College of Physiotherapists of Ontario

Fairness & Transparency

Registration Practices - Self Audit

November 2007

Contents

Introduction

The College of Physiotherapists of Ontario is a high performance organization with a particular focus on demonstrating accountability for its mandate. Entry to Practice is one of three primary business pillars where ongoing evaluation of its standards, procedures and processes is key to public confidence in the organization. With the College's articulated values already emphasizing transparency and fairness, and the introduction of Bill 124 – The Access to Fair Registration Practices Act – A registration practices self audit seemed an appropriate initiative.

Initiated in the fall of 2006 the self audit strategy set to develop an audit tool based on ISO 17024 – General requirements for bodies operating certification schemes for persons – and ensure an ongoing, prescheduled review of the College's entry to practice system.

This strategy resulted in an audit tool, a gap analysis of current practices against audit standards, and a series of recommendations for continued development and improvement. The standards are grouped according to indicator category – Corporate, Entry to Practice, Registration, The Alliance, Physiotherapy Competency Exam, Credentialing Program, Staff, Information Management and Additional Standards.

Overall, the College is pleased with its current registration practices and their reflection on the importance of transparency and fairness to the public. While the College more than exceeds expectations in some areas, several recommendations are forthcoming that will continue to drive improvement.

This report is submitted as evidence of the College's commitment to excellence in regulation.

Standards Scorecard

Standard	Compliance
1. The College has a policy on fairness and discrimination.	Exceeds Standard
2. The College is independent, impartial and ethical in its operations and decision-making.	Exceeds Standard
3. The College is a legal entity.	Meets Standard
4. The structure of the College gives confidence to its competence, impartiality and integrity.	Meets Standard
5. The College has a policy on quality.	Meets Standard
6. The College has financial policies in place to ensure the organization is financially stable.	Exceeds Standard
7. The College has policies and procedures related to confidentiality and privacy.	Exceeds Standard
8. The College has a policy for use of the College seal.	Meets Standard
9. The College must have policies and procedures to manage complaints from applicants, registrants and the public.	Meets Standard
10. The College operates and documents an internal audit and review system, which includes the requirements and effective application of these standards. Personnel are designated to ensure the implementation, maintenance and reporting of the system.	Meets Standard
11. There is a policy and procedure manual for Entry to Practice.	Meets Standard
12. Entry to Practice will conduct annual self-audits to ensure compliance with established standards.	Meets Standard
13. The requirements for registration are necessary and relevant to the practice of physiotherapy in Ontario.	Meets Standard
14. The College has clear processes for reviewing, evaluating and making changes to registration requirements.	Meets Standard
15. The College has uniform competence requirements.	Meets Standard
16. The scope of each category of registration is clearly defined.	Exceeds Standard

17. The College ensures that individuals with a conflict of interest are not involved in the decision-making process related to an applicant.	Meets Standard
18. The individual or group responsible for making the final decision about an applicant is different from the person/group who conducted the evaluation of the applicant.	Meets Standard
19. Applicants are provided with a detailed description of the application process and requirements for registration.	Meets Standard
20. All applicants must submit an application to apply for registration at the College.	Meets Standard
21. Applicants sign a declaration outlining their responsibilities to the College.	Meets Standard
22. The College reviews all applications to ensure that the applicant meets all requirements for registration prior to issuance of a certificate of registration.	Meets Standard
23. The annual registration process ensures that registrants meet the requirements to continue to hold a certificate of registration.	Meets Standard
24. All registrants receive a certificate of registration issued by the College.	Meets Standard
25. The College does not allow individuals who are not registered with the College to represent themselves as physiotherapists in Ontario.	Meets Standard
26. The College has a formal agreement with the Alliance for completion of the credentialing and examination processes.	Meets Standard
27. The College monitors the work of the Alliance related to the credentialing and examination processes.	Meets Standard
28. The College ensures that competent individuals are performing outsourced activities.	Meets Standard
29. The examination is uniform and consistently applied to all applicants.	Meets Standard
30. The examination process has a policy and procedure manual.	Meets Standard
31. The examination is fair, valid and reliable.	Meets Standard
32. The content of the examination is related to the competencies required to practice physiotherapy.	Meets Standard
33. The security of the Physiotherapy Competency Exam is protected.	Meets Standard
34. The examination accommodates the special needs of applicants (within reason).	Meets Standard

35. Examiners are qualified to take part in the assessment of applicants' knowledge, skills and judgment.	Meets Standard
36. Examination candidates receive examination results in an appropriate and comprehensible manner.	Meets Standard
37. The College should not offer or provide or aid others in the preparation of training services which compromise the confidentiality, objectivity or impartiality of the examination.	Meets Standard
38. The credentialing program has clear policies and procedures.	Meets Standard
39. Credentialing standards are related to competency requirements to practise physiotherapy.	Meets Standard
40. Credentialing candidates receive assessment results in an appropriate and comprehensible manner.	Review is Ongoing
41. The College has an appeals process in place.	Meets Standard
42. Appeals processes are fair and transparent.	Review is Ongoing
43. The College employs a sufficient number of competent staff to complete the registration process.	Meets Standard
44. Staff are compliant with the rules of the College.	Meets Standard
45. The College appropriately maintains the information it collects in the registration process.	Meets Standard
46. The College should ensure a practice analysis occurs at a minimum of every five years.	Meets Standard
47. The College must ensure that a list of the essential competencies for physiotherapists is maintained.	Meets Standard
48. The College will ensure that these standards are evaluated annually and that they are updated for currency when necessary.	Meets Standard

Summary of Recommendations

1. **Standard:** *The College has a policy on fairness and discrimination.*

Recommendations:
- ➢ Consider diversity training for new staff and Council members including investigation of the appropriate timing for retraining, given that staff and Council members change over time.

2. **Standard:** *The College is independent, impartial and ethical in its operations and decision-making.*

Recommendations:
- ➢ None at this time.

3. **Standard:** *The College is a legal entity.*

Recommendations:
- ➢ Consider additional opportunities to provide education to registrants and the public regarding the role and authority of the College.

4. **Standard:** *The structure of the College gives confidence to its competence, impartiality and integrity.*

Recommendations:
- ➢ Consider additional opportunities to provide education to registrants and the public regarding the structure and role of the College.
- ➢ Continue to investigate methods to engage registrants in self-regulation (see Strategic Plan 2007 – 10)
- ➢ Continue to support through the Federation an inter-professional approach to providing multimedia education to the public regarding the College(s).

5. **Standard:** *The College has a policy on quality.*

Recommendations:
- ➢ None at this time

6. **Standard:** *The College has financial policies in place to ensure the organization is financially stable.*

Recommendations:
- ➢ Consider including cost benefit analyses as part of the Balanced Scorecard.

7. Standard: *The College has policies and procedures related to confidentiality and privacy.*

Recommendations:
➢ None at this time.

8. Standard: *The College has a policy for use of the College seal.*

Recommendations:
➢ Investigate the policies of other regulators related to the use of the seal.
➢ Consider developing of a policy on the internal delegation of authority.

9. Standard: *The College must have policies and procedures to manage complaints from applicants, registrants and the public.*

Recommendations:
➢ Consider placing in policy current procedures for managing complaints related to the College.

10. Standard: *The College operates and documents an internal audit and review system, which includes the requirements and effective application of these standards. Personnel are designated to ensure the implementation, maintenance and reporting of the system.*

Recommendations:
➢ Include these standards in the document review matrix and consider developing a related balanced scorecard indicator.

11. Standard: *There is a policy and procedure manual for Entry to Practice.*

Recommendations:
➢ Take a small number of standards for review at each Registration Committee meeting, rather than trying to complete the entire manual prior to taking it to Committee.

