and Analysis**

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### **A. Update on CAPR's Evolution and Progress Post-Pandemic**

- As the Board will recall, CAPR has been working to develop a new consolidated national exam that replaces both the written and the now sunset clinical exam.
  - This work flows from the [Evaluation Services Re-Envisioned](#) project which was a two-year project focused on developing a strategy to improve and modernize the entry-to-practice competency assessment model in Canada (both credentialing and examinations). The recommendations of this project received approval from the CAPR Board and the Regulator Members in June 2023.
  - The intention was to develop a pandemic proof examination that reduces the time or burden of licensure while ensuring the essential competencies of the profession are tested.
  - There have been ongoing concerns that the current two-step exam process prolongs the time and cost associated with moving through the stages of licensure and entering practice as an independent practitioner. Moving to a consolidated comprehensive examination would transition individuals into practice more quickly while still ensuring the necessary competencies are demonstrated.
- CAPR has attended College Board Meetings on three occasions over the past two years to proactively rebuild its relationship with this College and to keep the Board informed about the work they are undertaking with respect to both credentialing and exam development.
  - At the June 2023 Board Meeting, Bob Haennel (CEO) provided the Board with an update on CAPR commitment to member services as well as some insight into the future direction of the CAPR. The short and long-term plan for the evaluation services was presented, which included comments about the planned move to a single consolidated exam.
  - At the September 2023 Board Meeting, Brandi Park (National Director of Evaluation Services) and Kelly Piasentin (Lead Psychometrician) presented an overview of the work of being undertaken to action the commitments flowing from the Evaluation Services Re-Envisioned project.
  - At the June 2024 Board Meeting, Brand Park returned to provide a more concrete update regarding the work of CAPR with a focus on modernizing credentialing and examination processes. They discussed plans to launch a new unified exam by 2026, focusing on making it pandemic-proof and efficiently administered.



- During the past two years, CAPR has also made many significant changes to the way it manages and administers its programs.
  - The written exam is now offered 10 times a year and Candidates can take it from anywhere in the world.
  - A practice exam has been launched to support applicants in assessing their readiness to challenge the written exam. There is a nominal fee for this exam.
  - CAPR has modernized its processes, moving from paper-based process to an electronic system that allows for document submissions and management through a new online portal for applicants.
  - All credentialing processes have been reviewed and are being modernized, with timelines being reduced by as much as 10 weeks.
  - CAPR is also on the verge of implementing a new credentialing program that fast tracks candidates from sufficiently similar non-Canadian jurisdictions through the credentialing process based on an extensive evidence-based evaluation of comparability. This means that candidates can attempt the written exam sooner and experience a less intensive credentialing experience.
- CAPR is also undergoing a significant governance and identity transition as part of this shift from an *alliance* of regulators to a *service provider* specializing in credentialing and examination services. In this model the Colleges will no longer be members of CAPR, but rather customers.
  - The historical governance model for CAPR was predominantly constituted by representatives of the regulatory bodies. In most cases this was the Registrar although over time some provinces appointed College Board members to this role.
  - To support the transition, a competency-based recruitment process was undertaken with external support to identify suitable candidates to replace the Board of regulators with skilled professionals who have the experience and competencies needed to provide strategic oversight of a credentialing and examination service provider.
  - The first phase of this transition is underway with new Board Members starting their appointments in the fall of 2024 with the transition being completed by June 2025.
  - Along with the governance transition, CAPR will undergo a rebranding process to present a new identity as a service provider and will dissolve its current regulator member-based structure to a full-service provider model.



- Ultimately CAPR is seeking to become a financially self-sufficient service provider that generates all revenue needed to sustain itself through its credentialing and examination services, freeing regulators from the fees that have historically been paid to support CAPR's operation. The fees paid by this College to support CAPR in the last year amounted to over \$250,000.

### *CAPR Examination*

- The exam development process has now reached a critical point where an exam blueprint and administration plan is near completion and a plan to launch the exam in January 2026 is set.
  - Guided by a multi-stakeholder committee with support from external exam development and project management consultants, CAPR has been building an exam blueprint.
  - Prior to finalizing exam build, CAPR needs to ensure they are building a product that regulators are planning to adopt.
  - For example, if regulators are not prepared to adopt the consolidated national exam that they are building, CAPR would cease to invest any further resources into the development process and would need to re-envision their role within the system.
- As a result, CAPR is beginning to seek the *in principle* support from each provincial or territorial regulator with respect to whether each regulator intends to adopt and recognize the new national exam.
- A brief overview of what is known about CAPR's exam at the time this briefing note was developed is as follows:
  - With a move to a consolidated exam, the PCE Written will be sunset in due course.
  - The consolidated exam will be offered in a virtual format and be comprised of a mix of modalities (e.g., multiple choice, vignette based oral responses, etc.).
  - The exam blueprint has been informed by the National Physiotherapy Essential Competency Profile and a review of the competencies tested for in the written exam, the historical clinical exam, and this College's OCE to identify the most essential and testable milestones.
  - The exam blueprint has been tested with the profession and key system partners and feedback to date has been favourable.
  - The exam is being built with the support of an external consultant who provides exam development services to many professions looking to build out entry-to-practice examinations.



- While still to be determined, it is anticipated that the exam will be offered at multiple points throughout the year and CAPR anticipates that the costs to candidates will be reduced as part of this consolidation effort.
- Further information about the history and future facing outlook for CAPR is provided in a brief overview provided by CAPR and attached as **Appendix A**.

## **B. Determining the Future of Examinations in Ontario**

- As noted, CAPR is at critical point where the next stages of their examination development process hinge on understanding whether regulators intend to adopt their exam.
- Should the College adopt the new CAPR national exam, it will have implications for the College in terms of sunseting the OCE and returning to a state where these services are provided by a third-party provider.
- In contemplating the direction going forward, the College has broadly two options to consider (1) adopt the CAPR national approach or (2) continue to enhance and expand the College's own service offerings in this regard.
- What follows is a brief overview of each option along with the advantages or disadvantages of each.

### *Option 1 – Adopt the CAPR National Approach*

- The College has been an active partner since CAPR began to rebuild their organization and chart a path towards re-instituting a comprehensive national approach to entry-to-practice examinations.
- At the time the OCE was developed it was not intended to be a long-term solution to the licensure crisis posed by the pandemic. Rather it was seen as a stop gap that addressed an immediate need while the entry-to-practice examination landscape evolved in a post-pandemic environment.
- Adopting the national exam CAPR has developed will return the physiotherapy landscape to an environment where all regulators recognize and use the service offerings of a single external third-party.
  - This is well aligned with other regulators in the health regulatory landscape and considered to be best practice.
  - An environmental scan of other regulators found that most regulators outsource examination services to a national body or service provider, particularly where the profession regulated has representation across jurisdictions.





- Should the College agree to adopt the national examination, this has a number of potential benefits:
  - Consistency in entry-to-practice requirements, particularly as it relates to examinations, would be re-established. Currently there are ad hoc and variable approaches taken as an alternative to the national clinical exam. This would ensure all applicants across jurisdictions have been evaluated against the same standard.
  - The College would no longer be responsible for administering an entry-to-practice examination. The College was designed to be experts in regulation, not examination, and this would allow the College to re-direct its resources to regulatory activities and supporting the organization's strategic plan.
  - Independence between the credentialing and examination body and the regulatory body would return. While some regulators administer their own credentialing and examination services this is not the norm, and independence is preferable as it supports integrity, neutrality, and objectivity with respect to each area of responsibility.
  - CAPR is repositioning itself as an expert service provider in the credentialing and examination services field by hiring and building out a staff base that is solely focused on these services and engaging with consultants with expertise in these areas.
  - The College would be seen as a partner at the national level. More specifically, most other Canadian jurisdictions are eager to see CAPR be successful and Ontario's participation in this model would support CAPR in providing these services across the country.
    - With Ontario being the largest physiotherapy regulator in the country and with many applicants choosing Ontario as their intended place of practice, our utilization of CAPR services provides a consistent and reliable stream of revenue for CAPR that ensures they are able to offer the same services in other provinces and territories who may not be able to sustain CAPR without Ontario's participation.
  - As a national service provider CAPR will likely be able to access grants to support its work in supporting transitions to practice for internationally educated physiotherapists which will continue to be in demand due to the increasing community of IEPTs.
- There are potential disadvantages to adopting the CAPR national exam as well.
  - Given historical challenges with CAPR, particularly as it relates to the administration of the clinical exam, it is reasonable to be uncertain as to whether the goals and objectives outlined by CAPR will be met. The Board would need to seek assurances in this regard.





- At this time there is still uncertainty regarding many elements of the proposed exam. For example, the specific costs to candidates, the specific frequency of the exam offerings, whether the demand in the exam can be met, etc.
- As a customer, the College will no longer have direct influence over the exam content or development process. That said, the Colleges will remain a key system partner where customer satisfaction is essential, and service agreements will help to define our working relationship.
- While work is required to mature the College's existing examination offerings, the College has also demonstrated an ability to successfully administer an examination program. Releasing this responsibility where uncertainty exists, may introduce new unknowns.

#### *Option 2 – Continue and Expand College Responsibility*

- Unlike many other jurisdictions, this College could have the capacity, resources, and applicant pool to consider retaining responsibility for examination services long term. In other words, to continue administering entry-to-practice examinations without CAPR's involvement.
  - For example, this College could create its own consolidated examination to replace the current two-stage process and integrate our learnings from administering the OCE into this new program or develop a written exam and maintain a two-step approach with a written exam and new clinical exam.
- While much work is outstanding to fully assess this option, taking this approach may have some advantages:
  - The College is responsible for its own success and/or challenges and failures with respect to entry-to-practice examinations by retaining control and responsibility for this program.
  - The College has proven its ability to administer an examination program that is currently in a positive financial position. While a long-term financial strategy would be required to achieve cost-neutrality over time, it is possible that providing examination services could become a stable source of revenue that contributes to the College's overall financial health.
  - Should CAPR not be able to sustain itself financially without the College's participation in its service offerings, it is possible that other Canadian jurisdictions will turn to the College for assistance, which could be viewed as an opportunity to lead the sector.
- There are, however, disadvantages or challenges to this approach as well.
  - Pursuing this approach may very well result in a lack of consistency regarding entry-to-practice requirements across the country, with potentially different standards being met in different jurisdictions.



- Despite the College's success in administering the OCE, the College's core expertise lies in regulation, not in examination.
- Should Ontario's decision to not participate in the national exam lead to financial challenges for CAPR, it may impact their ability to offer credentialing services as well. As a result, the College may need to expand its services offerings into this program area as well. An area the College currently has no expertise or experience in.
- Developing an alternative to CAPR's consolidated national exam would require extensive and intensive work in a short period of time, requiring investments of both human and financial resources, and that would duplicate much of the work already done by CAPR.
- Any expansion of current program offerings, either examination or credentialing, would require an expansion of the College's staff including the addition of specialists that work in both credentialing and examinations. This expansion will be greater if other jurisdictions turn to the College for assistance as an alternative to CAPR. It is not known at this time how this expansion will impact registrants or applicants with respect to costs.
- The decision to not adopt the national exam, could be viewed negatively by other physiotherapy regulators and system partners, creating strained partnerships between jurisdictions and impacting the College's reputation.

### Next Steps

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- If the Board agrees in **principle** to move to a national exam, it is anticipated that the College will begin to develop service contracts with CAPR in 2025 (which will be subject to Board approval), and staff will start to work on transition plans to support this work.
- If the Board has reservations regarding adopting the national exam at this point, further information can be collected and shared with the Board in March 2025.
  - This would include answers to outstanding questions relating to CAPR's service offering and a more comprehensive analysis of the investment and resources needed for this College to assume responsibility for these services including the development of a new exam in the long run.

### Questions for the Board

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- What questions does the Board have for Staff regarding the current or future examination landscape?
- What questions does the Board have for CAPR regarding their examination development process or the commitment they are seeking from the College?
- Is there any outstanding information the Board requires to make a decision?

**CAPR**Canadian Alliance  
of Physiotherapy  
Regulators**ACORP**Alliance canadienne des  
organismes de réglementation  
de la physiothérapie

Agenda Item: 7.0

Appendix A

## CAPR: A Brief History

The Canadian Alliance of Physiotherapy Regulators (CAPR) is a not-for-profit organization that provides standardized entry-to-practice assessment on behalf of the Canadian physiotherapy regulators (credentialling and administration of the entry-to-practice examination, the Physiotherapy Competency Examination<sup>1</sup> (PCE)).

Like many organizations across a variety of sectors, CAPR's work was significantly impacted by the COVID-19 pandemic. Working within the confines of strict public health measures that varied across provinces and territories, CAPR had to adapt different ways of delivering both its Written and Clinical Components to prospective physiotherapists. CAPR was able to offer a virtual Written Component but faced challenges in delivering the Clinical Component.

CAPR's Board approved an initiative to deliver the Clinical Component in a virtual format. Unfortunately, technological difficulties created significant challenges and in January 2022, the CAPR board made the decision to discontinue the Clinical Component. Provincial and territorial regulators were left with no clinical examination. Each regulator had to create their own pathway for certificates of registration authorizing independent practice, resulting in inconsistency across the country.

These unprecedented challenges, and the growing shortage of physiotherapists in Canada, inspired the organization to re-envision the future direction of entry-to-practice competency assessment for prospective physiotherapists in Canada. In February 2022, an Expert Advisory Panel (EAP) was convened to lead the exploratory background work and preparatory research, and after one year of intensive consultations and research, it made recommendations for CAPR's re-envisioned evaluation services. The EAP proposed a set of eight principles<sup>1</sup> to guide CAPR's new direction. CAPR used these principles as the foundation for its proposed model for future evaluation services.

CAPR was determined to best serve the needs of the regulators and those entering the physiotherapy profession. CAPR engaged with its system partners - including regulators, educators, and associations – for their thoughts on the EAP principles, CAPR's proposed model for re-envisioned evaluation services, and what we needed to do differently as an organization.

CAPR spent 2023 reestablishing trust and collaborative working relationships with our key system partners. In response to what we heard, CAPR focused on modernization and reducing barriers. CAPR:

- Doubled Physiotherapy Competency Examination (PCE) offerings (from 5 to 10) in 2024 to expedite the exam process and facilitate the transition to practice.
- Launched a full-length practice exam to assist those preparing for the PCE.
- Created an online portal where applicants can submit applications and documents and track their progress for both the exam and credentialling processes.

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<sup>1</sup> The PCE consisted of the Written Component and the Clinical Component before the pandemic. Since 2021 CAPR has only administered the Written Component.



- Streamlined all credentialling processes, adopted digital documents, and removed notarization requirements – resulting in a +10-week reduction in timelines and lower costs for internationally educated physiotherapists (IEPTs).
- Reviewed all credentialling policies and procedures to remove unnecessary barriers and align with provincial legislation, including:
  - Updating the language proficiency policy to accept all language tests that are approved under the *Immigration and Refugee Protection Act* (Canada).
  - Introducing more flexibility in the supervised clinical practice hours policy to better support mid-career IEPTs and those who don't have the required number of hours as part of their education.
- Launched live, online Q&A sessions for credentialling and examination applicants.
- Transitioned to a new exam administration provider so CAPR could ensure confidence in exam delivery both remotely and in test centers.

### Focusing on the Future

In December 2023, the CAPR Board approved a two-year project, Evaluation Services Re-envisioned (ESR). This project includes several key changes that better meet the needs of regulators, patients, and the physiotherapy profession.

These include:

- A single licensure exam that replaces the current written and clinical exams,
- A new pathway for IEPTs with comparable education to Canadian standards,
- An equivalency assessment for IEPTs without comparable training, and
- Enhanced support for both international and Canadian-educated physiotherapists entering Canadian practice, including directed learning opportunities for IEPTs

In 2024, CAPR embarked on this initiative and began collaboratively developing many components including the new physiotherapy entry-to-practice examination blueprint, the overall design of the new credentialling program, and a pre-approved pathway for IEPTs. CAPR also introduced a new governance structure with competency-based board members that will be completed in June 2025. With this change in governance structure, CAPR will become a not-for-profit, self-sustaining organization, with a new mandate focused solely on entry-to-practice assessments for the physiotherapy profession.

In 2025, as CAPR works collaboratively with partners on creating the new exam and credentialling programs, we will also work closely with regulators to create formal agreements outlining service delivery expectations and standards.

As CAPR moves forward with its new mandate, we are committed to ensuring that the needs of regulators and the broader healthcare system are properly addressed by modernizing the assessment process through right-touch and continuous quality improvement approaches. Our goal is to ensure that we can provide high-quality and expeditious entry-to-practice assessments of both Canadian and internationally educated applicants.

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<sup>i</sup> A set of eight principles were proposed as a means for guiding CAPR's re-envisioned evaluation services:



**CAPR**

Canadian Alliance  
of Physiotherapy  
Regulators

**ACORP**

Alliance canadienne des  
organismes de réglementation  
de la physiothérapie

- 
- Entry-to-practice assessment is best embedded in a multi-point, multi-method assessment approach.
  - Assessment design should address competencies and target patient safety and higher-order cognitive skills such as decision-making and clinical reasoning.
  - Multiple stakeholders and experts should be involved during the development of CAPR's updated evaluation services model to ensure the assessments are current and relevant.
  - Among these stakeholders, fairness commissions/offices should be consulted for information regarding the modernization of registration processes, including compliance with their frameworks, policies, and positions.
  - Credentialing and assessment processes are best designed and administered with an evidence-based equity, diversity, and inclusion lens.
  - The assessment process for applicants who have graduated from an accredited Canadian program should be modified.
  - The assessment of internationally educated professionals should include flexible pathways based on their levels of preparation, rather than candidate characteristics.
  - Enhanced supports will benefit internationally educated professionals in their path toward registration.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 8.0**

**Board Meeting  
December 9-10, 2024**

**Agenda #8: Final Review of Revised Standards (3<sup>rd</sup> batch) for Approval**

It is moved by

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and seconded by

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that:

The Board approve the adoption of the following Standards, to be effective February 1, 2025:

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

And rescinds the following existing Standards, effective February 1, 2025:

- Collaborative Care
- Conflict of Interest
- Infection Control and Equipment Maintenance



**BOARD BRIEFING NOTE**

For Decision

<b>Topic:</b>	Final Review of Revised Standards (3 <sup>rd</sup> batch) for 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>Appendices A-D: Draft Standards – Collaborative Care, Conflict of Interest, Dual Practice, and Infection Control</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**

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- The College is in the process of adapting sixteen national standards for Ontario.
- Following consultation, the third batch of revised Standards (Collaborative Care, Conflict of Interest, Dual Practice, and Infection Control) is being considered by the Board for final approval.

**Decision Sought**

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- The Board is being asked to approve the third group of Standards for use in Ontario, effective February 1, 2025.

**Background**

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- The College is in the process of adopting 16 of the [National Model Standards](#) for use in Ontario.
  - The Model Standards aim to promote national alignment in physiotherapy practice while allowing regulators the flexibility to adapt them to the unique needs and context of their jurisdiction. The name was changed in October 2024 from “Core Standards” to reflect the potential variability across the different provinces.



- For additional background information regarding the National Standards review project, please see the [December 2023 Board materials](#).
- In [June 2024](#), the CPO Board previewed the third group of draft Standards and approved their circulation for consultation with the College's registrants and partners.
  - The consultation was posted on the College website and shared with registrants and partners (including organizations and academics), spanning from June to August 2024.
  - A separate survey-based consultation was conducted with the Citizens Advisory Group, with a completion deadline of September 27<sup>th</sup>.
- The following Standards are part of the third group:
  - **Collaborative Care (Replaces current Collaborative Care Standard):**  
Physiotherapists work with other healthcare providers to give patients safe and effective concurrent care tailored to their goals, needs, and preferences.
  - **Conflict of Interest (Replaces current COI Standard):**  
Physiotherapists recognize, avoid, or otherwise mitigate any conflicts of interest to prioritize the best interests of their patients.
  - **Dual Practice:** Physiotherapists clearly identify instances when they are providing non-physiotherapy services.
  - **Infection Control (Replaces current Infection Control Standard):**  
Physiotherapists adhere to infection prevention and control protocols to ensure a safe environment for their patients, themselves, and others.

## **Current Status and Analysis**

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### *Summary of Consultation Responses*

- The College received 58 responses from registrant PTs through email and the online survey, 21 responses from the Citizens Advisory Group (CAG), and a submission from the Ontario Physiotherapy Association (OPA).
- The Executive Committee also met on November 8, 2024, to provide feedback ahead of the Standards being presented to the Board.
- The tables below outline where changes were made in response to feedback received.





- Feedback that speaks to providing more detail, examples, or elaboration will be considered for the development of guidance.

### Collaborative Care Standard

Feedback Group	Comment	Change Made
Registrants	Clarity sought around what is meant by “compatible” approaches.	Added definition for “compatible” as it relates to collaborative care.
OPA, CAG, Board (pre-consult)	The patient is not included as an explicit collaborator in the Standard statement.	Amended the statement to include patients.
OPA	Clarity sought around which “others” a PT collaborates with per the Standard.	Included examples of “others” in the Standard statement.
OPA	Language from the current Standard around taking reasonable steps to resolve conflicts should be added.	Added a provision around recognizing and reasonably addressing conflicts.
Executive Committee	Feasibility concern raised about explaining the implications of concurrent care to the patient.	Removed provision. Explaining PT-related implications are covered in other areas.

General comments from the CAG:

- The Standard supports integrated care to help achieve positive patient outcomes.
- Some uncertainty around how collaborative care works outside of a hospital setting.
- Continue to highlight the importance of collaborating with patients in all aspects of their care.

Areas to consider for the development of guidance include:

- Practical examples of collaborative care relationships.
- PT’s responsibilities when engaged in a collaborative care relationship.
- Strategies for resolving conflicts in concurrent care.
- Discontinuing care for concurrent treatment, including referring out.

### Conflict of Interest Standard

Feedback Group	Comment	Change Made
Registrants, OPA	Sought clarity regarding expectations around not treating close friends. Some cite feasibility challenges in smaller communities, or for who serve specific populations.	Removed the section around not treating close personal relationships. Expectations in this area covered in the Boundaries Standard.
Registrants, OPA	Standard reads as though PTs cannot sell products at a profit, clarity sought	Moved the provision specifying that products can be sold as long as



	around when it is appropriate to sell products and profit from those sales.	patients are provided with alternative options from the draft Funding, Fees, and Billing Standard to the Conflict of Interest Standard.
OPA	Standard is missing the explicit steps to be taken when a conflict of interest arises. Suggest aligning with current Standard.	Aligned steps to resolve conflicts of interest from current Standard. Added the provision “makes the patient aware of practical alternatives, if there are any.”
Registrants, Board (pre-consult)	Term “self-referral” still somewhat unclear, even after embedding it in the definition for “referral”.	Clarified in the self-referral provision that this refers to “referring existing patients to their own services”.

General comments from the CAG:

- Caution that the expectations in the Standard may not always be reflected in practice, as some have experienced corporate interests prioritized in their care.
- Suggest educating PTs on how to navigate systemic corporate pressures.

Areas to consider for the development of guidance include scenario-based guidelines for navigating different types of conflicts, such as:

- Product endorsements and affiliate links.
- Difference between profiting off a product and receiving a kickback.
- Self-referrals and referrals for profit.
- Managing bundled care arrangements with block billing structures.

**Dual Practice Standard**

Feedback Group	Comment	Change Made
Registrants, CAG, OPA	Clarity sought around what is considered “dual practice.”	Added a definition of “dual practice”, additional elaboration will be considered for guidance.
Registrants	Feasibility concern regarding keeping separate financial records and separate appointment books for each service.	Removed expectations around keeping separate financial records and appointment books.
Executive Committee	Clarity sought regarding the provision around providing PT services first.	Clarified language.

General comments from the CAG:

- Aligned with the Standard’s intent to ensure transparency and disclosure for patients.

- Suggest that patients are not always aware of the “non-PT services” that PTs may provide.

Areas to consider for the development of guidance include:

- Examples of dual practice with both regulated and non-regulated activities.
- What constitutes a “non-physiotherapy service”.

### Infection Control Standard

Feedback Group	Comment	Change Made
OPA	Standard currently references guidance for <i>Clinical Office Practice</i> ; the more generally applicable documents <i>For All Health Care Settings</i> should be included.	Broadened the scope of PIDAC documents referenced in the Standard.

General comments from the CAG:

- Appreciate that the Standard is grounded in public health guidance.
- Suggest additional guidance for PTs working with vulnerable populations.

Areas to consider for the development of guidance include:

- How the Standard interacts with workplace IPAC guidelines.
- Additional precautions for PTs working with vulnerable populations and in acute care settings
  - Raised by the Board pre-consultation
- Guidelines for sterilization of equipment/facilities and keeping maintenance logs
  - Raised by the Board pre-consultation

### Next Steps

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- If the Collaborative Care, Conflict of Interest, and Infection Control Standards are approved, the corresponding existing College Standards will be rescinded.
- If approved, the Standards will have an effective date of **February 1, 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 third group of revised Standards?

# Collaborative Care

## Standard

The physiotherapist collaborates with patients, healthcare providers, and others (such as caregivers or other members of the health team) to provide safe, effective, quality, **concurrent** care, when indicated by the patient's healthcare 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 considering or receiving concurrent treatment from another healthcare provider for the same or a related condition.
- Consults with or refers to the appropriate healthcare provider when the patient's interests and aspects of patients' goals are best addressed by another provider.
- 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, **communicates**, documents 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.
- Recognizes when problems or conflicts in the collaborative relationship arise that could interfere with the delivery of safe, quality care, and takes reasonable steps to resolve them in a collaborative way.
- Communicates the decision to decline or discontinue the physiotherapy portion of concurrent treatment to the patient providing their rationale for the decision and documents this discussion.

## Definitions

**Compatible approaches** refer to methods and strategies that complement each other, work without conflict, and support the patient's treatment goals rather than hindering them.

**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 mitigated and disclosed.

## 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 existing patients to their own services without ensuring transparent disclosure to the patient and offering alternative options.

- If selling products, must inform the patient that they have the option to purchase the product from another supplier, and that their choice to do so will not affect their physiotherapy services.
- 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,
  - Making the patient aware of practical alternatives if there are any, and
  - Documenting in a complete, transparent, and timely manner how the conflict was managed.

## 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 benefits** include but are 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 offering or providing non-physiotherapy services.

## Expected outcome

Patients can expect that the physiotherapist will clearly identify instances where the services offered or 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 invoices that clearly, transparently, accurately indicate the service provided.
  - Separate patient records (including billing and financial 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.
  - Distinct times for providing each service.
- Provides physiotherapy services if the patient seeks them out, unless doing so would not be in the patient's best interests, even if the physiotherapist also offers non-physiotherapy services.
- Clearly communicates with patients and others when the services proposed do not constitute physiotherapy services.
- Obtains informed consent from patients for non-physiotherapy services by, including but not limited to, advising the patient of the implications of receiving non-physiotherapy services, including potential financial implications.

## Definitions

**Dual Practice** refers to a physiotherapist offering both physiotherapy and non-physiotherapy services to patients, which may be other regulated activities or non-regulated services.

# Infection Control

## Standard

The physiotherapist complies with current **infection prevention and control** best practices, including those in line with Public Health Ontario's Provincial Infectious Diseases Advisory Committee (PIDAC) recommendations<sup>1</sup>, to support the health and safety of patients, healthcare 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.

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<sup>1</sup> These include but are not limited to: [Routine Practices and Additional Precautions in All Health Care Settings \(2012\)](#), [Best Practices for Infection Prevention and Control Programs in Clinical Office Practice \(2013\)](#) and [Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings \(2024\)](#), and subsequent versions of the same.

<sup>2</sup> Information about Routine Practices can be found on page 5 of [Routine Practices and Additional Precautions in All Health Care Settings \(2012\)](#).

- Disposes of devices and materials according to best practices and established protocols.
- 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 Ontario's *Occupational Health and Safety Act (1990)*.

## Definitions

**Infection prevention and control** refers to measures practiced by healthcare personnel intended to prevent spread, transmission and acquisition of infectious agents or pathogens between patients, from healthcare workers to patients, and from patients to healthcare workers in the healthcare 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 (PoCRA)** 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 infection prevention and control practices to be used with all patients during all care to prevent and control transmission of microorganisms in all clinical office settings.

## Consultation Response Summary – Individual Respondents

Standard	Comments
Collaborative Care	<ul style="list-style-type: none"> <li>• Expectations are clear, relevant, and feasible, and support the patient’s rehabilitation goals.</li> <li>• Suggestions to clarify the terms “compatible approaches” and “human/financial resources”, and the PT’s responsibilities in a collaborative relationship, and discontinuing care.</li> <li>• Concerns with feasibility of explaining “funding implications” to the patient given the breadth of funding sources available.</li> <li>• Concerns around some barriers to meeting the Standard, such as patients not being forthcoming and other HCPs not being available.</li> <li>• Suggestions for additional resources include a sample communication protocol and when to discontinue concurrent care or refer out.</li> </ul>
Conflict of Interest	<ul style="list-style-type: none"> <li>• Expectations are clear, relevant, and feasible, promote ethical conduct, and ensure patients are protected from compromises in judgement.</li> <li>• Concerns around including not being able to treat close friends and other relationships, since this may not work for all populations, such as those in smaller communities.</li> <li>• Suggestions for additional resources include how to navigate different scenarios which may pose a conflict of interest, for example referrals, contracts with equipment vendors, and block billing structures.</li> </ul>
Dual Practice	<ul style="list-style-type: none"> <li>• Expectations are clear and relevant, and the Standard is a helpful addition overall since it reflects the realities of PT practice.</li> <li>• Suggestions for clarification include what constitutes a “non-PT service,” especially as it relates to a PT’s existing scope of practice.</li> <li>• Concerns around feasibility challenges related to keeping separate financial records and appointment books for each service.</li> <li>• Suggestions for additional resources include examples of dual practice and documentation guidance when engaged in dual practice.</li> </ul>
Infection Control	<ul style="list-style-type: none"> <li>• Expectations are clear, relevant, and feasible to implement.</li> <li>• Suggestions to include more recent PIDAC documents, especially in light of COVID learnings.</li> <li>• Suggestions for additional resources include how this Standard might interact with workplace infection control processes.</li> </ul>



August 13, 2024

Nitin Madhvani, President

Craig Roxborough, Registrar & CEO

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

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

**Subject:** Consultation on proposed Standard Additions and Changes

Dear Mr. Madhvani and Dr. Roxborough,

Thank you for the opportunity to participate in the consultations on the four (4) proposed standards; we offer the following feedback for your consideration.

### Standard: Collaborative Care

While the proposed Standard is generally clear, the current Collaborative Care Standard is more comprehensive in the context of including the patient and their family and substitute decision makers as collaborators in their own care in addition to other healthcare providers. Additionally, the current Standard provides more explicit steps to recognize and address conflict or challenges in managing a collaborative relationship. The steps are laid out in the current standard in sections 3, Collaborating with Other Relevant Service Providers, and section 4, Managing the Collaborative Relationship (existing [Collaborative Care standard](#)).

Should the College proceed with the proposed Collaborative Care Standard, the OPA recommends embedding the recommended Standard with content from the existing Standard including:

- 1) A definition of others who may be involved in a collaborative care relationship;
- 2) The inclusion of the patient as an explicit partner in their care plan;
- 3) Reasonable steps to recognize and resolve conflicts or challenges.

### Standard: Conflict of Interest

This proposed Standard extrapolates on some items that are not present in the current Standard but is missing some important context from the current version. In particular, the examples given to illustrate conflicts of interest and impacts on professional judgment is a helpful addition to this Standard. However, the current Standard provides more comprehensive and explicit examples of benefits which may be more helpful for those uncertain if they are encountering a conflict of interest. The OPA recommends including context from the current Standard ([Conflict of Interest](#)) for clarity, including:



- 1) The explicit steps to be taken when a conflict of interest arises, specifically making the patient aware of any alternative sources for the service or product;
- 2) The explicit definition of a close and personal relationship.

#### Standard: Dual Practice

This Standard is a helpful addition. The OPA recommends providing some examples of what might be considered dual practice, with reference to those holding licenses in multiple regulated healthcare professions as well as those providing non-regulated health services. It may also be beneficial to provide reference to the 'is it physiotherapy' decision-making tool from CPO ([Scope of Practice Decision Making Tool](#)).

#### Standard: Infection Control

The OPA notes that overall, this is an improvement upon the current [Infection Control and Equipment Maintenance Standard](#), which had left room for interpretation as to whether physiotherapists were held to the same standard as other healthcare environments such as physician offices. The explicit direction to follow Public Health Ontario's Provincial Infectious Diseases Advisory Committee procedures is an important inclusion. However, the standard currently only references the version prepared for Clinical Office Practice, while the more generally applicable documents For All Health Care Settings should be given equal weight.

One additional consideration is that the guidance on Equipment Maintenance is no longer part of this standard. OPA recommends this section be explicitly included.

In closing, we appreciate the opportunity to provide feedback on this consultation. We would be pleased to meet with you to discuss the points we have made in this submission.

Sincerely,

Sarah Hutchison, MHSc., LL.M, ICD.D  
[shutchison@opa.on.ca](mailto:shutchison@opa.on.ca)  
Chief Executive Officer  
Ontario Physiotherapy Association

Amy Hondronicols, PT, PhD  
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Director, Practice, Policy & Member Services  
Ontario Physiotherapy Association

## Citizens Advisory Group (CAG) Feedback Summary – Group 3 Standards

Total number of responses: 21. All respondents provided feedback on all Standards.