12. Standard: *Entry to Practice will conduct annual self-audits to ensure compliance with established standards.*

Recommendations:
➢ Annual self-audits should be completed each year in the late spring/ early summer, as annual registration will be complete and workloads tend to be lower during this time period.
➢ A formal report may need to be drafted upon completion of this analysis. As well, the checklist for future audits should be developed.

13. Standard: *The requirements for registration are necessary and relevant to the practice of physiotherapy in Ontario.*

Recommendations:
➢ A briefing note on registration requirements should be developed which justifies the existence of each requirement. The development of this briefing note will research (where necessary) the history and relevance of each requirement and provide a full analysis of each requirement.
➢ It would be a good idea to demonstrate this relevance for applicants as well by publishing an article or posting the information on the College's website.

14. Standard: *The College has clear processes for reviewing, evaluating and making changes to registration requirements.*

Recommendations:
➢ It may be helpful to ensure that stakeholders understand these processes by publishing information on the College's website regarding how these changes occur.
➢ An annual review of registration requirements should be implemented.

15. Standard: *The College has uniform competence requirements.*

Recommendations:
➢ Monitor the Best Practices Credential Review process at the Alliance.

16. Standard: *The scope of each category of registration is clearly defined.*

Recommendations:
➢ None at this time.

17. Standard: *The College ensures that individuals with a conflict of interest are not involved in the decision-making process related to an applicant.*

Recommendations:
➢ Explore best practices to determine if there are any further steps that could be taken to ensure conflict of interest does not occur.
➢ Include conflict of interest in the annual staff declaration that must be signed

18. Standard: *The individual or group responsible for making the final decision about an applicant is different from the person/group who conducted the evaluation of the applicant.*

Recommendations:
➢ Research and determine if policy modification is needed or if a new policy should be drafted.

19. Standard: *Applicants are provided with a detailed description of the application process and requirements for registration.*

Recommendations:
➢ Implement a policy outlining applicant's rights
➢ Implementation of customer service timelines, including posting these on the College website
➢ Create a fact sheet outlining the process of submitting an Application to the Registration Committee

20. Standard: *All applicants must submit an application to apply for registration at the College.*

Recommendation:
➢ None at this time.

21. Standard: *Applicants sign a declaration outlining their responsibilities to the College.*

Recommendations:
➢ Review and revise declarations to ensure they capture all of the above information.

22. Standard: The College reviews all applications to ensure that the applicant meets all requirements for registration prior to issuance of a certificate of registration.

Recommendations:
➢ None at this time.

23. Standard: *The annual registration process ensures that registrants meet the requirements to continue to hold a certificate of registration.*

Recommendations:
➢ None. This process is being managed well.

24. Standard: *All registrants receive a certificate of registration issued by the College.*

Recommendations:
➢ The wallet cards should be re-designed to include a legislative reference.

25. Standard: *The College does not allow individuals who are not registered with the College to represent themselves as physiotherapists in Ontario.*

Recommendations:
➢ The College should encourage members of the public to verify the registration of their physiotherapists and report unregistered individuals.

26. Standard: *The College has a formal agreement with the Alliance for completion of the credentialing and examination processes.*

Recommendations:
➢ None at this time.

27. Standard: *The College monitors the work of the Alliance related to the credentialing and examination processes.*

Recommendations:
➢ Ensure that we are receiving all appropriate reports from the Alliance as outlined in the services agreement. Designate one staff member to be responsible for monitoring these reports.

28. Standard: *The College ensures that competent individuals are performing outsourced activities.*

Recommendations:
➢ Meet with Alliance staff and review their policies and procedures to determine if changes are needed.

29. Standard: *The examination is uniform and consistently applied to all applicants.*

Recommendations:
➢ Develop a checklist to assist staff when reviewing the Alliance exam reports, which key elements should be reviewed to ensure validity and reliability of the exam.

30. Standard: *The examination process has a policy and procedure manual.*

Recommendations:
➢ Set a meeting with the Alliance to gain greater understanding of their operations.

31. Standard: *The examination is fair, valid and reliable.*

Recommendations:
➢ Complete a review process with the Alliance and ensure that requested changes are implemented.

32. Standard: *The content of the examination is related to the competencies required to practice physiotherapy.*

Recommendations:
➢ None at this time.

33. Standard: *The security of the Physiotherapy Competency Exam is protected.*

Recommendations:
➢ Complete a review in 2008 with the Alliance to ensure appropriate security measures are in place.

34. Standard: *The examination accommodates the special needs of applicants (within reason).*

Recommendations:
➢ Conduct an environmental scan on testing accommodation policies and review against the Alliance policy to determine its appropriateness.

35. Standard: *Examiners are qualified to take part in the assessment of applicants' knowledge, skills and judgment.*

Recommendations:
➢ Review the Alliance's practices in this area and determine if further recommendations are needed.

36. Standard: *Examination candidates receive examination results in an appropriate and comprehensible manner.*

Recommendations:
➢ Review the Alliance's practices in this area.
➢ Research best practices to determine if further recommendations are needed.

37. Standard: *The College should not offer or provide or aid others in the preparation of training services which compromise the confidentiality, objectivity or impartiality of the examination.*

Recommendations:
➢ Monitor future programs to ensure that they do not compromise the exam.

38. Standard: *The credentialing program has clear policies and procedures.*

Recommendations:
➢ Set a meeting with the Alliance to more thoroughly review their operations.

39. Standard: *Credentialing standards are related to competency requirements to practise physiotherapy.*

Recommendations:
➢ Explore best practices in competency-based credential review.

40. Standard: *Credentialing candidates receive assessment results in an appropriate and comprehensible manner.*

Recommendations:
➢ Get samples of candidate feedback from the Alliance.
➢ Explore best practices in credential review feedback.

41. Standard: *The College has an appeals process in place.*

Recommendations:
➢ Explore best practices in appeal processes.
➢ Review Alliance processes to determine if they are satisfactory.

42. Standard: *Appeals processes are fair and transparent.*

Recommendations:
➢ Explore best practices in appeal processes.
➢ Review Alliance processes with a focus on fairness and transparency.
➢ Review HPARB processes.

43. Standard: *The College employs a sufficient number of competent staff to complete the registration process.*

Recommendations:
➢ Continue to ensure staff have the training required to fulfill their roles.

44. Standard: *Staff are compliant with the rules of the College.*

Recommendations:
➢ The declaration could be broadened to include following organizational rules and disclosing any conflicts of interest.

45. Standard: *The College appropriately maintains the information it collects in the registration process.*

Recommendations:
➢ None at this time.

46. Standard: *The College should ensure a practice analysis occurs at a minimum of every five years.*

Recommendations:
➢ Monitor process and await results.

47. Standard: *The College must ensure that a list of the essential competencies for physiotherapists is maintained.*

Recommendations:
➢ Monitor the Essential Competencies document for any proposed reviews of this document and contribute to its development.

48. Standard: *The College will ensure that these standards are evaluated annually and that they are updated for currency when necessary.*

Recommendations:
➢ An annual self-audit should be scheduled.
➢ Create an evaluation tool to plan timelines for implementation of recommendations and develop a method of demonstrating compliance to the recommendations.
➢ Complete document matrix.

1. **Standard:** *The College has a policy on fairness and discrimination.*

Compliance: Exceeds Standard

Evidence:
The College values fairness in all its operations. When dealing with applicants, registrants, the public, staff and other stakeholders the College uses policies and procedures that are non-discriminatory.

The principle of fairness is fundamental under the Regulated Health Professions Act (RHPA) and accompanying Health Professions Procedural Code (Schedule 2) which is the legislation granting the College the authority to regulate the practice of physiotherapy in the public interest. This legislation includes an independent appeals process and a duty to report to the Fairness Commissioner of Ontario.

Additionally, the College is guided by the Ontario Human Rights Commission in discrimination issues.

Document List:
- RHPA, Schedule 2, section 22.2 and 22.7 (Fair Registration Practices)
- Ministry of Health Appeal and Review Boards Act
- Fair Access to Regulated Professions Act
- Vision Statement of the College
- Ontario Regulators for Access Consortium "Guiding Principles for Regulators" (adopted by the College)
- College Policies on:
    - Equal Employment Opportunity
    - Termination
    - Standards of Conduct
    - Issues Management

Analysis:
There may be a benefit to ensuring that measures exist to address fairness and discrimination in an ongoing way. Perhaps staff/council could review this annually (along with confidentiality agreements).

Recommendations:
- ➢ Consider diversity training for new staff and Council members including investigation of the appropriate timing for retraining, given that staff and Council members change over time.

Reference: ISO 4.1.1

2. **Standard:** *The College is independent, impartial and ethical in its operations and decision-making.*

Compliance: Exceeds Standard

Evidence:
The College is a not-for-profit organization dedicated to regulating the practice of physiotherapists in the public interest. First and foremost, the College exists to protect the public interest. Independence, impartiality and ethical decision-making with regards to registrants are the cornerstones of its operations and mandated under the Regulated Health Professions Act (RHPA) and the Statutory Powers Procedure Act. This legislation includes an independent appeals process through the Health Professions Appeal and Review Board (HPARB).

The College is also committed to high standards of ethics and impartiality in its dealings with staff. Role descriptions are available for all positions and are updated regularly. Performance reviews are conducted annually and various human resource policies are in place to ensure transparency.

Document List:
- RHPA, Schedule 2, section 15-24(Registration), section 25-35 (Complaints), section 36-56 (Discipline), section 57-69 (Incapacity), section 70-71 (Appeals), section 79.1-83.1 (Quality Assurance), section 84-85 (Patient Relations)
- Statutory Powers Procedure Act
- Ministry of Health Appeal and Review Boards Act
- Mission statement of the College
- Code of Conduct for Council and committee members (Governance Policy G2.1 and College Bylaw 26).
- Bourinot's Rules of Order
- Conflict of interest policy for Council and committee members (Governance Policies G4.6 and G4.7 and College Bylaw 25)
- Conflict of interest policy for staff
- Council and Committee public interest decision-making tool
- Meeting evaluation tool (to track use of decision-making tool and discussion of conflict of interest)
- Balanced Scorecard (to review and report on performance)
- Performance review guidelines and templates
- College policies:
  - Equal Employment Opportunity
  - Termination
  - Standards of Conduct
  - Issue Management
  - Professional development
  - Compensation
  - Progressive Discipline
  - Performance Management

Analysis:
The College more than fulfills its commitment in this area.

Recommendations:
➢ None at this time.

Reference: ISO 4.2.1, 4.2.2

3. Standard: *The College is a legal entity.*

Compliance: Meets Standard

Evidence: The College receives its authority to regulate the practice of physiotherapy to protect the public interest from provincial legislation called the Regulated Health Professions Act (RHPA). The RHPA sets out the common requirements for all health regulatory colleges, including the mandate and statutory committees. Each college has a profession-specific act; in this case, it is the Physiotherapy Act. The Physiotherapy Act enables each College to make regulations (to be enacted by the Lieutenant Governor) and bylaws to support the regulation of the profession in the public interest. The College and all committees establish goals and policies within its statutory mandate.

Document List:
- RHPA, Schedule 2, section 2 (the College is a corporate body), section 3 (objects of a College)
- The Physiotherapy Act
- College Regulations
- College Bylaws

Analysis:
There may be value in providing more information on this subject for both the public and registrants.

Recommendations:
➤ Consider additional opportunities to provide education to registrants and the public regarding the role and authority of the College.

Reference: ISO 4.2.2

4. Standard*: **The structure of the College gives confidence to its competence, impartiality and integrity.**

Compliance: Meets Standard

Evidence: The structure of the College, as mandated by the RHPA, includes a Council or board of directors that manages and administers its affairs, and statutory committees that are responsible for policy and individual registrant decisions related to their program area. Council employs a registrar and staff to carry out the day to day operations. While, the composition of Council is set out in the Physiotherapy Act, committee composition is determined by Council and is set out in the College Bylaws. At this College, each program area or team within the organizational structure at the College specializes in a unique area of regulatory responsibility and is grounded in legislation. Statutorily each team's access to information is restricted solely to its mandate and security systems are in place to ensure only authorized access.

Document List:
- RHPA, Schedule 2, section 4 (Council), section 9 (Employees), section 10 (Committees) and section 11 (Annual Reports)
- The Physiotherapy Act
- College Bylaws
- College Organizational Chart
- Balanced scorecard (to review and report on performance)
- Burntsand document outlining Pivotal security groups
- Restricted access to the facility as well as individual offices, computer password protection and locked filing cabinets
- College website www.collegept.org

Analysis:
Although information on the structure of the College is available on the College website, there may be value in providing more information on this subject in other formats for both the public and registrants.

Recommendations:
- Consider additional opportunities to provide education to registrants and the public regarding the structure of the College.
- Continue to investigate methods to engage registrants in self-regulation (see Strategic Plan 2007 – 10).
- Continue to support, through the Federation, an inter-professional approach to providing multimedia education to the public regarding the College.

Reference: ISO 4.2.1, 4.2.3

5. Standard: *The College has a policy on quality.*

Compliance: Meets Standard

Evidence: Although no specific policy on quality exists, quality is a value that is understood and implemented on all levels of the organization. The College is committed to providing quality service to registrants, the public and other stakeholders and evaluates its operational performance using a high performance organization model (i.e. Balanced Scorecard Approach). The College is also committed to developing and ensuring a quality work environment for staff.

Document List:
- Mission, vision and values of the College (Aiming for high performance document)
- Team/program area customer philosophies
- College policies on
    - professional development
    - compensation
    - environmental scanning
- Annual staff retreat and regular staff education sessions.
- Balanced Scorecard (to review and report on performance) includes priority response indicators
- Document Review Matrix (to ensure all College documents are reviewed at identified intervals)
- Governance Policies:
    - G4.1 (College Policy Development),
    - G4.2 (College Review Policy)
    - G4.3 (Approval of College Documents)
- Strategic Plan 2007-2010

Analysis:
The College fulfills its commitments in this area.

Recommendations:
➢ None at this time

Reference: ISO 4.4.1

6. Standard: *The College has financial policies in place to ensure the organization is financially stable.*

Compliance: Exceeds Standard

Evidence: The College receives funding for operations by collecting registrant fees and takes its commitment to fiscal responsibility and financial stability very seriously. The College's belief in being transparent in all its operations means that it must be diligent in ensuring that the organization has enough resources to ensure its longevity and continued operation and reports out annually to registrants and other stakeholders.

Document List:
- RHPA Section 6.1 (requirement to report annually to the Minister on activities and financial affairs) and 6.3 (reports to include audited financial statement)
- Bylaws 3 (Banking), 4 (Investment), 5 (Expenses), 7 (Audits)
- College Policies on:
    - Financial Viability
    - Investments
    - Operational reserve fund
    - Capital Purchases
    - Audit
- Governance Policies 4.4 (Annual Business Plan) and 4.5 (Budget Development)
- Balanced Scorecard (to review and report on performance) include indicators for finance

Analysis:
There may be other ways to demonstrate fiscal responsibility to stakeholders.

Recommendations:
➢ Consider including cost benefit analyses as part of the Balanced Scorecard.