### Collaborative Care Standard

Domain	Summary of Strengths	Summary of Improvement Areas
Clarity of Standard	<ul style="list-style-type: none"> <li>• Clear and understandable expectations and outcomes.</li> <li>• Standard is well-structured.</li> <li>• Concepts are well-defined throughout.</li> </ul>	<ul style="list-style-type: none"> <li>• May need greater emphasis on patient’s role.</li> <li>• “Concurrent Treatment” may better describe the scope of the Standard.</li> <li>• Clarify/define “funding implications”.</li> <li>• Clarify “when approaches conflict”.</li> <li>• Clarify expectations re: use of resources.</li> </ul>
Importance of integrated care with other HCPs	<ul style="list-style-type: none"> <li>• Patients rate this as extremely important.</li> <li>• Effective cross-HCP communication is central to effective continuity of care.</li> <li>• Gives patients confidence that all aspects of their care are being managed.</li> <li>• Collaboration helps avoid conflicting treatments and missed diagnoses.</li> </ul>	<ul style="list-style-type: none"> <li>• The need for communication depends on the setting (e.g., hospital vs. private clinic).</li> <li>• Expectations around HCP communication are often based on the nature of the condition.</li> <li>• Needs emphasis on communication being driven by the patient, and patient consent.</li> </ul>
Alignment with expectations for PTs’ coordination with other HCPs	<ul style="list-style-type: none"> <li>• Strong alignment with expectations around integrated care.</li> <li>• Collaboration among providers ensures comprehensive care and addresses risks.</li> <li>• Patients expect to be included, educated, and involved in their healthcare.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of clarity about how collaboration works outside of a hospital setting (such as with GPs), where referrals to other HCPs are common but collaboration is not expected.</li> <li>• Feasibility challenges exist due to time constraints and the number of HCPs involved.</li> </ul>
Alignment with expectations for risk management	<ul style="list-style-type: none"> <li>• Very strong alignment with expectations, especially regarding treatment risks.</li> <li>• Patients expect to be informed and engaged throughout the risk management process.</li> <li>• Availability of resources should be continuously assessed.</li> </ul>	<ul style="list-style-type: none"> <li>• Not feasible or expected that all risks will be communicated with other providers.</li> <li>• Not enough emphasis on patient’s role in risk management, or appropriate patient disclosure.</li> <li>• May benefit from examples of risk.</li> </ul>

### Conflict of Interest Standard

Domain	Summary of Strengths	Summary of Improvement Areas
Clarity of Standard	<ul style="list-style-type: none"> <li>• Clear, concise, and easy to understand.</li> <li>• Well-formatted, covering various COIs.</li> <li>• Definitions and examples are helpful for overall comprehension.</li> </ul>	<ul style="list-style-type: none"> <li>• Suggest more specificity for enforcement.</li> <li>• Clarity around the term “mitigate”.</li> <li>• May benefit from reorganization into sections for agreements, activities, and services.</li> </ul>
Confidence that Standard helps protect against compromised PT judgement	<ul style="list-style-type: none"> <li>• Split confidence level, Standard may not be enough to ensure adherence.</li> <li>• Rules are straightforward and easy to follow, and important areas are covered.</li> <li>• Flexibility in the Standard urges PTs to use common sense.</li> </ul>	<ul style="list-style-type: none"> <li>• Standard may not be all-encompassing.</li> <li>• Further emphasize patient transparency.</li> <li>• Biases exists when PTs work with insurers, where goals are different from patient’s.</li> <li>• Concern that professionals always prioritize financial gain over patient care.</li> </ul>
Reasonableness of mitigation provisions	<ul style="list-style-type: none"> <li>• Mitigation provisions are considered reasonable as they include documentation, disclosure, and patient consent.</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary disclosure raises concerns.</li> <li>• Concerns around systemic corporate pressures in private practice.</li> </ul>



	<ul style="list-style-type: none"> <li>Giving patients the opportunity to make their own decisions after being informed of conflicts is seen as a fair approach.</li> </ul>	<ul style="list-style-type: none"> <li>"Reasonable person" term unclear.</li> <li>More clarity around mitigation strategies for specific COI risks, such as insurance issues.</li> </ul>
Effectiveness of provisions around treating close personal relationships	<ul style="list-style-type: none"> <li>General agreement that patient interests are protected in these delicate situations.</li> <li>May be unavoidable in smaller communities but can be mitigated via professionalism and documentation.</li> </ul>	<ul style="list-style-type: none"> <li>Some disagreement on whether personal relationships inherently create a conflict.</li> <li>Concrete risks of PTs treating friends and family are not always clear.</li> </ul>

## Dual Practice Standard

Domain	Summary of Strengths	Summary of Improvement Areas
Clarity of Standard	<ul style="list-style-type: none"> <li>Clear language, well-defined terms, and organized structure support understanding.</li> <li>The need to distinguish PT and non-PT services is well-understood.</li> </ul>	<ul style="list-style-type: none"> <li>Needs examples of non-PT services for clarity.</li> <li>Overlap of services is not always self-evident for those unfamiliar with range of PT scope.</li> <li>Uncertainty about what dual practice means.</li> </ul>
Importance of PT clearly differentiating roles	<ul style="list-style-type: none"> <li>Strong alignment with this value.</li> <li>Importance of role transparency for patient safety and expectations, including expectations around billing.</li> </ul>	<ul style="list-style-type: none"> <li>Standard may not be effective if patients don't understand scope and implications of non-PT services, including whether or not the activity is regulated and insurable.</li> </ul>
Alignment with expectations around PTs managing dual practice	<ul style="list-style-type: none"> <li>Very strong alignment with expectations, promoting patient transparency and trust.</li> <li>Patients expect clear disclosure of necessary vs. additional services, and the benefits of dual practice to treatment outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>Unsure where the distinction between the two services lies, such as when PTs provide mental health support.</li> <li>Some note that dual practices should not be offered in the same appointment.</li> </ul>
Confidence that Standard helps prevent misleading practices	<ul style="list-style-type: none"> <li>High confidence in safeguards against misleading information about services.</li> <li>Standard emphasizes clear communication and full transparency.</li> <li>Standard helps patients understand ethical boundaries around dual practice.</li> </ul>	<ul style="list-style-type: none"> <li>Propose guidance around not pressuring patients to receive additional services.</li> <li>Implications of additional services on fees requires greater emphasis.</li> <li>Concerns about large clinics and corporate pressure to maximize service use.</li> </ul>

## Infection Control Standard

Domain	Summary of Strengths	Summary of Improvement Areas
Clarity of Standard	<ul style="list-style-type: none"> <li>Clear, well-formatted, and comprehensive coverage of IPAC expectations.</li> <li>Easy to understand with helpful definitions and clear formatting.</li> </ul>	<ul style="list-style-type: none"> <li>Clarity on what constitutes a Point of Care Risk Assessment process.</li> <li>Definition for IPAC may be useful.</li> <li>Some questions around educational requirements for IPAC proficiency.</li> </ul>
Confidence that Standard supports patient health and safety	<ul style="list-style-type: none"> <li>High confidence in safety measures helping ensure a safe patient environment.</li> <li>Confidence in thorough risk assessments and processes rooted in public health guidelines.</li> <li>Standard has low margin for error.</li> </ul>	<ul style="list-style-type: none"> <li>Questions about whether patients' cleanliness requests should be considered.</li> <li>Needs more attention around vulnerable and immunocompromised patients.</li> <li>Concerns about adherence to expectations (such as PPE use) due to past experiences.</li> </ul>



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 9.0**

**Board Meeting  
December 9-10, 2024**

**Agenda #9: Code of Conduct Inquiry**

It is moved by

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and seconded by

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that:

The Board approves the appointment of Paul Le Vay, external legal counsel, to Chair the discussion for Item 9 – Code of Conduct Inquiry at the December 9-10, 2024 Board Meeting.



**BOARD BRIEFING NOTE**  
For Decision

<b>Topic:</b>	Code of Conduct Inquiry
<b>Public Interest Rationale:</b>	The Code of Conduct sets out expectations for all Board Directors to ensure a high standard of conduct is maintained and that both professional and public trust is upheld.
<b>Strategic Alignment:</b>	<i>Performance &amp; Accountability:</i> Implement strong corporate and governance structures that support progressive corporate performance.
<b>Submitted By:</b>	Katie Schulz, Acting Chair
<b>Attachments:</b>	Appendix A: College By-Laws Appendix B: Signed Declaration of Office Appendix C: Excerpt from College Governance Manual Appendix D: K. Schulz Memo Appendix E: C. Baxter Memo Appendix F: N. Madhvani Submission

**Issue**

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- The Board is provided with information regarding potential breach of the College’s Code of Conduct by Nitin Madhvani, Board Chair.

**Decision Sought**

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- The Board is asked to determine:
  1. Whether a breach of the Code of Conduct occurred; and
  2. If so, what action should be taken in response to the breach.

**Background**

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*Code of Conduct*

- The College’s By-Laws (see **Appendix A**) requires all Board Directors to comply with the Code of Conduct (hereinafter referred to as ‘the Code’) (see Part 5.2 paragraph (1) and Appendix C to the by-laws).
  - All Directors complete a “Declaration of Office” upon joining the College, which includes a declaration that they will comply with the Code (see Part 3.3 paragraph (1) and Appendix A to the by-laws). N. Madhvani’s signed declaration is included as **Appendix B**.
- The Code sets out expectations that govern Director conduct. More specifically, the Code aims to ensure all Directors exhibit conduct that is ethical, civil and lawful, in a manner that is consistent



with the nature of the responsibilities of the Board and the confidence bestowed on the Board by the public and registrants.

- The Code strives to hold Directors to a high standard of conduct that supports their work in the best interest of the College, its legislative mandate, and the public.
- Where there are concerns regarding the conduct of a Director and whether that conduct has complied with the Code, the Code sets out a process to identify and evaluate concerns (see the sections labeled “Sanctions” and “Procedural and Other Safeguards”).
  - Where the Chair is alerted to or has concerns regarding the conduct of a Director, they may exercise discretion as to whether to remediate the concern directly or raise it for the Board’s consideration.
  - In making a determination, the Chair may seek advice from the Executive Committee.
  - Where an alleged breach has been identified and the Chair is raising it for the Board’s consideration, the Board will determine if a breach occurred and what sanction to impose.
  - The Code requires that any deliberation or vote taken in this regard must be done in the public portion of a Board meeting.
  - A Board directed sanction must receive two-thirds support from the Board.
  - Once the Chair has determined that an alleged breach may have occurred and has determined that the matter should be referred to the Board, the individual who is subject of the concern is temporarily suspended from the Board and any committees on which they sit, until the Board has made a determination.

*Additional Requirements set out in By-law or the College’s Governance Policies*

- In addition to the Code, the College’s Governance policies (see Appendix B) set out obligations for the Chair in relation to managing conduct or performance of Directors.
  - Part of the Chair’s role, as outlined in Governance Policy 1.5, is to:
    - Receive all matters directed to the attention of the Executive Committee and the Board and review and determine with the Executive Committee as appropriate a best course of action on such matters related to the performance of committees or Directors; and
    - Manage any performance issues or concerns in accordance with the College’s Code.



- Part of the Vice-Chair's role, as per Governance Policy 1.6, is to perform the Chair's duties in the absence of the Chair. This includes assuming responsibility of the Chair, where the Chair has a conflict of interest in the matter.
- The College's by-laws also address the management of conflicts of interest. See Part 5 of the by-laws.
  - According to the College's by-laws (see Part 5.1 paragraph (1)), a conflict of interest exists where a reasonable person would conclude that a Director's personal or financial interest may affect their judgment or the discharge of their duties to the College.
  - Where a conflict of interest exists (see Part 5.1 paragraph (5)), the Director shall not participate in any discussion or voting on that matter, withdraw from the meeting or portion of the meeting where the matter is being discussed, and not attempt to influence the voting or do anything that may be perceived as attempting to influence the decision of others on the matter.

### **Current Status and Analysis**

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- The Acting Chair has identified that an alleged breach of the Code may have occurred regarding the conduct or performance of Nitin Madhvani, Board Chair and has determined that the matter should be referred to the Board for consideration.

### *Allegations*

- The Acting Chair alleges that two provisions of the Code have been breached. The Code requires that in performing their roles, Directors will:

#5 Refrain from engaging in any discussion with other Board or Committee members that takes place outside the formal Board or committee decision making process and that is intended to influence the decisions that the Board or a committee makes on matters that come before it.

#6 Respect the power, authority and influence associated with their role and not misuse this for personal gain.

### *Conduct or Performance Concerns*

- On May 24, 2024, N. Madhvani provided the Executive Committee a "heads up" regarding a letter he sent as a concerned parent to the President of the College of Psychologists of Ontario regarding a pending regulatory change.
  - On May 13, 2024 N. Madhvani sent correspondence to the President of the College of Psychologists of Ontario and cc'd several system partners. The correspondence identified N. Madhvani as a "concerned parent" and as a "fellow governance leader in our province's health self-regulation infrastructure", and a "fellow, committed, health regulatory college governance



leader”. In the communication, N. Madhvani noted that stakeholders were asking for evidence and impact analysis to support a pending regulatory change and encouraged the President to personally connect with impacted stakeholders.

- The communication also distributed various prior communications between stakeholders, including legal correspondence from the College of Psychologists of Ontario and stakeholders.
- On May 27, 2024, Craig Roxborough, Registrar sent a memo to the Executive Committee summarizing responses he received from system partners regarding the communication from N. Madhvani. The matter was to be discussed at the May 31, 2024 Executive Committee meeting.
  - The Registrar of the College of Psychologists of Ontario contacted C. Roxborough on both May 13 and 14<sup>th</sup> to ask whether the communication was sent on behalf of CPO, to express concern with the sharing of legal correspondence, and to inform C. Roxborough the appropriate Ministries have been notified of the communication. Other system partners impacted similarly reached out to C. Roxborough to confirm whether the communication was sent on behalf of CPO. The Registrar confirmed it was not.
  - C. Roxborough reached out to the Ministry of Health to confirm that N. Madhvani was not speaking on behalf of CPO.
- K. Schulz received a text message from N. Madhvani on May 27, 2024 asking if she wanted to speak about the Registrar’s memo, especially as incoming Vice-Chair. She was unclear at the time what they might be discussing, but assumed it would be in relation to her possibly having to act as Chair for the portion of the meeting where he was conflicted. During the phone conversation the following afternoon, N. Madhvani asked K. Schulz what she thought of the Registrar’s memo. She said that she was unclear what they would be talking about specifically, as she was unfamiliar with the different groups referenced in the communications. She expressed that at that time, she was having difficulty linking the forwarded documentation from him and the subsequent memo from the Registrar, but felt that it would become clearer during the discussion at the Executive Meeting on May 31. N. Madhvani expressed that he did not believe it to be a big issue and a desire to move past the matter quickly. At this point in the conversation, K. Schulz perceived that N. Madhvani was attempting to influence her opinion regarding the matter and in advance of the discussion at the Executive Committee meeting. A memo of this call is attached as **Appendix D**.
- On Tuesday, May 28, 2024, Carole Baxter, a member of the Executive Committee, received a text from N. Madhvani asking if she “wanted to chat about The Registrar’s memo in advance of Friday”, referring to the upcoming May 31 Executive Committee meeting. She was wholly unfamiliar with the background and therefore had some difficulty understanding the context of N. Madhvani’s communication with their President, and responded “sure”. During the resulting phone conversation on the morning of May 28, N. Madhvani expressed his opinion that there was nothing to be concerned about regarding the letter he had sent and asked for her reaction on reading the memo. She shared that having read the letter and the memo the matter did appear substantive and warranted the discussion that was scheduled in the agenda. She perceived the intention of the



phone call was to gauge her reaction and to influence her opinion regarding the matter and in advance of the discussion at the Executive Committee meeting. A memo of this call is attached as **Appendix E**.

- On May 31, 2024 the Executive Committee met. N. Madhvani was asked to provide his submissions prior to being asked to recuse himself for the discussion. During his submissions, N. Madhvani noted that he did not feel he needed to apologize, as the correspondence was sent from himself as a parent, and that he did not identify himself as the Chair of the CPO. He did not feel there was anything wrong with his communication.
  - The Executive Committee noted that:
    - N. Madhvani's letter was clearly interpreted by the various system partners as originating from the Chair of the CPO. The Committee was concerned with some of the wording in the email, in which N. Madhvani identified himself as a 'fellow governance leader in our province's health self-regulation infrastructure' and 'highlighting potential risks to the entire model of self-regulation that we both work to support'. These comments lead the reader to assume that the author was reaching out in relation to his position with a regulatory body.
    - The fact that N. Madhvani had reached out to two Committee members to discuss the agenda item in advance of the meeting was also discussed, but was not the primary focus of the discussion at the meeting.
    - The Executive Committee decided it would request that N. Madhvani issue an apology to the impacted stakeholders, which would be developed with assistance from staff.
  - N. Madhvani was invited back into the meeting. Theresa Stevens (Vice-Chair at the time) shared the Executive Committee's request that an apology be issued. N. Madhvani indicated he would consider the request. The Vice-Chair requested that a response be given within one week so that the Executive Committee could consider the response and assess any additional steps that might be necessary.
- Over the next three months multiple attempts to close the matter were made:
  - During a break at the June 2024 Board Meeting, T. Stevens and K. Schulz spoke with N. Madhvani to discuss next steps regarding the apology. N. Madhvani indicated that he would be willing to possibly send an apology.
  - On July 10, 2024 the Registrar provided a draft apology to N. Madhvani which had been approved by T. Stevens and K. Schulz.
  - Over the remainder of July and August, K. Schulz and the Registrar followed-up with N. Madhvani multiple times to confirm whether the apology had been sent.



- On August 23, 2024, K. Schulz requested N. Madhvani to send the draft apology prior to the end of August, otherwise this item would be added to the September Executive Committee agenda as an outstanding item.
- N. Madhvani sent an amended version of the apology to K. Schulz for review and after consultation with the Registrar and T. Stevens, K. Schulz responded with suggested amendments.
- K. Schulz then followed up on two occasions to inquire as to whether the apology had been sent. Learning that it had not, K. Schulz indicated to N. Madhvani that an item would be added to the September Executive Committee meeting agenda.
- On September 6, 2024 the Executive Committee met. N. Madhvani was asked to provide his submissions prior to being asked to recuse himself for the discussion. At this meeting:
  - N. Madhvani was asked by the Committee whether he would issue an apology. N. Madhvani indicated that it is difficult to apologize for a misunderstanding he is not responsible for.
  - K. Schulz advised that N. Madhvani's choice of language implicated the College. K. Schulz referenced the Code which provides that in performing their role, each Director will:

#6 Respect the power, authority and influence associated with their role and not misuse this for personal gain.
  - During his submissions, N. Madhvani noted that he did not feel as though there was a misuse for personal gain but acknowledged that he used his experience in the regulatory space to add gravitas to his email.
  - It was noted by members of the Executive Committee that this could be interpreted as using his position for personal gain (to influence a regulator that was making changes that he personally felt would not be beneficial as a concerned parent). N. Madhvani recused himself and the Executive Committee discussed the issue.
  - The Executive Committee was concerned with N. Madhvani's response and lack of insight, as well as concerns with respect to his earlier conversations with Executive Committee members in advance of the meeting.
  - Ultimately, the Committee advised N. Madhvani that (a) they would seek legal counsel regarding next steps and (b) they expect an apology to be sent. N. Madhvani was informed of this upon re-entering the meeting. N. Madhvani indicated that he would not send the apology as originally drafted or as revised.
- On October 23, 2024, K. Schulz scheduled a Special Executive Committee meeting. T. Stevens was absent. Legal counsel was present. N. Madhvani was invited to attend the start of the meeting to provide submissions prior to being asked to recuse himself.





- K. Schulz noted the two provisions of the Code that were of concern.

#5 Refrain from engaging in any discussion with other Board or Committee members that takes place outside the formal Board or committee decision making process and that is intended to influence the decisions that the Board or a committee makes on matters that come before it.

#6 Respect the power, authority and influence associated with their role and not misuse this for personal gain.

- N. Madhvani's submissions to the Executive Committee included:
  - It is his role as Chair to discuss items with committee members between meetings, and there was no impropriety in doing so here.
  - His communication with the President of the College of Psychologists of Ontario was not for "personal gain". There was no gain, financial or otherwise.
  - He believed it was his responsibility as a public appointee to service the public and that is his primary obligation, ahead of all others.
  - He did not think K. Schulz should be the arbiter of any apology he may or may not send.
- In accordance with the Code, K. Schulz asked for input and advice from the Executive Committee as to whether an alleged breach of the Code may have occurred, and if so, what next steps should be undertaken.
- The members of the Executive Committee expressed concerns that N. Madhvani did not appear to understand the distinction between contacting committee members in between meetings to discuss process issues or mentorship and contacting them in order to influence their decisions on an Agenda item. This was particularly concerning because the matter on the Agenda related to his conduct. There was also concern that he demonstrated a lack of understanding of his role, which is to protect the public as a mandate of the specific college he is working with (i.e., CPO).
- The members considered whether remediation with the Vice-Chair (individual coaching as provided for in the Code) would be sufficient in the circumstances. The members provided input that, given the response to date, it would not be sufficient.
- K. Schulz confirmed she would take a few days to consider her decision and would schedule a short meeting to update the committee and include T. Stevens (who had been unable to attend the October 23 meeting).
- On November 1, 2024, K. Schulz met with the Executive Committee (excluding N. Madhvani) with T. Stevens in attendance. The Committee was of the unanimous view that the Code was engaged, and



an alleged breach of the Code may have occurred, and that in the circumstances, it would be appropriate to refer the matter to the Board.

- In her role as Acting Chair, K. Schulz having received input from the Executive Committee, made the decision to refer the matter to the Board for discussion at the December 9/10 Board meeting.
- K. Schulz subsequently informed N. Madhvani that the matter would be referred to the Board for its consideration in accordance with the College's Code.
- N. Madhvani has provided submissions to the Board (see **Appendix F**) in response to the concerns raised.

#### *A Breach of the Code and Sanctions*

- The matter is now presented to the Board for consideration.
  - The Board will need to first determine whether the conduct or performance outlined breached either of the sections referenced above. This determination is made by a vote of an ordinary majority.
  - If the Board determines that either provision of the Code (or both) were breached, the Board will then need to determine whether to impose a sanction. The sanction may include, but is not limited to, one or more of the following:
    - Requesting a change in the behaviour of the person;
    - Requesting that the person apologize for their behaviour;
    - Censuring the person for their behaviour;
    - Declining to appoint a person to any committee or to a specific committee;
    - Declining to provide confidential information to the person, in circumstances where concern over breach of confidentiality has occurred;
    - Requesting the person's resignation from the Board, committee or other activity in which they had been acting on behalf of the College;
    - Removing an Elected Director or Academic Director from the Board, committee or other activity in which they had been acting on behalf of the College in accordance with the By-laws;
    - Removing a Public Director appointed by the Lieutenant Governor from the committee or other activity that they had been acting on, on behalf of the College in accordance with the By-laws; or
    - Requesting that the Minister remove a Public Director from the Board.



- If a sanction is sought, it must receive two-thirds support from the Board.

### *Process*

- At the Board meeting, the Board will have an opportunity to hear from both the Acting Chair regarding the allegations and from N. Madhvani in response to the allegations, at which point N. Madhvani will be asked to leave the meeting.
- To support the discussion, the Acting Chair has requested that independent legal counsel be available to act in her place facilitate the discussion for this item.
  - This enables the Acting Chair to provide information and respond to questions from the Board, without simultaneously being responsible for Chairing the discussion.
  - To be clear, independent legal counsel acting in this capacity will not be the same legal counsel who has provided advice to the Acting Chair.
  - If adopted, independent legal counsel will also be able to provide advice to the Board on appropriate and fair procedure.
  - The Board will be asked to approve the use of independent legal counsel to chair this segment of the meeting prior to proceeding.

### **Next Steps**

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- Should the Board determine that no breach of the Code occurred, N. Madhvani will resume his role as Chair of the Board and his responsibilities on the Committees to which he is appointed.
- Should the Board determine that a Breach occurred, any sanction that the Board elects to impose will be actioned.



2017

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

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

Approved by the Board March 22, 2017, Revised December 14, 2017,  
Revised March 20, 2018, Revised June 23, 2021,  
Revised December 12, 2022, Revised June 26, 2023, Revised  
September 29, 2023. Revised December 15, 2023, Revised March 26,  
2024, Revised June 26, 2024, Revised September 24, 2024.

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

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## Official By-Laws of the College of Physiotherapists of Ontario

Revised March 22, 2017, Revised December 14, 2017, Revised March 20, 2018,  
Revised June 23, 2021, Revised December 12, 2022. Revised June 26, 2023. Revised September 29,  
2023. Revised December 15, 2023. Revised March 26, 2024. Revised June 26, 2024. Revised  
September 24, 2024.

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



## Part 1 — Definitions

### DEFINITIONS

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

- (a) “Academic Director” means a Director who is selected from a faculty of physiotherapy or physical therapy of a university in Ontario in accordance with section 3.2 of these By-laws and section 6(1)(c) of the Act;
- (b) “Act” means the *Physiotherapy Act, 1991*;
- (c) “Auditor” means the person or firm appointed under subsection 2.7 (1) of the By-laws;
- (d) “Board” or “Board of Directors” means the board of directors of the College, referred to in the RHPA and established by section 6 of the Act as the Council of the College;
- (e) “By-laws” means the By-laws of the College;
- (f) “Chair” means the Chair of the Board and Chair of the Executive Committee, referred to in the Code and the Act as the President;
- (g) “Code” means the Health Professions Procedural Code, being Schedule 2 to the RHPA;
- (h) “College” means the College of Physiotherapists of Ontario (l’Ordre des Physiothérapeutes de l’Ontario);
- (i) “Committee” means a committee mentioned in Part 7 of these By-laws and includes those committees set out in section 10 of the Code;
- (j) “Committee Chair” means the person designated to preside over meetings of committees or panels of committees of the College;
- (k) “Committee Vice-Chair” means the person designated as the Committee Vice-Chair for a statutory or non-statutory committee;
- (l) “Deputy Registrar” means a senior employee of the College with signing authority as set out in the By-laws and policies of the College;
- (m) “Director” means a member of the Board and includes an Elected Director, an Academic Director and a Public Director;
- (n) “Elected Director” means a Director who is a Registrant and who is elected or appointed in accordance with section 3.1 of these By-laws;
- (o) “Fiscal Year” means April 1 to March 31;
- (p) “Mail” means regular postal mail, courier mail, facsimile, or email;
- (q) “Minister” means the Minister of Health;
- (r) “Non-Board Committee Member” means a person who is not a Director and who is appointed to serve on a committee in accordance with section 7.6 of these By-laws;
- (s) “Place of Practice” means any location where the Registrant practises physiotherapy;

- (t) “Public Director” means a Director who is appointed to the Board by the Lieutenant Governor in accordance with section 6(1)(b) of the Act;
- (u) “Registrant” means a member of the College as set out in section 13 of the Code;
- (v) “Registrar” means the Registrar of the College as required by the Code and as further described in section 2.9 of these By-laws;
- (w) “Regulations” mean the regulations under the RHPA and the Act;
- (x) “RHPA” means the *Regulated Health Professions Act, 1991*, and includes the Code;
- (y) “Signing Officer” means the Registrar, Deputy Registrar(s), Vice-President, Finance and Reporting, Chair and Vice-Chair; and
- (z) “Vice-Chair” means the Vice-Chair of the Board and Vice-Chair of the Executive Committee, referred to in the Code and the Act as the Vice-President.

## Part 2 — College Administration

### SEAL



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

### BANKING

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

### BORROWING

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

## INVESTMENT

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

## CONTRACTS AND EXPENDITURES

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

## OTHER DOCUMENTS

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

## AUDIT

- 2.7. (1) The Board shall appoint annually one or more Auditors who are licensed under the *Public Accounting Act, 2004* to audit the College's financial statements.
- (2) Financial statements for the College shall be prepared at the close of each Fiscal Year and audited financial statements, together with the Auditor's report, shall be presented annually to the Board.
- (3) The Auditor shall serve for a term of one year, but if an appointment is not made the Auditor shall continue to serve until a successor is appointed.
- (4) If the Auditor is unable to continue their duties or in the event the Board is dissatisfied with the Auditor, the Board may appoint a new Auditor. At a minimum, the College will issue tenders for audit services every five years, which does not preclude the current audit firm from submitting a proposal.

- (5) The Board shall cause the performance of the Auditor to be evaluated on an annual basis and shall take such evaluation into account when considering the re-appointment of the Auditor.
- (6) The Board shall confirm the appointment and remuneration of the Auditor in writing.
- (7) The Auditor has a right of access at all reasonable times to all records, documents, books, accounts and vouchers of the College and is entitled to require from the Directors, officers and employees and relevant payees of the College such information as in their opinion is necessary to enable them to report as required by law or under this section.
- (8) The Auditor is entitled to attend any meeting of the Board and to be heard at any such meeting that they attend on any part of the business of the meeting that concerns them as Auditor. The Registrar shall provide reasonable notice of every the Board meeting to the Auditor for this purpose.

## BY-LAWS

- 2.8.** (1) The making, amending or revoking of a by-law shall be determined by a majority vote of the Directors present and voting. Advance notice is required for all motions or resolutions applying to the making, amending or revoking of a by-law.
- (2) Every by-law, including every amendment and revocation, shall be maintained in the College's records.

## THE REGISTRAR

- 2.9.** (1) The Registrar is the Chief Executive Officer of the College.
- (2) The Registrar is subject to the direction of the Board and between meetings, the direction of the Executive Committee.
- (3) If the office of the Registrar becomes vacant, the Board or the Executive Committee shall immediately appoint an employee of the College to act as Interim Registrar.
- (4) In circumstances where the Board or the Executive Committee is not able to meet promptly to make the appointment referred to in subsection (3) the Chair may appoint an employee of the College to act as Interim Registrar. This appointment is subject to the ratification of the Board or the Executive Committee.
- (5) The Registrar has the authority and responsibility to perform the duties set out in the RHPA, the Act, the Regulations and the By-laws and the policies approved by the Board.
- (6) An Interim Registrar has all of the authority and responsibilities and shall perform all of the duties of the Registrar.

## MANAGEMENT OF COLLEGE PROPERTY

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

## 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 by a body that governs a profession, inside or outside of Ontario.
- (c) the Registrant has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated, inside or outside of Ontario, 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* and is not a person who has been declared incapable by any court in Canada or elsewhere;
  - (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 or charged with an offence under the *Criminal Code*, the *Health Insurance Act*, the *Controlled Drugs and Substances Act* or under any comparable legislation or criminal laws of another jurisdiction that is relevant to the Registrant's suitability to serve as a Director, unless, in respect of a finding, a pardon or record suspension has been granted;
  - (g) the Registrant has not been disqualified or removed from the Board or a committee of the College 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 member, employee, or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
  - (i) the Registrant does not hold and has not held in the twelve months before the election, an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College;
  - (j) the Registrant is not a current participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest against the College, the Board or a committee of 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 substantially complied with the Election Campaign policy set out by the College and approved by the Board;
  - (o) the Registrant has completed an orientation about the College's mandate, and the role and responsibilities of Directors; and
  - (p) 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 by no later than the same date and time specified in subsection 12(a)(i)(B).
- (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 shall select by random draw one name from the names of the candidates who were tied in the presence of the candidates and at least one member of the Executive Committee in a manner that allows them to witness the draw. 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, by a body that governs a profession inside or outside of Ontario;
  - (v) is found guilty of or charged with an offence under the *Criminal Code*, the *Health Insurance Act*, the *Controlled Drugs and Substances Act*, or under any comparable legislation or criminal laws of another jurisdiction that is relevant to the Elected Director's suitability to serve as a Director unless, in respect of a finding, a pardon or record suspension has been granted;
  - (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* and is not a person who has been declared incapable by any court in Canada or elsewhere;
  - (viii) assumes an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College;
  - (ix) becomes a participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest against the College, the Board or a committee of 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 their duties to the College, including having acted in a conflict of interest or otherwise in breach of a By-law, the Act, or the College's governance policies; or
  - (xiii) did not satisfy one or more of the criteria for eligibility prescribed in section 3.1(9) at the date of election or appointment, and the Director did not disclose same to the College or the Director was untruthful or misled the College about the same.

- (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), (xii) and (xiii) 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.

## ACADEMIC DIRECTORS

- 3.2. (1) For the purposes of paragraph 6 (1) (c) of the Act, two Registrants who are Registrants of a faculty of physiotherapy or physical therapy of a university in Ontario shall be selected in accordance with this section to serve on the Board as Academic Directors.
- (2) A Registrant is eligible to serve on the Board as an Academic Director if, on the day of the appointment:
- (a) the Registrant holds a certificate of registration authorizing independent practice;
  - (b) the Registrant is not in default of any obligation to the College under the Regulations or the By-laws;
  - (c) the Registrant is not the subject of a Discipline or Fitness to Practise proceedings by a body that governs a profession, inside or outside of Ontario;
  - (d) the Registrant has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated, by a body that governs a profession, inside or outside of Ontario, at any time in the six years before the date of the selection;
  - (e) the Registrant has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992* or the *Mental Health Act* and is not a person who has been declared incapable by any court in Canada or elsewhere;
  - (f) in the six years before the selection, the Registrant's certificate of registration has not been subject to a term, condition or limitation other than one prescribed by regulation;
  - (g) the Registrant has not been found guilty of or charged with an offence under the *Criminal Code*, *Health Insurance Act*, the *Controlled Drugs and Substances Act*, or under any comparable legislation or criminal laws of another jurisdiction that is relevant to the Registrant's suitability to serve as a Director, unless, in respect of a finding, a pardon or record suspension has been granted;
  - (h) the Registrant has not been disqualified or removed from the Board or committee of the College in the three years before the selection;
  - (i) the Registrant is not and has not been in the last twelve months before the appointment a director, officer, Committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
  - (j) the Registrant is not a current participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest against the College, the Board or committee of 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 or Reports Committee;
  - (l) the Registrant does not hold and has not held in the last twelve months before the appointment an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate 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 is not and has not been in the twelve months before the appointment an employee of the College;
- (o) the Registrant has completed an orientation about the College’s mandate, and their role and responsibilities prior to attending their first Board or committee meeting; and
- (p) the Registrant meets the competency requirements as set out in the applicable College policy approved by the Board.

- (3) One Registrant shall be selected from a university mentioned in Column 1 of the following Table in the corresponding years indicated in Column 2:

Column 1	Column 2
University of Toronto	2027 and thereafter every 8 and 7 years alternatively
Western University	2029 and thereafter every 7 and 8 years alternatively
McMaster University	2030 and thereafter every 8 and 7 years alternatively
Queen’s University	2032 and thereafter every 7 and 8 years alternatively
University of Ottawa	2026 and thereafter every 7 and 8 years alternatively

- (4) An Academic Director shall be selected by the Board in accordance with the above schedule at the last Board meeting prior to the start of their term and the Academic Director shall serve for a three-year term of office.
- (5) In a selection year for a university, the physical therapy or physiotherapy faculty at that university shall submit for Board approval the name of a Registrant who is willing and eligible to serve as a Director. The candidate may be any member of the physical therapy or physiotherapy faculty. If the university does not submit a name of an eligible candidate for the Board’s approval in accordance with this section, the Board may nevertheless select a Registrant that meets the above eligibility requirements from any faculty of physiotherapy or physical therapy of a university in Ontario. The College encourages universities to consider applicants who are tenured faculty, and who are a member of one of the employment equity groups (women, aboriginal peoples, persons with disabilities, and members of visible minorities).
- (6) If an Academic Director dies, resigns, is disqualified or otherwise removed from the Board, an eligible replacement shall be selected to serve the remainder of the term of office from among the members of the faculty of physiotherapy or physical therapy from which the former Academic Director was selected.
- (7) The following are grounds for disqualification for an Academic Director sitting on the Board:
  - (a) ceases to be a Registrant with a certificate of registration authorizing independent practice;



- (b) no longer is a member of the faculty of physiotherapy or physical therapy from which they were selected;
  - (c) is in default of any obligation to the College under the Regulations or the By-laws for over sixty days;
  - (d) is found guilty of professional misconduct, to be incompetent, or to be incapacitated by a body that governs a profession inside or outside of Ontario;
  - (e) is found guilty of or charged with an offence under the *Criminal Code*, *Health Insurance Act*, the *Controlled Drugs and Substances Act*, or under any comparable legislation or criminal laws of another jurisdiction that is relevant to the Academic Registrant's suitability to serve as a Director, unless, in respect of a finding, a pardon or record suspension has been granted;
  - (f) 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;
  - (g) is found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act* and is not a person who has been declared incapable by any court in Canada or elsewhere;
  - (h) assumes an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College;
  - (i) becomes a participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest against the College, the Board, or a committee of the College;
  - (j) 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;
  - (k) fails to attend two consecutive regular meetings of the Board without good reason in the opinion of the Board;
  - (l) fails, in the opinion of the Board, to discharge their duties to the College, including having acted in a conflict of interest or otherwise in breach of a By-law, the Act or the College's governance policies; or
  - (m) did not satisfy one or more of the criteria for eligibility prescribed in section 3.2 (2) at the date of the appointment, and the Director did not disclose same to the College or the Director was untruthful or misled the College about same.
- (8) Subsections (7)(a), (b), (d), (e), (f), (g), (h), and (i) shall result in automatic disqualification.
- (9) Subsections (7)(c), (j), (k), (l) and (m) shall result in a vote by the Board regarding the disqualification of the Director.

### Suspension

- (10) If an Academic 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.

## DECLARATION OF OFFICE

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

## REMUNERATION OF DIRECTORS AND COMMITTEE MEMBERS

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

## INDEMNIFICATION

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

## Part 4 — Meetings of the Board and Committees

### COMPOSITION AND DUTIES OF THE BOARD

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

### REGULAR MEETINGS

- 4.2.** (1) The Board shall hold at least four regular meetings in each Fiscal Year.
- (2) A regular meeting of the Board shall be called by the Chair.
- (3) At a regular meeting, the Board may only consider or transact:
- (a) matters on the agenda;
  - (b) matters brought by the Executive Committee for information, deliberation or ratification;
  - (c) reports by the Chair of the Board and the Registrar;
  - (d) matters which the Board agrees to consider by a majority of those in attendance and voting; and
  - (e) routine and procedural matters in accordance with the rules of order.

### SPECIAL MEETINGS

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

### NOTICE OF MEETINGS

- 4.4.** (1) The Registrar shall provide notice to all Directors at least thirty days before a regular meeting of the Board.
- (2) The Registrar shall provide notice to all Directors at least five days before a special meeting of the Board.

- (3) The notice of any meeting of the Board shall state the date, time, and location of the meeting, and the nature of the matter or matters to be considered at the meeting. Where the meeting is held by technological means, the notice shall include details on how to access the meeting.
- (4) The College shall post the date and the meeting materials of every regular Board meeting on its website at least seven days before the meeting.
- (5) The College will make every reasonable effort to post the date and the meeting materials of every special Board meeting on its website at least five days before the meeting.
- (6) The College shall post the date of every Discipline hearing on its website at least seven days before the hearing as well as the allegations made against the Registrant.
- (7) No Board or Committee meeting shall be made void because of an inadvertent or accidental error or omission in giving notice. In addition, any Director may waive notice of a meeting and ratify, approve and confirm any proceedings taken at the meeting.

## MEETINGS HELD BY TECHNOLOGICAL MEANS

- 4.5.** (1) Any meeting of the Board or of a committee or of a panel of a committee may be held in any manner that allows all the persons participating to communicate with each other simultaneously and instantaneously. Meetings may be held wholly or partly by technological means.
- (2) Persons participating in the meeting by such means are deemed to be present at the meeting.
  - (3) A vote called at a meeting under subsection (1) shall be taken in such a manner as determined by the Chair of the Board or the Committee Chair unless a member of the Board, committee or panel requests a roll call vote, in which case, a roll call vote shall be taken.

## VOTING

- 4.6.** (1) Unless specifically provided for otherwise under the RHPA, the Act, the regulations, or these By-laws, every motion which properly comes before the Board shall be decided by a simple majority of the votes cast by the Directors in attendance. If the majority of the Board members present votes in favour of the motion, the motion shall be carried, otherwise, the motion shall be defeated.
- (2) The Chair of the meeting shall not vote on any matter unless there is a tie. In the event of a tie vote, the motion is defeated unless the Chair chooses to cast the deciding vote.
  - (3) Proxy voting is prohibited.
  - (4) A member may have their dissenting vote on a motion recorded in the minutes of the meeting by requesting so immediately after the result of the vote is announced at the meeting.