Reference: ISO 4.2.2, 4.2.5

7. Standard: *The College has policies and procedures related to confidentiality and privacy.*

Compliance: Exceeds Standard

Evidence:
In the course of fulfilling its mandate under the regulated Health Professions Act (RHPA), the College collects personal information from applicants and registrants. The College protects the confidentiality of the information it manages and the privacy of the individuals involved. The College does not release confidential information. The College has adopted the provisions set out in the RHPA, with respect to maintaining the confidentiality of registrant information. The College has defined in its policies and procedures, confidentiality agreements that must be signed annually by all Council and committee members, all staff, and all agents of the College to ensure adherence to these confidentiality provisions (see also standard #2).

Document List:
- RHPA, Section 36 (Confidentiality) and Schedule 2, Section 83 (Confidentiality of Information)
- College Privacy Code
- College Policies on:
    - Requests for data
    - Network Security and Acceptable Use
    - Incoming Documents
- Password protection each computer
- Restricted access to the facility, each office, and individual files

Analysis:
The College fulfills its commitment in this area.

Recommendations:
➢ None at this time

Reference: ISO 4.7.1, 4.7.2

8. Standard: *The College has a policy for use of the College seal.*

Compliance: Meets Standard

Evidence: The College bylaws outline the definition of an official document, and the authorization mechanisms for signing and impressing the College seal. There are also policies for approving and managing official documents.

Document List:
- College Bylaws 2 and 6 (signing of documents/use of seal)
- Governance Policies:
    - o G4.1 (College Policy Development)
    - o G4.2 (College Policy Review)
    - o G4.3 (Approval of Official Documents)

Analysis:
As many committees delegate various aspects of their authority to staff, there may be value in investigating the practices of other regulators and developing policies regarding the internal delegation of authority (e.g. communication of decisions to registrants).

Recommendations:
- ➢ Investigate the policies of other regulators related to the use of the seal.
- ➢ Consider developing a policy on the internal delegation of authority.

Reference: ISO 6.5.1

9. Standard: *The College must have policies and procedures to manage complaints from applicants, registrants and the public.*

Compliance: Meets Standard

Evidence:
The College ensures that all complaints are addressed in a timely manner and where necessary that corrective action is taken. The College takes complaints very seriously; customer satisfaction, fairness and transparency is a goal of all interactions. Staff ensure that customer's complaints have been heard and that issues are addressed. The College has Balanced Scorecard indicators focused on customer satisfaction and the resolution of customer issues.

Document List:
- Entry to Practice Customer Service Documents
- Entry to Practice Customer Philosophy
- Balanced Scorecard

Analysis:
College staff manage complaints that arise about the registration process. Staff understand the process for how to manage complaints appropriately.

Recommendations:
➢ Consider placing in policy current procedures for managing complaints related to the College.

Reference: ISO 4.2.7

10. Standard: *The College operates and documents an internal audit and review system, which includes the requirements and effective application of these standards. Personnel are designated to ensure the implementation, maintenance and reporting of the system.*

Compliance: Meets Standard

Evidence: The College ensures that all documents are audited and reviewed at defined intervals to ensure continuous quality improvement and allow for preventative and/or corrective actions as required. There are policies on how to develop and review official documents, and a balanced scorecard approach is used to measure performance. These standards will be implemented into the document review matrix system.

Document List:
- Document Review Matrix
- College policies on:
  - Policy Development (G4.1)
  - Policy Review (G4.2)
  - Approval of Official Documents (G4.3) (see standard #5)
- Balanced Scorecard (to review and report on performance) includes process review indicators
- Role profile for the Executive Assistant to Associate Registrars

Analysis:
With the inclusion of these standards in the document review matrix, the College will fulfill the expectations related to this standard. There may be value in including a balanced scorecard indicator related to these standards.

Recommendations:
➤ Include these standards in the document review matrix and consider developing a related balanced scorecard indicator.

Reference: ISO 4.4.2, 4.4.3

11. Standard: *There is a policy and procedure manual for Entry to Practice.*

Compliance: Meets Standard

Evidence:
The Registration Regulation outlines the requirements for registration, but does not discuss process or policies that provide additional information to the requirements. It is essential that in order to make fair, defensible decisions that the College follows the same processes when making similar decisions. Policies and procedures available to all entry to practice staff will ensure consistency of decision-making. The Entry to Practice team needs to have a policy and procedure manual that at a minimum outlines policies and procedures for granting, maintaining, expanding or reducing the scope, suspending or revoking a certificate of registration. The manual should be reviewed (and updated where needed) at least annually.

Document List:
- Policy and Procedure Manual
- Manual Review Schedule

Analysis:
The current policy and procedure manual is dated and does not have policies for all decision-making processes. A review has been underway for quite some time and most policies have been reviewed and are ready to be taken to the Registration Committee for approval.

Recommendations:
➢ Take a small number of standards for review at each Registration Committee meeting, rather than trying to complete the entire manual prior to taking it to Committee.

Reference: ISO 4.1.2, 4.2.5

12. Standard: *Entry to Practice will conduct annual self-audits to ensure compliance with established standards.*

Compliance: Meets Standard

Evidence:
In order to ensure that the team is compliant with these established standards an annual self-audit should be conducted. The audit should be used to compare current practices to the standards created and determine if any improvements can be made. This document will provide a standardized tool for completing this analysis.

Document List:
- Audit Check list
- Provide audit reports to Associate Registrar and Registrar
- Report to Registration Committee annually
- Keep records of audits conducted

Analysis:
To date, the College has not done a formal self-audit of practices. However, continuous quality improvement has always been an ongoing goal. This review will constitute the first self-audit.

Recommendations:
➢ Annual self-audits should be completed each year in the late spring/ early summer, as annual registration will be complete and workloads tend to be lower during this time period.
➢ A formal report may need to be drafted upon completion of this analysis. As well, the checklist for future audits should be developed.

Reference: ISO 4.4.4

13. Standard: *The requirements for registration are necessary and relevant to the practice of physiotherapy in Ontario.*

Compliance: Meets Standard

Evidence:
All registration requirements should be relevant to the practice of physiotherapy in Ontario as unnecessary requirements would create barriers and undue hardship for applicants. The Ministry of Health and Long-Term Care completes a thorough analysis of amendments to regulations. One issue that they consider is whether any additional requirements are necessary for the practice of the profession and in the best interest of the public.

Document List:
- Briefing note on registration requirements
- Registration Regulation
- Application form and guide
- Website

Analysis:
The College is very thoughtful about proposed regulation changes, but this information is not written or explained in a way that adequately justifies each requirement.

Recommendations:
➢ A briefing note on registration requirements should be developed which justifies the existence of each requirement. The development of this briefing note will research (where necessary) the history and relevance of each requirement and provide a full analysis of each requirement.
➢ It would be a good idea to demonstrate this relevance for applicants as well by publishing an article or posting the information on the College's website.

Reference: ISO 4.1.3

14. Standard: *The College has clear processes for reviewing, evaluating and making changes to registration requirements.*

Compliance: Meets Standard

Evidence:
Registration requirements should have a significant reason for being changed and should always be in the best interest of the public. In order to ensure that this occurs there should be processes in place that manage the changes to requirements and evaluate the necessity of any such changes. As well a regular review schedule should exist. The processes for reviewing, evaluating and changing regulations and by-laws should be available so that individuals understand how these changes are made.

Document List:
• Registration Regulation
• Policies regarding the review and evaluation of registration requirements

Analysis:
The College has specific processes which must be followed when making changes to regulations or by-laws. For a regulation change these processes include drafting amendments and seeking legal advice, initial approval by Council, circulation to registrants and key stakeholders seeking feedback, review and summary of feedback received and a subsequent review by Council. If final approval is not received the process can continue by making changes to the proposed regulation and moving through the process again. Once approval is received regulations are prepared for submission to the government where they undergo further review.