## WRITTEN RESOLUTIONS

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

## MINUTES

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

## RULES OF ORDER

- 4.9.** Except where inconsistent with the RHPA, the Act, or these By-laws, the rules for the meeting of the Board are set out in Appendix D of these By-laws.

## Part 5 — Conduct of Directors and Committee Members

### CONFLICT OF INTEREST — BOARD AND COMMITTEE MEMBERS

- 5.1.** (1) A conflict of interest exists where a reasonable person would conclude that a Director or Committee member’s personal or financial interest may affect their judgment or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual or potential, or direct or indirect.
- (2) All Directors and Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a conflict of interest as set out in subsection (1). All Directors and Committee members have a duty to uphold and further the intent of the Act to regulate the practice and profession of physiotherapy in Ontario, and not to represent the views of advocacy or special interest groups.
- (3) Without limiting the generality of subsection (1), a Director or Committee member’s personal or financial interests include the interests of the Director or Committee member’s relative. For the purposes of this section, a “relative” is a person who is related to another person in one of the following ways: spouse or common-law partner, parent, child, sibling, through marriage, or through adoption. “Common-law partners” are people who have lived together as a couple for at least one year, or who have a child together, or who have entered into a cohabitation agreement.
- (4) Without limiting the generality of subsection (1), a Director or Committee member shall be perceived to have a conflict of interest in a matter and shall not serve on the Board or its committees at all if they are a director, officer, Committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession.
- (5) Without limiting the generality of subsection (1), a Director or Committee member shall be perceived to have a conflict of interest in a matter and should refrain from participating in any discussion or voting on that matter if they are a director, officer, Committee member, employee or holder of any position of decision-making influence of an organization where their duties may be seen by a reasonable person as influencing their judgment in the matter under consideration by the Board or the Committee.
- (6) An individual who has a conflict of interest in a matter before the Board or a committee shall:
- (i) declare the conflict to the Chair of the Board, Registrar, Committee Chair or Chair of the panel at the time the individual identifies the conflict;
  - (ii) not participate in the discussion, consideration or voting on the matter;
  - (iii) withdraw from the meeting or portion of the meeting when the matter is being considered; and

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

## CODE OF CONDUCT FOR DIRECTORS AND NON-BOARD COMMITTEE MEMBERS

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

## Part 6 — Election of Executive Committee

### ELECTION OF CHAIR AND VICE-CHAIR

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



## ELECTION OF REMAINING EXECUTIVE COMMITTEE MEMBERS

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

## DUTIES AND POWERS OF CHAIR AND VICE-CHAIR

- 6.3.** (1) The duties of the Chair are to:
- (a) be cognisant of the affairs of the College;
  - (a) give or cause to be given notice of all meetings of the Board and the Executive Committee;
  - (b) preside or ensure that a designate presides at all meetings of the Board and meetings of the Executive Committee;
  - (c) ensure that the College is represented at all relevant meetings;



- (d) oversee the implementation of all orders and resolutions of the Executive Committee and the Board;
  - (e) act as a liaison between the College and other professional organizations as appropriate; and
  - (f) perform other duties as outlined in the College's governance policies as approved by the Board.
- (2) The duties of the Vice-Chair are to,
- (a) act on behalf of the Chair in the Chair's absence; and
  - (b) perform other duties as outlined in the College's governance policies as approved by the Board.
- (3) The Chair is the most senior official and representative of the College and the Vice-Chair shall assist the Chair in the discharge of the Chair's duties.

## 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.

## EXECUTIVE DELEGATION

- 7.2.** (1) The College shall post the following information on its website regarding meetings of the Executive Committee:
- (a) the date of the meeting;
  - (b) the rationale for the meeting;
  - (c) where the Executive Committee acts as the Board or discusses issues that will be brought forward to or affect the Board, a report of the discussion or decisions made; and
  - (d) a statement as to whether its decision or decisions will be ratified by the Board.

## NON-STATUTORY COMMITTEES

### The Risk, Audit, and Finance Committee

- 7.3.** The Board may, by resolution, establish non-statutory committees, task forces and advisory groups. For each non-statutory committee, task force or advisory group, the Board shall specify in the resolution the duties and responsibilities of the committee, its composition and its termination date or event.
- 7.4.** (1) The Risk, Audit, and Finance Committee shall be composed of at least five Directors, being:
- (a) the Chair and Vice-Chair; and
  - (b) at least three other Directors, at least one whom shall be a Public Director.
- (2) The Risk, Audit, and Finance Committee shall have the duties set out in the College's governance policies as approved by the Board.

## The Examinations Committee

- 7.5. The Examinations Committee shall be composed in accordance with the requirements set out in the Examinations Committee's Terms of Reference as approved by the Board of Directors.

## APPOINTMENT OF NON-BOARD COMMITTEE MEMBERS

- 7.6. (1) The Board may appoint persons who are not Directors to serve on both statutory and non-statutory committees.
- (2) A Registrant is eligible for appointment to a committee under this section if, on the date of the appointment:
- (a) the Registrant is registered with the College;
  - (b) the Registrant is practises or resides in Ontario;
  - (c) the Registrant is not in default of any obligation to the College under the Regulations or the By-laws;
  - (d) the Registrant has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated, inside or outside of Ontario, in the six years before the appointment;
  - (e) the Registrant has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act* and is not a person who has been declared incapable by any court in Canada or elsewhere;
  - (f) 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 appointment;
  - (g) the Registrant has not been found guilty of or charged with an offence under the *Criminal Code*, the *Health Insurance Act*, the *Controlled Drugs and Substances Act* or under any comparable legislation or criminal laws of another jurisdiction that is relevant to the Registrant's suitability to serve as a Committee member, unless, in respect of a finding, a pardon or record suspension has been granted;
  - (h) the Registrant has not been disqualified or removed from the Board or a committee in the three years before the appointment;
  - (i) the Registrant is not and has not been in the twelve months before the appointment, a director, officer, Committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
  - (j) the Registrant does not hold and has not held in the twelve months before the appointment, an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College;
  - (k) the Registrant is not a current participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest against the College, the Board, or a committee of the College;

- (l) 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;
  - (m) the Registrant is not and has not been in the twelve months before the appointment an employee of the College;
  - (n) the Registrant discloses all potential conflicts of interest in writing to the Registrar within five business days of being appointed and either does not have a conflict of interest to serve as a Committee member or has agreed to remove any such conflict of interest before taking office;
  - (o) the Registrant has completed an orientation about the College's mandate, and their role and responsibilities prior to attending their first committee meeting; and
  - (p) the Registrant meets the competency requirements as set out in the applicable College policy approved by the Board.
- (3) A person who is not a Registrant is eligible for appointment to a committee under this section if, on the date of the appointment:
- (a) the person resides in Ontario;
  - (b) the person is not the subject of a discipline or fitness to practise proceeding before any regulator;
  - (c) the person has not been found guilty of professional misconduct, to be incompetent or to be incapacitated by any regulator in the preceding six years;
  - (d) the person has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act* and is not a person who has been declared incapable by any court in Canada or elsewhere;
  - (e) the person has not been found guilty of or charged with an offence under the *Criminal Code*, *Health Insurance Act*, the *Controlled Drugs and Substances Act* or under any comparable legislation or criminal laws of another jurisdiction that is relevant to the person's suitability to serve as a Committee member, unless, in respect of a finding, a pardon or record suspension has been granted;
  - (f) the person has not been disqualified or removed from the Board or a committee of the College in the preceding three years;
  - (g) the person is not and has not been in the twelve months before the appointment, a director, officer, Committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
  - (h) the person does not hold and has not held in the twelve months before the appointment an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College;
  - (i) the person is not and has not been in the twelve months prior to the appointment an employee of the College;
  - (j) the person is not a current participant (other than on behalf of the College) in a legal action, application or other legal matter adverse in interest against the College, the Board or a committee of the College;

- (k) the person meets any other criteria set out in the governance policies as approved by the Board;
  - (l) the person has completed an orientation about the College's mandate, and their role and responsibilities prior to attending their first committee meeting; and
  - (m) the person meets the competency requirements as set out in the applicable College policy approved by the Board.
- (4) A Non-Board Committee Member who is a Registrant is disqualified from serving on a committee based on the grounds for disqualification as set out in subsection 3.1 (26).
- (5) A Non-Board Committee Member who is not a Registrant is disqualified from serving on a committee if the person:
- (a) ceases to meet the requirements in paragraphs(3) (c), (d), (e), (g), (h), or (j), above, which shall result in automatic disqualification,
  - (b) ceases to meet the requirements in paragraphs (3) (a), (i), or (k) above, which shall result in a vote by the Board regarding disqualification of the Non-Board Committee Member;
  - (c) fails to attend two consecutive meetings of the Committee without good reason in the opinion of the Board; or
  - (d) fails, in the opinion of the Board, to discharge properly or honestly any office to which they have been appointed.
- (6) If a Non-Board Committee Member who is not a Registrant becomes the subject of a discipline or fitness to practise proceeding before any regulator, they shall be suspended from serving on a committee until the matter is resolved.
- (7) The determination of the Board as to whether a person is eligible for appointment or becomes disqualified under this section is final and without appeal.
- (8) A Non-Board Committee Member shall not serve more than nine consecutive years on one or more committees of the College. And, following the completion of nine consecutive years of service on one or more committees, they shall not be appointed again to a committee until they have completed a one-year waiting period.
- (9) In exceptional circumstances, the Board may exempt a person from compliance with the requirements set out in subsection (8), above.

## SELECTION OF STATUTORY AND NON-STATUTORY COMMITTEES, COMMITTEE CHAIRS AND COMMITTEE VICE-CHAIRS

- 7.7.** (1) As soon as possible after the annual election of the Chair, the Vice-Chair and the Executive Committee, the Board shall appoint the Committee Chair, Committee Vice-Chair and members of each committee in accordance with the College's governance policies as approved by the Board.
- (2) If any vacancies occur in the Committee Chair, Committee Vice-Chair or membership of any committee, the Board may appoint a replacement Committee Chair, Committee Vice-Chair or Committee member in accordance with the College's governance policies as approved by the Board.

- (3) Where the Chair of a committee is unable to act for a matter or a period of time, the Committee Vice-Chair shall act on their behalf, unless the Committee Vice-Chair role is vacant, in which case the Committee Chair shall appoint from the Committee a person to act on their behalf. Where the Chair of a committee is unable to act for more than two consecutive meetings and the Committee does not currently have a Committee Vice-Chair, the Board shall appoint a new Chair.

## STATUTORY AND NON-STATUTORY COMMITTEE PROCEDURES

- 7.8.**
- (1) Each committee shall meet from time to time at the direction of the Board or at the call of the Committee Chair at a place in Ontario and at a date and time set by the Committee Chair.
  - (2) Subject to subsection (3), unless otherwise provided in the RHPA, the Act or the Regulations, a majority of members of a committee, or of a panel of a committee, constitutes a quorum.
  - (3) Where permitted by the RHPA, the Act, or the Regulations, the Chair of a Committee, along with the Committee members present, may in 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. Exceptional circumstances include situations where a Public Director or Public Non-Board Committee Member cannot attend due to unforeseen reasons, and the benefit of proceeding with the meeting outweighs the need for their presence.
  - (4) The Committee Chair, Committee Vice-Chair or a designate shall preside over meetings of the Committee.
  - (5) Every question which comes before the Committee may be decided by a majority of the votes cast at the meeting (including the Committee Chair's) and, if there is an equality of votes on a question, the question shall be deemed to have been decided in the negative.
  - (6) Where one or more vacancies occur in the membership of a committee, the Committee members remaining in office constitute the Committee as long as any composition or quorum requirements in the RHPA, the Act or the Regulations are satisfied.
  - (7) In addition to other provisions in these By-laws that permit the removal of a Committee member in specific circumstances, any Committee member may be removed from the Committee, with or without cause, by a two-thirds majority vote of the Directors present at a Board meeting duly called for that purpose.



## Part 8 — Registrants' Obligations

### THE REGISTER

- 8.1.** (1) (a) A Registrant's name in the register shall be the Registrant's full name and shall be consistent with the documentary evidence of the Registrant's training.
- (b) The Registrar may direct a Registrant's name in the register to be different than the documentary evidence of the Registrant's training if the Registrant applies and satisfies the Registrar that the Registrant has validly changed their name since their training and that the use of the newer name is not for an improper purpose.
- (c) The Registrar may give a direction under paragraph (b) before or after the initial entry of the Registrant's name in the register.
- (2) In addition to the information referred to in subsection 23 (2) of the Code, the following information shall be kept in the register:
- (a) the Registrant's name and any changes in the Registrant's name since their training;
- (b) the last two digits of the Registrant's registration number;
- (c) if the Registrant ceases to be a Registrant or has died, a notation of the reason the registration terminated or a notation that the Registrant has died and the date of death if known;
- (d) information on a former Registrant that was on the register just before the registration terminated (including due to death);
- (e) the name of the school from which the Registrant received their degree or diploma in physiotherapy and the date the Registrant received the degree or diploma;
- (f) all classes of certificate of registration held by the Registrant and the dates that each started and terminated;
- (g) the name, business address, and business telephone number of each current and previous Place of Practice of the Registrant on or after April 1, 2018;
- (g.1) whether each current Place of Practice of the Registrant is barrier free;
- (h) a notation of which business address is the Registrant's primary Place of Practice;
- (i) *Rescinded March 20, 2018;*
- (j) for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Fitness to Practise Committee under section 61 of the Code and has not been finally resolved, until the matter has been resolved:
- (i) a notation of that fact, including the date of the referral; and
- (ii) the status of the Fitness to Practise hearing;
- (k) a notation of the fact and status of any appeal from a decision of the Discipline Committee or the Fitness to Practise Committee and the anticipated date of the hearing, if the date has been set;

- (l) any information jointly agreed to be placed on the register by the College and the Registrant;
- (m) where the Registrant's certificate is subject to an interim order under section 25.4 or section 62 of the Code, a notation of that fact, the nature of the order and date that the order took effect;
- (n) where the Registrant's certificate of registration is subject to a suspension for failure to pay a fee, the reason for the suspension and the date of the suspension in addition to the fact of the suspension;
- (o) *Rescinded, March 20, 2018;*
- (p) the Registrant's name as used in their Place(s) of Practice;
- (q) the language(s) in which the Registrant is able to provide physiotherapy services;
- (r) the Registrant's area(s) of practice and categories of patients seen;
- (s) the controlled acts (except performing the controlled act of communicating a diagnosis) and other statutorily authorized acts (such as procedures described in subsection 6 (2) of the *Healing Arts Radiation Protection Act* and procedures authorized to Registrants in regulations made under the *Laboratory and Specimen Collection Centre Licensing Act*) that the Registrant performs in the course of practising physiotherapy;
- (t) where there have been charges laid against a Registrant under the *Criminal Code* or the *Health Insurance Act*, made on or after July 1, 2015, or the *Controlled Drugs and Substances Act* made on or after May 1, 2018, and if the person against whom the charges were laid was a Registrant at the time of the charges, and if the charges are known to the College, a brief summary of:
  - (i) the charges;
  - (ii) the date the charges were laid; and
  - (iii) the status of the proceedings against the Registrant where known to the College;
 provided that any such summary shall be removed upon the written request of the Registrant if the charges do not result in a finding of guilt against the Registrant.
- (u) a summary of any existing restriction imposed on or after July 1, 2015, on a Registrant by a court or other lawful authority and of which the College is aware that, in the reasonable discretion of the Registrar, may restrict or otherwise impact the Registrant's right or ability to practise, may prompt a regulatory action on the part of the College or is connected to an existing or ongoing regulatory action by the College. The summary shall include the name of the court or other lawful authority that imposed the restriction and the date on which it was imposed;
- (v) where there has been a finding of guilt against a Registrant under the *Criminal Code* or the *Health Insurance Act*, made on or after July 1, 2015, or the *Controlled Drugs and Substances Act* made on or after May 1, 2018, if the person against whom the finding was made was a Registrant at the time of the finding, and if the finding is known to the College, a brief summary of:
  - (i) the finding;
  - (ii) the sentence, if any;

(iii) where the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of; and

(iv) the dates of (i) – (iii), where known to the College;

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

(w) whether, on or after July 1, 2015, the Registrant uses the services of physiotherapist assistants (whether employees or independent contractors) in the course of practicing physiotherapy;

(x) on or after July 1, 2015, information about the Registrant’s registration with any other regulated professions inside or outside of Ontario;

(y) on or after July 1, 2015, information about the Registrant’s registration in any other jurisdictions as a physiotherapist or physical therapist;

(z) where the College is aware, on or after July 1, 2015, that a finding of professional misconduct or incompetence or similar finding has been made against the Registrant by a body that governs a profession, inside or outside of Ontario, and that finding has not been reversed on appeal:

(i) information on the finding;

(ii) the name of the governing body that made the finding;

(iii) a brief summary of the facts on which the finding was based;

(iv) the penalty and any other orders made relative to the finding;

(v) the date the finding was made; and

(vi) information regarding any appeals of the finding;

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

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

(i) the undertaking;

(ii) a summary of the decision; and

(iii) where applicable, a notation that the decision has been appealed;

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

(bb) when a decision of the Inquiries, Complaints and Reports Committee, relating to a complaint or report made against the Registrant on or after July 1, 2015, includes a caution:

(i) a summary of the decision; and

- (ii) where applicable, a notation that the decision has been appealed;  
provided that where a decision referred to in paragraph (bb) is overturned on appeal or review, the summary under paragraph (bb) shall be removed from the register.
- (cc) when a decision of the Inquiries, Complaints and Reports Committee, relating to a complaint or report made against the Registrant on or after July 1, 2015, includes a requirement that the Registrant participate in a specified continuing education or remediation program:
  - (i) a summary of that decision;
  - (ii) where applicable, a notation that the decision has been appealed; and
  - (iii) a notation, if and when applicable, that the requirements of the specified continuing education or remediation program have been fulfilled or completed by the Registrant;
 provided that where a decision referred to in paragraph (cc) is overturned on appeal or review, the summary under paragraph (cc) shall be removed from the register.
- (3) All the information contained in the register is designated as public for the purposes of subsection 23 (5) of the Code.
- (4) (a) The Registrar may give any information contained in the register that is designated as public to any person in printed or oral form.
- (b) The Registrar may refuse to allow a person to obtain some or all of the information contained in the register that is designated as public if the Registrar has reasonable grounds to believe that the disclosure of the information may jeopardize the Registrant's safety.

## INFORMATION TO BE PROVIDED BY REGISTRANTS

- 8.2.** (1) A Registrant shall provide the following to the College when requested to do so by the Registrar:
- (a) information required to be contained in the register by subsection 23 (2) of the Code;
  - (b) information required to be contained in the register by section 8.1 of these By-laws;
  - (c) information that the College is required to collect for the purpose of health human resource planning by the Minister by section 36.1 of the RHPA;
  - (d) information that Registrants are required to report under sections 85.6.1, 85.6.2, 85.6.3, and 85.6.4 of the Code;
  - (e) the Registrant's date of birth;
  - (f) the Registrant's home address;
  - (g) the Registrant's home telephone number, if available;
  - (h) the Registrant's mobile telephone number, if available;
  - (i) an email address for the Registrant that is distinct from the email address of any other Registrant;

- (j) the mailing address, and if different, the street address of each current and previous Place of Practice of the Registrant (provided that no client home address is required where the Registrant provides home care) and if available, the business facsimile number of each current Place of Practice;
- (k) the Registrant's employment information including the name and business address (including the email address) of the Registrant's employer, the name and business address (including the email address) of the Registrant's direct supervisor, the Registrant's job title, the Registrant's area and focus of practice, the Registrant's sector of practice, the Registrant's employment status (such as full or part-time status), and a description of the Registrant's place(s) of employment;
- (l.1) the street address of any location or facility where records related to the Registrant's practice are located;
- (l) the Registrant's practice hours, including the percentage of time spent in each area of practice;
- (m) whether the Registrant's preferred language of communication with the College is English or French;
- (n) the following information about any finding of professional misconduct or incapacity or similar finding that has been made against the Registrant by a body that governs a profession, inside or outside of Ontario, provided that the finding has not been reversed on appeal:
  - (i) information on the finding;
  - (ii) the name of the governing body that made the finding;
  - (iii) the date the finding was made;
  - (iv) a summary of any order made; and
  - (v) information regarding any appeals of the finding;
- (o) whether the Registrant successfully completed the examination required for registration and if so, the date;
- (p) information about any post-secondary education (full or partial degree, certificate or program courses) the Registrant has completed through a college or university, together with evidence of completion;
- (q) the following information about charges laid against the Registrant under the *Criminal Code* or the *Health Insurance Act*:
  - (i) the charges;
  - (ii) the date the charges were laid; and
  - (iii) the status of the proceedings against the Registrant;
- (r) the following information about any restriction imposed on the Registrant by a court or other lawful authority:
  - (i) the name of the court or other lawful authority that imposed the restriction;
  - (ii) the date on which it was imposed;

- (s) the following information about a finding of guilt against the Registrant under the *Criminal Code*, or the *Health Insurance Act*, or the *Controlled Drugs and Substances Act*:
    - (i) the finding;
    - (ii) the sentence, if any;
    - (iii) where the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of; and
    - (iv) the dates of (i) – (iii), where known to the College; and
  - (t) practice information considered necessary by the Registrar and approved for collection by the Executive Committee.
- (2) A Registrant shall notify the Registrar in writing of any change to any previously provided information within 30 days of the change.

## PROFESSIONAL LIABILITY INSURANCE

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

## FEES – REGISTRATION

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

Application fee	For an initial application or re-application	\$114.00
Certificate of Registration Authorizing Independent Practice	For a certificate issued until the next March 31 (the College may in its discretion pro-rate registration fees for part year certificates or may bank registration fees for the future credit of a Registrant for part year certificates in accordance with Appendix B)	\$648.00
Certificate of Registration Authorizing Provisional Practice		\$ 85.00

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

Certificate of Registration Authorizing Independent Practice	For a certificate issued until the next March 31 (the College may in its discretion pro-rate renewal fees for part year certificates or may bank renewal fees for the future credit of a Registrant for part year certificates in accordance with Appendix B)	\$648.00
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- (3) (a) The renewal fee is due on or before March 31 in each registration year.  
(b) If a Registrant holding a certificate of registration authorizing independent practice fails to pay a renewal fee on or before the day on which the fee is due, the Registrant shall pay a penalty in addition to the renewal fee, as follows:

Certificate of Registration Authorizing Independent Practice – Penalty	\$254.00
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- (4) If the Registrar suspends a Registrant's certificate of registration for failure to pay a prescribed fee in accordance with section 24 of the Code, the Registrar shall terminate the suspension on:
- (a) completion of a new application form (in the form of an initial application form) and payment of a new initial application fee; and
- (b) payment of:
- (i) all outstanding amounts owing to the College, including the current renewal fee; and
- (ii) any applicable penalties relating to such outstanding amounts.

- (5) In addition to the amounts set out in subsections (1), (2) and (3), any outstanding fees owing to the College in respect of any decisions made by a committee and any fees payable under these By-laws will be added to and included in the annual renewal fees.

## FEES – REINSTATEMENT

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

## FEES — GENERAL

- 8.6.** (1) The Registrar may charge a fee for anything they are required or authorized to do under the RHPA, the Code, the Act, the Regulations or the By-laws.
- (a) The fees for anything the Registrar is required or authorized to do, except for the fees for those things that are set out in these By-laws, are the fees set by the Registrar.
  - (b) The fee for a copy of any College information or documents required to be provided under sections 3.1(2) or 23(12) of the Code shall be the actual costs to the College of providing the copies.
  - (c) The fee for a letter of Professional Standing is \$58.00.
  - (d) The fee for a returned cheque is \$50.00.
  - (e) The fee for an official certificate of registration with embossed gold logo (also known as a “wall certificate”) is \$29.00.
- (2) The Registrar may charge Registrants a fee for anything that a committee is required or authorized to do under the RHPA, the Code, the Act, the Regulations or the By-laws.
- (a) The fees for the following programs or services of committees are:
    - (i) for the College Review Program – the actual cost of the program to a maximum of \$500.00;
    - (ii) for an Onsite Assessment – the actual costs of the assessment to a maximum of \$1000 (this does not apply to those Registrants who are selected or volunteer for the annual Quality Assurance Program Competency Assessment process, or who are at the completion of a first cycle of remediation or enhancement at the direction of the Quality Assurance Committee);



- (iii) for the first ten hours of the first cycle of any specified continuing education or remediation program that a Registrant volunteers for or undertakes at the direction of the Quality Assurance Committee – no charge. All successive hours are billed at the rate of \$100.00 per hour;
- (iv) for any course or program the College provides to a Registrant pursuant to an order of the Discipline Committee, Fitness to Practise Committee or Registration Committee – the cost associated with providing the program to the Registrant;
- (v) for a specified continuing education or remediation program as required by the Inquiries, Complaints and Reports Committee – the cost associated with providing the program to the Registrant, and
- (vi) for fees that the Registrant agrees to pay in relation to an Acknowledgement & Undertaking– the cost specified in the written agreement.

## FEES — ONTARIO CLINICAL EXAM

- 8.7.** (1) The fees relating to the Ontario Clinical Exam are as follows:
- (a) The fee to sit the Ontario Clinical Exam is \$1985.00.
  - (b) The fee to change or rebook the date a candidate is scheduled to sit the Ontario Clinical Exam is \$200.00.
  - (c) The fee for candidates who request a Review by staff of their results on the Ontario Clinical Exam (“Exam Review”) is \$200.00.
  - (d) The fee for appealing the results of an Exam Review to the Examinations Committee is \$300.00.
- (2) Any issues regarding the refundability of fees relating to the Ontario Clinical Exam (for such things as late cancellations or late arrivals) will be addressed in accordance with the College’s exam policies.

## Part 9 — Professional Corporations

### THE REGISTER

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

### FEES — PROFESSIONAL CORPORATION

- 9.2.** (1) The application fee for a certificate of authorization, including on any reinstatement of a certificate of authorization, for a professional corporation is \$774.00.
- (2) The fee for the annual renewal of a certificate of authorization is \$277.00.
- (3) The fee for an official certificate of authorization with embossed gold logo is \$28.00.

## Appendix A

### DECLARATION OF OFFICE FOR DIRECTORS AND NON-BOARD COMMITTEE MEMBERS

I, \_\_\_\_\_, (Name of Director/Non-Board Committee Member) hereby agree that I will:

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

\_\_\_\_\_  
[Director/Non-Board Committee Member Signature]

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness

## SCHEDULE 1 TO THE DECLARATION OF OFFICE FOR DIRECTORS AND NON-BOARD COMMITTEE MEMBERS – OBJECTS OF THE COLLEGE

The College has the following objects:

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

## Appendix B

### REGISTRATION FEES DISCRETION

#### **Pro-Rated Fees**

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

#### **Fee Credits — Effective April 1, 2014**

- Physiotherapists who resign more than three months before the end of the registration year (that is a resignation that occurs prior to December 31<sup>st</sup> in any registration year) will be eligible to receive a fee credit if they are resigning for any of the following reasons:
  - Education leave;
  - Health-related leave;
  - Compassionate/Bereavement/Family-related leave;
  - Maternity/Parental leave
  - Individuals who retire and then re-apply within one year
  - Moving out of province.
- The fee credit is based on the number of days not used in the registration year.
- The fee credit can be applied to the following fees, up to one year from the date of resignation or 18 months in the case of a maternity or parental leave:
  - Fees for online requests (letters of professional standing and wall certificates)
  - Renewal fee
  - application fee
  - initial registration fee
  - late renewal fee.
- Physiotherapists resigning in the final three months of the registration year are not eligible for a fee credit.
- The minimum period of leave to be eligible to receive a fee credit is three months.
- Fee credits will expire one year after the date of resignation if the resignation was for any of the following reasons:
  - Education leave;
  - Health-related leave;
  - Compassionate/Bereavement/Family-related leave;
  - Individuals who retire and then re-apply within one year;
  - Moving out of province; and
  - 18 months in the case of Maternity/Parental leave.
- Fee credits are transferable into the next registration year.
- There are no fee refunds.

## Appendix C

### CODE OF CONDUCT

<b>Title:</b>	<b>Code of Conduct</b>
<b>Applicable to</b>	<b>Members of the Board and Committees</b>
<b>Date approved:</b>	<b>December 2003</b>
<b>Date revised:</b>	<b>June 2006, March 2008, June 2010, February 2013, June 2014, March 2017, March 26, 2024</b>

#### **Purpose**

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

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

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

#### **Performance Expectations**

In performing their role, each Director and Committee member will:

1. Promote the public interest in their contributions and in all discussions and decision-making.
2. Direct all activities toward fulfilling the College's objects as specified in the legislation.
3. Comply with the provisions of the *Regulated Health Professions Act*, the *Physiotherapy Act*, the Regulations made under these Acts and the By-laws of the College.
4. Conduct themselves in a manner that respects the integrity of the College by striving to be fair, impartial and unbiased in their decision making.
5. Refrain from engaging in any discussion with other Board or Committee members that takes place outside the formal Board or committee decision making process and that is intended to influence the decisions that the Board or a committee makes on matters that come before it.
6. Respect the power, authority and influence associated with their role and not misuse this for personal gain.
7. Recognize, understand and respect the roles and responsibilities of the Board, committees and staff and maintain respectful working relationships with other Board members, Committee members and

staff members. This includes acknowledging the appropriate authorities of the Registrar and the Chair.

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

### **Sanctions**

1. All concerns related to the conduct or performance of a Director or of a Committee member should be brought to the attention of the Chair of the College.
2. All concerns must be documented, specifically the questionable conduct or performance, in sufficient detail to enable it to be understood. The document should identify the element (s) of the Code that is of concern and include, where relevant, any supporting evidence.
3. After review of the material and dependent on the issue, the Chair has the discretion to either meet with the Director or Committee member and provide individual coaching, or to raise the matter for the Board's consideration. At any time the Chair may seek advice from the Executive Committee and/or the Registrar. All decisions taken are to be recorded and kept in the member's corporate file.
4. When the Chair identifies that an alleged breach of this Code of Conduct may have occurred and raises it for the Board's consideration, the Board shall adopt a process to deal with the alleged breach that is consistent with the rules of order of the Board and that provides the person whose conduct has been called into question with an opportunity to explain their actions.
5. When the Board determines that a breach of the Code of Conduct did take place, the Board may, on the basis of a resolution that has been properly moved, seconded and assented to by two thirds of Directors, impose a sanction that may include one or more of the following:

- a. Requesting a change in the behaviour of the person;
  - b. Requesting that the person apologize for their behaviour;
  - c. Censuring the person for their behaviour;
  - d. Declining to appoint a person to any committee or to a specific committee;
  - e. Declining to provide confidential information to the person, in circumstances where concern over breach of confidentiality has occurred;
  - f. Requesting the person's resignation from the Board, committee or other activity in which they had been acting on behalf of the College;
  - g. Removing an Elected Director or Academic Director from the Board, committee or other activity in which they had been acting on behalf of the College in accordance with the By-laws;
  - h. Removing a Public Director appointed by the Lieutenant Governor from the committee or other activity that they had been acting on, on behalf of the College in accordance with the By-laws; or
  - i. Requesting that the Minister remove a Public Director from the Board.
6. If the Board removes an Elected Director it shall treat the circumstances as if the vacancy was a result of the resignation of the Director.

#### **Procedural and Other Safeguards**

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



## Appendix D

### MEETING GUIDELINES FOR THE BOARD OF DIRECTORS

#### Agendas

1. Agendas for Board meetings will be prepared by the Registrar in collaboration with the Chair and will be aligned with the Strategic Plan. In the event of disagreement between the Chair and the Registrar regarding agenda items, the decision of the Chair shall be final.
2. Directors who wish to request that an item be added to the agenda may bring the matter to the attention of the Chair and the Registrar at least 30 days prior to the scheduled meeting. In considering the request, the Chair and the Registrar will take the following factors into account:
  - a. Board meeting time/capacity.
  - b. Alignment with the Board's strategic agenda/work plan, objectives and Governance Manual.
  - c. Any information collection or research that may be required for the Board to adequately consider the matter, and the time needed to collect the information or conduct the research.
3. If the item is added to the agenda, the General Procedures outlined below apply. Staff will assist with the preparation of any materials related to the item the Director has put forward.
4. If the item is not added to the agenda, the Chair and Registrar shall inform the Director whether the item has been postponed to a future meeting or whether the item has been declined.
5. If an item is declined, the Chair and Registrar should provide reasons for the decision to the Director. If the Director is not satisfied with the reasons provided, the Director can seek a review of the decision by the entire Board.
6. The Board can either uphold the decision of the Chair and Registrar or decide that the item originally proposed by the Director should be added to the agenda for the following Board meeting. The Board's decision is final.

#### General Procedures

7. Each agenda topic shall be introduced briefly by the person or Committee representative raising it.
8. Any topic on the agenda can be discussed without a motion needing to be made first.
9. The Board will make decisions through motions. Motions will commonly be made if:
  - a. a decision will commit the College to an action or a public position, or
  - b. the Chair or the Board is of the opinion that the nature of the matter or discussion warrants a motion.

10. For a decision by motion, the Chair shall call for a motion when it appears to the Chair that the debate has concluded, or when the time allocated to the debate of the matter has concluded. If a motion is made, the rules on motions will apply.
11. These rules shall apply, with necessary modifications, to meetings conducted by teleconference or any other electronic means permitted by the By-laws, including audio or video conferencing.
12. These rules may be relaxed by the meeting Chair if greater informality is beneficial in the particular circumstances unless the Board requires strict adherence.
13. These meeting guidelines are subject to review periodically.

#### **Motions**

14. Motions require a mover and a seconder.
15. Any motions that have not yet been moved, including any proposed motions in the meeting materials, may be modified prior to being put forward.
16. When the motion contains distinct proposals, any Director may require the vote upon each proposition to be taken separately.
17. No Director shall be present in the room, participate in a debate, or vote upon any motion in which they have a conflict of interest, and the vote of any Director with a conflict of interest shall be disallowed.
18. When a matter is being voted on, no Director shall enter or leave the meeting, and no further debate is permitted.
19. Any motion decided by the Board shall not be re-introduced during the same session except by a two-thirds vote of the Board present at the meeting.

#### **Amendments and Other Subordinate Motions**

20. A motion that has been moved and seconded may be amended by a motion to amend. The Chair shall rule a motion to amend out of order if it is irrelevant to the main motion or defeats the basic effect of the main motion.
21. When a motion has been moved and seconded, no other motion may be made except:
  - a. a motion to amend the motion,
  - b. a motion to refer the original motion to a Committee for further study or consideration,
  - c. a motion to postpone the motion, either indefinitely or to a specific meeting,
  - d. a motion to call the question and proceed to a vote, or
  - e. a motion to adjourn the meeting.
22. When a motion to refer a motion to a Committee has been made, it shall be decided before any amendment is decided and, if it is passed, no further debate or discussion is permitted.

23. A motion to amend the main motion shall be disposed of before the main motion is decided. Only one motion to amend a motion can be made at a time.

**Preserving Order**

24. The Chair shall preserve order and decorum and shall rule on any question of order or procedure, except where such a ruling would be inconsistent with the *Regulated Health Professions Act, 1991*, the *Physiotherapy Act, 1991*, the regulations, the By-Laws or the Governance Policies of the College. A Director may appeal the Chair's ruling to the Board.
25. Whenever the Chair is of the opinion that a motion offered to the Board is contrary to these meeting guidelines or the By-laws, they shall rule the motion out of order and give their reasons for doing so.
26. When any Director wishes to speak, they shall indicate so by raising their hand.
27. The meeting Chair shall manage the speaking order or may delegate management of the speaking order.
28. When called upon, the Director shall address the Chair and confine the discussion to the matter under debate.
29. 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.
30. If a Director believes that another Director has behaved improperly or if there is a violation of the College's By-laws or meeting guidelines, they can raise a concern called a "point of order." The Chair shall promptly rule on the point of order. If the Director disagrees with the Chair's decision, they can ask the entire Board to review the matter. The decision of the entire Board is final.
31. Staff members and consultants with expertise in a matter may be called upon to answer questions. In addition, the Registrar may provide information relevant to a matter on their own initiative, subject to the direction of the Chair.
32. Observers at a Board meeting are not allowed to speak to address the Board unless a specific request to address the Board has been made and approved prior to the meeting, and Directors shall not discuss Board matters with the observers.
33. Directors shall mute their electronic devices during Board meetings. Electronic devices can be used during Board meetings to review materials related to the matter under debate and to make notes on the debate.
34. Directors are to be silent while others are speaking.

## Appendix A

### DECLARATION OF OFFICE FOR COUNCILLORS

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

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

*Nitin Madhvani*

\_\_\_\_\_  
[Councillor Signature]

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
October 20, 2020

Date

\_\_\_\_\_  
Name of Witness

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

The College has the following objects:

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

**CONFIDENTIALITY UNDERTAKING****FOR COUNCIL AND NON COUNCIL COMMITTEE MEMBERS**

I, Nitin Madhvani, have been selected to serve on the Council and/or on a Committee of the College of Physiotherapists of Ontario (the "College").

I have read and understood the confidentiality provisions set out in sections 36 and 40 of the *Regulated Health Profession Act, 1991 (Appendix A)* and sections 83 and 83.1 of the *Health Professions Procedural Code (Appendix B)*, which describe my duty of confidentiality, the situations where disclosure of College information is authorized, and the consequences of a breach of confidentiality.

I agree to keep confidential all information that comes to my knowledge in the course of my duties except as authorized by the *Regulated Health Professions Act*.

In the event that I disclose or attempt to disclose any such confidential information received in the course of my professional relationship with the College, I understand that the College shall be entitled to enforce its legal rights to prevent the disclosure of the information by injunction or otherwise and may bring such further action against me as it considers advisable. I also acknowledge that unauthorized disclosure of College information may be grounds for automatic termination of the relationship with the College as of the time of the breach.

I further acknowledge and agree that my obligations regarding confidentiality continue beyond the expiration of my term as Councillor and/or committee member with the College.

Within 20 days after the expiration of my term on Council and/or my committee appointment, I shall return all of the College's confidential information or, if instructed by the College, shall securely destroy the confidential information and provide a written confirmation of such destruction to the College.

Date the 20th day of October, 2020

Signature: Nitin Madhvani Print Name: Nitin Madhvani

Witness Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

## Appendix A – Confidentiality Provisions, Regulated Health Professions Act

### Confidentiality

36. (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

- (a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;
- (b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;
- (c) to a body that governs a profession inside or outside of Ontario;
- (d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Health Protection and Promotion Act*, the *Independent Health Facilities Act*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act (Canada)* and the *Food and Drugs Act (Canada)*;
- (e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;
- (f) to the counsel of the person who is required to keep the information confidential under this section;
- (g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;
- (h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;
- (i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons; or
- (j) with the written consent of the person to whom the information relates. 2007, c. 10, Sched. M, s. 7 (1).

### Reports required under Code

(1.1) Clauses (1) (c) and (d) do not apply with respect to reports required under section 85.1 or 85.2 of the Code. 1993, c. 37, s. 1. 1998, c. 18, Sched. G, s. 7 (2).

### Definition

(1.2) In clause (1) (e),

“law enforcement proceeding” means a proceeding in a court or tribunal that could result in a penalty or sanction being imposed. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (2).

### Limitation

(1.3) No person or member described in subsection (1) shall disclose, under clause (1) (e), any information with respect to a person other than a member. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (3).

### No requirement

(1.4) Nothing in clause (1) (e) shall require a person described in subsection (1) to disclose information to a police officer unless the information is required to be produced under a warrant. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (4).

#### **Confirmation of investigation**

(1.5) Information disclosed under clause (l) (g) shall be limited to the fact that an investigation is or is not underway and shall not include any other information. 2007, c. 10, Sched. M, s. 7 (5).

#### **Not compellable**

(2) No person or member described in subsection (1) shall be compelled to give testimony in a civil proceeding with regard to matters that come to his or her knowledge in the course of his or her duties. 1991, c. 18, s. 36 (2).

#### **Evidence in civil proceedings**

(3) No record of a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, no report, document or thing prepared for or statement given at such a proceeding and no order or decision made in such a proceeding is admissible in a civil proceeding other than a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* or a proceeding relating to an order under section 11.1 or 11.2 of the *Ontario Drug Benefit Act*. 1991, c. 18, s. 36 (3); 1996, c. 1, Sched. G, s. 27 (2).

#### **Offences**

40. (1) Every person who contravenes subsection 27 (1), 29.1 (1) or 30 (1) is guilty of an offence and on conviction is liable,

- (a) for a first offence, to a fine of not more than \$25,000, or to imprisonment for a term of not more than one year, or both; and
- (b) for a second or subsequent offence, to a fine of not more than \$50,000, or to imprisonment for a term of not more than one year, or both. 2007, c. 10, Sched. M, s. 12; 2015, c. 18, s. 3.

#### **Same**

(2) Every individual who contravenes section 31, 32 or 33 or subsection 34 (2), 34.1 (2) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

#### **Same**

(3) Every corporation that contravenes section 31, 32 or 33 or subsection 34 (1), 34.1 (1) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.



## Appendix B - Confidentiality Provisions, Health Professions Procedural Code

### Confidentiality of information

**83.** (1) Except as provided in section 80.2 and in this section, the Quality Assurance Committee and any assessor appointed by it shall not disclose, to any other committee, information that,

- (a) was given by the member; or
- (b) relates to the member and was obtained under section 82. 1991, c. 18, Sched. 2, s. 83 (1); 2007, c. 10, Sched. M, s. 59 (1).

### Exception if member gave false information

(2) Where relevant to a proceeding before a committee, information described in subsection (1) may be disclosed to that committee for the purpose of showing that the member knowingly gave false information to the Quality Assurance Committee or an assessor. 2007, c. 10, Sched. M, s. 59 (2).

(3) REPEALED: 2007, c. 10, Sched. M, s. 59 (3).

### Use in other Committees

(4) Information that was disclosed contrary to subsection (1) shall not be used against the member to whom it relates in a proceeding before the Discipline or Fitness to Practise Committees. 1991, c. 18, Sched. 2, s. 83 (4).

(5) REPEALED: 2004, c. 3, Sched. B, s. 11 (1).

### Quality assurance and other information

**83.1** (1) In this section,

“disclose” means, with respect to quality assurance information, to provide or make the information available to a person who is not,

- (a) a member of the Quality Assurance Committee,
- (b) an assessor appointed by the Committee, a person engaged on its behalf such as a mentor or a person conducting an assessment program on its behalf, or
- (c) a person providing administrative support to the Committee or the Registrar or the Committee’s legal counsel,

and “disclosure” has a corresponding meaning; (“divulguer”, “divulgation”)

“proceeding” includes a proceeding that is within the jurisdiction of the Legislature and that is held in, before or under the rules of a court, a tribunal, a commission, a justice of the peace, a coroner, a committee of a College under the *Regulated Health Professions Act, 1991*, a committee of the Board under the *Drugless Practitioners Act*, a committee of the College under the *Social Work and Social Service Work Act, 1998*, an arbitrator or a mediator, but does not include any activities carried on by the Quality Assurance Committee; (“instance”)

“quality assurance information” means information that,

- (d) is collected by or prepared for the Quality Assurance Committee for the sole or primary purpose of assisting the Committee in carrying out its functions,
- (e) relates solely or primarily to any activity that the Quality Assurance Committee carries on as part of its functions,
- (f) is prepared by a member or on behalf of a member solely or primarily for the purpose of complying with the requirements of the prescribed quality assurance program, or
- (g) is provided to the Quality Assurance Committee under subsection (3),
- (h) but does not include,
- (i) the name of a member and allegations that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated,

- (j) information that was referred to the Quality Assurance Committee from another committee of the College or the Board, or
- (k) information that a regulation made under this Code specifies is not quality assurance information and that the Quality Assurance Committee receives after the day on which that regulation is made; (“renseignements sur l’assurance de la qualité”)

“witness” means a person, whether or not a party to a proceeding, who, in the course of the proceeding,

- (a) is examined or cross-examined for discovery, either orally or in writing,
- (b) makes an affidavit, or
- (c) is competent or compellable to be examined or cross-examined or to produce a document, whether under oath or not. (“témoin”) 2004, c. 3, Sched. B, s. 11 (2).

#### **Conflict**

(2) In the event of a conflict between this section and a provision under any other Act, this section prevails unless it specifically provides otherwise. 2004, c. 3, Sched. B, s. 11 (2).

#### **Disclosure to Quality Assurance Committee**

(3) Despite the *Personal Health Information Protection Act, 2004*, a person may disclose any information to the Quality Assurance Committee for the purposes of the committee. 2004, c. 3, Sched. B, s. 11 (2).

#### **Quality assurance information**

(4) Despite the *Personal Health Information Protection Act, 2004*, no person shall disclose quality assurance information except as permitted by the *Regulated Health Professions Act, 1991*, including this Code or an Act named in Schedule 1 to that Act or regulations or by-laws made under the *Regulated Health Professions Act, 1991* or under an Act named in Schedule 1 to that Act. 2004, c. 3, Sched. B, s. 11 (2).

#### **Non-disclosure in proceeding**

(5) No person shall ask a witness and no court or other body conducting a proceeding shall permit or require a witness in the proceeding to disclose quality assurance information except as permitted or required by the provisions relating to the quality assurance program. 2004, c. 3, Sched. B, s. 11 (2).

#### **Non-admissibility of evidence**

(6) Quality assurance information is not admissible in evidence in a proceeding. 2004, c. 3, Sched. B, s. 11 (2).

#### **Non-retaliation**

(7) No one shall dismiss, suspend, demote, discipline, harass or otherwise disadvantage a person by reason that the person has disclosed information to the Quality Assurance Committee under subsection (3), but a person may be disciplined for disclosing false information to the Committee. 2004, c. 3, Sched. B, s. 11 (2).

#### **Immunity**

(8) No action or other proceeding may be instituted against a person who in good faith discloses information to a Quality Assurance Committee at the request of the Committee or for the purposes of assisting the Committee in carrying out its functions. 2004, c. 3, Sched. B, s. 11 (2).



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO  
*Regulating Physiotherapists*

Agenda Item: 9.0  
Appendix C

**2024**

# Governance Manual

Governance Manual

June 2024

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1.3	<u>Role of a Committee Chair</u>	Revised, March 2024
1.4	<u>Role of a Non-Board Committee Member</u>	Revised, September 2023
1.5	<u>Role of the Chair</u>	Revised, March 2024
1.6	<u>Role of the Vice-Chair</u>	Revised, March 2024
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<b><u>Section:</u></b>	<b>Roles &amp; Responsibilities</b>	<b>Policy #1.1</b>
<b>Title:</b>	<b>Role of the Board</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>June 2006, June 2007, December 2009, June 2021</b>	
<b>Date confirmed:</b>	<b>December 2011</b>	

### Legislative References

- a. *Physiotherapy Act*: s.6
- b. Health Professions Procedural Code: s.2.1, s.3, s.4, s.5, s.6, s.7, s.8, s.9, s.10
- c. *Regulated Health Professions Act, 1991*: s.2, s.3, s.4, s.5, s.6

### Definition

The Board of the College is its board of directors and consists of appointed and elected members as defined in the *Physiotherapy Act*.

### Primary Function

The Board is the College's board of directors who manages and administers its affairs.

It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.

The College's objects are defined in section 3 of the Code.

### Specific Responsibilities

In carrying out its role, the College Board will:

1. Fulfill the legislated responsibilities under the *Regulated Health Professions Act*, the Code and the *Physiotherapy Act* and ensure that all other statutory responsibilities of the College, its committees and its employees are upheld.
2. Understand the objects of the College and ensure that it achieves them.
3. Establish rules of order for use during Board and committee meetings.
4. Review and approve College Governance Policies, Regulations, By-laws, Standards, position statements, Board policies and Committee policies.

5. Establish and promote the College's mission, vision and values.
6. Develop and approve the strategic direction of the College and monitor the work of the Board and its committees to ensure achievement of goals.
7. Use the College's strategic plan to direct its activities and allocate its resources by setting budget priorities, and approve budgets based on these priorities.
8. Receive reports from all statutory committees, non-statutory committees, task forces, the Chair and the Registrar.
9. Consider and recommend the legislative changes necessary for the College to meet its mandate.
10. Appoint the College Registrar and receive regular reports on the Registrar's performance.
11. Appoint the College auditor.
12. Annually elect the Chair, Vice-Chair, and members of the Executive Committee, and appoint the Committee Chair and members of each College committee.
13. Establish non-statutory committees and task forces.
14. Develop, monitor and evaluate the governance, financial management and reporting frameworks of the College.
15. Monitor and evaluate on an ongoing basis whether the College is meeting its statutory mandate.
16. Make decisions respecting the appropriate sanctions for violation of the College's Code of Conduct.

<b><u>Section:</u></b>	<b>Roles &amp; Responsibilities</b>	<b>Policy #1.2</b>
<b>Title:</b>	<b>Role of a Board Member</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>June 2006, June 2007, September 2009, February 2013, June 2021, September 2023</b>	

### **By-law References**

- a. By-laws: s.3, s.5, Appendix A, Appendix C

### **Definition**

Directors are either physiotherapists or members of the public. Physiotherapists are elected by their peers through district elections for the purpose of carrying out the self-regulatory function. Two academic members are selected by the academic community. Public members are appointed by the Lieutenant Governor in Council to bring the public perspective to Board discussions.

### **Primary Function**

Directors are committed to the mandate of the College and bring individual perspectives to collective decision making in the public interest. A Director is responsible for contributing fully to debates and decisions of the Board and those committees on which they serve.

### **Specific Responsibilities**

1. Serve on the Board and at least one statutory committee to which they are appointed.
2. Serve on additional committees or task forces as required.
3. Attend required orientation(s).
4. Review all materials sent in advance for Board and Committee meetings and demonstrate a reasonably comprehensive knowledge of it.
5. Acquire and apply a working knowledge of the statutory requirements and policies related to their specific statutory committee(s).
6. Develop and maintain knowledge of the regulatory framework of the College and current issues facing the Board.
7. Be available for meetings and attend them.
8. Be available to mentor and assist new Board members.



9. Contribute to Board and Committee discussions.
10. Raise issues in a respectful manner that encourages open discussion.
11. Demonstrate independent judgment through their willingness to voice concerns, take an independent stand or espouse an unpopular or controversial idea.
12. Understand, respect and adhere to the rules of order and the Code of Conduct as prescribed by the Board.
13. Acquire a working knowledge of health system issues and financial issues relevant to the role of a Director.
14. Raise matters arising in the broader environment for Board consideration for action.
15. Publicly support the decisions of the Board providing rationale as requested.
16. Redirect matters to the Chair as appropriate.

**Terms of Office**

- A. Elected Directors are eligible to serve a maximum of three years in one term, to a maximum of nine consecutive years.
- B. The appointment of Academic Directors is determined by By-law section 3.2(4).
- C. Public appointees serve terms as approved by the Lieutenant Governor.
- D. Appointment to a committee is one year and renewable annually.

<b><u>Section:</u></b>	<b>Roles &amp; Responsibilities</b>	<b>Policy #1.3</b>
<b>Title:</b>	<b>Role of a Committee Chair</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>June 2006, September 2007, September 2009, February 2013, June 2021, September 2023, March 2024</b>	

### **By-law References**

- a. By-laws: s.7.6, s.7.7, s.7.8

### **Primary Function**

The Committee Chair is a member of a statutory committee, non-statutory committee or task force and is appointed by the Board to serve as Committee Chair.

The Committee Chair provides leadership and direction to the Committee or Task Force to ensure it fulfills its mandate. The Committee Chair is accountable to the Board through regular reporting on committee activity and progress. The Committee Chair collaborates with an identified senior staff person to facilitate the ongoing management of the Committee's work.

### **Specific Responsibilities**

Committee or Task Force Chairs are expected to:

1. Provide direction and guidance to the Committee in keeping with its Board approved terms of reference and any related legislative responsibilities.
2. Utilize the Board selected Rules of Order, approved By-Laws, Code of Conduct and Governance Policies in overseeing committee meetings.
3. Collaborate with appropriate staff to:
  - a. orient new Committee members;
  - b. develop the agenda;
  - c. identify policy issues for consideration by the Board where appropriate;
  - d. prepare committee reports and recommendations for presentation to the Board;
  - e. develop objectives and long-range plans for committee consideration; and
  - f. identify budget and business plan implications for the Registrar.
4. Encourage broad respectful debate amongst members in achieving decisions or direction on committee matters.

5. Manage committee function and introduce strategies to resolve conflicts when they arise. When the issues are not manageable, consult with the Chair.
6. Act as the principal spokesperson for the Committee in reporting to the Board at all meetings.
7. Raise matters arising in the broader environment related to committee mandate for Board consideration for action.
8. Conduct regular evaluation of Committee members and processes to ensure high levels of performance.
9. Where a Committee Chair identifies a performance issue or concern with a Committee member, inform the Chair in order to facilitate the ability of the Chair to manage the issue or concern appropriately.
10. Attend required orientation(s).
11. Be available to mentor and assist new Committee members.
12. To authorize a Committee member to claim additional preparation time above what is allowed in the Allowances and Expenses Policy.

### **Terms of Office**

- A. Committee Chairs are nominated by the Executive Committee and appointed annually by Directors. The number of times a Director or a Non-Board Committee member can be appointed as a Committee Chair to any particular committee is nine times.
- B. Both Directors and Non-Board Committee members may serve as Committee Chair when it is in the best interest of the continuity of the ongoing work of the Committee.

<b><u>Section:</u></b>	<b>Roles &amp; Responsibilities</b>	<b>Policy #1.4</b>
<b>Title:</b>	<b>Responsibility of a Non-Board Committee Member / Member of a Task Force and Advisory Groups</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>June 2006, June 2007, March 2010, February 2013, June 2021, September 2023</b>	

#### **By-law References**

- a. By-laws: s.7.6

#### **Definition**

Non-Board Committee members and members of a task force or an advisory group are appointed in accordance with College By-laws and established selection criteria.

#### **Primary Function**

Non-Board Committee members and members of a task force or an advisory group are working participants of committees, task forces and advisory groups and facilitate the achievement of desired outcomes as approved by the Board.

#### **Specific Responsibilities**

1. Serve on the Committee, Task Force or Advisory Group to which they are appointed.
2. Attend required orientation(s).
3. Review all materials sent in advance of meetings.
4. Acquire and apply a working knowledge of the statutory requirements, terms of reference, and policies related to the Committee, Task Force or Advisory Group.
5. Be available for meetings and attend them.
6. Be available to mentor and assist new Non-Board Committee members.
7. Raise issues in a respectful manner that encourages open discussion.
8. Demonstrate independent judgment through their willingness to voice concerns, take an independent stand or espouse an unpopular or controversial idea.
9. Understand, respect, and adhere to the Rules of Order and the Code of Conduct.

10. Maintain confidentiality of matters discussed and decisions made at committee that are confidential in nature.

**Term of Appointment**

- A. Non-Board Committee members, members of task forces or advisory groups are appointed for one year and renewable annually to a maximum of nine consecutive times.

<b><u>Section:</u></b>	<b>Roles &amp; Responsibilities</b>	<b>Policy #1.5</b>
<b>Title:</b>	<b>Role of the Chair</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>June 2006, June 2007, December 2009, December 2011, February 2013, March 2014, June 2021, September 2023, March 2024</b>	

### **By-law References**

- a. By-laws: s.6.3(1) & (3)

### **Primary Function**

The Chair is elected by the Board to serve as its most senior officer in facilitating governance effectiveness and alignment with the mission and vision. For greater clarity, the Chair is the senior most official of the College. The Chair works effectively with the Registrar, acts as a key representative in public forums, and highlights the Board's stewardship role in the self-regulation of the profession.

### **Term**

The Chair serves a one-year term and is elected annually in March and takes office at the first regular Board meeting following an election. An individual may hold this office twice during any period of consecutive service on the Board.

### **Specific Responsibilities**

In addition to duties outlined in subsection 6.3(1) of the By-laws the Chair shall:

1. Promote, in conjunction with Registrar, the establishment and evaluation of the College's strategic plan.
2. In coordination with the Registrar, identify issues, develop objectives and establish priorities to be deliberated by the Board and oversee the planning, chairing and evaluation of all Board meetings.
3. Act as a signing authority for Regulations, contracts and cheques on behalf of the College as required.
4. Serve as the Chair of the Executive Committee and participate on other committees and task Forces as directed by the Board.
5. Serve as a member of the Risk, Audit, and Finance Committee.

6. In coordination with the Registrar, represent the College at public functions and official liaison opportunities to promote the development of beneficial relationships with other organizations.
7. In cooperation with the Registrar, act as a spokesperson of the College.
8. Where appropriate, represent the College on external committees or representational opportunities, either solely or with the Registrar, or appoint a member of the Board to represent the Board in keeping with the By-laws or as directed by the Board.
9. Receive all matters directed to the attention of the Executive Committee and the Board and review and determine, with the Executive Committee as appropriate, a best course of action on such matters related to the performance of committees or Directors.
10. In partnership with the Registrar, develop the Executive Committee and Board agendas and identify matters that should be discussed in camera. In the event of disagreement between the Chair and the Registrar regarding agenda items, the decision of the Chair shall be final.
11. Maintain awareness of activities and of issues facing the Board, external and internal to the College; and together with the Registrar act as a key spokesperson on Board matters and the College.
12. On behalf of the Board and in accordance with policy, negotiate the Registrar's contract and coordinate the Registrar's annual performance review.
13. Advise Directors or Non-Board Committee members on issues relating to conflicts of interest in consultation with the Registrar and legal counsel as required.
14. Establish an ongoing Director and Non-Board Committee member performance management system which includes providing individual Directors with performance feedback on an annual basis and managing any performance issues or concerns in accordance with the College's Code of Conduct.
15. Each year where the College is a member of the Canadian Alliance of Physiotherapy Regulators (CAPR), the College Chair, in consultation with the members of the Executive Committee, will nominate a person to serve as a director of the CAPR board.
16. Monitor and manage all risk-related matters and periodically reports this information to the Board.
17. The Chair's duties also include any other duties as defined in the College By-laws and these Governance Policies.
18. In fulfilling these duties, the Chair may contact a past Chair for information, advice and guidance as needed.

<b><u>Section:</u></b>	<b>Roles &amp; Responsibilities</b>	<b>Policy #1.6</b>
<b>Title:</b>	<b>Role of Vice-Chair</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>June 2006, June 2007, December 2011, February 2013, March 2014, June 2021, September 2023, March 2024</b>	

### **By-law References**

- a. By-laws: s.6.3(2)

### **Primary Function**

The Vice-Chair is elected by the Board to serve as an officer of the College and to assist and collaborate with the Chair in their role.

### **Term**

The Vice-Chair serves a one-year term and is elected annually in March and takes office at the first regular Board meeting following an election. An individual may hold this office twice during any period of consecutive service on the Board.

Subject to the election process, incumbents in the Vice-Chair's role will typically take over the role of the Chair when the Chair has completed their term(s).

### **Responsibilities**

In addition to duties outlined in By-law section 6.3(2), the Vice-Chair shall:

1. In the absence of the Chair, perform the Chair's duties including:
  - a. chair Board and Executive Committee meetings;
  - b. act as a signing officer of the College;
  - c. receive and review all matters directed to the attention of the Board
  - d. in cooperation with the Registrar, act as a spokesperson of the College;
  - e. monitor and manage all risk-related matters and periodically report this information to Board; and
  - f. where appropriate, represent the College, either solely or with the Registrar, at public functions and official liaison opportunities.
2. Serve as a member of the Executive Committee and participate on other committees and task forces as directed by the Board.
3. Serve as a member of the Risk, Audit, and Finance Committee.



4. As advised by the Chair, develop their personal knowledge of the role and duties of the Chair in order to prepare to undertake this role.
5. Chair an appeal process where the Registrar has concerns or disagrees with the performance review process or the outcome. (Policy # 7.4 — Registrar's Performance Review).
6. Assist and advise the Chair in performing their duties.

<b><u>Section:</u></b>	<b>Roles &amp; Responsibilities</b>	<b>Policy #1.7</b>
<b>Title:</b>	<b>Role of Registrar</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>June 2006, March 2007, February 2013, June 2021, September 2023, March 2024</b>	

### **Definition**

The Registrar is the principal staff member retained by the Board to act as the College's Chief Executive Officer.

### **Primary Function**

The Registrar is the only employee of the College to report solely and directly to the Board. They shall report to the Chair and to the Board through and with approval of the Chair. If the Registrar and the Chair disagree about what should be reported to the Board, the Registrar can consult the Vice-Chair. The Registrar is subject to direction from the Board and in between meetings, direction from the Executive Committee. The Registrar acts as a collaborative leader in the development and implementation of the College's vision, mission, values and strategic goals. The Registrar is responsible for directing and managing the day-to-day operations of the College within financial targets as set by the Board. The Registrar hires and maintains an effective staff organization which includes providing timely and relevant policy and program information and recommendations to the Board and its committees. The Registrar fulfills the statutory mandate of the role and assists the Board in meeting its governance and legislative obligations.

### **Specific Responsibilities**

The Registrar is accountable for the following subsets of responsibilities:

#### *Executive Leadership/Organizational Management*

1. Plans and directs the organization's activities to achieve stated/agreed targets and standards for legislative adherence, financial performance and culture.
2. Develops and implements strategy for operational management of the organization.
3. Implements processes to ensure continuous quality improvement of the organization and its activities.
4. Meets statutory obligations as defined by the *Regulated Health Professions Act, 1991*.

*Financial, Risk and Facilities Management*

5. Recommends yearly budget for the Board approval and prudently manages the College's resources within those budget guidelines according to current laws and regulations.
6. Provides relevant, timely and complete financial information to facilitate informed decision making by the Board.
7. Sets risk assessment strategy with the Board to ensure financial controls and compliance mechanisms are managed and monitored.
8. Establishes a risk analysis and mitigation framework.
9. Identifies, contains and resolves any issues where consequences could result in liability and damage to the organization.
10. In coordination with the Chair, monitors and manages all risk related matters and prepares risk reports to the Board.
11. Creates a safe and efficient work environment that supports the effective utilization of all resources.

*Governance and Strategy*

12. Facilitates the coordination and implementation of regular review of strategic objectives of the organization including its vision, mission, values and goals.
13. Assists the Chair in their role to enable the Board to fulfill its governance function.
14. Supports operations and administration of the Board including advising and informing Directors, interfacing between the Board and staff (through the Chair).
15. In partnership with the Chair, prepares Board and Executive Committee agendas, background information and materials. In the event of disagreement between the Chair and the Registrar regarding agenda items, the decision of the Chair shall be final.
16. Collaborates with the Chair in identifying issues and trends relevant for Board consideration and potential action, including policy recommendations.
17. Collaborates with the Chair to identify the skills that the Vice-Chair requires to improve their capacity to serve as Chair and assists the Vice-Chair to gain these skills in advance of their potential election as Chair.

18. Implements a tactical plan to facilitate accomplishing defined strategic objectives and reports to the Board on progress.
19. Ensures operational systems support reporting (i.e. the Dashboard or other measures) and monitoring.

*Human Resource Management*

20. Effectively manages the human resources of the College according to personnel policies and procedures that fully conform to current laws and regulations.
21. Develops and maintains an effective staff organization and structure which provides appropriate policy and program recommendations for consideration by the Board and its committees, and which delivers services, programs and information consistent with the legislative framework and regulations that govern the College's functions.

*Public Relations*

22. In cooperation with the Chair, acts as a spokesperson for the College.
23. Ensures that any public statement and College communications that references the Board's position is consistent with the official position of the Board.
24. Maintains and develops organizational culture, values and reputation (always consistent with the direction of the Executive Committee and the Board) with the public, government, staff, registrants, partners and regulatory peers.

*Other*

25. The Registrar must notify the Chair when they appoint a senior employee of the College to act as the Interim Registrar during absences.

<b><u>Section:</u></b>	<b>Roles &amp; Responsibilities</b>	<b>Policy #1.8</b>
<b>Title:</b>	<b>Role of Committee Vice-Chair</b>	
<b>Date approved:</b>	<b>March 2024</b>	
<b>Date revised:</b>		

### **By-law References**

- b. By-laws: s.7.6, s.7.7, s.7.8

### **Primary Function**

The Vice-Chair is a member of a statutory committee, non-statutory committee or task force and is appointed by the Board to serve as Vice-Chair.

The Vice-Chair provides support to the Chair of the Committee or Task Force to ensure the Committee or Task Force fulfills its mandate. This includes providing advice to the Chair when asked and stepping in as the Chair when needed, for example to chair a Committee or Task Force meeting when the Chair is unavailable. All the Chair's responsibilities can be delegated to the Vice-Chair.

### **Specific Responsibilities**

Committee Vice-Chairs are expected to:

1. Provide support and advise to the Committee Chair as needed.
2. Develop their personal knowledge of the role and duties of the Committee Chair.
3. In the absence of the Committee Chair, perform the Committee Chair's duties as needed, including but not limited to:
  - a. Collaborating with appropriate staff to set meeting agendas;
  - b. Chairing Committee meetings utilizing the Meeting Guidelines established by the Board;
  - c. Encouraging respectful debate among Committee members to reach a decision or direction on committee matters;
  - d. Authorizing a Committee member to claim additional preparation time above the limit provided for in the Allowances and Expense Policy;
  - e. Evaluating Committee and Committee member performance;
  - f. Addressing any potential conflicts of interest of Committee members;
  - g. Addressing any Committee member performance issues or potential breaches of the Code of Conduct and bringing them to the attention of the Chair if needed;

- h. Collaborating with appropriate staff to orient and support new Committee members;  
and
  - i. Working with appropriate staff to prepare committee reports for the Board.
4. Keep the Committee Chair apprised, as needed, of any issues that arose during the Committee Chair's absence.
  5. Respond to staff questions and make decisions on behalf of the Chair when the Chair is unavailable.

**Terms of Office**

- A. Committee Vice-Chairs are nominated by the Executive Committee and appointed annually by the Directors. The number of times a Director or a non-Board Committee member can be appointed as a Vice-Chair to any committee is nine times.

**MEMO**

Date: November 1, 2024  
To: Board of Directors, College of Physiotherapists of Ontario  
From: Katie Schulz, Vice Chair  
Re: Potential Breach of CPO Code of Conduct

I received a text message from Nitin on Monday, May 27 asking if I 'wanted to talk about Craig's memo' especially as incoming vice-chair. I was unclear at the time what we might be discussing but assumed it would be in relation to me possibly having to act as Chair for the portion of the meeting where he was conflicted. During our phone conversation the following afternoon (approximately 3:45pm on May 28), Nitin asked me what I thought of Craig's memo. I said that I was unclear what we would be talking about specifically, as I was unfamiliar with the different groups referenced in the communications, but felt that it would become clearer during our discussion at the Executive Meeting on May 31. Nitin expressed that he did not believe it to be a big issue and a desire to move past the matter quickly. At this point in the conversation, I perceived that Nitin was attempting to influence my opinion regarding the matter and in advance of the discussion at the Executive Committee meeting.

Sincerely,

Katie Schulz

**MEMO**

Date: November 1, 2024  
To: Board of Directors, College of Physiotherapists of Ontario  
From: Carole Baxter, Public Director  
Re: Potential Breach of CPO Code of Conduct

On May 24, 2024, in advance of receiving the agenda and materials for the May 31 Executive Committee meeting, Nitin Madhvani sent an email to Committee members as a “heads-up” that a letter he had sent to the President of the College of Psychologists had caused “a bit of a stir” and a discussion about it would be on the meeting agenda. The supporting material for the agenda item was provided to the Committee by Registrar Craig Roxborough in the form of a memo on Monday, May 27.

I received a text message from Nitin on Tuesday, May 28 asking if I “wanted to chat about Craig’s memo in advance of Friday”, referring to the upcoming May 31 Executive Committee meeting. As the memo referenced changes to a regulation pertaining to the College of Psychologists, of which I am wholly unfamiliar and therefore having some difficulty understanding the context of Nitin’s communication with their President, I responded “sure”. During the resulting phone conversation on the morning of May 28, Nitin expressed his opinion that there was nothing to be concerned about regarding the letter he had sent and asked for my reaction on reading the memo. I shared that having read the letter and the memo the matter did appear substantive and warranted the discussion that was scheduled in the agenda. I perceived the intention of the phone call was to gauge my reaction to the memo’s contents and to influence my opinion regarding the matter and in advance of the discussion at the Executive Committee meeting.

Sincerely,

Carole Baxter



## Memo

Date: November 27, 2024  
To: Board of Directors, College of Physiotherapists of Ontario (CPO)  
From: Nitin Madhvani, Chair and Public Appointee Director  
Re: Alleged breach of CPO Code of Conduct

From the package of materials sent, it is evident that this matter stems from an email I wrote to the Chair of the College of Psychologists in May of this year regarding my concerns about the risks of pending regulatory changes to some of the most vulnerable amongst us, children with autism spectrum disorder and other behavioural challenges, and their parents/guardians. I did not reference my role as Chair of the College of Physiotherapists. No attempt was made by the College of Psychologists to respond to me directly, but in correspondence with Craig Roxborough, he clarified that I was not speaking on behalf of our College. Still, the other College persisted in asking for an apology.

This matter is before you today because I did not comply with the request of the Executive Committee and CEO/Registrar to issue a statement that was approved by them.

Before addressing the specific sections highlighted under the Board Code of Conduct, I want to highlight the Canadian Charter of Rights and Freedoms, under the Constitution Act of 1982<sup>1</sup>, specifically section 2, *Fundamental Freedoms*, that states, “*Everyone has the following fundamental freedoms,*” and continues in subsection (b), “*freedom of thought, belief, opinion and expression, including freedom of the press and other media of communication.*”

Section 1 states that these freedoms are, “*subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.*”

In other words, there must be a very good reason to put a limit to a freedom of expression or communication.

As one law professor and esteemed Constitutional scholar with whom I shared details of this matter stated, “*Are they trenching on your s 2(b) Charter right disproportionately by disciplining you for a rather anodyne private statement? I think so.*”

The Vice Chair, Katie Schulz, along with the Executive Committee, Carole Baxter, Theresa Stevens and Gary Rehan, have determined that my actions have warranted a referral to you under our Board Code of Conduct and have suspended my role as Chair and publicly-appointed Board director since November 5th of this year.

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<sup>1</sup> [https://www.canlii.org/en/ca/laws/stat/schedule-b-to-the-canada-gstact-1982-uk-1982-c-11/latest/schedule-b-to-the-canada-act-1982-uk-1982-c-11.html#sec1\\_smooth](https://www.canlii.org/en/ca/laws/stat/schedule-b-to-the-canada-gstact-1982-uk-1982-c-11/latest/schedule-b-to-the-canada-act-1982-uk-1982-c-11.html#sec1_smooth)

Specifically, Ms. Schulz has indicated that my actions did not comply with two sections of the Code:

*5. Refrain from engaging in any discussion with other Board or Committee members that takes place outside the formal Board or committee decision making process and that is intended to influence the decisions that the Board or a committee makes on matters that come before it, and*

*6. Respect the power, authority and influence associated with their role and not misuse this for personal gain.*

Let me be clear and on the record that I had nothing to gain from speaking out about the potential risks or harms that I perceived to be imminent, other than clarity of conscience for acting in good faith and public protection.

I have enjoyed being your Chair and interacting with each one of you individually, and as a group. It would be an honour to continue being your Chair and I will respect the outcome of your deliberation.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 10.0**

**Board Meeting  
December 9-10, 2024**

**Agenda #10.0: Motion to go in-camera pursuant to section 7.2(d) 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.



## **11. Review of College Investments**

*Craig Roxborough and Bill Quinn & Cameron Clark*



**BOARD BRIEFING NOTE**  
For Discussion

<b>Topic:</b>	Priorities and Initiatives for FY2025-2026
<b>Public Interest Rationale:</b>	Making progress on strategic priorities for the organization that enhance our ability to serve the public interest.
<b>Strategic Alignment:</b>	<i>People &amp; Culture:</i> Identifying strategic priorities that implement or support the operationalization of the strategic plan.
<b>Submitted By:</b>	Craig Roxborough, Registrar & CEO Joyce Huang, Manager, Strategy
<b>Attachments:</b>	N/A

**Issue**

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- Staff have recently completed operational planning for FY2025-2026. The Board is asked to provide feedback on the list of proposed priorities and initiatives.

**Decision Sought**

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- No decision is being sought.
- The Board is asked for feedback on whether the priorities and initiatives identified align with the Board’s strategic direction for the organization.

**Background**

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- The pillars and initiatives of the College’s [Strategic Plan](#) provide a framework to guide staff in achieving the Board’s vision for the College.
- In support of ensuring that progress is made on the strategic plan annually, an operational plan is developed to outline organizational priorities, projects, initiatives, and/or activities that will be undertaken in the year ahead. This provides clarity both operationally and from a governance perspective on how the College will make progress on implementing the strategic plan each year.
- Additionally, the operational planning process enables staff to identify what resources (e.g., human, technological, external, financial, etc.) may be required to deliver on these commitments. This then feeds into the budget planning process where the Board’s approval is ultimately sought.

**Current Status and Analysis**

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**A. Operational Planning Process**

- For the past year there has been an internal emphasis on building strategic capacity and understanding throughout all layers of the organization.