Recommendations:
➢ It may be helpful to ensure that stakeholders understand these processes by publishing information on the College's website regarding how these changes occur.
➢ An annual review of registration requirements should be implemented.

Reference: ISO 4.1.5, 4.3.2

15. Standard: *The College has uniform competence requirements.*

Compliance: Meets Standard

Evidence:
It is essential that all applicants be required to meet the same competency requirements and that different standards do not exist for different applicants. Consistent requirements ensure that requirements for registration are applied in the same way to every applicant. Credentialing standards should not include any requirements that would be different or higher than the expectations of a Canadian graduate's education.

Document List:
- Registration Regulation
- Credentialing Standards
- Application for Registration Form & Guide

Analysis:
The College's Registration Regulation sets a clear list of the requirements for registration in Ontario. The credentialing program is currently undergoing a review at the Alliance. Application forms clearly describe the registration requirements for each category of registration.

Recommendations:
➤ Monitor the Best Practices Credential Review process at the Alliance.

Reference: ISO 4.1.4

16. Standard: *The scope of each category of registration is clearly defined.*

Compliance: Exceeds Standard

Evidence:
Applicants should understand the terms, conditions and limitations of each category of registration. A clear understanding of the rights, limits and accountabilities of each category of registration will assist applicants in understanding there rights and responsibilities and prevent problems related to inadvertent violation of the limits of their registration category.

Document List:
- Physiotherapy Act
- Registration Regulation
- Application for Registration Guide
- Provisional Practice information
- College website
- Registrants' Guide document explaining registration categories

Analysis:
The College has an application for registration guide which explains each registration category. This information is also clearly defined on the College website and in the registrant's guide.

Recommendations:
➢ None at this time.

Reference: ISO 6.1.2

17. Standard: *The College ensures that individuals with a conflict of interest are not involved in the decision-making process related to an applicant.*

Compliance: Meets Standard

Evidence:
The College does not want to compromise the integrity of its decision-making processes by allowing anyone with a conflict of interest to be involved in an applicant decision. The College has very sound processes in place to ensure that individuals with a conflict of interest declare the conflict and that these individuals do not take part in the decision. Any decision-maker who is unsure of a conflict is asked to discuss the situation with the group to determine if a conflict exists. If there may be a perceived conflict, the decision-maker does not take part in the decision.

Documentation:
- Governance Policy on Conflict of Interest
- Staff policy on Conflict of Interest
- Committee Meeting Agenda and Minutes to demonstrate that this item is discussed at each meeting
- Circulation of applicant names to Committee members prior to presenting applicant materials
- Inclusion of Conflict of Interest on annual Committee orientation agenda

Analysis:
The College has good processes in place in this area. The Registration Committee discusses conflict of interest at every Committee meeting.

Recommendations:
- ➤ Explore best practices to determine if there are any further steps that could be taken to ensure conflict of interest does not occur.
- ➤ Include conflict of interest in the annual staff declaration that must be signed

Reference: ISO 6.3.1, 4.2.1, 4.2.2, 6.1.3

18. Standard: *The individual or group responsible for making the final decision about an applicant is different from the person/group who conducted the evaluation of the applicant.*

Compliance: Meets Standard

Evidence:
Members of the Registration Committee and/or College staff who make decisions about applicant's registration should not be involved with the Alliance's credentialing or examination programs. If an individual takes part in the evaluation process and then makes a decision about the applicant it can be seen to compromise the decision-making related to the applicant.

Document List:
- Governance Policies which discuss conflict of interest in registrant decision-making

Analysis:
The College has a governance policy related to conflict of interest.

Recommendations:
➢ Research and determine if policy modification is needed or if a new policy should be drafted.

Reference: ISO 4.2.5

19. Standard: *Applicants are provided with a detailed description of the application process and requirements for registration.*

Compliance: Meets Standard

Evidence:
The College aims to be transparent to applicants in the way it describes the registration application process. Lack of clarity creates problems for both applicants and the College. The College has made significant improvements in the last year in the way information is presented to applicants. An Application for Registration Guide was issued in August 2006, which lays out the registration process and requirements for applicants. This guide includes checklists of the requirements for each category of registration. The College website also presents this information in an easy to understand process. The internationally educated section of the website includes an interactive checklist which

Document List
- Application for Registration Guide
- Registration Regulation
- College website

Analysis:
The application guide provides a simple way of viewing the requirements for registration. The College website also has a section entitled applying to the college which outlines this information. Clear information is provided for straight forward applications; better information could be made available for the less straight-forward cases. The College is clearly meeting the standard, but can explore opportunities for best practice.

Recommendations:
➢ Implement a policy outlining applicant's rights
➢ Implementation of customer service timelines, including posting these on the College website
➢ Create a fact sheet outlining the process of submitting an Application to the Registration Committee

Reference: ISO 6.1.1

20. Standard: *All applicants must submit an application to apply for registration at the College.*

Compliance: Meets Standard

Evidence:
Applicants must submit an application for registration. The application must be signed by the applicant, indicate the category of registration that is being applied for and provide the relevant information that the College requires to issue a certificate of registration. In order to ensure an applicant is eligible for registration the College must review the applicant against the list of registration requirements. The only way to ensure that you are getting all required information is to ensure that a completed application has been submitted by the applicant

Document List:
- Application for Registration Guide
- Application forms
- Registrant Files

Analysis:
The College requires a signed, completed application from all applicants. An individual would never be registered without submitting an application form.

Recommendations:
➢ None at this time.

Reference: ISO 6.1.2

21. Standard: *Applicants sign a declaration outlining their responsibilities to the College.*

Compliance: Meets Standard

Evidence:
The College requires applicants to sign a declaration at the time of initial and annual registration.

Document List:
- Declarations on application forms and annual registration forms

Analysis:
The College has declarations which must be signed by all applicants and registrants at renewal. Best practices would indicate that the declarations could be more robust and include information such as:
- That they will comply with the terms, conditions and limitations surrounding their certificate of registration.
- That they will not claim to provide services beyond the scope of practice of physiotherapy
- That they will not conduct themselves in a manner which could bring the College into disrepute
- That they not make statements about their registration or the College which could be misleading or are unauthorized
- That they will discontinue using title and providing physiotherapy services in Ontario upon resignation or suspension from the College

Recommendations:
➢ Review and revise declarations to ensure they capture all of the above information.

Reference: ISO 6.5.2

22. Standard: *The College reviews all applications to ensure that the applicant meets all requirements for registration prior to issuance of a certificate of registration.*

Compliance: Meets Standard

Evidence:
College staff must review all applications to ensure that all requirements are met before a certificate is issued; this is a key part of the College application review process. Every applicant is reviewed against the registration requirements prior to certificate issuance.

Document List:
- Application for Registration Guide
- Professional Corporation checklist
- Entry to Practice Associate Job Description

Analysis:
The Entry to Practice Associate does this every time; it is a normal part of the application review process.

Recommendations:
➢ None at this time.

Reference: ISO 6.4.1

23. Standard: *The annual registration process ensures that registrants meet the requirements to continue to hold a certificate of registration.*

Compliance: Meets Standard

Evidence:
The Registration Regulation lays out the requirements that all registrants must meet to renew their certificate of registration annually. College staff ensures that registrants meet these requirements.

Document List:
- Registration Regulation
- Annual Registration Guide & Form
- Annual Registration policies and procedures
- Review of Practice Hours
- Review of Conduct Question Responses

Analysis:
- The College has processes in place to contact people who have may have less than 1200 hours in the summer of each year to notify them that they may not meet the practice hour requirement for the renewal period next year. Registrants are provided with options to manage these circumstances.
- College staff monitor registrants' responses to the conduct questions on the annual questionnaire. Staff follow up with any registrant who responds "Yes" to any of the three conduct questions.
- As the majority of registrants renew online, staff must review online submissions to ensure registrants have met the practice hour requirement and follow up with the conduct questions.