- This has involved education sessions to articulate the role of the strategic plan, to explore the pillars within the plan and what it means for the College's work, and to identify the ways in which the operational work of the College is shaped by or contributes to the fulfillment of the strategic plan.
- Staff also hear regular updates about how work across the organization is contributing to the achievement of our strategic priorities.
- Building on this increasing strategic capacity, a 'catchball' approach was utilized for the 2025-2026 operational planning cycle. This was the second year that the approach was used for planning.
- Stemming from Lean Management principles, the primary idea of a catchball process is to pass off an idea or problem through different layers of an organization. Applied to operational planning, this means leveraging a bottom-up approach to identifying organizational priorities or objectives and activities.
- The result of this process was a comprehensive list of potential actions, initiatives, projects, or changes that have been identified as being possible for the year ahead.
- Responding to learning and feedback from last year's process, we began the process this year with a planning day with our management team. This allowed them time and space to reflect on our progress against the strategic plan so far and identify areas where the organization could make meaningful progress in the next year.
- From this planning day, eight areas of focus were identified, which were then used to guide teams' thinking as they fleshed out their own operational plan for the year. The teams proposed activities, changes, initiatives or projects under the different priority areas to come up with a number of ways we can achieve progress on each.
- These strategic priorities and initiatives are not exhaustive and do not reflect the totality of activities, initiatives, projects, or changes that were identified as part of the process or that will be reflected in the operational plan.

## **B. Priorities and Initiatives**

- Below is a description of each of the priority areas and a non-exhaustive list of initiatives under each area.

### *Right-Touch regulation*

- Applying regulatory responses that are proportionate to the risk, applying the appropriate interventions at the right time, supporting competency in practice, and being a compassionate regulator.



- Initiatives include bolstering exam security, reviewing communications and materials for use of plain and compassionate language, supporting registrants who have concerns in their practice, continuing to update our standards, and developing guidance for physiotherapists around incorporating AI in practice, trauma-informed practice, and documentation.
- This work supports the *Regulation & Risk* and *Engagement & Partnerships* pillars in the strategic plan.

#### *Data Strategy*

- Continuing to build our data infrastructure foundation and fostering data informed decision-making.
  - Initiatives include building out dashboards for all levels of the organization to monitor performance and support day-to-day work, and using our data to inform action (for example, what kinds of communications and resources to put out).
  - This work supports the *Regulation & Risk* and *Performance & Accountability* pillars in the strategic plan.

#### *Continuous Improvement*

- Pursuing continuous improvement in our work by standardizing and documenting our processes, implementing small acts of change wherever possible, and striving for better user or customer experience.
  - Initiatives include improving user experience in our PT portal, creating and updating policies and SOPs in various areas of our work, improving our practices and using more automation in our finance area, and reinforcing staff's capacity to pursue process improvement with more training.
  - This work supports *all* pillars in the strategic plan.

#### *People and culture*

- Ensure that organizationally we have the skills necessary to do our work, building more capacity in-house, and supporting psychological safety in the workplace.
  - Initiatives include continued training and development of those who do work on behalf of the College (e.g. examiners, assessors, coaches, etc.), improving information sharing across the organization, ensuring we have the human resource capacity needed to carry out our work, and offering learning and development for our leaders to support psychological safety.
  - This work supports the *People & Culture* pillar in the strategic plan.



### *Technology*

- Better use of our current technology and explore the use of new ones so that our technology supports efficiency, performance and accountability throughout the organization.
  - Initiatives include expanding functionality of our database to support all areas of work, expanding the implementation of a learning management system (LMS) to support more user groups, and leveraging our accounting software to improve access to our financial data for internal end users.
  - This work supports the *Regulation & Risk, People & Culture* and *Performance & Accountability* pillars in the strategic plan.

### *Intentional partnerships*

- Engaging in intentional partnerships with clear goals, being at the right tables and being clear what our role is there, and building trust with registrants through intentional, compassionate communication.
  - Initiatives include strategic and intentional outreach to various audiences and partners across the province and across Canada, connecting with registrants through outreach activities, building internal capacity for using more plain and compassionate language, and having a proactive and thoughtful social media presence.
  - This work supports the *Regulation & Risk* and *Engagement & Partnerships* pillars in the strategic plan.

### *Support good governance*

- Foster partnership and trust with the Board and our Committees, supporting competency and a focus on public interest, and bringing in learning and education opportunities.
  - Initiatives include continuing to support the Board in assessing and implementing the external governance review recommendations, supporting learning and development of Board and Committee members, reviewing and updating the Code of Conduct and processes for Board and Committee members.
  - This work supports the *People & Culture* and *Improving Governance* pillars in the strategic plan.

### *Equity, Diversity and Inclusion*

- Continue efforts to embed equity, diversity and inclusion principles into all of our work, guided by our EDI strategy and supported by an EDI self-assessment and action planning tool.





- Initiatives include continuing to support EDI training and education at all levels of the organization, a focus on use of inclusive language in our communications, developing EDI-focused standards for physiotherapists and engaging with EDI partners in that process.
- To continue highlighting our commitment to EDI and to increase the transparency and accountability of our actions, we will articulate an EDI action plan within our broader operational plan for next year, and then report on our progress against that plan at the end of the year.
- This work supports *all* pillars in the strategic plan.

### **C. Limitations**

- While the identified priorities signal areas of focus, staff are currently assessing the human resource capacity and financial resources needed to complete the work and finalizing the list of initiatives.
- There are various decisions and external pressures that may impact the College's work in the next year, therefore the list of priorities and the operational plan for next year may undergo further change following the December Board meeting.

### **Next Steps**

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- The priority areas identified here, informed by Board feedback, will be used to finalize the operational plan for next fiscal year.
- The operational plan will support the development of the budget.
- Both the operational plan and proposed budget for FY2025-2026 will be presented to the Board in March 2025.

### **Questions for the Board**

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

**BOARD BRIEFING NOTE**  
For Information

<b>Topic:</b>	FY2025 Q2 Financial Report
<b>Public Interest Rationale:</b>	Financial planning will ensure the programs and services provided by the College are properly financially supported to protect and serve the public interest in each of the identified areas.
<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>	Mary Catalfo, Director of Finance
<b>Attachments:</b>	Appendix A: Statement of Operations – Budget vs Actuals Appendix B: Statement of Operations – Previous year comparison Appendix C: Statement of Financial Position – with previous year comparison Appendix D: Statement of Cash Flows

### Issue

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- The Board is provided with a summary of the College's financial performance and health for the FY2025 2<sup>nd</sup> Quarter, covering the period July 1, 2024 to September 30, 2024

### Decision Sought

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- The FY2025 Q2 statements are being provided for information only.

### Background

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- The College's fiscal year end is March 31st each year. The quarterly financial statements are prepared in accordance with the Accounting Standards for Non-Profit Organizations and include estimates provided by management.

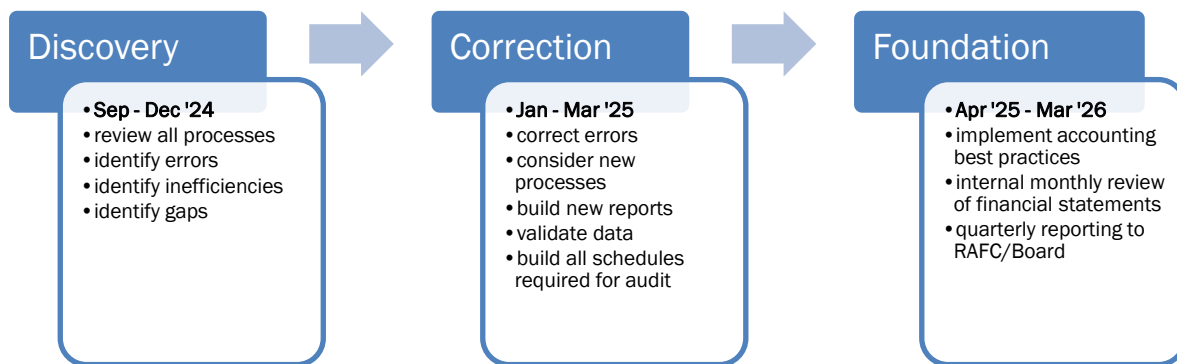
### Executive Summary

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#### Transition of Finance Team Leadership

- Mary Catalfo joined the College on September 9, 2024 as the Director of Finance.
- The Director of Finance has a pivotal role as the financial steward of the organization, wielding both strategic and hands-on oversight over a spectrum of critical responsibilities. The scope encompasses the strategic direction and execution of financial initiatives, including day-to-day financial operations, meticulous scrutiny of operational plans, and the execution of reliable and comprehensive monthly and annual reports. Adept management will extend to risk mitigation strategies, supporting a cross-functional approach to monitoring and managing risks being faced by regulatory bodies.

- Initial findings confirm that the College maintains a strong financial position, and the annual audits accurately represent the College's financial status.
- Notwithstanding this global finding, closer examination of the processes and practices has identified opportunities to strengthen and improve the College's approach.
  - As a result of the initial discovery phase, it has been determined that opportunities exist to strengthen the College financial practices and processes to ensure they are applied in a manner that fosters certainty and eliminate potential errors in financial reporting and auditing.
- Below is our path to reliable financial record-keeping and reporting that we are currently engaged in. This will be an iterative process with phases overlapping over the next year.



## Financial Performance

- The analysis presentation that is being provided for this period differs from previous reporting. This is due in part to the need to strengthen underlying financial processes and ensure financial tools are being leveraged to produce the information that is needed directly.
  - More specifically, the Board has historically been provided with a detailed breakdown of the financial performance of the College across core business and the Ontario Clinical Exam (OCE); treating these as separate components of the business.
  - These reports have been produced manually over the past few periods, and given the work needed to analyze the financial information to the end of Q2, this additional layer of analysis was not able to be completed prior to distribution to the Board.
- With only a short period of time having elapsed since the new Director of Finance has joined and the necessary foundational work has not yet been completed to provide the full report the Board is familiar with.
- What is being provided here is a truncated report that is focussed on explaining variances of expenses.



- Notwithstanding the caveats above, the overall financial picture for the College remains positive. Revenue is slightly higher than anticipated and expenses are tracking slightly under budget.

#### *Budget vs Actual variances*

- A brief overview of the statement of operations (Appendix A) is provided below.
- Total revenue is on track with budget with less than 1% variance. Expenses are tracking 2.6% under budget.
- Broadly speaking where expenses are lower than budgeted, this is due to one of two primary reasons. Either (a) expenses are outstanding at the time of preparing these submissions (i.e., have not been submitted or processed) or (b) there is lower than anticipated utilization of the resources in question. Some examples include:
  - 5000 – Committee Per Diem & 5050 Committee Reimbursed Expenses
    - Committee per diems and expenses are currently lower than budgeted. Some of this variance is likely due to delays in submitting or processing claims along with less than anticipated in-person attendance.
  - 5700 – Professional Fees
    - The need for external investigation services continues to be lower than anticipated (5704 – Investigation Services).
    - Utilization of external counsel for complaints and discipline is tracking lower than anticipated (5753 Legal Professional Conduct) due to lower need at committee level.
  - 5830 – OCE
    - Lower than anticipated enrollment in the June 2024 sitting of the exam combined with no sitting of the exam in Q2 has resulted in lower than anticipated expenses relating to the exam by this point in the fiscal. Forecasts suggest enrollment will remain strong for the balance of the year.
  - 5500 – Regulatory Effectiveness
    - Work in relation to the website (5621 Online Communication) was delayed and will be recognized in future quarters, with the website work is scheduled for completion in December 2024.



- Broadly speaking where expense variances are higher than anticipated this is the result of the way expenses have been recognized within the fiscal year versus the approach taken in the budget. For example, total annual expenditures are spread across the year from a budget perspective, but then when claims are received they are recognized in one specific quarter. This creates significant variance quarter over quarter, while remaining within the annual budget. Examples of higher than anticipated expenses include:
  - 5100 – Information Management
    - IT expenses are higher than anticipated by about 36% overall.
    - IT Hardware (5101) is higher than anticipated due to an accounting matter, where historically these costs were recognized as depreciating assets and this approach had not been applied to this expense at the time of submission as further work is needed to ensure this is done properly.
    - The IT Database (5104) variance is due to up-front purchasing of service provider hours that will extend well into the remainder of the year.
    - IT Maintenance (5103) was due to unanticipated costs relating to migrating our firewall protections from the historical third-party IT service provider to our in-house IT team.
  - 5301 – Conferences and Travel.
    - Conference registration and expenses for the Canadian Network of Agencies of Regulators (CNAR) was recorded in this period. It should have been put in as pre-paid and then recognized in October when the conference occurred and was budgeted for. This variance will be adjusted going forward.
  - 5409 – Rent
    - As noted previously, there is a budgeting issue relating to monthly versus quarterly recording causing the variance. Further investigation is needed to remedy the underlying accounting issues and ensure that the Committee is provided with a better line of sight on this line.
  - 5900 Staffing
    - The primary driver of cost over-runs in 5904 – Consultant Fees relates to two expenditures. Temporary consultant services were secured to provide coverage during an unexpected leave of absence. Additionally, consultant fees associated with confidential human resource matters have contributed to higher variances within this category.



- 5913 – Employer Health Tax
  - The budget amount is an underestimation of the actual costs. The actual is correct.
  - While the net income is showing a significant variance of nearly 2000% this is due primarily to the budget when compared to a larger surplus driven by the variance outlined above.
- The way expenses have been recorded – either by category or within a period – has created some uncertainty in the analysis provided above. As a result, for this period the variances may over or underestimate the true deviation from budget.
- However, these issues will be resolved to support an accurate full year report with the aim to reduce the extent to which variances are observed throughout the year.

#### *Year Over Year Comparisons*

- A brief overview of the statement of operations with prior year comparison (Appendix B) is provided below.
- The results of year over year comparisons highlight the different budgets that were prepared for FY2024 and FY2025.
- FY2024 represents a continued austere approach given the budgetary challenges the College was experiencing for some number of years.
- This compares to FY2025 where specific investments in strategic projects were purposefully made given the increasing revenue being generated through registrant base growth and changes in fees.
- As a result, when examining the prior year comparison, the Board will note that revenue is nearly 10% higher and expenses are approximately 12% higher.
- Further detail as to the FY2025 can be found in the [March 2024](#) Board materials on pages 260-310.

#### **Questions for the Board**

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- Does the Board have any questions regarding the transition plan and approach moving forward?
- Does the Board have any questions regarding the Q2 reporting?

**College of Physiotherapists of Ontario**  
**Statement of Operations - Budget vs. Actuals**  
April - September, 2024

	Total			
	Actual	Budget	over Budget	% of Budget
<b>Income</b>				
4001 Registration Fees			0	
4007 Registration fee credits	-27,143	-18,687	-8,457	145.26%
4011 Independent Practice - \$648	3,511,887	3,488,184	23,703	100.68%
4012 Independent Practice - ProRated	177,484	120,285	57,199	147.55%
4013 Prof Corp Fees \$277	60,940	66,480	-5,540	91.67%
4014 Provisional Practice Fees \$83	43,519	25,500	18,019	170.66%
4021 Misc Fee \$113 and \$300		0	0	
<b>Total 4001 Registration Fees</b>	<b>\$ 3,766,687</b>	<b>\$ 3,681,762</b>	<b>\$ 84,924</b>	<b>102.31%</b>
4002 Interest Income	152,972	153,575	-603	99.61%
4008 Admin Fees			0	
4015 Application Fees \$114	119,010	102,486	16,524	116.12%
4016 Letter of Prof Stand / NSF \$56	8,344	7,250	1,094	115.09%
4017 Wall Certificates \$28	2,047	1,450	597	141.17%
4018 Late Fees \$254	4,064	1,270	2,794	319.99%
4019 Prof Corp Application \$774	27,090	13,850	13,240	195.60%
<b>Total 4008 Admin Fees</b>	<b>\$ 160,555</b>	<b>\$ 126,306</b>	<b>\$ 34,249</b>	<b>127.12%</b>
4010 Miscellaneous Income			0	
4023 Sublease Income	69,600	69,600	0	100.00%
<b>Total 4010 Miscellaneous Income</b>	<b>\$ 69,600</b>	<b>\$ 69,600</b>	<b>\$ 0</b>	<b>100.00%</b>
4030 ETP Assessment Fees			0	
4033 Reg Com - OCE Fee (\$1,985)	359,285	450,595	-91,310	79.74%
<b>Total 4030 ETP Assessment Fees</b>	<b>\$ 359,285</b>	<b>\$ 450,595</b>	<b>-\$ 91,310</b>	<b>79.74%</b>
<b>Total Income</b>	<b>\$ 4,509,099</b>	<b>\$ 4,481,839</b>	<b>\$ 27,260</b>	<b>100.61%</b>
<b>Gross Income</b>	<b>\$ 4,509,099</b>	<b>\$ 4,481,839</b>	<b>\$ 27,260</b>	<b>100.61%</b>
<b>Expenses</b>				
0051 do not use GST Expenses	155		155	
5000 Committee Per Diem			0	
5001 Chairs Education - per diem	-96	12,641	-12,737	-0.76%
5002 ICRC - per diem	20,028	30,766	-10,738	65.10%
5003 Council - per diem	15,663	29,808	-14,145	52.55%
5005 Discipline Committee - per diem	2,368	9,978	-7,610	23.73%
5006 Executive - per diem	2,340	3,890	-1,551	60.14%
5010 Patient Relations - per diem	228	722	-494	31.58%
5011 QA Committee - per diem	4,324	4,048	275	106.81%
5012 Registration Com. - per diem	3,091	3,853	-762	80.22%
5017 Finance Committee - per diem	3,057	4,350	-1,293	70.28%

	<b>Total</b>				
	<b>Actual</b>	<b>Budget</b>	<b>over Budget</b>	<b>% of Budget</b>	
5018 Exam Committee - per diem	2,449			2,449	
<b>Total 5000 Committee Per Diem</b>	<b>\$ 53,450</b>	<b>\$ 100,056</b>	<b>-\$ 46,606</b>		<b>53.42%</b>
<b>5050 Committee Reimbursed Expenses</b>				0	
5051 Chairs Education- expenses		8,000	-8,000		0.00%
5052 ICRC - expenses	3,552	20,713	-17,161		17.15%
5053 Council - expenses	25,493	27,420	-1,927		92.97%
5056 Executive Committee - expenses	2,114	5,282	-3,168		40.01%
5057 Fitness to Practice - expenses		5,428	-5,428		0.00%
5075 Finance Committee - expenses	240			240	
<b>Total 5050 Committee Reimbursed Expenses</b>	<b>\$ 31,399</b>	<b>\$ 66,843</b>	<b>-\$ 35,444</b>		<b>46.97%</b>
<b>5100 Information Management</b>				0	
5101 IT Hardware	15,864	1,542	14,322		1028.78%
5102 Software	91,199	122,677	-31,478		74.34%
5103 IT Maintenance	9,216	3,480	5,736		264.82%
5104 IT Database	130,941	56,500	74,441		231.75%
5109 IT Implementation Costs	3,122			3,122	
<b>Total 5100 Information Management</b>	<b>\$ 250,341</b>	<b>\$ 184,199</b>	<b>\$ 66,142</b>		<b>135.91%</b>
5200 Insurance	10,295	6,803	3,492		151.33%
5300 Networking	193	3,000	-2,807		6.44%
5301 Conferences and Travel	16,904	5,400	11,504		313.03%
<b>5400 Office and General</b>				0	
5402 Bank & service charges	51,154	48,182	2,972		106.17%
5403 Maintenance & repairs	213	400	-187		53.29%
5405 Memberships & publications	22,672	13,987	8,685		162.09%
5406 CAPR Fees	129,318	129,568	-250		99.81%
5407 Office & kitchen supplies	3,605	1,000	2,605		360.47%
5408 Postage & courier	2,830	2,000	830		141.48%
5409 Rent	271,031	243,914	27,117		111.12%
5411 Printing, Filing & Stationery	2,686	4,200	-1,514		63.95%
5412 Telephone & Internet	7,443	13,831	-6,387		53.82%
5413 Bad Debt	-504	0	-504		
<b>Total 5400 Office and General</b>	<b>\$ 490,448</b>	<b>\$ 457,082</b>	<b>\$ 33,366</b>		<b>107.30%</b>
<b>5500 Regulatory Effectiveness</b>				0	
5502 Strategic Operations	7,509	29,222	-21,714		25.70%
5503 Council Education	-306	10,192	-10,498		-3.00%
5504 Elections		0	0		
5505 Policy Development	6,278	21,100	-14,823		29.75%
5513 Governance	240	550	-310		43.64%
<b>Total 5500 Regulatory Effectiveness</b>	<b>\$ 13,720</b>	<b>\$ 61,064</b>	<b>-\$ 47,344</b>		<b>22.47%</b>
<b>5600 Communications</b>				0	
5605 Translation Services	7,560	10,500	-2,940		72.00%
5620 Print Communication		350	-350		0.00%



	<b>Total</b>				
	<b>Actual</b>	<b>Budget</b>	<b>over Budget</b>	<b>% of Budget</b>	
5621 Online Communication	39,674	108,720	-69,046	36.49%	
5622 In-Person Communication	2,214	3,000	-786	73.81%	
<b>Total 5600 Communications</b>	<b>\$ 49,448</b>	<b>\$ 122,570</b>	<b>-\$ 73,122</b>	<b>40.34%</b>	
<b>5700 Professional fees</b>				<b>0</b>	
4004 Cost recovery from cost orders	-5,101	0	-5,101		
5701 Audit	113	0	113		
5702 Hearing Expenses	417	0	417		
5704 Investigation Services				<b>0</b>	
5711 External Investigators	29,041	41,520	-12,479	69.94%	
5712 PC - Chart Review	12,825	6,840	5,985	187.50%	
5713 Summons - Conduct fees		300	-300	0.00%	
5714 Fees to Secure Records	993	300	693	330.94%	
5715 Corporate Searches		0	0		
5716 Transcripts	3,268	5,040	-1,772	64.83%	
<b>Total 5704 Investigation Services</b>	<b>\$ 46,126</b>	<b>\$ 54,000</b>	<b>-\$ 7,874</b>	<b>85.42%</b>	
5705 Professional services - Other	4,396	0	4,396		
5707 Decision writing	12,522	29,700	-17,178	42.16%	
5708 Peer / Expert opinions	9,555	20,000	-10,445	47.78%	
5750 Legal				<b>0</b>	
5751 Legal - QA	1,989	1,853	136	107.32%	
5752 Legal - Registration	17,504	26,200	-8,696	66.81%	
5753 Legal - Professional Conduct				<b>0</b>	
5760 General Counsel	12,336	58,500	-46,164	21.09%	
5761 Independent Legal Advice	6,874	31,927	-25,053	21.53%	
5762 Hearing Counsel	35,470	49,437	-13,968	71.75%	
5763 Court Proceedings & Appeals	19,606		19,606		
<b>Total 5753 Legal - Professional Conduct</b>	<b>\$ 74,285</b>	<b>\$ 139,865</b>	<b>-\$ 65,579</b>	<b>53.11%</b>	
5754 Legal - Council Advice	6,054	5,000	1,054	121.08%	
5755 General Legal	19,977	15,000	4,977	133.18%	
5756 C & D Accrual Expense	-29,211	-45,500	16,289	64.20%	
5758 Legal - Practice Advice		0	0		
<b>Total 5750 Legal</b>	<b>\$ 90,598</b>	<b>\$ 142,418</b>	<b>-\$ 51,820</b>	<b>63.61%</b>	
<b>Total 5700 Professional fees</b>	<b>\$ 158,626</b>	<b>\$ 246,118</b>	<b>-\$ 87,492</b>	<b>64.45%</b>	
<b>5800 Programs</b>				<b>0</b>	
5802 Jurisprudence	2,816	15,255	-12,439	18.46%	
5810 Quality Program				<b>0</b>	
5811 QA Program Development & Eval.		1,469	-1,469	0.00%	
5821 Assessor Travel		1,766	-1,766	0.00%	
5823 Assessor Training	2,544	5,559	-3,016	45.75%	
5824 Assessor Onsite Assessment Fee	7,200	8,100	-900	88.89%	
5825 Assessor Remote Assessment	66,039	90,800	-24,761	72.73%	
<b>Total 5810 Quality Program</b>	<b>\$ 75,782</b>	<b>\$ 107,694</b>	<b>-\$ 31,912</b>	<b>70.37%</b>	

	<b>Total</b>			
	<b>Actual</b>	<b>Budget</b>	<b>over Budget</b>	<b>% of Budget</b>
<b>5830 Entry to Practice - Projects</b>	0		0	
5831 OCE Examiner Exam Fee	165,829	181,794	-15,965	91.22%
5832 OCE Examiner Training Fees	7,044	6,125	919	115.00%
5833 OCE Staff Compensation		7,000	-7,000	0.00%
5834 Exam Committee - per diem	525	3,031	-2,506	17.32%
5835 Exam - Technology costs	82,232	65,610	16,622	125.33%
5836 Exam Delivery Costs	13,484		13,484	
5837 Exam - Admin / Misc. costs	631	8,477	-7,846	7.44%
5838 Exam - Consultant Fees	0	8,125	-8,125	0.00%
5839 Exam - Legal costs		0	0	
5840 Exam - Development / Misc.costs	38,852	39,526	-674	98.30%
<b>Total 5830 Entry to Practice - Projects</b>	<b>\$ 308,596</b>	<b>\$ 319,688</b>	<b>-\$ 11,092</b>	<b>96.53%</b>
<b>5880 Remediation</b>			0	
5871 QA Practice Enhancement fees	1,089		1,089	
4029 QA Remediation Chargeback	-829		-829	
<b>Total 5871 QA Practice Enhancement fees</b>	<b>\$ 260</b>	<b>\$ 0</b>	<b>\$ 260</b>	
5881 Remediation - QA		4,668	-4,668	0.00%
5882 Remediation - ICRC	24,375	22,000	2,375	110.80%
4028 ICRC Remediation Chargeback	-34,498	-21,000	-13,498	164.28%
<b>Total 5882 Remediation - ICRC</b>	<b>-\$ 10,123</b>	<b>\$ 1,000</b>	<b>-\$ 11,123</b>	<b>-1012.33%</b>
5883 Remediation - Registration	4,856	1,950	2,906	249.00%
4027 Registration Chargeback	-7,381	-1,950	-5,431	378.50%
<b>Total 5883 Remediation - Registration</b>	<b>-\$ 2,525</b>	<b>\$ 0</b>	<b>-\$ 2,525</b>	
5884 Remediation - Discipline	6,681	6,910	-229	96.68%
4026 Discipline Chargeback	-10,517	-6,910	-3,607	152.20%
<b>Total 5884 Remediation - Discipline</b>	<b>-\$ 3,836</b>	<b>\$ 0</b>	<b>-\$ 3,836</b>	
5887 Coach Training	2,308	3,380	-1,073	68.27%
<b>Total 5880 Remediation</b>	<b>-\$ 13,917</b>	<b>\$ 9,048</b>	<b>-\$ 22,965</b>	<b>-153.82%</b>
<b>5890 Therapy and Counselling Fund</b>	38,607	20,076	18,531	192.31%
<b>Total 5800 Programs</b>	<b>\$ 411,884</b>	<b>\$ 471,761</b>	<b>-\$ 59,877</b>	<b>87.31%</b>
<b>5900 Staffing</b>			0	
5901 Salaries	2,276,295	2,233,672	42,623	101.91%
5902 Employer Benefits	110,336	107,247	3,090	102.88%
5903 Employer RRSP Contribution	119,475	130,799	-11,324	91.34%
5904 Consultant fees	80,307	35,000	45,307	229.45%
5905 Staff Development	36,989	27,250	9,739	135.74%
5906 Recruitment	5,597	1,500	4,097	373.15%
5907 Staff Recognition	14,749	8,390	6,359	175.80%
5911 CPP - Canadian Pension Plan	92,235	88,705	3,530	103.98%
5912 EI - Employment Insurance	31,298	31,409	-110	99.65%
5913 EHT - Employer Health Tax	45,584	21,901	23,683	208.13%
<b>Total 5900 Staffing</b>	<b>\$ 2,812,868</b>	<b>\$ 2,685,874</b>	<b>\$ 126,994</b>	<b>104.73%</b>

	<b>Total</b>			
	<b>Actual</b>	<b>Budget</b>	<b>over Budget</b>	<b>% of Budget</b>
<b>6001 Amortization</b>	58,024	63,500	-5,476	91.38%
<b>Minister of Finance Expense</b>	0		0	
<b>Total Expenses</b>	<b>\$ 4,357,755</b>	<b>\$ 4,474,270</b>	<b>-\$ 116,515</b>	<b>97.40%</b>
<b>Net Operating Income</b>	<b>\$ 151,344</b>	<b>\$ 7,569</b>	<b>\$ 143,775</b>	<b>1999.57%</b>
<b>Net Income</b>	<b>\$ 151,344</b>	<b>\$ 7,569</b>	<b>\$ 143,775</b>	<b>1999.57%</b>

**College of Physiotherapists of Ontario**  
**Statement of Operations with Prior Year Comparison**  
April - September, 2024

	Total		
	Apr - Sep., 2024	Apr - Sep., 2023 (PY)	% Change
<b>INCOME</b>			
<b>4001 Registration Fees</b>			
4007 Registration fee credits	-27,143.21	-26,489.54	-2.47%
4011 Independent Practice - \$648	3,511,886.52	3,270,172.27	7.39%
4012 Independent Practice - ProRated	177,484.29	147,305.33	20.49%
4013 Prof Corp Fees \$277	60,940.00	56,299.00	8.24%
4014 Provisional Practice Fees \$83	43,519.00	33,117.00	31.41%
<b>Total 4001 Registration Fees</b>	<b>\$ 3,766,686.60</b>	<b>\$ 3,480,404.06</b>	<b>8.23%</b>
4002 Interest Income	152,971.94	105,937.09	44.40%
<b>4008 Admin Fees</b>			
4015 Application Fees \$114	119,010.00	92,008.00	29.35%
4016 Letter of Prof Stand / NSF \$56	8,344.00	7,742.00	7.78%
4017 Wall Certificates \$28	2,047.00	2,929.00	-30.11%
4018 Late Fees \$254	4,064.00	2,490.00	63.21%
4019 Prof Corp Application \$774	27,090.00	17,654.00	53.45%
<b>Total 4008 Admin Fees</b>	<b>\$ 160,555.00</b>	<b>\$ 122,823.00</b>	<b>30.72%</b>
4010 Miscellaneous Income		2,325.00	-100.00%
4023 Sublease Income	69,600.00		
<b>Total 4010 Miscellaneous Income</b>	<b>\$ 69,600.00</b>	<b>\$ 2,325.00</b>	<b>2893.55%</b>
<b>4030 ETP Assessment Fees</b>			
4031 Reg Com Exemption Fees (\$800)		108,600.00	-100.00%
4032 Reg Com Screening Interview Fee		2,250.00	-100.00%
4033 Reg Com - OCE Fee (\$1,985)	359,285.00	295,765.00	21.48%
<b>Total 4030 ETP Assessment Fees</b>	<b>\$ 359,285.00</b>	<b>\$ 406,615.00</b>	<b>-11.64%</b>
<b>Total Income</b>	<b>\$ 4,509,098.54</b>	<b>\$ 4,118,104.15</b>	<b>9.49%</b>
<b>GROSS INCOME</b>	<b>\$ 4,509,098.54</b>	<b>\$ 4,118,104.15</b>	<b>9.49%</b>
<b>EXPENSES</b>			
0051 do not use GST Expenses	155.39	0.00	
<b>5000 Committee Per Diem</b>			
5001 Chairs Education - per diem	-96.00		
5002 ICRC - per diem	20,027.75	21,283.75	-5.90%
5003 Council - per diem	15,662.75	16,885.95	-7.24%
5005 Discipline Committee - per diem	2,367.75	7,214.50	-67.18%
5006 Executive - per diem	2,339.50	4,928.00	-52.53%
5010 Patient Relations - per diem	228.00	158.50	43.85%
5011 QA Committee - per diem	4,323.50	1,819.00	137.69%
5012 Registration Com. - per diem	3,090.75	2,626.00	17.70%

	<b>Total</b>		
	<b>Apr - Sep., 2024</b>	<b>Apr - Sep., 2023 (PY)</b>	<b>% Change</b>
5017 Finance Committee - per diem	3,057.00	2,587.00	18.17%
5018 Exam Committee - per diem	2,449.00	878.00	178.93%
<b>Total 5000 Committee Per Diem</b>	<b>\$ 53,450.00</b>	<b>\$ 58,380.70</b>	<b>-8.45%</b>
<b>5050 Committee Reimbursed Expenses</b>			
5051 Chairs Education- expenses		1,497.28	-100.00%
5052 ICRC - expenses	3,551.85	4,206.87	-15.57%
5053 Council - expenses	25,493.35	19,435.92	31.17%
5055 Discipline Committee - expenses		0.00	
5056 Executive Committee - expenses	2,113.53	2,217.03	-4.67%
5075 Finance Committee - expenses	240.00	941.35	-74.50%
<b>Total 5050 Committee Reimbursed Expenses</b>	<b>\$ 31,398.73</b>	<b>\$ 28,298.45</b>	<b>10.96%</b>
<b>5100 Information Management</b>			
5101 IT Hardware	15,863.74	8,963.19	76.99%
5102 Software	91,199.10	46,318.40	96.90%
5103 IT Maintenance	9,215.84	89,959.67	-89.76%
5104 IT Database	130,940.70	53,604.54	144.27%
5109 IT Implementation Costs	3,121.62		
<b>Total 5100 Information Management</b>	<b>\$ 250,341.00</b>	<b>\$ 198,845.80</b>	<b>25.90%</b>
5200 Insurance	10,295.01	9,536.94	7.95%
5300 Networking	193.28	817.96	-76.37%
5301 Conferences and Travel	16,903.68	880.50	1819.78%
<b>5400 Office and General</b>			
5402 Bank & service charges	51,154.46	44,544.91	14.84%
5403 Maintenance & repairs	213.14	1,203.06	-82.28%
5405 Memberships & publications	22,672.21	12,086.66	87.58%
5406 CAPR Fees	129,317.70	122,934.09	5.19%
5407 Office & kitchen supplies	3,604.66	1,323.69	172.32%
5408 Postage & courier	2,829.59	3,705.58	-23.64%
5409 Rent	271,031.08	260,027.92	4.23%
5411 Printing, Filing & Stationery	2,685.93	2,699.89	-0.52%
5412 Telephone & Internet	7,443.25	13,072.20	-43.06%
5413 Bad Debt	-503.75		
<b>Total 5400 Office and General</b>	<b>\$ 490,448.27</b>	<b>\$ 461,598.00</b>	<b>6.25%</b>
<b>5500 Regulatory Effectiveness</b>			
5502 Strategic Operations	7,508.85	20,128.00	-62.69%
5503 Council Education	-306.00	4,321.94	-107.08%
5505 Policy Development	6,277.50	5,600.24	12.09%
5513 Governance	240.00		
<b>Total 5500 Regulatory Effectiveness</b>	<b>\$ 13,720.35</b>	<b>\$ 30,050.18</b>	<b>-54.34%</b>
<b>5600 Communications</b>			
5605 Translation Services	7,559.70	849.76	789.63%
5620 Print Communication		85.85	-100.00%

	Total		
	Apr - Sep., 2024	Apr - Sep., 2023 (PY)	% Change
5621 Online Communication	39,673.74	34,798.97	14.01%
5622 In-Person Communication	2,214.18	1,671.39	32.48%
<b>Total 5600 Communications</b>	<b>\$ 49,447.62</b>	<b>\$ 37,405.97</b>	<b>32.19%</b>
<b>5700 Professional fees</b>			
4004 Cost recovery from cost orders	-5,101.17	-17,913.60	71.52%
5701 Audit	113.00	1,130.00	-90.00%
5702 Hearing Expenses	416.86	2,070.06	-79.86%
<b>5704 Investigation Services</b>			
5710 Undercover Assessment Fees		2,177.07	-100.00%
5711 External Investigators	29,040.97	28,223.82	2.90%
5712 PC - Chart Review	12,825.00	2,650.50	383.87%
5713 Summons - Conduct fees		226.00	-100.00%
5714 Fees to Secure Records	992.82	428.00	131.97%
5716 Transcripts	3,267.61	4,914.38	-33.51%
<b>Total 5704 Investigation Services</b>	<b>\$ 46,126.40</b>	<b>\$ 38,619.77</b>	<b>19.44%</b>
5705 Professional services - Other	4,395.70	0.00	
5707 Decision writing	12,521.75	21,983.09	-43.04%
5708 Peer / Expert opinions	9,555.00	10,599.00	-9.85%
<b>5750 Legal</b>			
5751 Legal - QA	1,988.80	130.52	1423.75%
5752 Legal - Registration	17,504.27	13,760.01	27.21%
<b>5753 Legal - Professional Conduct</b>			
5760 General Counsel	12,336.21	8,266.31	49.23%
5761 Independent Legal Advice	6,873.81	10,825.41	-36.50%
5762 Hearing Counsel	35,469.57	25,959.53	36.63%
5763 Court Proceedings & Appeals	19,605.51	10,374.09	88.99%
<b>Total 5753 Legal - Professional Conduct</b>	<b>\$ 74,285.10</b>	<b>\$ 55,425.34</b>	<b>34.03%</b>
5754 Legal - Council Advice	6,053.98	7,897.01	-23.34%
5755 General Legal	19,976.83	3,037.44	557.69%
5756 C & D Accrual Expense	-29,210.94	-95,634.00	69.46%
5757 Legal - Corporate Obligations		226.00	-100.00%
5758 Legal - Practice Advice		6,857.97	-100.00%
5759 Legal - Policy		180.80	-100.00%
<b>Total 5750 Legal</b>	<b>\$ 90,598.04</b>	<b>-\$ 8,118.91</b>	<b>1215.89%</b>
<b>Total 5700 Professional fees</b>	<b>\$ 158,625.58</b>	<b>\$ 48,369.41</b>	<b>227.95%</b>
<b>5800 Programs</b>			
4022 Recovery of Therapy Costs		-1,111.12	100.00%
5802 Jurisprudence	2,816.01	14,086.09	-80.01%
<b>5810 Quality Program</b>			
5823 Assessor Training	2,543.50	2,907.00	-12.50%
5824 Assessor Onsite Assessment Fee	7,200.00	450.00	1500.00%
5825 Assessor Remote Assessment	66,038.63	46,302.00	42.63%

	<b>Total</b>		
	<b>Apr - Sep., 2024</b>	<b>Apr - Sep., 2023 (PY)</b>	<b>% Change</b>
<b>Total 5810 Quality Program</b>	<b>\$ 75,782.13</b>	<b>\$ 49,659.00</b>	<b>52.61%</b>
5830 Entry to Practice - Projects	0.00	0.00	
5831 OCE Examiner Exam Fee	165,828.91	87,125.47	90.33%
5832 OCE Examiner Training Fees	7,044.05	34,090.73	-79.34%
5833 OCE Staff Compensation		2,528.54	-100.00%
5834 Exam Committee - per diem	525.00	4,524.00	-88.40%
5835 Exam - Technology costs	82,231.50	84,352.53	-2.51%
5836 Exam Delivery Costs	13,483.86		
5837 Exam - Admin / Misc. costs	630.54	8,900.50	-92.92%
5838 Exam - Consultant Fees	0.00	16,712.50	-100.00%
5840 Exam - Development / Misc.costs	38,852.24	20,227.93	92.07%
5841 Exam - PT Assessment costs		4,486.10	-100.00%
5842 Exam - Screening Interview cost		38,927.00	-100.00%
<b>Total 5830 Entry to Practice - Projects</b>	<b>\$ 308,596.10</b>	<b>\$ 301,875.30</b>	<b>2.23%</b>
<b>5880 Remediation</b>			
5871 QA Practice Enhancement fees	1,088.75	2,392.00	-54.48%
4029 QA Remediation Chargeback	-828.75	-325.00	-155.00%
<b>Total 5871 QA Practice Enhancement fees</b>	<b>\$ 260.00</b>	<b>\$ 2,067.00</b>	<b>-87.42%</b>
5882 Remediation - ICRC	24,375.08	23,396.94	4.18%
4028 ICRC Remediation Chargeback	-34,498.38	-21,795.69	-58.28%
<b>Total 5882 Remediation - ICRC</b>	<b>-\$ 10,123.30</b>	<b>\$ 1,601.25</b>	<b>-732.21%</b>
5883 Remediation - Registration	4,855.50	357.50	1258.18%
4027 Registration Chargeback	-7,380.75	-357.50	-1964.55%
<b>Total 5883 Remediation - Registration</b>	<b>-\$ 2,525.25</b>	<b>\$ 0.00</b>	
5884 Remediation - Discipline	6,680.70	2,566.01	160.35%
4026 Discipline Chargeback	-10,517.00	-3,443.51	-205.42%
<b>Total 5884 Remediation - Discipline</b>	<b>-\$ 3,836.30</b>	<b>-\$ 877.50</b>	<b>-337.19%</b>
5887 Coach Training	2,307.50	2,449.85	-5.81%
<b>Total 5880 Remediation</b>	<b>-\$ 13,917.35</b>	<b>\$ 5,240.60</b>	<b>-365.57%</b>
<b>5890 Therapy and Counselling Fund</b>	<b>38,607.16</b>	<b>10,160.29</b>	<b>279.98%</b>
<b>Total 5800 Programs</b>	<b>\$ 411,884.05</b>	<b>\$ 379,910.16</b>	<b>8.42%</b>
<b>5900 Staffing</b>			
5901 Salaries	2,276,295.33	2,124,303.52	7.15%
5902 Employer Benefits	110,336.33	89,051.00	23.90%
5903 Employer RRSP Contribution	119,475.09	103,893.78	15.00%
5904 Consultant fees	80,307.13	7,377.59	988.53%
5905 Staff Development	36,989.41	14,638.99	152.68%
5906 Recruitment	5,597.28	0.00	
5907 Staff Recognition	14,749.22	4,982.11	196.04%
5909 Employee Overtime		83,481.33	-100.00%
5911 CPP - Canadian Pension Plan	92,235.23	89,205.22	3.40%
5912 EI - Employment Insurance	31,298.33	31,926.18	-1.97%

	<b>Total</b>		
	<b>Apr - Sep., 2024</b>	<b>Apr - Sep., 2023 (PY)</b>	<b>% Change</b>
<b>5913 EHT - Employer Health Tax</b>	45,584.30	46,734.73	-2.46%
<b>5914 Vacation Pay Adjustment</b>		-59.11	100.00%
<b>Total 5900 Staffing</b>	<b>\$ 2,812,867.65</b>	<b>\$ 2,595,535.34</b>	<b>8.37%</b>
<b>6001 Amortization</b>	58,024.35	57,277.43	1.30%
<b>Minister of Finance Expense</b>	0.00	0.00	
<b>Total Expenses</b>	<b>\$ 4,357,754.96</b>	<b>\$ 3,906,906.84</b>	<b>11.54%</b>
<b>INCOME</b>	<b>\$ 151,343.58</b>	<b>\$ 211,197.31</b>	<b>-28.34%</b>



**College of Physiotherapists of Ontario**  
**Statement of Financial Position with prior year comparison**  
As of September 30, 2024

	Total		
	As of Sep. 30, 2024	As of Sep. 30, 2023 (PY)	% Change
<b>Assets</b>			
<b>Current Assets</b>			
<b>Cash and Cash Equivalent</b>			
1000 Cash on Hand	6,106,183	5,478,366	11.46%
1100 Investments	5,517,546	5,351,205	3.11%
Virtual Wallet (CAD)	5,142		
WayPay Clearing Account (CAD)	0		
1205 Undeposited Funds	0	0	
<b>Total Cash and Cash Equivalent</b>	<b>\$ 11,628,871</b>	<b>\$ 10,829,571</b>	<b>7.38%</b>
<b>Accounts Receivable (A/R)</b>			
1200 Accounts Receivable	36,019	86,873	-58.54%
<b>Total Accounts Receivable (A/R)</b>	<b>\$ 36,019</b>	<b>\$ 86,873</b>	<b>-58.54%</b>
1201 Allowance for Doubtful Accounts	0	-71,993	100.00%
1206 Accrued Receivable	18,027	57,600	-68.70%
1400 Prepaid Expenses	150,184	216,651	-30.68%
<b>Total Current Assets</b>	<b>\$ 11,833,101</b>	<b>\$ 11,118,702</b>	<b>6.43%</b>
<b>Non-current Assets</b>			
<b>Property, plant and equipment</b>			
1301 Computer equipment	187,912	165,565	13.50%
1302 Computer Software	110,740	110,740	0.00%
1305 Computer equipment - Acc dep	-151,388	-124,569	-21.53%
1306 Computer Software - Acc Dep	-110,740	-110,740	0.00%
1310 Furniture and Equipment	378,189	378,189	0.00%
1312 Furniture & Equipment -Acc Dep	-373,687	-366,969	-1.83%
1320 Leasehold Improvements	793,263	793,263	0.00%
1322 Leasehold Improvements -Acc dep	-586,871	-506,587	-15.85%
1325 Construction Work In Progress	0	0	
<b>Total Property, plant and equipment</b>	<b>\$ 247,419</b>	<b>\$ 338,892</b>	<b>-26.99%</b>
1399 Suspense	0	0	
<b>Total Non Current Assets</b>	<b>\$ 247,419</b>	<b>\$ 338,892</b>	<b>-26.99%</b>
<b>Total Assets</b>	<b>\$ 12,080,520</b>	<b>\$ 11,457,594</b>	<b>5.44%</b>

	Total		
	As of Sep. 30, 2024	As of Sep. 30, 2023 (PY)	% Change
<b>Liabilities and Equity</b>			
<b>Liabilities</b>			
<b>Current Liabilities</b>			
<b>Accounts Payable (A/P)</b>			
2000 Accounts Payable	117,897	123,806	-4.77%
<b>Total Accounts Payable (A/P)</b>	<b>\$ 117,897</b>	<b>\$ 123,806</b>	<b>-4.77%</b>
2010 Accrued Liabilities	236,592	439,256	-46.14%
2011 Vacation Accrual	222,547	251,024	-11.34%
2015 Sexual Abuse Fund	0	0	
2100 Deferred Revenue	5,313,427	5,087,982	4.43%
2150 Other Payables	0	0	
24000 Payroll Liabilities	0	3,603	-100.00%
25530 GST/QST Payable	-4,110		
<b>Total Current Liabilities</b>	<b>\$ 5,886,353</b>	<b>\$ 5,905,671</b>	<b>-0.33%</b>
<b>Non-current Liabilities</b>			
2125 Deferred Rent - Tenant Incentiv	70,027	97,135	-27.91%
2190 Lease Inducements	0	0	
<b>Total Non-current Liabilities</b>	<b>\$ 70,027</b>	<b>\$ 97,135</b>	<b>-27.91%</b>
<b>Total Liabilities</b>	<b>\$ 5,956,381</b>	<b>\$ 6,002,806</b>	<b>-0.77%</b>
<b>Equity</b>			
3000 Unrestricted Net Assets	3,782,634	3,782,634	0.00%
3001 Invested in Capital Assets	360,901	360,901	0.00%
3010 Restricted Reserves	1,100,000	1,100,000	0.00%
Retained Earnings	729,260	56 1302150.32%	
Income for the year	151,344	211,197	-28.34%
<b>Total Equity</b>	<b>\$ 6,124,139</b>	<b>\$ 5,454,788</b>	<b>12.27%</b>
<b>Total Liabilities and Equity</b>	<b>\$ 12,080,520</b>	<b>\$ 11,457,594</b>	<b>5.44%</b>

**College of Physiotherapists of Ontario**  
**Statement of Cash Flows**  
April - September, 2024

	<b>Total</b>
<b>OPERATING ACTIVITIES</b>	
Net Income	151,343.58
Adjustments to reconcile Net Income to Net Cash provided by operations:	
1200 Accounts Receivable	-4,258.66
1201 Allowance for Doubtful Accounts	0.00
1206 Accrued Receivable	-18,027.10
1401 Prepaid Expenses:Prepaid Software	12,900.47
1403 Prepaid Expenses:Prepaid IT services	4,208.13
1405 Prepaid Expenses:Prepaid Insurance	4,864.77
1406 Prepaid Expenses:Prepaid Membership	140,494.34
1411 Prepaid Expenses:Prepaid Rent	7,864.80
1412 Prepaid Expenses:Prepaid OCE	24,755.28
2000 Accounts Payable	-40,651.63
2010 Accrued Liabilities	-274,834.84
2102 Deferred Revenue:Deferred Registration Fees:Deferred Full Fee Revenue	-3,472,208.00
2103 Deferred Revenue:Deferred Registration Fees:Deferred Pro-Rated Fee Revenue	227,905.39
2108 Deferred Revenue:Deferred Registration Fees:Deferred Revenue - OCE Fee	954,792.50
2110 Deferred Revenue:Banked refunds	4,312.69
2151 Other Payables:Due to Canada Life	0.00
2152 Other Payables:Due to Manulife (RRSP)	0.00
2153 Other Payables:Due to Allstate (CI)	0.00
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	<b>-\$ 2,427,881.86</b>
Net cash provided by operating activities	<b>-\$ 2,276,538.28</b>
<b>INVESTING ACTIVITIES</b>	
1301 Computer equipment	-13,773.20
1305 Computer equipment - Acc dep	14,577.11
1312 Furniture & Equipment -Acc Dep	3,305.48
1322 Leasehold Improvements -Acc dep	40,141.76
Net cash provided by investing activities	<b>\$ 44,251.15</b>
<b>FINANCING ACTIVITIES</b>	
2125 Deferred Rent - Tenant Incentiv	-13,553.66
Net cash provided by financing activities	<b>-\$ 13,553.66</b>
Net cash increase for period	<b>-\$ 2,245,840.79</b>
Cash at beginning of period	13,874,711.84
Cash at end of period	<b>\$11,628,871.05</b>



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 14.0**

**Board Meeting  
December 9-10, 2024**

**Agenda #14: FY2026 Professional Corporation Fees – Consultation Results**

It is moved by

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and seconded by

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that:

The Board approves the By-law changes to Section 9.2 to increase professional corporation fees by 2% on April 1, 2025.

**BOARD BRIEFING NOTE**  
For Decision

<b>Topic:</b>	FY2026 Professional Corporation Fees – Consultation Results
<b>Public Interest Rationale:</b>	Ensure alignment of fees charged across College services to ensure consistency in how fees are managed.
<b>Strategic Alignment:</b>	<i>Performance &amp; Accountability:</i> Ensuring the College transparently and accurately manages fees related to College services.
<b>Submitted By:</b>	Craig Roxborough, Registrar & CEO Mary Catalfo, Director of Finance
<b>Attachments:</b>	Appendix A: Environmental Scan of Professional Corporation Fees

**Issue**

- The Board is provided with an update regarding the consultation in relation to the proposed 2% increase to fees associated with professional corporations.

**Decision Sought**

- The Board is asked to formally approve the proposed 2% increase in professional corporation fees.

**Background**

- At the [December 2023](#) Meeting (see pages 167-173), the Board approved a 2% increase to all registration and administrative fees for FY2025.
  - At that meeting, the Registrar indicated that an error was made in the [September 2023](#) motion (see pages 55-65) enabling a consultation on the proposed fee increase.
  - More specifically, that motion did not reference Section 9.2 of the College By-Laws where fees for professional corporations are set out.
  - As a result, the approved 2% increase in December 2023 *did not* get applied to fees associated with professional corporations.
  - Staff committed to remedy this oversight at the next appropriate opportunity.
- In August 2024, the Risk, Audit, and Finance Committee (RAFC) considered a recommendation to increase fees relating to professional corporation application and renewal by 2%.
  - The fee increase was being proposed to remedy a misalignment with the previously approved 2% increase in all other registration and administrative fees.
  - A motion was passed by the Committee to recommend that the Board adopt the proposed fee increase.



- In [September 2024](#) (see pages 172-179) the Board considered and approved the fee increase in principle, circulating the proposed by-law amendments for consultation and feedback.

## **Current Status and Analysis**

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### *Environmental Scan and Comparators*

- In response to Board and RAFC feedback, additional information and context regarding professional corporation fees has been collected.
- The current fee schedule for professional corporations includes a \$774 application fee and a \$277 annual renewal fee.
- An environmental scan of all health regulators and some non-health regulators in Ontario has been undertaken to assess where along the spectrum of fees the College sits. The findings of this environmental scan are attached as Appendix A.
  - Annual renewal fees for health Colleges range from \$100 to \$654 with an average of approximately \$380 (please note that one outlier of \$1521 was removed from this calculation).
    - As a result, the College's fee of \$277 falls below the average charged and within the middle of the spectrum.
  - Application fees for health Colleges range from \$55 to \$1454, with an average of approximately \$560.
    - As a result, the College's fee of \$774 falls above the average of the fees charged but still within the middle of the spectrum.

### *Consultation Results*

- Following the September meeting of the Board, a consultation was undertaken to receive feedback on the proposed fee increase. The consultation materials were specifically drafted to emphasize the narrow application of the fee increase.
- The consultation closed November 23, 2024. The consultation received *no feedback* from registrants or other system partners.

## **Next Steps**

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- If the proposed fee increase is approved, it will go into effect starting April 1, 2025.

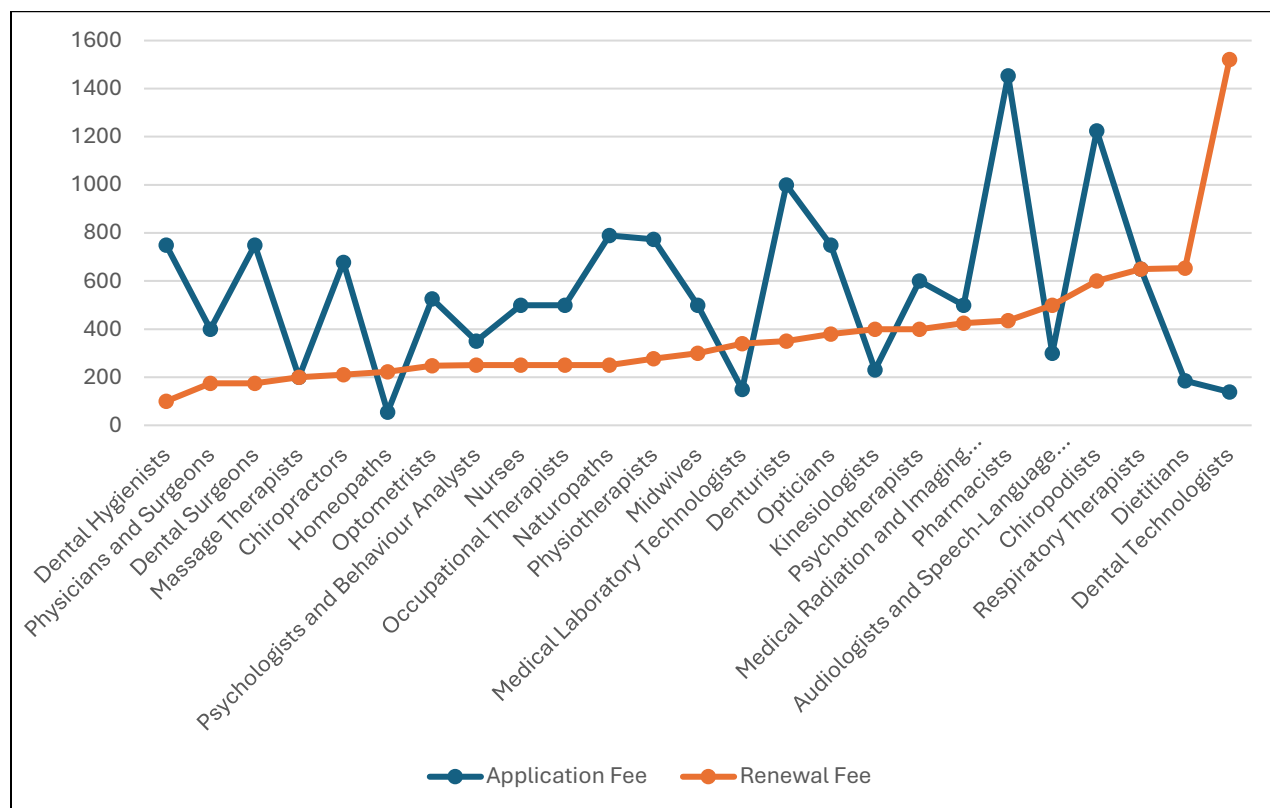
## **Questions for the Board**

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- Does the Board have any questions about the proposed fee increase?

Environmental Scan – Professional Corporation Fees  
Information as of November 11, 2024

Organized by Renewal Fee Lowest to Highest:



Health Regulators:

College	Application Fee	Renewal Fee
Audiologists and Speech-Language Pathologists	300	500
Chiropractors	1225	600
Chiropractors	677	210
Dental Hygienists	750	100
Dental Technologists	139	1521
Dental Surgeons	750	175
Denturists	1000	350
Dietitians	185	654
Homeopaths	55	222
Kinesiologists	230	400
Massage Therapists	200	200
Medical Laboratory Technologists	150	340
Medical Radiation and Imaging Technologists	500	425

Midwives	500	300
Naturopaths	790	250
Nurses	500	250
Occupational Therapists	500	250
Opticians	750	380
Optometrists	526	248
Pharmacists	1454	436
Physicians and Surgeons	400	175
Physiotherapists	774	277
Psychologists and Behaviour Analysts	350	250
Psychotherapists	600	400
Respiratory Therapists	650	650

**Other Ontario Regulators:**

<b>Profession</b>	<b>Application</b>	<b>Renewal</b>
Engineers	400	400
Veterinarian	400	100
Social Workers	500	400
Law Society	250	100
Accountants	180	N/A





COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 15.0**

**Board Meeting  
December 9-10, 2024**

**Agenda #15: Appointment of the Auditor**

It is moved by

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and seconded by

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that:

The Board appoints Hilborn LLP as the Auditor for the College of Physiotherapists of Ontario for the fiscal year 2025.

**BOARD BRIEFING NOTE**  
For Decision

<b>Topic:</b>	Appointment of the Auditor
<b>Public Interest Rationale:</b>	Ensuring a qualified auditor is appointed annually supports the College in producing financial statements that are fair and objective.
<b>Strategic Alignment:</b>	<i>Performance and Accountability:</i> The Board has a fiduciary responsibility provide financial oversight and the external financial audit is a requirement to have independent accountants review the College's financial statements to verify the College's financial statements are free from material mistakes due to fraud or misstatements.
<b>Submitted By:</b>	Craig Roxborough, Registrar & CEO Mary Catalfo, Director of Finance
<b>Attachments:</b>	N/A

### Issue

- Each year, the College is required to appoint an external auditor to conduct an annual external audit of its financial statements.

### Decision Sought

- The Board is being asked to appoint Hilborn LLP as the Auditor for the College of Physiotherapists of Ontario for the fiscal year 2025.

### Background

- The College by-laws, section 2.7 ("Audit"), requires the College to conduct an annual external audit of its financial statements completed by an external auditor ("Auditor") appointed by the Board. The Auditor is required to be licensed under the Public Accounting Act, 2004 and is appointed annually.
- The College conducted an open tender for an Auditor in FY2021 to conduct the College's annual audit for a 5-year period beginning in Fiscal Year 2022. The successful bid was provided by Hilborn LLP, who has since completed the audits of the College's annual financial statements for the years ending March 31, 2023, March 31, 2023 and March 31, 2024.
- Fiscal Year 2025, ending March 31, 2025, would be Hilborn's fourth (4th) year of the current agreement and their 9th year conducting the audit.

### Current Status and Analysis

- The Risk, Audit, and Finance Committee (RAFC) engaged in a review of the FY2024 audit and the services provided by the College's Auditor.



- In keeping with guidance provided by the Chartered Professional Accountants (CPA) Canada, College staff provided RAFC with a completed debrief of the audit process. Key findings are highlighted for the Board:
  - College Staff and Hilborn continue to have strong lines of communication that support resolutions of issues that arise in the context of the audit;
  - The Auditor is very familiar with the health regulatory sector, providing similar services to many organizations within our sector;
  - Issues identified during the audit were professionally resolved with expert advice provided by Hilborn in order to ensure the College's finances were in good order;
  - The Auditor made themselves available for several meetings with Senior Management and the Chair of the RAFC to review the audited statements and support a presentation to the Board; and
  - The Auditor was transparent regarding concerns identified during the audit, providing the Registrar and the RAFC with insight into the challenges they identified.

- Having reviewed and considered the report, RAFC passed the following motion:

*The Risk, Audit and Finance Committee recommends that the Board appoint Hilborn LLP as the Auditor for the College of Physiotherapists of Ontario for the fiscal year 2025.*

### **Next Steps**

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- Should the Board endorse the RAFC's recommendation to appoint Hillborn as the Auditor for FY2025, Hillborn will be engaged in early 2025 to plan for the upcoming audit.
- Starting in FY2026, staff will begin to prepare for an open and competitive process to prepare for future decision-making regarding the external audit.

### **Questions for the Board**

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- Do you have any questions about the performance of Hillborn in the most recent audit?
- Is there any further information the Board requires prior to making a decision?

## BOARD BRIEFING NOTE

For Discussion

<b>Topic:</b>	General Regulation Modernization
<b>Public Interest Rationale:</b>	The College ensures that its General Regulation remains relevant, effective and responsive to public and professional needs, with appropriate safeguards to promote public safety and quality of care.
<b>Strategic Alignment:</b>	<p><i>Risk &amp; Regulation:</i> A risk-based approach is used to identify areas in the regulation that require updates, enabling the creation of adaptable frameworks that can quickly respond to new risks and changes in the profession.</p> <p><i>EDI:</i> Assess the pathways to licensure to ensure that they are appropriate and fair to both Canadian trained and internationally educated physiotherapists.</p>
<b>Submitted By:</b>	Mara Berger, Director, Policy, Governance & General Counsel Evguenia Ermakova, Policy Analyst
<b>Attachments:</b>	Appendix A: Comparison Table for Substantive Revisions Appendix B: Draft Regulation - redlined

### Issue

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- To provide the College with the flexibility to adapt as the exam landscape continues to evolve, the College is proposing updates to Part III: Registration of its General Regulation.

### Decision Sought

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- No decision is being sought.
- The Board is being asked to provide feedback and direction on the draft updates to the General Regulation.

### Background

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#### *Overview: General Regulation*

- The [General Regulation](#), Ontario Regulation 532/98 under the *Physiotherapy Act, 1991*, governs some of the College's regulatory activities. It is divided into three parts:
  - Part I prescribes the College's Quality Assurance Program,
  - Part II establishes a program to provide therapy and counseling for allegations of sexual abuse by members, and



- Part III sets out the requirements and conditions for registering with the College.
- Under the [Health Professions Procedural Code](#) (“the Code”), schedule 2 of the *Regulated Health Professions Act* (RHPA), the College Board may make, amend, or revoke regulations under the Physiotherapy Act, with certain parameters.
- Any changes need to be reviewed by the Minister of Health and approved by the Lieutenant Governor in Council. In most cases, they must also be circulated to registrants for at least 60 days.

#### *Updating Part III of the General Regulation*

- Updates to Part III of the General Regulation are being proposed for consideration and feedback.
  - Part III: Registration sets out the College’s classes of registration, as well as any general and class-specific requirements for registration. Additionally, Part III establishes requirements for how to maintain specific certificates of registration, and when an individual’s registration may be suspended or revoked.
- The proposed updates are intended to increase the flexibility within the regulation and allow the College to be responsive to changes in the environment.
  - For example, the Canadian Alliance of Physiotherapy Regulators (CAPR) is moving away from a two-step exam process to a single consolidated exam that would cover both the written and clinical exam. The College’s current regulation assumes that there is both a written and a clinical exam that are separate.
  - There is also an opportunity to respond to government direction, which has indicated that regulators should avoid unnecessary barriers for entry to practice while also maintaining public confidence and safety and support the objectives of the Ministry of Health around health human resources.
- At the [September 2024 meeting](#), the Board was engaged in a generative discussion to help guide the potential revisions to the General Regulation, following a previous discussion with the Registration Committee in August 2024.
- The Board and the Registration Committee provided the following feedback:
  - Entry to practice flexibility:
    - Both the Registration Committee and the Board noted that public safety should be the priority.



- The Registration Committee noted that international applicants face significant entry barriers and may need additional supports. While there was some discomfort with the idea that an applicant may be granted a certificate authorizing independent practice without passing an Ontario entry to practice exam, there was some willingness to entertain alternate pathways in limited circumstances if strong safeguards are in place.
- The Board suggested that the regulation should allow for expedited entry to practice in certain rare cases but emphasized the need to uphold minimum standards and consider potential risks.
- Provisional Practice Class under a single exam model:
  - Both the Board and the Registration Committee noted that it was challenging to consider what a Provisional Practice Class may look like without further information about a potential one-exam model, such as the frequency of the exam.
  - Both the Board and the Registration Committee also supported exploring options for candidates who unsuccessfully challenge the exam and are preparing for another attempt and suggested that the provisional class may be used for that purpose.
  - The Board expressed some support for re-envisioning the class and noted that the Provisional Practice Class may provide a space for individuals to practise under supervision in general, not just within the confines of entry to practice.
- Staff also conducted an environmental scan of the other health regulatory Colleges focused on registration classes. Furthermore, staff reviewed and compared three new registration regulations that came into force on July 1, 2024 under the [Opticianry Act](#), the [Medical Radiation and Imaging Technology Act](#), and the [Massage Therapy Act](#).
  - The environmental scan on registration classes showed that twelve other health Colleges in Ontario have a class similar to the College's Provisional Practice class. Furthermore, the College's counterparts in Alberta, Newfoundland & Labrador, New Brunswick and Nova Scotia also have a similar class.
  - The comparison of the three new registration regulations was used to provide direction on how other health Colleges have revised the language in common provisions, such as those dealing with good character, authorization to work and language proficiency requirements.

### *Government Engagement*

- As part of the process, College staff have also connected with staff members from the Ministry of Health. The Ministry has a preference for engaging early on any potential Regulation changes, and this provided an opportunity for staff to have initial conversations about process and timelines.



## **Current Status and Analysis**

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- Based on the feedback received and the environmental scans that were conducted, staff in conjunction with external legal counsel have created a draft Regulation for consideration by the Board to illustrate what a revised Regulation may look like.
- The draft Regulation includes some housekeeping items and minor revisions, as well as some significant, more substantive revisions that require additional discussion
  - The more substantive revisions align with specific objectives that have been identified as priorities and include potential revisions that the Board is being asked to provide further direction on.

### *Exam Model*

- The definition for examination has been updated to create additional flexibility for the Board to set the exam format, including setting a single or multi-part exam requirement.
- Furthermore, the proposed provisions for the Provisional Practice Class would allow for both a single exam and a multi-part exam, if the Provisional Practice Class is retained.

### *Provisional Practice Class*

- During its previous discussion, the Board was uncertain on whether to retain the Provisional Practice Class under a potential single exam model.
  - This is not unique to Ontario. Other physiotherapy Colleges across Canada are also considering what to do with their Provisional Practice Class and whether to retain it at all. The physiotherapy College in BC has ceased to offer the class.
- The current draft Regulation still includes the Provisional Practice Class to illustrate what a reimagined Provisional Practice Class may look like, but further direction is needed to determine how the Board would like to proceed. Specifically, there are three options the Board may want to consider:
  - 1) *Remove the Provisional Practice Class.*
    - Under this option, applicants would have to wait to practice until they have met all requirements for Independent Practice, including the examination.
    - Depending on how frequently exams can be offered and how many candidate spots are available per sitting, this could result in some delay for some applicants in between when they qualify to write the exam and when they are able to complete the exam and apply for Independent Practice.

- 2) *Keep the Provisional Practice Class with Supervised Practice.*



- Similar to the current model, this option would allow applicants to practice under supervision while they wait to either challenge a single exam or the second part of a two-part exam. If a single exam is adopted, applicants would be required to have a degree in physiotherapy or, for internationally educated physiotherapists, that they have completed the credentialing process, and be registered to write the exam at the first opportunity.
  - The Canadian Alliance of Physiotherapy Regulators (CAPR) is looking to make substantive changes to better support internationally educated physiotherapists through the entry to practice process by confirming they have the right knowledge and expertise to challenge the entry to practice exam.
- The supervision agreement would need to be approved by the College, but the level of supervision would be the responsibility of the applicant and the supervisor. While that is in line with current practice, under a single exam model, there may be an increased risk since applicants would no longer need to pass an initial exam to apply for Provisional Practice.

3) *Keep the Provisional Practice Class with Enhanced Supervised Practice.*

- The Board could also opt to retain the Provisional Practice Class but with enhanced supervision, which could include requirements such as regularly scheduled meetings between the physiotherapist resident and the supervisor and chart reviews.
- Enhancing the supervision requirement could be accomplished via policy, since the draft Regulation includes a provision that any supervision agreement between an applicant for a Provisional Practice Class certificate and a supervisor is subject to the supervision requirements set by the Board.
- Additional resources would be needed, since enhancing the supervision requirement would result in a different level of oversight that the College would need to provide. Additionally, fewer physiotherapists may be able to take on the role of supervisor if there are more stringent supervision requirements that need to be met.

*Entry to Practice Flexibility*

- In addition to revisions to account for the current uncertainties around the exams, opening the Regulation also provides an opportunity to look forward, particularly with respect to creating flexibility that could allow the College to pursue alternate pathways for registration in the future.
- A proposed “Limited Scope Class” has been added to the draft Regulation. The purpose of the new class would be to allow the Board the flexibility to create alternate pathways of registration via policy if the Board chooses to do so. The alternate pathways would be for individuals who do not meet the standard qualifications for an Independent Practice Class certificate, but where they may be value in enabling these individuals to practice in a limited domain.
  - For example, in the future the Board may wish to recognize the education and training of physiotherapists from a non-Canadian jurisdiction directly without requiring such individuals to write the Canadian entry to practice examination. Such individuals could be





recognized as being able to practice within a limited scope based on their education and/or training, while not having access to an Independent Practice Class certificate unless the entry to practice exam has been completed.

- While the Board could also exercise flexibility under the Independent Practice Class by exempting requirements such as the exam if certain criteria are met, having a separate class creates a clear distinction from the standards set for Independent Practice.
- Successful applicants for a Limited Scope Class certificate would be able to practice, but would be subject to term, conditions and limitations set by the Registration Committee limiting their scope of practice.
- The draft wording for the Limited Scope Class is currently very broad. If there is an interest in pursuing such a class, the draft Regulation would need to outline some parameters of who may qualify for the class.
  - For example, the draft Regulation may state that applicants require at least certain years of experience within the limited scope they are applying for or must have graduated from a physiotherapy program as approved by the Board.
- Establishing a Limited Scope Class would be a novel, innovative approach to create entry to practice flexibility. As such, there are some uncertainties regarding how this class will be perceived. If the class moves forward, it will be important to outline a clear rationale for the purpose and benefits of the class to generate buy-in.

#### *Other Substantive Revisions*

- Other substantive revisions are outlined in Appendix A – Comparison Table for Substantive Revisions, and include but are not limited to:
  - Provided additional guidance regarding screening for competence to support the College's good character requirement.
  - Reframed supervision agreements for provisional practice to be between the College and the physiotherapist resident rather than having it be a contract between the physiotherapist resident and the supervisor.

#### *Housekeeping and Minor Revisions*

- The housekeeping items and minor revisions include the following:
  - Simplified language of some provisions and added more details for clarification where needed.
  - Moved any provisions that apply to multiple or all classes of registration to the General section. For example, all provisions related to professional liability insurance are now captured in the General section.



- Moved any provisions that apply only to a single class into the section covering that class. For example, the provisions related to the Jurisprudence Exam are now captured in the Independent Practice section.
- For section 20.(1) regarding labour mobility, added language from the *Health Professions Procedural Code* for greater clarity and removed reference to subsection 19.(4) since it creates a conflict with subsection 20.(3).
- Removed outdated references, such as to the College Review Program.
- Removed transitional provisions related to the removal of the academic practice and inactive status certificates of registration in December 2011 since they are no longer needed.
- Removed the practice hours requirement for applicants for a courtesy certificate of registration.
- While substantive changes are only being proposed to Part III: Registration of the General Regulation, housekeeping updates have been made to the other Parts to utilize gender-neutral language.

#### *Other Potential Changes*

- The Board had a discussion in September about whether it should be possible for someone who failed the exam and is preparing for another attempt to continue practicing. Currently, all Provisional Practice Class certificates expire once someone is notified that they failed the exam.
- Since no consensus was reached, and the Board expressed concerns about the risks involved, the draft regulation does not include a provision that would specifically allow a candidate to apply for another certificate for Provisional Practice.
  - An exception exists where a candidate was unable to complete the exam successfully due to illness or any other reason beyond their control. That exception has been retained in the draft Regulation.
  - If the Board would like to reconsider adding a provision that would allow applicants to apply for another certificate authorizing provisional practice, draft wording has been developed as a contingency. Enabling such a provision would have resource implications since all applicants would have to be reviewed by the Registration Committee on a case-by-case basis.

#### **Next Steps**

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- Any feedback and direction provided by the Board will be used to further refine the draft updates to the General Regulation.



- The updated draft Regulation will be shared with the Board, likely at the March 2025 meeting pending the nature of the Board's feedback, for potential approval for a 60-day consultation period. It would be cross-posted on the College's website and Ontario's [Regulatory Registry](#). Following the consultation, the draft Regulation would come back to the Board for further consideration.

### Questions for the Board

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- Do you feel anything in the materials requires further clarification?
- Based on the three options outlined in the Briefing Note, should the Provisional Class be maintained? And if so, are there any other issues or options that should be considered?
- Is the proposed Limited Scope Class the right path to create additional flexibility for entry to practice where appropriate?
- Do you have any questions or feedback about the other proposed revisions to the General Regulation?