Recommendations:
➢ None. This process is being managed well.

Reference: ISO 6.4.1, 6.4.2

24. Standard: *All registrants receive a certificate of registration issued by the College.*

Compliance: Meets Standard

Evidence:
All registrants are issued a certificate of registration at the time of initial registration and each year after completion of the annual registration process. This certificate is the wallet card sent to all registrants.

Document List:
- A sample wallet card
- Policies and procedures outlining the issuance of a wallet card

Analysis:
The College issues certificates to all registrants, these certificates contain a significant amount of information. Best practices suggest that the following information should be included:
- Name
- Registration Number
- The College's name and/or logo
- The name of the regulation/act which gives the College the authority to issue certificates of registration
- The category of registration
- Any terms, conditions and limitations attached to the certificate of registration
- The effective and end dates of the certificate of registration

All of the above information is included on the wallet card, except for the information around what legislation grants the College the authority to issue these wallet cards.

Recommendations:
➢ The wallet cards should be re-designed to include a legislative reference.
Reference: ISO 6.3.2, 6.3.3

25. Standard: *The College does not allow individuals who are not registered with the College to represent themselves as physiotherapists in Ontario.*

Compliance: Meets Standard

Evidence:
The College should be able to demonstrate that it has taken steps to protect the title of physiotherapist in Ontario. The College should not ignore information it receives around individuals holding themselves out as physiotherapists. This information should be acted upon in an appropriate manner.

Document List:
- RHPA
- College Position Statement – Non-Physiotherapists Use of Restricted Title
- Policy & Procedure to outline how this circumstance is managed
- Indication of the number of cases managed

Analysis:
When the College is made aware of an individual holding him or herself out as a physiotherapist it is investigated and managed by sending the individual a letter asking them to cease holding out. If the practice of holding out continues the College can choose to seek an injunction to stop this behaviour. This is a rare occurrence.

Recommendations:
➢ The College should encourage members of the public to verify the registration of their physiotherapists and report unregistered individuals.

Reference: ISO 6.5.3

26. Standard: *The College has a formal agreement with the Alliance for completion of the credentialing and examination processes.*

Compliance: Exceeds Standard

Evidence:
The Alliance completes work on behalf of the College that ultimately impacts whether an individual is registered with the College or not. The College is responsible for the decisions made by the Alliance and therefore should ensure that measures are in place to monitor the work of the Alliance. The College has a current services agreement with the Alliance. The College ensures that this agreement is monitored in an ongoing way so that all Alliance responsibilities are met. The monitoring of this agreement is measured as a component of one of the College's Balanced Scorecard indicators.

Document List:
- Alliance governance structure
- Services Agreement with the Alliance
- Balanced Scorecard

Analysis:
A formal signed Services Agreement is in place. The Services Agreement will need to be reviewed and then renewed when the current agreement expires.

Recommendations:
➢ None at this time.

Reference: ISO 4.5.1

27. Standard: *The College monitors the work of the Alliance related to the credentialing and examination processes.*

Compliance: Meets Standard

Evidence:
The Alliance is completing components of the registration process on behalf of the College. The College needs to ensure that the standards maintained at the Alliance are acceptable and appropriate and that the Alliance is competent to conduct these evaluations. The College is responsible for the decisions made at the Alliance and monitoring these two areas of work is essential given their importance in the registration decision-making process.

Document List:
- Monitoring and evaluation reports
- Services agreement
- Other reports received from the Alliance
- Documents explaining the governance structure of the Alliance
- Proof of involvement in best practices

Analysis:
- The College has a services agreement and receives reports from the Alliance.
- The Services Agreement has been reviewed for compliance, but this is not a formal process.
- The fact that the College President and Registrar are on the Alliance's Board allows the College to be involved in decision making that affects the operations of the Alliance.
- The College hired a third party to review the reports that are received after each administration of the Physiotherapy Competency Exam to ensure that the College is receiving all of the information that it requires to make a decision about the validity and reliability of the exam administration

Recommendations:
➤ Ensure that we are receiving all appropriate reports from the Alliance as outlined in the services agreement. Designate one staff member to be responsible for monitoring these reports.

Reference: ISO 4.5.2

28. Standard: *The College ensures that competent individuals are performing outsourced activities.*

Compliance: Meets Standard

Evidence:
The College needs to ensure that individuals involved in the credentialing and examination process are competent to be involved in these activities. The College is responsible for the decisions made at the Alliance and monitoring the integrity of these areas of work is essential given their importance in the registration decision-making process.

Document List:
- Alliance governance structure
- Knowledge and understanding of other agencies that the Alliance outsources to
- Understanding of how physiotherapists are selected to be examiners, credential reviewers, etc.

Analysis:
The College has never explored this issue in any depth, but is aware that the Alliance has policies to ensure competence of practitioners involved in their processes.

Recommendations:
➢ Meet with Alliance staff and review their policies and procedures to determine if changes are needed.

Reference: ISO 4.5.2, 5.1.1

PHYSIOTHERAPY COMPETENCY EXAM INDICATOR

29. Standard: *The examination is uniform and consistently applied to all applicants.*

Compliance: Meets Standard

Evidence:
The College should be able to demonstrate that the PCE is a registration requirement for all applicants and that the examination tests the same competencies for all applicants. The Registration Regulation includes the exam requirement. The Alliance has a blue print which details what the exams are testing.

Document List:
- Registration Regulation
- Examination Blueprint
- Exam Reports, outlining validity and reliability
- If the Registration Committee waves an examination requirement, articulate reasons should be available to indicate why this has occurred

Analysis:
The College applies the exam requirement to all applicants. The exam blueprint demonstrates the materials included on the exam and review of the examination reports ensures that the blueprints are adhered to.

Recommendations:
➢ Develop a checklist to assist staff when reviewing the Alliance exam reports, which key elements should be reviewed to ensure validity and reliability of the exam.

Reference: ISO 4.1.4

30. Standard: *The examination process has a policy and procedure manual.*

Compliance: Meets Standard

Evidence:
The Alliance should have a current policy and procedure manual which should also outline who is responsible for which components of the process. The College needs to ensure that the Alliance has clear processes in place and that these are consistently applied.

Document List:
- Alliance Examination Policies and Procedures Manual
- Candidate Handbook
- Alliance Exam FAQ Document

Analysis:
The Alliance provides good information around many policies and procedures in the Candidate Handbook and FAQ document. It is understood that the Alliance has a formal Policy and Procedure Manual.

Recommendations:
➢ Set a meeting with the Alliance to gain greater understanding of their operations.

Reference: ISO 4.3.1

PHYSIOTHERAPY COMPETENCY EXAM INDICATOR

31. Standard: *The examination is fair, valid and reliable.*

Compliance: Meets Standard

Evidence:
The PCE is a key registration requirement. The College has a duty to ensure that the exam is fair and that the correct people are passing and failing the exam. The College needs to ensure that the Alliance has taken steps to ensure that the exam is fair, valid and reliable given that the College relies on the Alliance to administer one of the most important registration requirements. The College receives reports from the Alliance after each administration of the clinical exam and annual reports based on all exam operations.