Current Provision	Proposed Changes	Rationale
<p><b>11.</b> “examination” means an examination set or approved by the Council.</p>	<p><b>11.</b> “examination” means <b>knowledge-based and/or skills-based assessments in any format approved by Council.</b></p>	<p>Expanding definition of ‘examinations’ for more flexibility.</p>
<p><b>16.</b>(1) It is a non-exemptible registration requirement for all classes of certificates of registration that the applicant’s past and present conduct affords reasonable grounds for belief that he or she,</p> <ul style="list-style-type: none"> <li>(a) is mentally competent to practise physiotherapy;</li> <li>(b) will practise physiotherapy with decency, integrity and honesty and in accordance with the law; and</li> <li>(c) can communicate effectively with, and will display an appropriate attitude towards, patients and colleagues.</li> </ul>	<p><b>17.</b>(1) <b>The following are</b> non-exemptible registration requirements for <b>a certificate of registration of any class:</b></p> <p>1. The applicant’s past and present conduct affords reasonable grounds for <b>the</b> belief that <b>the applicant,</b></p> <ul style="list-style-type: none"> <li>(a) will practise physiotherapy with decency, integrity and honesty and in accordance with the law;</li> <li><b>(b) is fit to practise consistent with the responsibilities of a member and the standards of practice and conduct expected of a member;</b></li> <li><b>(c) has sufficient knowledge, skill and judgment to practise physiotherapy safely and competency; and</b></li> <li><b>(d) can communicate effectively and will display an appropriately professional attitude.</b></li> </ul>	<p>Provide additional guidance regarding screening for competence.</p> <p>Added a provision about knowledge, skills and competence which can help address situations where a previous conduct history may exist, for example in another jurisdiction.</p> <p>Included reference to professional attitude to help address professionalism or governability issues, and removed reference to patients and colleagues to broaden the provision.</p>
<p><b>21.</b>(4) If a holder of a certificate of registration authorizing independent</p>	<p><b>18.</b>(1) It is a term, condition and limitation of a certificate</p>	<p>Pooling the professional liability insurance provisions in the General section</p>

<p>practice ceases or fails to hold professional liability insurance in accordance with the College by-laws, his or her certificate of registration is deemed to be suspended until the Registrar is satisfied that he or she has acquired the professional liability insurance.</p> <p><b>23.</b>(3) If a holder of a certificate of registration authorizing provisional practice ceases or fails to hold professional liability insurance in accordance with the College by-laws, his or her certificate of registration is deemed to be suspended until the Registrar is satisfied that he or she has acquired the professional liability insurance.</p> <p><b>24.</b>(3) If a holder of a courtesy certificate of registration ceases or fails to hold professional liability insurance in accordance with the College by-laws, his or her certificate of registration is deemed to be suspended until the Registrar is satisfied that he or she has acquired the professional liability insurance.</p>	<p>of registration of any class that:</p> <ol style="list-style-type: none"> <li>1. The member shall maintain professional liability insurance in accordance with the College by-laws.</li> <li>2. The member shall, at the request of the Registrar, provide evidence satisfactory to the Registrar that the member meets the condition required in paragraph 4, in the form and manner requested by the Registrar.</li> <li>3. If the Registrar becomes aware that a member no longer maintains professional liability insurance as required under the by-laws, the Registrar shall give the member notice of intention to suspend the member and may suspend the member's certificate of registration for failure to provide satisfactory evidence where at least 30 days have passed after notice is given.</li> <li>4. Where the Registrar suspends the member's certificate of registration under subsection (1), the Registrar shall lift that suspension upon being satisfied that the member holds professional liability protection in accordance with the requirements, if any, set out in the by-laws and that any fees required under the</li> </ol>	<p>avoids unnecessary repetition.</p> <p>Calls out the requirement to provide evidence of professional liability insurance if requested and clarifies the suspension process.</p>
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	by-laws for the lifting of that suspension have been paid.	
<p><b>16.(3)</b> It is a term, condition and limitation of a certificate of registration of any class that the certificate terminates when the holder no longer has Canadian citizenship, permanent resident status or an authorization under the <i>Immigration and Refugee Protection Act (Canada)</i> consistent with the class of certificate.</p>	<p><b>18.(2)</b> It is a term, condition and limitation of a certificate of registration of any class <b>except a courtesy certificate of registration that the member shall not engage in the practice of physiotherapy unless the member is a Canadian citizen or permanent resident of Canada or authorized under the <i>Immigration and Refugee Protection Act (Canada)</i> to engage in the practice of the profession in Ontario.</b></p>	<p>Terminating the certificate could have unintended consequences (for example, it could preclude insurance coverage for patients). The revised provision puts the onus on the member to cease practising if their status changes.</p>
<p><b>20.(3)</b> Where an applicant referred to in subsection (1) is unable to satisfy the Registrar that the applicant practised the profession to the extent that would be permitted by a certificate of registration authorizing independent practice at any time in the five years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.</p>	<p><b>20.(3)</b> Where an applicant referred to in subsection (1) is unable to satisfy the Registrar that the applicant <b>either practised physiotherapy for at least 1,200 hours in the five years immediately preceding the application or completed the examination within five years immediately preceding the application</b>, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.</p>	<p>Provision revised to provide greater clarity regarding what practising to the extent permitted by a certificate authorizing independent practice means, using the same requirements that apply to non-labour mobility applicants by requiring either a set number of practise hours or having completed the exam within a set timeframe.</p>
<p><b>23.(1)</b> The following are the standards and qualifications for a certificate of registration</p>	<p><b>23.(1)</b> The following are the <b>additional registration requirements</b> for a certificate</p>	<p>Revised to allow for both a single and a multi-part exam.</p>

<p>authorizing provisional practice:</p> <ol style="list-style-type: none"> <li>1. The applicant must have received a degree in physiotherapy.</li> <li>2. The applicant must have successfully completed the written component of the examination.</li> <li>3. The applicant must have registered to take the practical component of the examination at the next available opportunity after the application.</li> </ol>	<p>of registration authorizing provisional practice:</p> <ol style="list-style-type: none"> <li>1. The applicant must have received a degree in physiotherapy, <b>and</b></li> <li>2. <b>If the examination is structured in two or more parts to be completed in sequence:</b> <ol style="list-style-type: none"> <li>(a) <b>The applicant must have successfully completed the first part of the examination; and</b></li> <li>(b) <b>The applicant must be registered to complete the second part; of the examination at the next available opportunity after the application.</b></li> </ol> </li> </ol> <p>or,</p> <ol style="list-style-type: none"> <li>3. <b>If the examination is structured as one part, the applicant must be registered to complete the examination at the next available opportunity after the application.</b></li> </ol>	
<p><b>23.(2)</b> The following are the terms, conditions and limitations of a certificate of registration authorizing provisional practice:</p>	<p><b>23.(2)</b> The following are the terms, conditions and limitations of a certificate of registration authorizing provisional practice:</p>	<p>Approval changed from Registrar to College for greater flexibility.</p> <p>Revised so that the agreement is between the holder and the College,</p>

	<p>1. The holder may practise physiotherapy only under the <b>supervision of</b> a member holding a certificate of registration authorizing independent practice <b>approved by the College and only pursuant to the terms of a written agreement between the holder and the College that complies with the supervision requirements as designated by Council.</b></p>	<p>rather than the holder and the supervisor. This means a breach would be a breach of an obligation to the College and not a contractual disagreement between two members.</p>
<p><b>23.(2)</b> The following are the terms, conditions and limitations of a certificate of registration authorizing provisional practice:</p> <p>4. The certificate expires on the earlier of the date that the holder receives notification that he or she has failed the practical component of the examination or 12 weeks after the date that the holder is registered to take the practical component of the examination.</p>	<p><b>23.(2)</b> The following are the terms, conditions and limitations of a certificate of registration authorizing provisional practice:</p> <p>4. The certificate of <b>registration authorizing provisional practice</b> expires on the earlier of:</p> <ul style="list-style-type: none"> <li>(a) 12 weeks after the date that the holder is registered to take the examination; <b>or</b></li> <li>(b) the <b>fifteenth day after</b> the holder receives notification that <b>they have</b> failed the examination.</li> </ul>	<p>Added fifteen days between when the holder is advised that they failed the examination and when the certificate expires to allow for the transfer of care.</p> <p>Removed reference to practical component of regulation to allow for flexibility depending on the exam format.</p>
<p><b>N/A</b></p>	<p><b>LIMITED SCOPE CERTIFICATES</b></p> <p><b>26.(1)</b> A certificate of registration authorizing independent practise issued by reason of an order of the Registration Committee directing the Registrar to impose terms, conditions or</p>	<p>Added a Limited Scope class to provide future flexibility for alternate pathways that may allow some applicants to obtain a certificate authorizing a limited scope of practise without requiring an Ontario entry to practise exam.</p>



	<p>limitations on the certificate limiting the member's scope of physiotherapy practice is deemed to be a limited scope certificate of registration under the Act subject to the imposed terms, conditions and limitations.</p> <p>(2) A holder of a limited scope certificate of registration may practise physiotherapy only in accordance with the terms, conditions and limitations of the certificate.</p>	
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Physiotherapy Act, 1991  
Loi de 1991 sur les physiothérapeutes

ONTARIO REGULATION 532/98

GENERAL

**Consolidation Period:** From August 31, 2023 to the e-Laws currency date.

Last amendment: 296/23.

*This Regulation is made in English only.*

PART I  
QUALITY ASSURANCE

GENERAL

1. In this Part,

“assessor” means a person appointed under section 81 of the Health Professions Procedural Code;

“Committee” means the Quality Assurance Committee required by subsection 10 (1) of the Health Professions Procedural Code;

“program” means the quality assurance program required by section 80 of the Health Professions Procedural Code;

“stratified random sampling” means a sampling where groups of members are,  
(a) removed from the pool of members to be sampled, or  
(b) weighted to increase or decrease the likelihood of their being selected. O. Reg. 378/12, s. 1.

2. (1) The Committee shall administer the program. O. Reg. 378/12, s. 1.

(2) The program shall include the following components:

1. Self-assessments.

2. Continuing education or professional development designed to,

i. promote continuing competence and continuous quality improvement among the members,

ii. promote interprofessional collaboration,

- iii. address changes in practice environments, and
- iv. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.

- 3. Peer and practice assessments, including continuing education programs or remediation, if needed.
- 4. Collection, analysis and dissemination of information.
- 5. A mechanism for the College to monitor members' participation in, and compliance with, the program. O. Reg. 378/12, s. 1.

(3) Every member shall comply with the requirements of the program. O. Reg. 378/12, s. 1.

### SELF-ASSESSMENT

3. (1) Every member shall conduct an annual self-assessment. O. Reg. 378/12, s. 1.

(2) Every member shall keep a record of ~~his or her~~ their annual self-assessment in the form and manner approved by the Committee and shall retain the record for at least five years following the self-assessment. O. Reg. 378/12, s. 1.

(3) At the request of the Committee, an assessor or a College employee, a member shall provide to the Committee, the assessor or the College employee, within the time period specified in the request or, where no time period is specified, within 30 days after receiving the request,

(a) complete and accurate information about the member's annual self-assessments; and

(b) the member's annual self-assessment records described in subsection (2).  
O. Reg. 378/12, s. 1.

### CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

4. (1) Every member shall participate annually in continuing education or professional development to the extent necessary to maintain the knowledge, skill and judgment required to practice the profession. O. Reg. 378/12, s. 1.

(2) Every member shall keep a record of ~~his or her~~ their continuing education or professional development in the form and manner approved by the Committee and shall retain the record for at least five years. O. Reg. 378/12, s. 1.

(3) At the request of the Committee, an assessor or a College employee, a member shall provide to the Committee, the assessor or the College employee, within the time

period specified in the request or, where no time period is specified, within 30 days after receiving the request,

- (a) complete and accurate information about the member's continuing education or professional development; and
- (b) the member's continuing education and professional development records described in subsection (2). O. Reg. 378/12, s. 1.

## PEER AND PRACTICE ASSESSMENT

5. (1) Each year, the Committee shall select members to undergo a peer and practice assessment in order to assess whether the members' knowledge, skill and judgment are satisfactory. O. Reg. 378/12, s. 1.

(2) A member may be selected to undergo a peer and practice assessment,

- (a) at random, including by stratified random sampling;
- (b) on the basis of criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of that criteria; or
- (c) if a request to view the member's records is made under clause 3 (3) (b) or 4 (3) (b) and the Committee or an assessor is of the opinion that the member has not provided sufficient records or that the member's records demonstrate that the member has not engaged in adequate self-assessments, continuing education or professional development. O. Reg. 378/12, s. 1.

(3) A peer and practice assessment may include,

- (a) inspecting the premises where the member practises;
- (b) reviewing the member's records required under subsections 3 (2) and 4 (2);
- (c) reviewing information respecting patient care and the member's records of the care of patients;
- (d) requiring the member to answer, orally or in writing, questions about ~~his or her~~their practice;
- (e) requiring the member to participate in simulations related to ~~his or her~~their practice;
- (f) interviewing or surveying the member and ~~his or her~~their employer, employees, colleagues, peers or patients; and
- (g) requiring the member to interview or survey ~~his or her~~their employer, employees, colleagues, peers or patients. O. Reg. 378/12, s. 1.

(4) A peer and practice assessment shall be carried out by an assessor. O. Reg. 378/12, s. 1.

(5) The assessor shall prepare a written report on each peer and practice assessment and submit it to the Committee. O. Reg. 378/12, s. 1.

(6) If, after considering the assessor's report and any other relevant materials, the Committee is of the opinion that the member's knowledge, skill or judgment is not satisfactory, the Committee may take any of the actions listed in section 80.2 of the Health Professions Procedural Code, if, before doing so, the Committee,

(a) gives to the member a copy of the assessor's report and any other relevant materials;

(b) gives to the member notice of the Committee's opinion and intention to take action;

(c) gives to the member notice of the member's right to make written submissions to the Committee within a specified time period that is not less than 14 days after receipt of the notice; and

(d) after considering any submissions made by the member, is still of the opinion that the member's knowledge, skill or judgment is not satisfactory. O. Reg. 378/12, s. 1.

(7) Even if the Committee does not provide notice to the member under clause (6) (b), the Committee shall advise the member of the results of the peer and practice assessment. O. Reg. 378/12, s. 1.

**6.-8.** REVOKED: O. Reg. 378/12, s. 1.

## **PART II FUNDING FOR THERAPY AND COUNSELLING**

**9.** In this Part,

"member" includes a former member. O. Reg. 611/99, s. 2.

**10.** (1) The alternate requirements that must be satisfied in order for a person to be eligible for funding under clause 85.7 (4) (b) of the Health Professions Procedural Code are prescribed in this section. O. Reg. 611/99, s. 2.

(2) A person is eligible for funding for therapy or counselling if,

(a) there is a statement, contained in the written reasons of a committee of the College given after a hearing, that the person, while a patient, was sexually abused by the member;

- (b) a member has been found guilty under the *Criminal Code* (Canada) of sexually assaulting the person while the person was a patient of the member;
- (c) there is sufficient evidence presented to the Patient Relations Committee to support the reasonable belief that the person, while a patient, was sexually abused by a member and,
  - (i) the member has died or cannot be located, or
  - (ii) the member has been found by the Fitness to Practise Committee to be incapacitated and the Fitness to Practise Committee has directed the Registrar to suspend or revoke the member's certificate of registration;
- (d) an allegation that the person, while a patient, was sexually abused by the member results in an informal resolution with the member that contemplates funding for therapy or counselling;
- (e) there is an admission made by a member in a statement to the College or in an agreement with the College that ~~he or she~~they sexually abused the person while the person was a patient of the member; or
- (f) there is a finding made by a panel of the Discipline Committee on or after December 31, 1993, that the person was sexually abused by a member before December 31, 1993, while the person was a patient of the member. O. Reg. 611/99, s. 2.

(3) Subject to subsection (4), a person who was allegedly sexually abused by a member outside Ontario is eligible for funding for therapy or counselling under subsection (2) only if, at the time the alleged abuse occurred, the person was a patient of the member and the member was practising in Ontario. O. Reg. 611/99, s. 2.

(4) Despite subsection (3), a person who was allegedly sexually abused by a member outside Ontario is not eligible for funding under subsection (2) if the person resides outside Ontario and regularly receives services from a member outside Ontario. O. Reg. 611/99, s. 2.

(5) Despite subsection (2), a person is eligible for funding for therapy or counselling under this Part only if,

- (a) the person submits an application for funding to the Patient Relations Committee in the form provided by the College and, in the application, the person names the member who is alleged to have sexually abused the applicant;
- (b) the person submits to the Patient Relations Committee along with the application a written undertaking by the applicant to keep confidential all information obtained through the application for funding process, including the fact that funding has been granted and the reasons given by the Committee for granting the funding; and

(c) the person adheres to the procedures followed by the Patient Relations Committee when determining whether the person has satisfied the requirements for eligibility for funding. O. Reg. 611/99, s. 2.

(6) A decision by the Patient Relations Committee that a person is eligible for funding for therapy or counselling does not constitute a finding against the member and shall not be considered by any other committee of the College dealing with the member. O. Reg. 611/99, s. 2.

### PART III REGISTRATION

#### DEFINITIONS

11. In this Part,

“degree in physiotherapy” means,

- (a) a minimum of a baccalaureate degree in a physiotherapy education program at a Canadian university approved by a body or bodies designated by the Council, or by the Council itself,
- (b) an academic qualification from outside Canada that is considered by a body or bodies designated by the Council, or by the Council itself, to be substantially similar to the qualification in clause (a);

“examination” means knowledge-based and/or skills-based assessments in any format or combination approved by Council. ~~an examination set or approved by the Council.~~—O. Reg. 68/06, s. 1.

#### GENERAL

12. The following are prescribed as classes of certificates of registration:

- 1. Independent practice.
- 2. Provisional practice.
- 3. Courtesy.
- 4. Emergency.
- 5. Limited Scope

6. REVOKED: O. Reg. 390/11, s. 1.

O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 1; O. Reg. 296/23, s. 1.

13. A person may apply for ~~the issue of~~ a certificate of registration of any class by submitting ~~to the College~~ a completed application in a form approved by the Registrar

~~and any applicable fees required under the by-laws for the class of certificate for which application is made together with any applicable fees.~~ O. Reg. 68/06, s. 1.

14. A certificate of registration shall not be dated earlier than the day it was issued. O. Reg. 68/06, s. 1.

15. A member shall not hold more than one certificate of registration. O. Reg. 68/06, s. 1.

~~168.~~ Despite any other provision in this Regulation, an applicant who, by commission or omission, makes any false or misleading representation or declaration on or in connection with an application ~~shall be is~~ deemed thereafter not to ~~have meet~~, and not to have ~~had met~~; the ~~qualifications registration requirements~~ of registration for a certificate of registration of any class. O. Reg. 68/06, s. 1.

~~176.~~ (1) ~~The following are~~ It is a non-exemptible registration requirements for ~~all classes of certificates of registration that~~ a certificate of registration of any class:

1. ~~The~~ applicant's past and present conduct affords reasonable grounds for the belief that ~~he or she~~ the applicant;

~~(a) is mentally competent to practise physiotherapy;~~

~~(a)~~ will practise physiotherapy with decency, integrity and honesty and in accordance with the law; ~~and~~

(b) is fit to practise consistent with the responsibilities of a member and the standards of practice and conduct expected of a member;

(c) has sufficient knowledge, skill and judgment to practise physiotherapy safely and competently; and

~~(d)~~ can communicate effectively ~~with~~, and will display an appropriate ly professional attitude ~~towards, patients and colleagues~~. O. Reg. 68/06, s. 1.

~~17.2.~~ ~~It is a non-exemptible registration requirement for all certificates of registration that the applicant demonstrates~~ The applicant must demonstrate that ~~he or she~~ they holds professional liability insurance in accordance with the College by-laws. O. Reg. 390/11, s. 3.

(2) The following are the ~~standards and qualifications~~ registration requirements for a certificate of registration of any class except a courtesy certificate of registration:

1. The applicant must ~~have be a~~ Canadian citizenship, permanent resident ~~status~~ or ~~an authorization~~ authorized under the *Immigration and Refugee Protection Act* (Canada) ~~consistent with the class of certificate for which application is made~~ to engage in the practise of the profession.



2. The applicant must be able to speak and write either French or English with reasonable fluency. O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 2 (1).

~~18.(1) (3) It is a term, condition and limitation of a certificate of registration of any class that the certificate terminates when the holder no longer has Canadian citizenship, permanent resident status or an authorization under the *Immigration and Refugee Protection Act (Canada)* consistent with the class of certificate. O. Reg. 68/06, s. 1.;~~

1. The member shall maintain professional liability insurance in accordance with the College by-laws.
  2. The member shall, at the request of the Registrar, provide evidence satisfactory to the Registrar that the member meets the condition required in paragraph 4, in the form and manner requested by the Registrar.
  3. If the Registrar becomes aware that a member no longer maintains professional liability insurance as required under the by-laws, the Registrar shall give the member notice of intention to suspend the member and may suspend the member's certificate of registration for failure to provide satisfactory evidence where at least 30 days have passed after notice is given.
  4. Where the Registrar suspends the member's certificate of registration under subsection (1), the Registrar shall lift that suspension upon being satisfied that the member holds professional liability protection in accordance with the requirements, if any, set out in the by-laws and that any fees required under the by-laws for the lifting of that suspension have been paid.
- (2) It is a term, condition and limitation of a certificate of registration of any class except a courtesy certificate of registration that the member shall not engage in the practice of physiotherapy unless the member is a Canadian citizen or permanent resident of Canada or authorized under the *Immigration and Refugee Protection Act (Canada)* to engage in the practice of the profession in Ontario.

## INDEPENDENT PRACTICE

19. (1) The following are the ~~standards and qualifications~~ additional registration requirements for a certificate of registration authorizing independent practice:

1. The applicant must have received a degree in physiotherapy.
2. The applicant must have successfully completed the examination. O. Reg. 68/06, s. 1.

(2) An applicant for a certificate of registration authorizing independent practice who was, on December 31, 1993, qualified as a physiotherapist under a statute in a Canadian jurisdiction outside Ontario and is included on a permanent register in that

jurisdiction is exempted from the standards and qualifications under subsection (1). O. Reg. 68/06, s. 1.

(3) An applicant for a certificate of registration authorizing independent practice who was, on December 30, 1993, qualified as a physiotherapist in Ontario under the *Drugless Practitioners Act* is exempted from the standards and qualifications under subsection (1). O. Reg. 68/06, s. 1.

(4) An applicant for a certificate of registration authorizing independent practice shall satisfy the Registrar that ~~he or she has~~ they have practised physiotherapy for at least 1,200 hours in the five years immediately preceding the application if the applicant,

(a) is not exempted from the standards and qualifications under subsection (1) and has not successfully completed the examination within the five years immediately preceding the application; or

(b) is exempted from the standards and qualifications under subsection (1). O. Reg. 68/06, s. 1.

20. (1) ~~Where~~ In accordance with section 22.18 of the Code, an applicant for a certificate of registration authorizing independent practice who already holds an equivalent certificate of registration in another province, ~~applies to an applicant, the requirements of subsections 19 (1) and (4) are~~ is deemed to have ~~been~~ met the requirements of subsection 19 (1). ~~by the applicant.~~ O. Reg. 390/11, s. 4.

(2) Despite subsection (1) it is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee establishing that the applicant is in good standing as a physiotherapist in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 390/11, s. 4.

(3) Where an applicant referred to in subsection (1) is unable to satisfy the Registrar that the applicant either practised the profession physiotherapy for at least 1,200 hours in the five years immediately preceding the application or completed the examination within the five years immediately preceding the application, ~~to the extent that would be permitted by a certificate of registration authorizing independent practice at any time in the five years immediately before the date of that applicant's application,~~ the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 390/11, s. 4.

(4) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 2 of subsection ~~16-17~~ (2) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 390/11, s. 4.

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Code. O. Reg. 390/11, s. 4.

~~21. (1) Subject to subsections (6), (8) and (9),~~ It is a term, condition and limitation of a certificate of registration authorizing independent practice that, five years after the date of initial registration, and every year after that, the holder satisfy the Registrar that they have practised physiotherapy for at least 1,200 hours in the preceding five years. ~~he or she,~~

~~(a) has practised physiotherapy for at least 1,200 hours in the preceding five years;~~

~~(b) has successfully completed the College Review Program within the previous 12 months at the holder's expense; or~~

~~(c) has successfully completed the examination within the previous 12 months. O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 5 (1).~~

~~(2) For the purpose of clause (1) (b), the College Review Program shall consist of an assessment of the holder's current knowledge, skill, judgment and performance and may include an individualized upgrading program based upon the results of the assessment or a reassessment upon the completion of the program. O. Reg. 68/06, s. 1.~~

~~(3)~~ If a holder of a certificate of registration authorizing independent practice fails to satisfy the condition in subsection (1), ~~his or her~~ the Registrar shall suspend their certificate of registration unless: ~~is suspended until the condition is satisfied except if~~

~~(a)~~ (a) The holder has successfully completed the examination within the previous 5 years ~~12 months~~; or

~~(b)~~ (b) The holder concludes a written agreement approved by the Registrar. ~~O. Reg. 68/06, s. 1.~~

~~(4)~~ 22.(1) It is a term, condition and limitation of a certificate of registration authorizing independent practice that the holder must successfully complete the College Jurisprudence Program at the first opportunity provided by the College following either initial registration or reinstatement of registration and thereafter once every five-year cycle of the Program as scheduled by the Registrar. O. Reg. 390/11, s. 2 (2).

~~(5)~~ For the purpose of subsection ~~(4)~~ (1), the College Jurisprudence Program includes an assessment of the holder's knowledge of and ability to apply jurisprudence concepts relevant to the practice of physiotherapy in Ontario. O. Reg. 68/06, s. 1.

~~(4) If a holder of a certificate of registration authorizing independent practice ceases or fails to hold professional liability insurance in accordance with the College by laws, his~~

~~or her certificate of registration is deemed to be suspended until the Registrar is satisfied that he or she has acquired the professional liability insurance. O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 5 (2).~~

~~(5) A person who held a certificate of registration authorizing academic practice or an inactive status certificate of registration on December 14, 2011 shall be issued a certificate of registration authorizing independent practice. O. Reg. 390/11, s. 5 (3).~~

~~(6) A certificate of registration authorizing independent practice issued under subsection (5) is subject to the same terms, conditions and limitations that applied to the class of the member's previous certificate of registration authorizing academic practice or inactive status certificate of registration, as the case may be, until the member satisfies the Registrar that he or she is in compliance with the terms, conditions and limitations specified in subsection (1). O. Reg. 390/11, s. 5 (3).~~

~~(7) For greater certainty, nothing in subsection (6) affects the expiry of any term, condition or limitation that was imposed on the member's previous certificate of registration authorizing academic practice or inactive status certificate of registration, as the case may be, by the Registrar pursuant to,~~

~~(a) an order of Council or Executive Committee or a panel of the Registration Committee, Discipline Committee or Fitness to Practice Committee;~~

~~(b) a direction of the Quality Assurance Committee; or~~

~~(c) the approval of a panel of the Registration Committee. O. Reg. 390/11, s. 5 (3).~~

~~(8) A member referred to in subsection (5) who held a certificate of registration authorizing academic practice on December 14, 2011 must comply with the terms, conditions and limitations specified in subsection (1) within six months of being issued a certificate of registration authorizing independent practice under subsection (5). O. Reg. 390/11, s. 5 (3).~~

~~(9) A member referred to in subsection (5) who held an inactive status certificate of registration on December 14, 2011 must comply with the terms, conditions and limitations specified in subsection (1) within three years of being issued a certificate of registration authorizing independent practice under subsection (5), and if he or she does not do so, his or her certificate of registration authorizing independent practice is deemed to have expired on the date that is three years immediately after the date of issuance. O. Reg. 390/11, s. 5 (3).~~

~~**22. REVOKED:** O. Reg. 390/11, s. 6.~~

## PROVISIONAL PRACTICE

**23.** (1) The following are the ~~standards and qualifications~~[additional registration requirements](#) for a certificate of registration authorizing provisional practice:

1. The applicant must have received a degree in physiotherapy, and.
2. If the examination is structured in two or more parts to be completed in sequence:

(a) The applicant must have successfully completed the ~~written component~~first part of the examination; and.

(b) ~~3.~~The applicant must ~~have be~~ registered to ~~take the practical~~complete the second part; component of the examination at the next available opportunity after the application. O. Reg. 68/06, s. 1.

or,

3. If the examination is structured as one part, the applicant must be registered to complete the examination at the next available opportunity after the application.

(2) The following are the terms, conditions and limitations of a certificate of registration authorizing provisional practice:

1. The holder may practise physiotherapy only under the supervision of ~~terms of a written agreement with~~ a member holding a certificate of registration authorizing independent practice approved by the College who monitors him or her in accordance with the written agreement and only pursuant to the terms of a written agreement between the holder and the College that complies with the supervision requirements as designated by Council. ~~For the purposes of this paragraph, both the written agreement and the member must be approved by the Registrar.~~
2. The holder shall hold ~~himself or herself~~themselves out only as a physiotherapy physiotherapist resident.
3. If the supervising member in paragraph 1 is unable to maintain the terms of the agreement due to resignation, illness or other circumstances, or the holder fails to comply with the agreement, the provisional practice certificate of the holder is suspended ~~until~~unless a new written agreement with the same or different member supervising the holder is approved by the ~~Registrar~~College.
4. The certificate of registration authorizing provisional practice expires on the earlier of:
  - ~~the date that the holder receives notification that he or she has failed the practical component of the examination or~~
  - (a) 12 weeks after the date that the holder is registered to take ~~the practical component of~~ the examination. ~~O. Reg. 68/06, s. 1.~~; or
  - (b) the ~~date that~~fifteenth day after the holder receives notification that ~~he or she has~~they have failed ~~the practical component of~~ the examination. ~~;~~or

~~(3) If a holder of a certificate of registration authorizing provisional practice ceases or fails to hold professional liability insurance in accordance with the College by-laws, his or her certificate of registration is deemed to be suspended until the Registrar is satisfied that he or she has acquired the professional liability insurance. O. Reg. 68/06, s. 1; O. Reg. 390/11, s. 7.~~

~~(4) A person who has failed the practical component of the examination is not entitled to apply for a certificate of registration authorizing provisional practice. O. Reg. 68/06, s. 1.~~

(53) A person who previously obtained a certificate of registration authorizing provisional practice is not entitled to apply for another one unless the person did not fail the ~~practical component of the~~ examination but was unable to complete it successfully because of illness or some other reason beyond the control of the person. O. Reg. 68/06, s. 1.

~~(6) A person who previously obtained what was formerly known as a certificate of registration authorizing supervised practice is not entitled to apply for a certificate of registration authorizing provisional practice unless the person did not fail the practical component of the examination but was unable to complete it successfully because of illness or some other reason beyond the control of the person. O. Reg. 68/06, s. 1.~~

(47) If the Registrar receives concerns relating to the member's knowledge, skills or judgement in the practice of physiotherapy during the period that the member held a certificate of registration authorizing provisional practice, the Registrar may refer the member to the Quality ~~Management~~ Assurance Committee. O. Reg. 68/06, s. 1.

## COURTESY

24. (1) The following are the ~~standards and qualifications~~ additional registration requirements for a courtesy certificate of registration:

1. The applicant must have received a degree in physiotherapy, unless the applicant, if applying for a certificate of registration authorizing independent practice, would be exempt from meeting the requirement of paragraph 1 of subsection 19 (1) by virtue of subsection 19 (2) or (3).
2. The applicant must be registered to practise as a physiotherapist by an authority responsible for the regulation of physiotherapists in a jurisdiction outside Ontario that is approved by the Registration Committee as having a scheme for the regulation of physiotherapists that is reasonably equivalent to that in Ontario.
- ~~3. The applicant must have practised physiotherapy for at least 1,200 hours in the preceding five years.~~
34. The applicant must certify that ~~he or she is~~ they are making the application solely for reason of,



- i. teaching an educational course that do not include providing care to patients that reside in Ontario,
- ii. participating in an educational program that do not include providing care to patients that reside in Ontario,
- iii. participating in research activities that do not include providing care to patients that reside in Ontario, or
- iv. participating in a specific event of limited duration. O. Reg. 390/11, s. 8.

(2) The following are the terms, conditions and limitations of a courtesy certificate of registration:

- 1. The holder may practise physiotherapy only for the purpose that ~~he or she~~ they certified under paragraph 4 of subsection (1) as the reason for making the application for the courtesy certificate of registration.
- 2. The certificate expires at the earliest of:
  - (a) 30 days after the date of initial registration,
  - (b) on the date on which the purpose referenced in paragraph 1 is attained, or
  - (c) when the member is no longer engaged in attaining that purpose, ~~whichever is the earliest~~. O. Reg. 390/11, s. 8.

~~(3) If a holder of a courtesy certificate of registration ceases or fails to hold professional liability insurance in accordance with the College by-laws, his or her certificate of registration is deemed to be suspended until the Registrar is satisfied that he or she has acquired the professional liability insurance. O. Reg. 390/11, s. 8.~~

## EMERGENCY

25. (1) The following are the ~~standards and qualifications~~ additional registration requirements for the issuance of an emergency class certificate of registration:

- 1. The Minister must have requested that the College initiate registrations under this class based on the Minister's opinion that emergency circumstances call for it or the Council must have determined, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates.
- 2. The applicant must satisfy the Registrar that the applicant meets at least one of the following requirements:
  - i. The applicant has a degree in physiotherapy.

- ii. The applicant is enrolled in a program in physiotherapy described in clause (a) of the definition of “degree in physiotherapy” in section 11, and has completed at least 820 clinical practice hours associated with that program.
  - iii. The applicant was, within the five years immediately preceding the application, registered to practise physiotherapy in Ontario with a certificate of registration authorizing independent practice or is, or was, within the five years immediately preceding the application, registered or licensed to practise physiotherapy in another province or territory in Canada with a certificate or license which the Registrar is satisfied is equivalent to a certificate of registration authorizing independent practice in Ontario.
  - iv. The applicant is, or was, within the five years immediately preceding the application, registered or licenced to practise physiotherapy in a jurisdiction outside of Canada that has been approved by the Council for the purposes of this section.
3. The applicant, other than an applicant referred to in subparagraph 2 ii, must satisfy the Registrar that the applicant has completed at least 1200 clinical practice hours in the five years immediately preceding the application.
  4. The applicant must have successfully completed the College Jurisprudence Program.
  5. Where an applicant has sat an examination, they must not have failed ~~the written component of the examination on any occasion or have failed the practical component of the examination~~ any part of the examination on two or more occasions. O. Reg. 296/23, s. 2.

(2) The requirements set out in paragraphs 2, 4 and 5 of subsection (1) are non-exemptible. O. Reg. 296/23, s. 2.

(3) Every emergency certificate of registration is subject to the following terms, conditions, and limitations:

1. The member must only hold themselves out as a “physiotherapist (emergency class)” or under the abbreviation “PT (emergency class)” or their equivalents in French.
2. The member may only practise physiotherapy under the direct supervision of a Supervisor unless the member can satisfy the Registrar that the member is able to practise safely and competently without supervision.
3. The member is not entitled to perform a controlled act authorized to a physiotherapist under subsection 4 (1) of the Act unless the member has been delegated the performance of the controlled act by a member who holds a certificate of registration authorizing independent practice or the member performs the act pursuant to an order under subsection 4 (3) of the Act.



4. The member must adhere to any other terms, conditions and limitations that Council has identified as necessary in order for holders of emergency certificates of registration to be able to assist in addressing the determined emergency circumstances. O. Reg. 296/23, s. 2.

(4) An emergency class certificate of registration is automatically revoked on the earliest of the following:

1. Ninety days after issuance by the Council of its determination that the emergency circumstances referred to in paragraph 1 of subsection (1) have ended.
2. The expiry of 12 months from the date the certificate was issued, unless the Registrar extends the certificate under subsection (5).
3. The date to which the Registrar extends the certificate under subsection (5).
4. The date on which the Registrar revokes the certificate under subsection (6).
- ~~5. Fifteen days after the member receives notification that the member failed the written component of the examination.~~
- ~~6.5.~~ Fifteen days after the member receives notification that the member failed ~~the practical component~~any part of the examination ~~for the second time~~. O. Reg. 296/23, s. 2.

(5) The Registrar may extend an emergency class certificate of registration for one or more periods, each of which is not to exceed 12 months, if, in the opinion of the Registrar, it is advisable or necessary to do so, as long as the Council has not determined that the emergency circumstances have ended. O. Reg. 296/23, s. 2.

(6) The Registrar may revoke an emergency class certificate of registration if, in the opinion of the Registrar, it is in the public interest to do so. O. Reg. 296/23, s. 2.

(7) A member who holds an emergency class certificate of registration or a former member who held an emergency class certificate of registration within two years of applying for a certificate of registration authorizing provisional practice and who practised physiotherapy for at least 1200 hours while in the emergency class is exempt from any examination fees which would otherwise be payable to the College for ~~the practical component~~any part of the examination, if applicable. O. Reg. 296/23, s. 2.

(8) In this section,

“Supervisor” means a member who,

- (a) holds a certificate of registration authorizing independent practice, and
- (b) has been approved by the Registrar to supervise a member who holds an emergency class certificate of registration. O. Reg. 296/23, s. 2.

~~26. REVOKED: O. Reg. 390/11, s. 8.~~

LIMITED SCOPE CERTIFICATES

26.(1) A certificate of registration authorizing independent practice issued by reason of an order of the Registration Committee directing the Registrar to impose terms, conditions or limitations on the certificate limiting the member's scope of physiotherapy practice is deemed to be a limited scope certificate of registration under the Act subject to the imposed terms, conditions and limitations.