Document List:
- Alliance Examination Administration and annual reports
- Exam Blueprint
- Candidate Handbook
- Alliance Exam FAQ Document
- Validity Studies
- PES Reports

Analysis:
- The College reviews the reports on each administration of the clinical exam and the annual reports which discuss all administrations of both exams.
- The College uses Professional Examination Services (PES) as a third party reviewer whenever questions about the exam arise. The College had PES review an Alliance report and supporting documentation against international testing standards (AERA). While no concerns were raised related to reliability and validity, the College is following up with the Alliance in areas where more sufficient information could be provided and improve transparency.

Recommendations:
- ➢ Complete a review process with the Alliance and ensure that requested changes are implemented.

Reference: ISO 4.3.6

32. Standard: *The content of the examination is related to the competencies required to practice physiotherapy.*

Compliance: Meets Standard

Evidence:
In order to ensure physiotherapists are competent to practice they should be tested on what they could be doing in practice. The College must be able to demonstrate that the examination content is relevant and required to practice physiotherapy in Ontario. A current practice analysis provides evidence of what is actually happening in practice.

Document List:
- Exam Blueprint
- Essential Competencies
- Monitoring and Evaluation Reports
- Practice Analysis

Analysis:
The exam blueprint outlines the content of the exam. The practice analysis that is currently occurring will ensure that there is an accurate reflection of current practice. The practice analysis will be used to update the exam blueprint.

Recommendations:
➢ None at this time

References: ISO 4.1.3, 6.2.2

33. Standard: *The security of the Physiotherapy Competency Exam is protected.*

Compliance: Meets Standard

Evidence:
Exam security is an integral component of running an examination program. It is very important that the integrity of the PCE is maintained. As the College issues certificates of registration based on the results the College needs to ensure that appropriate security provisions are in place.

Document List:
- Exam Security Policies
- Candidate Confidentiality Declarations
- Examiner and Standardized Patient Confidentiality Declarations
- Candidate Handbook
- Completion of a Security Audit

Analysis:
- The College knows that candidates, examiners and standardized patients sign confidentiality waivers.
- The College recognizes that the Alliance has several security measures in place to ensure the integrity of the process for both the candidate and the protection of the intellectual property.
- The College is aware that a security systems review was conducted by the Alliance within the last 12 months and that those recommendations will be forthcoming to the Alliance Board for decision and implementation.

Recommendations:
- ➢ Complete a review in 2008 with the Alliance to ensure appropriate security measures are in place.

Reference: ISO 5.2.2

34. Standard: *The examination accommodates the special needs of applicants (within reason).*

Compliance: Meets Standard

Evidence:
The College needs to ensure that applicants are not discriminated against in the exam process. It is unfair not to make accommodations for applicants with special needs. There is an extent to which this is reasonable. The Alliance has policies on accommodation for special needs.

Document List:
- Alliance Accommodation Policy
- Candidate Handbook

Analysis:
The Alliance publishes a policy in relation to this issue. Accommodations have occurred for some applicants. It is not yet known whether the Alliance's accommodation policy is appropriate and what best practices are in this area.

Recommendations:
➢ Conduct an environmental scan on testing accommodation policies and review against the Alliance policy to determine its appropriateness.

Reference: ISO 6.2.1

PHYSIOTHERAPY COMPETENCY EXAM INDICATOR

35. Standard: *Examiners are qualified to take part in the assessment of applicants'*
knowledge, skills and judgment.

Compliance: Meets Standard

Evidence:
Examiners should:
- be familiar with the registration scheme
- have a knowledge of the examination processes used
- have a knowledge of the documents used in the examination
- be competent in physiotherapy
- be able to communicate effectively (written and oral)
- be free from interest so that assessments are impartial and non-discriminatory

The examiners are registered physiotherapists who are in good standing and hold active
certificates of registration. Individuals are required to complete a training program prior
to acting as an examiner. The Alliance has reviewed the examiner training process in a
study completed in 2005. This study recommended a few possible improvements to the
examiner training process.

Document List:
- Examiner Information
- Requirements to be an Examiner
- Examiner Training materials
- Examiner Training Study

Analysis:
The Alliance has an examiner training process which has been reviewed.

Recommendations:
- ➢ Review the recommendations from the Examiner Training study to determine if they
  have been incorporated into the Alliance's practices in this area.

Reference: ISO 5.2.1

36. Standard: *Examination candidates receive examination results in an appropriate and comprehensible manner.*

Compliance: Meets Standard

Evidence of Compliance:
The Alliance conducts the examination that is used by the College to make registration decisions. The College needs to ensure that examination candidates are receiving appropriate feedback in an understandable manner. Examination candidates should receive appropriate, meaningful feedback.

Document List:
- Policies related to candidate information received
- Copy of a sample candidate report

Analysis:
There is a balance between exam security and providing information to candidates about their performance. Candidates receive a limited amount of feedback about their performance. It is not yet known what the appropriate level of feedback is for candidates to receive from these types of examinations.

Recommendations:
➢ Review the Alliance's practices in this area.
➢ Research best practices to determine if further recommendations are needed.

Reference: ISO 6.2.4

37. Standard: *The College should not offer or provide or aid others in the preparation of training services which compromise the confidentiality, objectivity or impartiality of the examination.*

Compliance: Meets Standard

Evidence:
The College should not compromise the examination by being involved in activities that teach to the test. It would be risky for the College to be involved in activities that could compromise the integrity of the Physiotherapy Competency Exam.

Document List:
- Information about the exam skills preparation module that outlines the parameters of the program

Analysis:
The College's Exam Skills Preparation Program does not teach content and only assists internationally educated individuals in understanding the type of exam that they will be taking. Therefore this program does not compromise this standard. In fact, this program supports fairness and transparency principles by ensuring that internationally educated physiotherapists can understand the examination process and how exams are used in Canada. This ensures that these physiotherapists can be more successful as they will not be confused or intimidated by the examination process.

Recommendations:
- ➢ Monitor future programs to ensure that they do not compromise the exam.
- ➢ Develop plans for long-term sustainability of the Exam Skills Preparation Program.

Reference: ISO 4.2.6

38. Standard: *The credentialing program has clear policies and procedures.*

Compliance: Meets Standard

Evidence:
The College needs to ensure that the Alliance has clear policies and processes in place and that these are consistently applied. The Alliance should have a current policy and procedure manual which outlines who is responsible for which components of the process.

Document List:
- Alliance Credentialing Policy and Procedure Manual
- Candidate Handbook
- Credentialing FAQ Document

Analysis:
The Alliance provides a lot of information about many policies and procedures in the Candidate Handbook and FAQ document. It is understood that a formal Policy and Procedure Manual exists.

Recommendations:
➢ Set a meeting with the Alliance to more thoroughly review their operations.

Reference: ISO 4.3.1

39. Standard: *Credentialing standards are related to competency requirements to practise physiotherapy.*

Compliance: Meets Standard

Evidence:
The College should ensure that the requirements in the credentialing standard are necessary and relevant to the practice of physiotherapy in Ontario. International physiotherapy education should provide the competencies necessary to provide safe, ethical, competent care in Ontario. Credentialing standards should not review competencies beyond these necessities. The Alliance regularly reviews the credentialing standards to ensure currency and relevance for all stakeholders. There have been four reviews since their implementation in the early 1990's. The College takes an active role in the research and development of national credential standards and system.

Document List:
- Essential Competencies
- Practice Analysis
- Credentialing Standards
- Best Practice Projects, including current review

Analysis:
A review of the credentialing standards is currently underway. This project will likely lead to updates of the credentialing standards.

Recommendations:
➢ Continue to understand best practices in competency-based credential review and maintain opportunity to influence national credential framework.

Reference: ISO 4.1.3

40. Standard: *Credentialing candidates receive assessment results in an appropriate and comprehensible manner.*

Compliance: Review is Ongoing

Evidence of Compliance:
The College needs to ensure that credentialing candidates are receiving appropriate feedback in an understandable manner. In cases where candidates are deemed to not be substantially equivalent or where minor gaps are identified, candidates should receive appropriate feedback on why their education is not equivalent and what steps they need to take to become equivalent.