(2) A holder of a limited scope certificate of registration may practise physiotherapy only in accordance with the terms, conditions and limitations of the certificate.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 17.0**

**Board Meeting  
December 9-10, 2024**

**Agenda #17.0: Update to Signing Officers Policy and Related By-laws**

It is moved by

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and seconded by

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that:

The Board approves the amendments to the College By-laws and Policy 4.2: Signing Officers.



**BOARD BRIEFING NOTE**

For Decision

<b>Topic:</b>	Update to Signing Officers Policy and Related By-laws
<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>	Caitlin O’Kelly, Governance Specialist
<b>Attachments:</b>	Appendix A: Policy 4.2 Signing Officers with Tracked Changes

**Issue**

- An update to the College By-laws Part 1-Definitions and Policy 4.2 Signing Officers is required to replace the title "Vice-President, Finance and Reporting" with "Director Finance." This adjustment aligns our documents with the current organizational structure and title nomenclature.

**Decision Sought**

- The Board is being asked to approve amendments to the College By-laws and to Policy 4.2: Signing Officers.

**Background**

- Policy 4.2 Signing Officers and the definitions section of the By-laws currently use the title "Vice-President, Finance and Reporting." The title has been changed to "Director Finance" to align with the current organizational structure.
- This Policy was last revised by the Board in June 2024. The changes being proposed are not substantive and solely reflect an update to a title change.

**Current Status and Analysis**

- With the change in title from "Vice-President, Finance and Reporting" to "Director Finance," it is necessary to update all references to the former title in the College By-laws and Policy 4.2 Signing Officers. This ensures consistency across our governance documentation.
  - The title change occurred as part of the recent changes made within the Finance Department in order to better align with the scope and responsibility of the role and with the nomenclature of the regulatory environment.
- It is important that all official documents accurately reflect our current organizational structure to avoid confusion regarding roles and responsibilities, particularly in financial oversight.



- No changes to the content of the policy are being proposed. This update reflects a title change only, with headings added for clarity.
- The changes to Policy 4.2 Signing Officers can be found in the attached document.
- To ensure the title "Director Finance" is updated across our governance documents, a minor change is also needed to the definition section within the College By-laws, as follows:

<b>Current Wording</b>	<b>New Wording</b>
1.1(y) "Signing Officer" means the Registrar, Deputy Registrar(s), Vice-President, Finance and Reporting , Chair and Vice-Chair;	1.1(y) "Signing Officer" means the Registrar, Deputy Registrar(s), Director Finance, Chair and Vice-Chair;

### **Next Steps**

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- Upon Board approval, the College By-laws and 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?

<b><u>Section:</u></b>	<b>Finance</b>	<b>Policy #4.2</b>
<b>Title:</b>	<b>Signing Officers</b>	
<b>Applicable to:</b>	<b>Board and staff</b>	
<b>Date approved:</b>	<b>December 2007</b>	
<b>Date revised:</b>	<b>December 2011, March 2014, June 2021, June 2024</b>	
<b>Date confirmed:</b>	<b>March 2009</b>	

### **Policy**

For the purposes of subsections 2.5(2), (3), (4), and (5) and section 2.6 of the By-laws, the Signing Officers for the College will be the Chair, Vice-Chair, the Registrar/CEO, Deputy Registrar, and the ~~Vice-President, Director~~ 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, Director~~ 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.

Signing Officers may approve purchases or leasing of goods and acquisition of services (purchases) either for one time, single or multi-year commitments, in accordance with the following:

### Budgeted Items

1. The Registrar/CEO, Deputy Registrar or ~~Vice-President, Director~~ Finance ~~and Reporting~~ may authorize purchases 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, Director~~ Finance ~~and Reporting~~ may authorize the purchases 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.

#### Unbudgeted Items

4. The Registrar/CEO, Deputy Registrar or ~~Vice-President~~, Director Finance ~~and Reporting~~ may authorize purchases not exceeding \$20,000 if the expenditure has not previously been approved as an item in the College budget if the Registrar/CEO believes that the expenditure is necessary for the operations of the College;
5. The Registrar/CEO and one of the Board Signing Officers (Chair or Vice-Chair) may authorize purchases in excess of \$20,000 and up to \$50,000 if the expenditure has not previously been approved as an item in the College budget; and
6. The Risk, Audit and Finance Committee shall review any proposed purchases exceeding \$50,000 if the item is not an expenditure in the College budget and make recommendations to the Board for approval.
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.

## BOARD BRIEFING NOTE

For Discussion

<b>Topic:</b>	Strategy: Environmental Scan Update
<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>	Joyce Huang, Manager of Strategy
<b>Attachments:</b>	Appendix A: Environmental Updates and Reflection Guide

### Issue

- Recent updates from our environment are being shared with the Board. At the December meeting, the Board will have discussions about those updates to help inform their thinking about the College’s future strategic direction.

### Decision Sought

- Following reflection and discussion about the environmental scan updates, the Board will be asked to re-affirm their earlier direction that they would like staff to lead a process to refresh the current strategic plan.

### Background

- The College is now past the halfway point in our current [Strategic Plan](#), which covers April 2022 – March 2026.
- Planning is underway to support the development of a new strategic plan for April 2026 and beyond.
- The Executive Committee and the Board have engaged in preliminary discussions about strategic planning in 2024:
  - At the [June 2024](#) (see pages 113-115) Board meeting, the Board was engaged in an education session regarding the Strategic Plan. This included an overview of the pillars of the Strategic Plan along with additional information about how the plan is being interpreted and implemented throughout the organization.
  - During this education session, the Board noted the importance of reviewing our accomplishments to date as we think about planning for the future.





- In response to this feedback, a high-level catalogue of what has been achieved in the first two years of the plan was developed and shared with the Board in [September 2024](#) (see pages 180-188).
- The Board noted that bringing awareness to the Board about the critical assumptions that underlie our current plan and what is happening in our environment would help inform the Board's thinking about the future strategy.
- The Board provided preliminary direction that they would like to staff to lead a process to refresh the current strategic plan for continued use beyond 2026.

## **Current Status and Analysis**

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### **A. What are the assumptions and principles that underpin our *current* strategic plan?**

- The following is a summary of the assumptions and principles that surfaced during generative discussions with the Board in 2021 to develop our current strategic plan.

#### *Meeting our mandate*

- Effective regulation means keeping the public safe by preventing harm.
  - There are multiple publics.
  - There are multiple types of harm.
- Our approach to preventing harm needs to consider equity, diversity and inclusion.
- To achieve effective regulation, we will focus on:
  - Clearly communicate expectations to our registrants and the public.
  - Enhance collaboration and partnerships with different partners.
  - Help physiotherapists assume personal responsibility.
  - Reinforce the importance of complying with rules.

#### *Our regulatory approach*

- Taking a risk-based approach to effective regulation means that:



- Regulatory work should be informed by trends we see in professional conduct and discipline.
- There is a need to balance risk, data and fairness in our regulatory approach.
- The role of the College is to manage/mitigate risk.
- We should take a systemic approach to risk identification.
- We need a clear and common understanding of risk thresholds as an organization.
- We should institutionalize a harm reduction culture.
- Increased dialogue and communication to the public can help empower them to directly impact harm reduction.

*What do the public and our partners expect from us?*

- Monitor registrants to ensure they continue to provide safe care.
- Respond to concerns about physiotherapists and resolve them in a timely way.
- Be fair to all parties.
- Be transparent and responsive.
- When people need us, they can easily find us.

*Evolving expectations and changes in professional behaviour and services*

- Increasing diversity in the patient population means physiotherapists may need support to provide the best possible care to different populations.
- Diversity of the profession and the expansion of our definition of diversity.
- Impacts of technology:
  - A move towards virtual care requires consideration about digital equity and changing patient expectations.



- Greater access to information through the Internet leads to changing expectations from patients and a shift in the role of physiotherapists.
- Increased use of social media by physiotherapists has increased their reach.
- Consumers have more avenues to share comments and feedback about physiotherapists' services which has an impact on the reputation of the profession.
- Changing expectations around providing care to Indigenous patients and the lack of access in those communities.
- An increasing proportion of physiotherapists are educated outside of Canada, transitioning to practice in Ontario may be challenging for them.
- Increased attention and evolving expectation on physiotherapists' behaviour from system partners such as insurers.

#### **B. What are we seeing in our current environment and what does it mean to us?**

- Appendix A includes an overview of recent updates from our environment. The overview is not an exhaustive list of all of the changes we have seen, rather they reflect the changes and trends that are most likely to impact the College's future strategic direction.
- The updates are grouped into the following themes:
  - The emergence of new technologies and their impact on healthcare delivery and physiotherapy practice
  - Newer approaches to licensure, such as license portability, re-thinking the licensure exam, and easing the pathway to licensure for foreign-trained professionals
  - New approaches in regulation, such as the impact of AI on the work of regulators, being a compassionate and trauma-informed regulator, and regulators as enablers of innovation
  - What's being done to address health human resource shortages, including scope expansions, expanding the role of assistive professions, and recruitment of foreign-trained professionals
  - Increasing scrutiny of regulators, a shift towards greater government oversight and greater scrutiny of the inner workings of regulators
  - A focus on equity, diversity and inclusion in all parts of the system, such as in health education and training, in regulation, and in the broader environment



- Shifts in governance practices, such as the changes to term limits, stronger oversight of conduct, and incorporation of EDI principles
- Corporate ownership and influence in healthcare, the risks it might pose and how regulators are responding
- Following the updates in each theme are a list of questions to assist Board members to reflect on the updates and what they could mean to the College.
- As Board members reflect on the totality of the recent changes and trends in our environment, the overarching questions they need to reflect on are:
  - Do the assumptions and principles that underpin our *current* plan still resonate given our current environment? What might need to change?
  - Can the basic framework of our *current* plan – the vision, mission, and strategic pillars – be used to respond to our current environment? Are changes or adjustment needed for the next few years?
- At the Board meeting, there will be a discussion activity that brings together Board members' individual reflections to surface shared reflections around how these updates impact the Board's thinking about the future strategy.
  - Board members will have the opportunity to share their reflections on the two overarching reflection questions above in small groups
  - The results of the small group discussions will be summarized and shared back with the larger group for further discussion
  - The outcomes of this discussion will also inform the discussion around the approach to updating the strategic plan

### **Next Steps**

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- This environmental scan update session is the first of several activities that are currently being planned to engage the Board to generate a refreshed strategic plan for the College.
- Future planned activities with the Board include:
  - Sharing input gathered from physiotherapists, patients, and other system partners to understand what issues are important to them and what they expect of the regulator.



- Engage in generative discussions with the Board, informed by what we know about the environment and what we hear from our partners, to identify future direction and priorities for the College.
- Hear ideas from staff about how the College might deliver on the future direction and priorities they have identified and to share their input and feedback.
- To validate and approve a refreshed strategic plan.
- This work plan is subject to change if the Board provides different direction at the December meeting.

### **Questions for the Board**

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- Does the Board re-affirm their earlier direction that staff will lead a process to refresh the current strategic plan for continued use beyond 2026?

## Appendix A: Environmental Scan Updates and Reflection Questions

### *Overarching reflection questions:*

- Do the assumptions and principles that underpin our *current* plan still resonate given our current environment? What might need to change?
- Can the basic framework of our *current* plan – the vision, mission, and strategic pillars – be used to respond to our current environment? Are changes or adjustment needed for the next few years?

### Theme 1: Emergence of New Technologies

Governments and healthcare organizations have been experimenting with the adoption of new technologies into healthcare delivery and administration

- Governments are pushing for digitization of health information into centralized systems for better coordination of care across providers
- Ontario is piloting the use of AI scribing tool for charting to lessen administrative burden for doctors
- Hospitals are deploying AI and machine learning tools to assist with diagnostics, designing individualized treatment plans, optimizing the flow of patients, and assist with administrative tasks like charting
- Nova Scotia partnered with Google to roll out new AI-enabled tools for patients, doctors, and radiologists
- BC is funding a trial to use AI tools to speed up diagnosis, which will particularly benefit rural and remote areas

A lot of innovation is happening in the private sector

- Canadian pharmacist developed AI tool to automate many manual tasks, trained on trusted sources and incorporates province-specific rules

- Two AI companies partnering to develop AI-based “healthcare agent” that could perform some tasks currently performed by nurses
- Emergence of mental health apps that use AI chatbots
- A couple of startups in the physiotherapy space:
  - One is a “tech-driven physiotherapy provider”, uses wearable sensors, data analyzed and shown on a dashboard;
  - The other is an AI-based rehab platform that delivers treatment and monitors patient progress

New technologies are being studied or adopted in the physiotherapy space

- Experimental study using Socially Assistive Robots to support rehab patients, coaching them through exercises and providing encouragement, addresses long wait times to see a PT
- Two examples from NHS in the UK:
  - Opened the first AI-led physiotherapy clinic. Platform can arrange for same-day video consultations, but tool does not fully replicate skills of a human PT
  - Piloting the use of an app that triages patients and direct them to appropriate streams of care (urgent care, appointment with PT, exercise program, etc.)
- UK hospital trialing the use of virtual reality headsets during physiotherapy for major-trauma patients

Emergence of AI raises new questions

- How to mitigate risks of AI including bias and data privacy?
- How should AI tools be regulated?
- What does being a “good” practitioner look like when AI is involved?
- Will practitioners’ learning be able to keep up with the pace of change of the technology?

- What does the use of AI tools mean for reimbursement models, particularly if they are task based?
- What does the use of AI mean for liability, which is currently based on human operators?

Regulators are starting to think about it

- There is a recognition that AI tools come with benefits and risks
- There are gaps in our current regulatory framework
- Regulators in various sectors are starting to issue guidance on responsible use of AI
- Lots of new questions for regulators to consider:
  - What does responsibility for managing clinical data look like?
  - Would the use of AI make professional errors go up or down?
  - Where AI tools have demonstrated benefits, when does the failure to use them become a deviation from the standard of care?
  - How do regulators of professions regulate AI?
- Regulators will need to increase their own technological know-how to effectively regulate

### *Reflection questions*

- How does the emergence of new technologies impact how we fulfill our commitment under the *Regulation & Risk* pillar?
  - What does it mean to effectively regulate the profession in light of the emergence of new technologies in the healthcare sector?
  - What new risks do we need to respond to?
  - What would be required to protect patients from harm while enabling the benefits of these new technologies?



- How can we continue to meet our goals in the *Engagement & Partnerships* pillar while we respond to these technological innovations?
  - Where are the opportunities to work with system partners given that the technologies have broad impact across the healthcare sector?
  - How can we support physiotherapists and patients through this technological transformation?

## Theme 2: Newer Approaches to Licensure

### License portability across jurisdictions

- Many state regulators in the US, in professions such as social workers, psychologists, dental hygienists, physician's assistants, and nurses, have adopted inter-state licensing
  - The compacts create license portability among the participating jurisdictions
  - A common reason is to enable greater labour mobility across jurisdictions to address the shortage of healthcare providers
- The Medical Council of Canada (MCC) has completed the initial development of a National Registry of Physicians (NRP).
  - The federal government has provided funding to expand the registry
  - The registry is intended to give policy makers a fuller view of health human resources and enable mobility between jurisdictions

### A re-think of the licensure exam

- Regulators in the US and UK, for professions such as law, social work, and teaching, are proposing or have implemented alternative pathways to licensure that does not use a licensure exam

- Common reasons are the disparities and biases in exams that disadvantage certain groups, and a desire to lower the barrier to entry to increase access to those professions
- Alternatives include apprenticeship, coursework, and supervised practice
- The effectiveness of these alternative pathways is still being assessed

#### Ongoing efforts to ease pathway to licensure for foreign-trained professionals

- Increasing use of expedited pathways for certain source countries:
  - The College of Physicians and Surgeons of British Columbia (CPSBC) has announced proposed changes that would make it easier for foreign-trained associate physicians and U.S.-trained psychiatrists to obtain licensure by exempting the normal requirements and instead go through a period of retraining
  - The College of Physicians and Surgeons of Nova Scotia is the first Canadian medical regulator to directly license physicians already licensed to practice in the U.K., Australia or New Zealand without further review or assessment
- Moves toward simplifying requirements:
  - The Ontario government has proposed exemptions to its Immigrant Nominee Program for early childhood educators and nurses that would exempt them from the usual educational requirements if they have obtained registration with the respective college
  - Yukon has enacted changes to allow for flexible enrolment for registered nurses and nurse practitioners applying to work in the Yukon, including facilitating internationally educated nurses to apply directly to work in the Yukon
- Offering alternative ways to meet requirements:
  - The College of Nurses proposed regulation changes that would change how internationally educated nurses would qualify to practice in Ontario, such as recognizing degrees from other jurisdictions and requirement to complete a bridging program post-licensure

- A new Practice-ready Assessment program in New Brunswick aims to increase the number of foreign-trained doctors licensed to practice in the province using a comprehensive 12-week clinical evaluation process

### Reflection questions

- How do these emerging practices in the licensure space influence our approach to the *Regulation & Risk* pillar?
  - Can we imagine a future where a licensure exam is not the only way to obtain a license?
    - At this meeting, the Board is discussing changes to our General Regulation that directly relate to this question
  - How can we ease the barriers to entry for applicants while maintaining public protection?
- As we think about our commitments in the *Engagement & Partnerships* pillar, which partners should we be talking to as we explore different pathways to licensure for physiotherapists?
- How do we incorporate *equity, diversity and inclusion* principles into our thinking about licensure?
  - How would we identify and address biases and unnecessary barriers to entry for internationally educated physiotherapists?

## Theme 3: New Approaches in Regulation

### AI's impact on the work of regulation

- There are many examples of early adopters of AI in the public sector at various levels of government in the US

- The common theme is to harness AI in safe and productive ways and to allow innovation while still protecting privacy and security
- They commonly use AI as a kind of digital assistant to help human staff do their work more efficiently, but not to replace human judgment
- The advent of AI can impact the work of regulation in many ways.
  - AI tools could potential be deployed in areas of adjudication, decision-making and complaint handling, rulemaking, and professional licensing
  - There are opportunities for automation and efficiencies
- AI tools come with risks, they are not well-trusted by the public, they need to be implemented carefully with human oversight
- The emergence of AI tools elevates the role of data, which means organizations need to think differently about their data strategy

#### Being a compassionate and trauma-informed regulator

- Incorporating principles of compassionate regulation means addressing wellness concerns and providing support to registrants, the failure to do so has led to harm
- Adopting a trauma-informed approach in regulation means prioritizing personal agency and creating experiences that are welcoming and inclusive, and also challenging existing processes, being adaptable and transparent
- There is now more attention paid to the tone of regulators' communication and how it can either build trust or put up barriers for registrants. The language, voice and tone we use as regulators can help cultivate a sense of support, openness, trust, and transparency

#### Regulators as enablers of innovation

- US federal regulators have introduced a bill that aims to create “regulatory sandboxes” that allow companies to test new financial products and services while still protecting consumers
  - Critics of this approach worry that it will allow untested and risky products to come to the market

- The Ontario government is currently consulting on regulation changes that would allow FSRA to exempt entities from requirements in the Insurance Act
  - The aim is to create a “Test and Learn Environment” where the industry can pilot new insurance products and services to improve customer experience and affordability

### *Reflection questions*

- What would it look like to meet our goals in the *Regulation & Risk* pillar in times of innovation and change?
  - How can we enable innovative practices in the profession while protecting patients from harm?
  - This also ties into the emergence of new technologies in healthcare
- How can we incorporate concepts like compassionate and trauma-informed regulation into our commitments in the *Engagement & Partnerships* pillar?
  - How can we support the well-being of registrants and foster trust by being more compassionate and trauma-informed in our regulatory approach?
- How does the emergence of AI impact our thinking around the *Performance & Accountability* pillar?
  - Where are there opportunities to leverage new technologies to increase efficiency and effectiveness in our work?
  - How do we adopt new technologies in a safe and responsible way?

## Theme 4: Addressing Health Human Resource Shortages

### Expansions to scopes of practice

- The Ontario government has used scope expansions for health professionals to expand access to care for patients

- In the past year, there have been numerous expansions to the scopes of practice for nurses and pharmacists, and one for midwives
- The stated goals for these scope expansions include:
  - Making it easier and more convenient for people to connect to care
  - Allow trained healthcare professionals to work to the full extent of their training to better serve patients
  - Provide patients more convenience, and to give family doctors more time to help patients with more complex needs
- BC similarly implemented a scope expansion for pharmacists to order lab tests
- In the physiotherapy space, scope expansion is currently a strong focus of advocacy for the associations

#### Expanding the role of assistive professions

- The Ontario government introduced a new package of legislation to update how veterinary professionals are regulated
  - One of the changes being introduced is the formal regulation of veterinary technicians, such as enabling the creation of a formal (expanded) scope of practice for vet techs and creating a regulatory framework commensurate with other regulated health professions
  - The stated goal is to enhance access to professional animal care
- As with pharmacists, the scope of practice for pharmacy technicians is also being expanded so that they can perform more tasks
- Physician assistants recently became regulated in Ontario to improve their integration within the health care system and facilitate quality care and patient safety
  - PAs help reduce wait times and improve patient access to care, especially in emergency departments and primary care in rural communities

#### Recruitment of foreign-trained professionals

- To help address immediate and future healthcare staffing needs, the Ontario government has made permanent funding for the Supervised Practice Experience Partnership Program
  - The program supports internationally-educated nurses become accredited in Ontario
- The B.C. government is pursuing a HHR strategy to attract more foreign-trained healthcare workers like nurses and physicians
  - The strategy resulted in the number of foreign-educated nurses newly registered in British Columbia in 2023 to more than double from 2022, and hundreds of international medical graduates have been become registered
- Last year the federal government introduced a new immigration stream specific to health workers, where the government can issue invitations to apply for permanent residency in Canada to candidates from particular fields or with specific skills, training or language ability
  - Physiotherapists are among the health professionals the government is targeting
- Our own data shows that IEPTs are a growing proportion of new registrants
  - In the last 5 years, there has been an increase each year in the number of IEPTs applying for registration and as a proportion of the total number of applicants
  - In 2020, 202 IEPTs applied for registration, which was 43% of total new applicants that year. In 2024 year to date, 553 IEPTs have applied for registration, which is 62% of total new applicants

### *Reflection questions*

- How do the efforts in other parts of the system to address health human resources impact our ability to meet our commitments under the *Regulation & Risk* pillar?
  - How do we continue to effectively regulate the profession if the scope of practice were to expand?
  - How do the moves to formalize and expand the roles of assistive professionals impact our thinking around the role of PTAs?
  - How do we effectively respond to the increasing number of IEPTs coming to Ontario?

- This ties into the earlier theme around easing the pathway to licensure for foreign-trained professionals
- What does our commitment to *Engagement & Partnerships* look like in light of efforts in other parts of the system to address health human resource concerns?

## Theme 5: Increasing Scrutiny of Regulators

### A shift towards greater government oversight

- Last year the UK Government announced an in-depth review into all regulators across the country to ensure regulators are working efficiently and delivering on reforms needed to help grow the economy and protect consumers
- The UK government recently announced a plan to create a new “regulator of regulators” for the financial sector, and also a new Regulatory Innovation Office (RIO) to improve accountability and promote innovation in regulation across all sectors
- The *Fair Access to Regulated Professions and Compulsory Trades Act* in Ontario was recently amended to create the authority to define through regulations minimum requirements on regulators for transparent, objective, impartial and fair registration practices and exercising oversight of third-party service providers
- The reform of health regulators in BC which started a few years ago has continued:
  - Regulators have now completed their amalgamation work to reduce the number of health profession regulatory colleges to six
  - The new oversight body, the Office of the Superintendent of the Health Professions and Occupations Oversight, has been established and the government is in the process of setting up its operations

### Greater scrutiny of the inner workings of regulators

- The teachers’ regulator in the UK is being investigated after complaints from teachers and former staff that the regulator conducted investigations in a way that left teachers in distress



- It was noted that the regulator had an internal culture of “presumed guilty” when it came to complaints against teachers
- An independent review of the Care Quality Commission in the UK points to serious failures of the care quality regulator. The findings include that:
  - Inspection levels are well below pre-covid levels
  - A lack of clinical expertise among inspectors
  - A lack of consistency in assessments, and
  - Issues with its IT system.
- In an independent report, the UK nursing and midwifery regulator was found to be endangering the public due to its toxic culture and failing to address widespread racism within the organization
- The BC College of Nurses and Midwives is now subject of a civil suit because the courts found that College staff demonstrated “improper motive or purpose” during the investigation, and the College used an arbitrary process to resolve the matter which was procedurally unfair

### *Reflection questions*

- What would it look like to meet our commitments in the *Performance & Accountability* pillar in light of greater oversight and scrutiny of regulators?
  - How do we prepare ourselves to leaders in our sector should greater government oversight or public scrutiny be applied to us?

## Theme 6: A Focus on Equity, Diversity and Inclusion

EDI in health education and training

- Two recent studies in Canada and Australia has found that physiotherapy students hold varying perspectives and attitudes regarding LGBTQ+ health, and that current education programs do not provide students with sufficient knowledge to address the unique needs of this population
- A study sought to understand why Black surgeons are underrepresented in Canada, and found that it's due to lack of mentorship, problematic admission criteria and racist microaggressions during training, among other factors
- The Ontario government recently expanded an existing program that provides cultural safety training to healthcare providers so they can connect Indigenous patients to culturally appropriate care

#### EDI in regulation

- BC health regulators have made wide-ranging efforts to support reconciliation with Indigenous communities through formal apologies, adoption of reconciliation action plans, and creation of new standards
- Ontario regulators are undertaking EDI initiatives of various kinds, such as registrant census, training for registrants, reviewing policies and standards from an EDI lens, and more
  - The common thread is the HPRO EDI toolkit that was developed in the last two years
  - We also using the HPRO EDI toolkit to guide our work towards our EDI commitments
- The health regulator in Australia has made efforts to regulate against racism in healthcare through establishment of formal rules and expectations, providing education, inclusion of equity-deserve groups in the work of regulation and in their governance
- The Alberta College of Social Workers recently shared their journey of learning, understanding and implementing EDI initiatives in their regulatory work, including:
  - Inclusion of Indigenous ways of knowing in their governance
  - Incorporating EDI principles into standards, and
  - Encouraging professionals to undertake learning and reflection

- The College of Early Childhood Educations shared their experience with incorporating DEI principles into their work, such as:
  - The need for an ongoing commitment
  - Bringing in external expertise
  - Incorporating EDI into their strategic plan
  - The need to examine all of their work through an EDI lens, and
  - building meaningful relationships with marginalized communities

#### EDI in the broader environment

- Earlier this year, the Canadian Medical Association issued a formal apology to Indigenous Peoples
  - The apology acknowledges that harm that was done to Indigenous peoples by the medical profession and the healthcare system
  - It commits to future actions, in partnership with Indigenous communities, to improve the health and wellness of Indigenous peoples
- A non-binding motion and a public bill were introduced in the Senate of Canada that aim to require registered charities to collect and publish diversity data about their board of directors
  - The ultimate goal is for decision-making bodies in the nonprofit sector to include voices from marginalized communities
- The Ontario government recently proposed changes to regulations that govern the composition, appointments and terms of OPP detachment boards, including the creation of detachment boards for First Nations communities that are served by the OPP to be comprised of members of that community

#### *Reflection questions*

- How do these emerging practices in the EDI space inform our commitments in the *Equity, Diversity and Inclusion* pillar?

- What can we learn from other regulators as we all strive to incorporate EDI principles into our work?
- Does reconciliation with Indigenous peoples require a separate and distinct commitment rather than being embedded in our broader EDI commitment?
- How does EDI influence our approach to the *Engagement & Partnerships* pillar?
  - How can we better incorporate voices from equity-deserving groups in our work?
  - Where are there opportunities for us to work with partners in other parts of the system on shared EDI goals?

## Theme 7: Shifts in Governance Practices

Some recent governance changes in Ontario

- The Ontario government just introduced regulatory changes to update term limits for the Chair of the Board at several universities and colleges
  - One of the changes is to introduce a lifetime term limit for Chairs
- The government continues to introduce regulations to implement the new Ontario Health atHome model to replace LHINs
  - Among other things, one of the proposed regulations define term lengths of up to three years for appointments to the board of directors, with no limit on the number of terms or total time a person could serve on the board
- The government has been implementing a number of reforms in the education sector in recent months
  - Some of the recent changes announced relate to school board trustee conduct issues, including the proposal to establish an impartial integrity commissioner and the ability to reduce a trustee's honoraria as a sanction for breaching the code of conduct
- In our sector, the governance reforms that were proposed several years ago continue to be actively discussed

- The proposed changes include having smaller boards, even representation between professional and professional members, separation of board and committee membership, competency-based appointments, and eliminating the Executive Committee
- The Ontario College of Teachers underwent significant regulatory and governance changes starting in 2021 that implemented many of these new practices

#### Changes in BC

- The BC government recently introduced reforms to the regulatory framework for lawyers and legal professionals, which included changes to the regulator's governance structure:
  - The majority of the Board will be elected from the profession, however the Board will be able to appoint a minority of licensees to its Board through a competency-based process
  - There must be a minimum of two Indigenous members of the Board
  - In addition, there will be an Indigenous Council as part of the regulator's governance structure
  - The mandate of the Board will be strategic oversight
  - Regulated individuals will be referred to as licensees, not members. There will be no requirement to hold annual meetings of licensees, licensees will not be able to forward resolutions purporting to direct the actions of the Board, and licensees will not have the authority to approve or reject rules developed by the Board

#### *Reflection questions*

- How do these emerging practices in governance influence our approach to the commitment to *Improve governance* to meet or exceed industry best practice?
- How should our commitment to improving governance be informed by equity, diversity and inclusion principles?

## Theme 8: Corporate Ownership and Influence

### Trend towards private ownership in healthcare

- Private equity ownership of dental practices, veterinary clinics and pharmacies signal the potential for the practice to become more widespread
  - In Canada, there are currently no explicit rules about private equity ownership of healthcare facilities
  - Private equity ownership of health-care services is associated with higher costs to payers and patients along with mixed or worse patient outcomes
  - One prominent example was the higher mortality rate in privately-owned long-term care homes during the COVID pandemic
  - Private equity investors focus on quick re-sales and short-term returns that may come at the expense of the long-term health of the businesses they buy
- The College of Pharmacists of Ontario heard from a large number of their registrants that they face corporate pressure from employers that result in them providing suboptimal patient care
  - The College is currently exploring legal options which may include investigating any 'corporate-centric' interference in registrants' professional independence which are deemed to fall within their regulatory purview

### Our past efforts to address ownership of physiotherapy practices by non-regulated health professional owners

- In 2015-2016, this College engaged in a collaborative initiative to explore the benefits and feasibility of health regulatory colleges also regulating places where registrants practice
- This initiative was in response to what we saw at the time in rising concerns and pressures in physiotherapy practice stemming from non-regulated health professionals owning healthcare practices
- We worked with 12 other colleges who saw the same concerns in their respective professions
- We shared our proposal with the Minister of Health and Ministry staff for consideration

*Reflection questions*

- How does corporate ownership in physiotherapy practice influence our approach to meeting the commitments in the *Regulation & Risk* pillar?
  - How should we assess and then respond to the risks that may be arising from corporate ownership and influence in physiotherapy practice?



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 19.0**

**Board Meeting  
December 9-10, 2024**

**Agenda #19: Committee Slate Amendment**

It is moved by

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and seconded by

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that:

The Board approves the following amendment to the Committee Slate:

- Appoint Mark Heller to the Quality Assurance Committee.





**BOARD BRIEFING NOTE**  
For Decision

<b>Topic:</b>	Committee Slate Amendment
<b>Public Interest Rationale:</b>	Committees need to be properly constituted in order 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: Amended Committee Slate (December 2024)

**Issue**

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- Amendments to the Committee Slate to appoint Mark Heller to the Quality Assurance Committee to enhance the committee's composition and ensure broad public representation.

**Decision Sought**

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- The Board is being asked to appoint Mark Heller to the Quality Assurance Committee effective December 2024 until June 2025.

**Background**

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- Mark Heller is a Public Director of the Board. He currently sits on the Discipline and Fitness to Practise Committees but has confirmed his interest and availability to serve on an additional committee. This represents an opportunity to further enhance the public perspective of a committee.

**Current Status and Analysis**

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- It is being proposed that Mark Heller be recommended for appointment to the Quality Assurance Committee.
- While the Quality Assurance Committee is fully constituted, it currently only has one Public Director appointed. Having a second Public Director appointed will enhance the public perspective on the committee and supports Public Director availability for meetings.

Examinations Committee Recruitment Update

- There is currently a vacancy on the Examinations Committee. A call for interest was posted on the College’s website, and a direct email was sent to all physiotherapists that met the specific composition criteria: an Internationally Educated Physiotherapist that has been granted an Independent Practice Certificate within the last five years. This email was sent to 1420 registrants.
  - The College received 132 applications.



- The applications are currently being reviewed. Once a shortlist of candidates has been established, interviews will be conducted, with the Examinations Committee Chair. A recommendation will be brought forward for the Executive Committee's consideration at their next meeting, and then to the Board pending the Executive Committees direction.

#### Other Committee Slate Update

- Additionally, Kristin Mosser, a non-Board Committee Member appointed to the Inquiries, Complaints and Reports Committee (ICRC), informed the College of her resignation from the Committee. Despite the resignation, the Committee remains properly constituted.

#### **Next Steps**

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- If the Board approves the Committee Slate amendment, staff will be in contact with Mr. Heller to begin the onboarding process for the Quality Assurance Committee.

#### **Questions for the Board**

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



**Draft 2024-2025 Committee Slate (December 2024)**

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	PROPOSED SLATE 2024-2025	BRIEF DESCRIPTION OF COMMITTEE'S RESPONSIBILITIES	Staff Support
<b>Executive Committee</b>	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	<b>Nitin Madhvani, Chair</b> Carole Baxter  <b>Katie Schulz, Vice-Chair</b> Theresa Stevens Gary Rehan	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
<b>Inquiries, Complaints and Reports Committee</b>	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>Gary Rehan, Chair</b> <b>Greg Heikoop, Vice-Chair</b> Katie Schulz Theresa Stevens Tammy Morrisey Christine Morris-Bolton Diana Hatzoglou  Carole Baxter Christopher Warren	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
<p><b>Discipline &amp; Fitness to Practise Committees</b></p>	<p>Minimum 10 people, at least:</p> <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> <a href="#">Maureen Vanwart</a>  <a href="#">Katie Schulz</a>  <a href="#">Sinéad Dufour</a>  <a href="#">Gary Rehan</a>  <a href="#">Dennis Ng</a>  <a href="#">Theresa Stevens</a>  <a href="#">Kirsten Pavelich</a>  <a href="#">Frank DePalma</a>  <a href="#">Kate Moffett</a>  <a href="#">Trisha Lawson</a> </p> <p> <a href="#">Jesse Finn</a>  <a href="#">Carole Baxter</a>  <a href="#">Richard O'Brien</a>  <a href="#">Frank Massey</a>  <a href="#">Mark Heller</a>  <a href="#">Christopher Warren</a> </p> <p> <a href="#">James Wernham, Chair</a>  <a href="#">Angelo Karalekas, Vice-Chair</a>  <a href="#">Daniel Negro</a>  <a href="#">Sue Grebe</a>  <a href="#">Nicole Graham</a>  <a href="#">Richa Rehan</a>  <a href="#">Felix Umana</a>  <a href="#">Theresa Kay</a> </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.</p> <p>Hearings are in a judicial setting and can last from one to several days. Decisions and Reasons are documented in detail.</p>	<p>Olivia Kisil</p>
<p><b>Quality Assurance Committee</b></p>	<p>Minimum 5 people, at least:</p> <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> <a href="#">Antoinette Megens, Chair</a>  <a href="#">Dennis Ng</a>  <a href="#">Maureen Vanwart</a>  <a href="#">Halak Patel</a> </p> <p> <a href="#">Richard O'Brien, Vice-Chair</a>  <a href="#">Mark Heller</a> </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>	<p>Shelley Martin</p>

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	PROPOSED SLATE 2024-2025	BRIEF DESCRIPTION OF COMMITTEE'S RESPONSIBILITIES	Staff Support
<b>Registration Committee</b>	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> Einat Mei-Dan Yee Mei Mavis Fung  Jesse Finn Frank Massey	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
<b>Patient Relations Committee</b>	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> Einat Mei-Dan  <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
<b>Risk, Audit, and Finance Committee</b>  (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>	Nitin Madhvani, Board Chair Katie Schulz, Board Vice-Chair  <b>Frank Massey, Committee Chair</b> <b>Gary Rehan, Committee Vice-Chair</b> Kate Moffett	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.	Mary Catalfo

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	PROPOSED SLATE 2024-2025	BRIEF DESCRIPTION OF COMMITTEE'S RESPONSIBILITIES	Staff Support
<b>Examinations Committee</b>  (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.	Manon Prince