Document List:
- Policies related to information that credentialing candidates receive
- Copy of a sample candidate report

Analysis:
The College does not have a sample report of the feedback that candidates receive.

Recommendations:
➤ Get samples of candidate feedback from the Alliance.
➤ Explore best practices in credential review feedback.

Reference: ISO 6.2.4

41. Standard: *The College has an appeals process in place.*

Compliance: Meets Standard

Evidence:
The College should have an appeals process available for the key registration decision making processes – credentialing, examination and application review. The Health Professions Procedural Code outlines the opportunity for applicants to appeal Registration Committee decisions to the Health Professions Appeal and Review Board. The Alliance has both administrative reconsideration and appeal processes for both the credentialing and examination programs.

Document List:
- Proof that appeals processes exist
- Documents outlining policies and procedures of appeal processes for credentialing and exam
- HPARB information sheet
- Copy of letter sent to applicants when the application is denied

Analysis:
The College and Alliance have appeal processes in place. Alliance appeal processes should be reviewed to determine if improvements are needed.

Recommendations:
- ➢ Explore best practices in appeal processes.
- ➢ Review Alliance processes to determine if they are satisfactory.

Reference: ISO 4.2.7

42. Standard: *Appeals processes are fair and transparent.*

Compliance: Review is Ongoing

Evidence:
The College has a duty to ensure that applicants have access to appeals processes that are fair and open. The Health Professions Appeal and Review Board reviews appeals of applicant decisions. The Alliance reviews credentialing and examination appeals.

Document List:
- Alliance credentialing polices and procedures
- Alliance examination policies and procedures HPARB information sheet
- Information the Alliance provides to candidates re: appeals
- Health Professions Appeal and Review Board Information Sheet
- Health Professions Procedural Code

Analysis:
Appeals processes exist at both agencies. A better understanding of the processes used at the Alliance and at HPARB would be helpful in determining if fairness and transparency standards are being met.

Recommendations:
➢ Explore best practices in appeal processes.
➢ Review Alliance processes with a focus on fairness and transparency.
➢ Review HPARB processes.

Reference: ISO 4.2.7

43. Standard: *The College employs a sufficient number of competent staff to complete the registration process.*

Compliance: Meets Standard

Evidence:
The College has a responsibility to ensure that competent staff are completing the tasks in the registration process. The College should demonstrate that these staff follow the rules of the organization and that staffing levels are sufficient to complete the registration process.

Document List:
- Personnel files, including any training completed
- Job Descriptions
- Annual Performance Review Processes

Analysis:
- Entry to Practice staff are trained upon arrival at the College. The College provides a good level of orientation. Current Entry to Practice staff have a considerable amount of experience. The Manager has greater than 6 years experience, the Coordinator has greater than 5 years and the Associate has more than 2 years experience.
- Staffing levels are considered annually and when concerns arise. For example, when workloads are heavy, the Manager, Entry to Practice would notify the Associate Registrar, Practice of the need for new staff either on a temporary or longer-term basis.
- Entry to Practice staff follow rules when processing registrations.
- When questions or concerns arise, they are flagged for review by a more senior team member.

Recommendations:
➢ Continue to ensure staff have the training required to fulfill their roles.

Reference: ISO 5.1.1

44. Standard: *Staff are compliant with the rules of the College.*

Compliance: Meets Standard

Evidence:
The College has a responsibility to ensure that staff are following the rules of the organization. Staff that do not follow the rules of the organization would encounter disciplinary actions. A staff member that consistently breaks organizational rules should be terminated as they are a liability. The College has a performance management system to monitor the ongoing performance of all staff. As well, a formal policy on discipline exists to manage problem behaviour.

Documentation:
- Policy and procedure manuals – organizational and team
- Implementation of staff declarations
- Performance Management System documents
- Discipline Policy

Analysis:
The College has a policy and procedure manual which is currently under review. Staff sign a confidentiality declaration annually.

Recommendations:
➢ The declaration could be broadened to include following organizational rules and disclosing any conflicts of interest.

Reference: ISO 5.1.2

45. Standard: *The College appropriately maintains the information it collects in the registration process.*

Compliance: Meets Standard

Evidence:
The College must demonstrate that it appropriately maintains the information it collects from registrants in electronic and paper copy versions. This includes maintaining the privacy and confidentiality of the information provided by applicants and registrants. The College takes the protection of personal information seriously. In the database staff only have access to the information that is necessary to do their jobs. The College has taken steps to protect this information from electronic hackers, etc. The College maintains registrant files in a locked file room. A new policy is being implemented to re-enforce the importance of this feature. The College has a document retention schedule and secure off-site filing to ensure that information is maintained on or off-site for an appropriate and standard period of time. The College has a privacy code which outlines why the College collects information and how they plan to use the registrant information which has been collected.

Document List:
- Pivotal Security Groups
- File Room Security Policy
- RIM/Retention Schedule
- Privacy Code

Analysis:
Many steps are in place to protect registrant information.

Recommendations:
➢ None at this time.

Reference: ISO 4.6.1, 4.6.2

46. Standard: *The College should ensure a practice analysis occurs at a minimum of every five years.*

Compliance: Meets Standard

Evidence:
The practice analysis is a key activity that is conducted by the Alliance. The practice analysis forms the basis for the exam blueprint and provides a current picture of physiotherapy practice across Canada.

Document List:
- Copy of last practice analysis
- Evidence of current practice analysis occurring

Analysis:
- A practice analysis is currently underway at the Alliance. The College can monitor this process through its representation on the Alliance Board.
- Now that the College is on the Alliance Board we can ensure that this process occurs every five years as scheduled.

Recommendations:
➢ Monitor process and await results.

Reference: ISO Annex A (A.2.1)

47. Standard: *The College must ensure that a list of the essential competencies for physiotherapists is maintained.*

Compliance: Meets Standard

Evidence:
The essential competencies define the necessary competencies for physiotherapists in Canada. The National Physiotherapy Advisory Group (NPAG) meets regularly and one of their responsibilities is to monitor the status of national documents. This group includes representation from regulatory bodies, academic and research institutions.

Document List:
- Copy of Essential Competencies
- Information about NPAG

Analysis:
The College was involved in the development of the Essential Competencies document which was issued in 2004. The College will ensure that it is aware of any proposed amendments to this document through its participation in the National Physiotherapy Advisory Group.

Recommendations:
➢ Monitor the Essential Competencies document for any proposed reviews of this document and contribute to its development.

Reference: ISO Annex A (A.1.2)

48. Standard: *The College will ensure that these standards are evaluated annually and that they are updated for currency when necessary.*

Compliance: Meets Standard

Evidence:
The College has created these standards as a method for self-auditing its own registration processes. In order for these standards to be of any value, there must be an ongoing review and evaluation of the effectiveness of this document. It is also important that all recommendations be reviewed annually to determine what steps have been taken to improve processes to ensure fair, accurate and transparent registration processes.

Document List:
- Document matrix outlining when this document will be reviewed annually

Analysis:
The document matrix needs to be completed to ensure that the audit tool is updated as needed.

Recommendations:
➢ An annual self-audit should be scheduled.
➢ Create an evaluation tool to plan timelines for implementation of recommendations and develop a method of demonstrating compliance to the recommendations.
➢ Complete document matrix.

Reference: ISO 4.2.1

References

1. ISO Standard 17024 – General Requirements for Bodies Operating Certification Schemes for Persons
2. American National Standards Institute – ISO 17024 Guide Template
3. International Accreditation Forum Guidance on the Application of ISO 17024